

Connecticut Department of Consumer Protection

Medical Marijuana Program

Board of Physicians

Minutes

August 5, 2015

Members Present: Jonathan Harris Commissioner  
Dr. Vincent Carlesi  
Dr. Deepak Cyril D'Souza  
Dr. Jonathan Kost  
Dr. Godfrey Pearlson

DCP Staff Present: Claudette Carveth Director, Communication Office  
Antonio Santoro Staff Attorney 3  
Xaviel Soto Health Program Supervisor  
Marguerite Poisson License and Applications Analyst

**Call to Order**

Commissioner Harris called the meeting to order of the Board of Physicians for Connecticut's Medical Marijuana Program at 8:30 A.M. at the Department of Consumer Protection, 165 Capitol Avenue, Hartford, room 126.

**Review and Approval of Prior Meeting Minutes**

On a motion made by Commissioner Harris and unanimously voted, the draft minutes of the April 22, 2015 meeting are accepted.

**Status Report on Program Implementation**

As of July 23, there were 4,914 patients who have approved registrations. Over the past two months (May 28<sup>th</sup>-July 23<sup>rd</sup>) there was a patient increase of 817. The patient count has grown by approximately 400 per month. In September 2014 (the approximate time dispensary facilities began selling products), there were 1,743 patients, so we've had approximately a 182% increase in that time. The Department has projected that there should be approximately 6,000 approved patients by the end of this year. There are approximately 239 physicians currently participating in the program. On June 1<sup>st</sup> the Department began a public service announcement program to provide awareness to physicians and the public. The Department has also recognized a need for additional dispensary facilities in New Haven and Fairfield counties due to the high volume of medical marijuana patients in those areas. The Department is currently

accepting applications for new dispensary facilities through September 18, 2015 at 3:00 PM. It will take approximately two-three months to review applications and by the end of the year the new dispensaries (up to three) should be announced.

### **Discussion on criteria for board members to consider when reviewing Petitions to Add Debilitating Conditions**

Commissioner Harris prompted a continuation of discussion by the Board Members as to what factors are most relevant or persuasive when considering Petitions to Add Debilitating Medical Conditions. This information would be helpful to help the discussions between Board Members, as well as for the public when they submit a petition.

Two papers that reviewed existing evidence on medical marijuana were discussed. These papers were written independently of each other and both came to the same conclusion: there was evidence to support the use of medical marijuana for chemotherapy induced nausea/vomiting, spasticity associated with multiple sclerosis, and certain pain syndromes; however, the evidence for other conditions that many states have approved was of very low quality. It was suggested that as a board, they need to acknowledge the data and take it into their decision-making process. The question was raised if the board members are being guided by available studies or if it's a requirement that a double-blind placebo controlled trial have been completed. The board members were all in agreement that they need to find a balance between relying on anecdotal evidence and double blind placebo controlled randomized trials. The board members also discussed how difficult it will be to have those trials completed for every individual condition. It was, again, mentioned that physicians frequently use medications outside of what they've been approved for by the FDA. It was argued that other medications have been approved by the FDA, whereas medical marijuana has not been. A response to that was there are numerous double-blind studies in existence for medical marijuana and the federal government's stance on medical marijuana prevents certain studies from taking place. It was mentioned that there is no evidence showing long term effects of the use of marijuana and there are also no studies showing a risk-benefit profile for marijuana versus opiates. It was pointed out that usually FDA approved medications are on the market for some time before long term effects are seen; however, the sponsor of the studies for new drugs need to make a concerted effort to establish the long term efficacy of the drug. Some known issues with the use of marijuana are dependence and tolerance. It was discussed that the State had attempted a bill that would allow for more studies to be conducted, but it did not pass. Being able to do more studies in Connecticut would be helpful for having more evidence to assess if a petition should be recommended or not, as well as the potential for job growth and economic and technological benefits in the state. It was also brought up that studying the use of different strains for different conditions would be helpful in the future. The board discussed possible ways to obtain clinical evidence which would be helpful in their decision making.

### **Public Hearings on Petitions to Add Debilitating Medical Conditions**

- Public hearing testimony and comments focused on the following:
  - Complex Regional Pain Syndrome
    - Testimony from Complex Regional Pain Syndrome patient A
    - Testimony from Complex Regional Pain Syndrome patient A's mother
    - Testimony from Complex Regional Pain Syndrome patient B

- Testimony from Complex Regional Pain Syndrome patient/retired physician

### **Discussion and Vote on Petitions to Add Debilitating Medical Conditions**

- The Board Members decided to defer their votes until the next meeting due to further review of the petition being necessary and the request by the public to submit additional information.

Written testimony for these conditions will be accepted through August 7, 2015 at 3:00 PM.

### **Adjournment**

Commissioner Harris adjourned the meeting at approximately 9:57 A.M.

### **Next Meeting**

To be determined.