



## Making your Petition

Any person may petition the Minnesota Department of Health ("the department" or "MDH") to add an approved delivery method to those listed in subdivision 14 of Minnesota Statutes section 152.22.

**Petitions will be accepted only between June 1 and July 31, 2018.  
Petitions received outside of these dates will not be reviewed.**

**Petitions must be sent by certified U.S. mail to:**

Minnesota Department of Health  
Office of Medical Cannabis  
P.O. Box 64882  
St. Paul, MN 55164-0882

You must mail the original copy of the petition with an original signature.

Complete each section of this petition and attach all supporting documents. Clearly indicate which section of the petition an attachment is for.

If you are petitioning for the addition of a delivery method that was considered but not approved in a prior year's petition process, you **must include** new scientific evidence or research to support your petition or describe substantially different therapeutic benefits. Please refer to our website to see which delivery methods were reviewed in prior years (<http://www.health.state.mn.us/topics/cannabis/rulemaking/adddelivery.html>).

Each petition is limited to ONE proposed delivery method. If you want to request more than one delivery method be added, you must submit multiple petitions.

If a petition does not meet the standards for submission, it will be dismissed without being considered.

## Petition review process

If the petition is accepted for consideration, MDH will post notice of review of the petition on its medical cannabis website and allow public comment and input on the petition for at least 30 days. Please note: the citizen's review panel will not review delivery method petitions.

The Commissioner will approve or deny the petition by December 1, 2018.

You may withdraw your petition any time before it is posted on the website for public comment by submitting a written statement to the Department stating that you wish to withdraw it.

Petition to Add an Approved Delivery Method

**Section A: Petitioner's Information**

Name (First, Middle, Last):  
[REDACTED]

Home Address (including Apartment or Suite #):  
[REDACTED]

City:  
[REDACTED]

State:

MN

Zip Code:

[REDACTED]

Telephone Number: [REDACTED]

E-mail Address:  
[REDACTED]

**Section B: Delivery Method You Are Requesting Be Added**

Please specify and provide a brief description of the proposed delivery method. Be as precise as possible in describing the delivery method you are requesting be added. *Attach additional pages as needed.*

Juvenile idiopathic arthritis (JIA), formerly known as Juvenile Rheumatoid Arthritis, is a type of arthritis that causes joint weakness, inflammation and stiffness for more than 6 weeks in a child aged 16 or younger. JIA can include severe and debilitating pain of joints in the hands, neck, lower back, knees, or hips. JIA is an autoimmune disorder, which means that the body mistakenly identifies some of its own cells and tissues as foreign. It is estimated that 50,00 children in the USA have JIA. Some children may experience symptoms for only a few months, while others have symptoms for the rest of their lives.

The most common types of symptoms are joint swelling, pain and stiffness, a fever that comes and goes, loss of appetite, weight loss, anemia, and blotching rash on arms and legs.

**Section C: Anticipated Benefits from the Proposed Delivery Method**

Describe the anticipated benefits from the proposed delivery method and why it is better than currently approved delivery methods. Identify patient populations that do not benefit from current delivery methods *Attach additional pages if needed.*

The daughter of [REDACTED], [REDACTED], was born on June 23, 2016. In May 2017, [REDACTED] began exhibiting symptoms after a cold. She started walking stiffly and would sit for long periods of time. [REDACTED] seemed better about a week after the cold but overtime her symptoms have gotten worse. [REDACTED] has difficulty in walking, grasping, stiffness, hip range of motion. At times, [REDACTED] appears in a great deal of pain. At such a young age [REDACTED] cannot express her pain in words, only in physical signs.

JIA causes the cartilage to wear away at the joint. This can cause severe pain, inflammation, and deformities of hands and feet over time. Mainstream medications do not give lasting results and can create additional side effects, including digestive issues, heartburn, and mental impairments. It is also extremely important to have periodic eye exams since JIA can also affect eyesight. Symptoms may also include fever, swollen lymph nodes

and rash. These symptoms are usually worse in the evenings. JIA can also inhibit growth, especially when taking corticosteroids.

Diagnosed by [REDACTED] with abnormal results:

WBC 13.8, platelets 567, CRP 3.27 mg/dl, sedimentation rate 33, ANA positive at 3.8 and dsDNA 10. [REDACTED] will need periodic eye exams since JRA (JIA) can also attack one's eyesight.

**Sedimentation rate** is the speed at which your red blood cells settles to the bottom of a tube of blood. An elevated rate can indicate inflammation.

**ANA antibodies** are proteins produced by the immune systems of people with certain autoimmune diseases, including arthritis. This is a marker of an increased change of eye inflammation.

#### Section D: How Current Delivery Methods Are Inadequate

Provide information regarding the extent to which the currently approved delivery methods are unable to meet the needs of patients enrolled in the medical cannabis program. *Attach additional pages if needed.*

Medications used to help children with JIA are chosen to decrease pain, improve function, and minimize potential joint damage.

[REDACTED] is currently taking a Nonsteroidal anti-inflammatory drug (NSAID) – ibuprofen PO by mouth every 6 hours as needed. Side effects can include stomach upset and liver problems. Due to [REDACTED] very young age it is important to find medications that can ease pain while not affecting her quality of life or inhibiting functioning of other parts of her body.

Shot once a week – Methotrexate

Other treatments, such as disease-modifying antirheumatic drugs (DMARDs), biologic agents, and corticosteroids, each have adverse side effects. However, biologic agents, also known as biologic response modifiers, a newer class of drugs includes blockers that can help reduce inflammation and prevent joint damage.

Alternative medicine (not good alternatives for a child so young): acupuncture, glucosamine, yoga or tai chi, massage, and ultrasound.

According to the research that has been conducted, the following conclusions indicate promising results in the use of medical cannabis for JIA.

[REDACTED] will be two years old on June 23, 2018. Due to [REDACTED] young age and the possible long-term effects of medication overtime and pain that often impedes mobility, medical cannabis would be most beneficial in allowing [REDACTED] to grow and learn within the best possible circumstances throughout her life.

Medical cannabis will likely decrease pain and inflammation and help gain more mobility. Medical cannabis will likely help create an improved quality of life and lessen quite debilitating side effects that can include, for example; heartburn, digestive issues, and liver problems.



## Petition to Add an Approved Delivery Method

Research on the benefits of medical cannabis is not extensive but does offer promising evidence of successes. For instance, in an online heart article for *Health A-Z \* Marijuana News*, Dr. Tod Hiro Mikuriya explains that Medicinal cannabis has been found to be effective in treating Autoimmune Disorders. The majority of patients reported substantial improvement of their symptoms and also clinical improvements with a reduction of immunosuppressive drug-therapy in cannabis treated patients with Autoimmune Diseases such as Crohn's disease. This article also says medicinal cannabis helps lessen inflammation.

There can be many painful symptoms that could be lessened by the prescription of medical cannabis. The definition of a condition or disease can involve numerous side effects that cross over into other diseases. Misinformation is commonplace in doing research and conclusions often depend on the motivations of those writing articles or abstracts or advertisements.

JIA side effects could also be placed under the heading of Retractable Pain.

The ultimate result is taking the whole of anything and trying to find the best path based on the situation. This petition is being offered in hopes of acceptance. Cannabis as a medical prescription, it is hoped, will enhance the life of one precious little girl while at the same time potentially helping thousands of others who are struggling with JIA.

There are basic truths when it comes to doing whatever a parent can in helping their child. Medical cannabis has proved to help people with all types of conditions and diseases, no matter their ages. Let us give our children the chance to live a limitless life, pain-free and whole.

In California for instance, a doctor gets to determine whether a patient would be a good candidate for cannabis as a treatment. It is hoped that this becomes the norm in the near future.

### Section E (optional): Scientific Evidence of Support for the Delivery Method

It will strengthen your petition to include evidence generally accepted by the medical community and other experts that addresses the effectiveness of the proposed medical cannabis delivery method and discusses its potential risks and benefits. This includes but is not limited to full text, peer-reviewed published journals or other completed medical studies. Please attach complete copies of any article or reference, not abstracts.

Research articles concentrate more on RA than on JIA. At the present time there does not appear to be a great deal of research on medical cannabis for JIA, however, what has been found, shows great potential as a prescription for JIA.

Attached articles include article:

- Arthritis: Cannabinoids and CBD Research Overview
- Guide to Cannabis for Arthritis Patients in Europe 2016
- Marijuana for Rheumatoid Arthritis Joint Pain: Pros and Cons
- Minnesota Department of Health – Office of Medical Cannabis – Public Comment on Adding Intractable Pain as a Qualifying Condition for the Minnesota Medical Cannabis Program (October, 2015) – as a reference



Petition to Add an Approved Delivery Method

Here are links to research items included in this petition:

- <https://www.mayoclinic.org/diseases-conditions/juvenile-idiopathic-arthritis/symptoms-causes/syc-20374082>
- <http://www.marijuanalegalize.org/rheumatoid-arthritis-the-wonder-of-cbd-cleos-story/>
- <https://www.medicaljane.com/2014/01/27/chinese-study-cannabis-could-help-treat-rheumatoid-arthritis-through-cb2-activation/>
- <https://echoconnection.org/arthritis-medical-cannabis-and-cbd-research-overview/>
- [https://medicalmarijuana.procon.org/view\\_resource.php?resourceID=000881#California](https://medicalmarijuana.procon.org/view_resource.php?resourceID=000881#California)
- <https://www.livescience.com/24554-medical-marijuana.html>
- <https://www.everydayhealth.com/rheumatoid-arthritis/treatment/pros-and-cons-of-marijuana-for-joint-pain/>

***I have attached relevant articles. (check box if you have attached scientific articles or studies) – articles have been attached as identified in the bullet points above.***

**Section F (optional): Letters in Support**

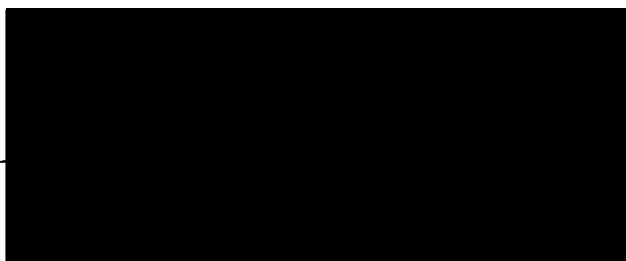
Attach letters of support from persons knowledgeable about the use of the delivery method with medical cannabis.

***I have attached letters of support. (check box if you have attached letters of support)***

**Section I: Acknowledgement and Signature**

***Please Note: Any individually identifiable health information relating to any past, present, or future health condition or health care contained in this petition is classified as a health record under Minnesota Statutes §144.291, and is not subject to public disclosure.***

**I certify that the information provided in this petition is true and accurate to the best of my knowledge.**



06/02/2018  
DATE (mm/dd/yyyy)

To obtain this information in a different format, call: (651) 201-5598 in the Metro area and (844) 879-3381 in the Non-metro.



**Management  
Analysis  
& Development**

**Minnesota Department of Health—  
Office of Medical Cannabis**

**Public Comment on  
Adding Intractable Pain  
as a Qualifying  
Condition for the  
Minnesota Medical  
Cannabis Program**

**October, 2015**

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## **Copies of this report**

For more information or copies of this report, contact the **Client Department**.

## **Management Analysis & Development**

Management Analysis & Development is Minnesota government's in-house fee-for-service management consulting group. We are in our 31<sup>st</sup> year of helping public managers increase their organization's effectiveness and efficiency. We provide quality management consultation services to local, regional, state and federal government agencies and public institutions.

## **Alternative Formats**

Upon request, this document can be made available in alternative formats by calling (651) 259-3800.

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# Introduction

In 2014, the Minnesota legislature passed a bill allowing the use of medical cannabis for the therapeutic treatment of nine qualifying conditions and “any other medical condition or its treatment approved by the commissioner.”<sup>1</sup> Chapter 311 Section 20 of 2014 Minnesota Laws establishes that before considering any other conditions, the Commissioner of Health must first consider whether intractable pain should be added to the list of qualifying conditions.

The Minnesota Department of Health (MDH) Office of Medical Cannabis (OMC) contracted with Management Analysis & Development (MAD) to help with collecting and synthesizing public comments on whether intractable pain should be added as a qualifying condition and submit findings to the Medical Cannabis Intractable Pain Advisory Panel and Commissioner of Health.

## Methods

The OMC and MAD collected public comment in oral and written forms to accommodate individual preference. Individuals had the opportunity to submit public comment electronically via a public comment website that was open from July 1 to October 25, 2015. The Intractable Pain Advisory Panel heard oral testimony, which MAD documented, at its second meeting on September 3, 2015. OMC hosted listening sessions on intractable pain in Grand Rapids, Mankato, Minneapolis, Moorhead, and Woodbury from September 15 to October 22, 2015. At listening sessions, OMC invited individuals to share their comments verbally without needing to preregister or sign in. Attendees could also write their comments on one of two worksheets<sup>2</sup> and submit them to MAD for inclusion in the public comment database. OMC also accepted public comments about whether to add intractable pain to the list of qualified conditions via email and in person at public meetings about the Medical Cannabis program across the state.

MAD gathered the public comments into a single database, removed any identifying information and sent a copy of the comments to MDH to publish on its website.<sup>3</sup> MAD synthesized and reported overall findings to OMC, the advisory panel, and the Commissioner of Health. MAD synthesized comments based on unsolicited information,<sup>4</sup> such as agreement or disagreement with the inclusion of intractable pain, reasons for agreement or disagreement, type of person submitting the comment (i.e. potential patient or health care provider), potential patients’ condition or need for medical cannabis, individuals’ city and region of the state, and whether the individual is speaking on behalf of an organization.

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<sup>1</sup> 2015 Minnesota Statute 152.22

<sup>2</sup> See Attachments A and B

<sup>3</sup> Full comments are available on the Minnesota Department of Health Office of Medical Cannabis website: <http://www.health.state.mn.us/topics/cannabis/intractable/public.html>

<sup>4</sup> It is important to note that this information was provided by people that volunteered their perspectives, rather than a random sample or other scientific manner, and were not probed for specific information, demographic or otherwise. Therefore, this report cannot be interpreted as representative of Minnesota citizens or any subpopulation.

# Findings

## Summary

The majority of comments (388 out of 417) were in support of adding intractable pain as a qualifying condition for the use of medical cannabis and came from commenters of all types. Fifteen comments were opposed to adding of intractable pain and originated from health care providers and the general public. A few commenters shared reservations about adding intractable pain as a qualified condition.

Table 2: Type of commenter and whether they are in favor of adding intractable pain<sup>6</sup>

Type	Number in favor	Number opposed
Potential patients	205	0
All other commenters <sup>7</sup>	112	9
Caregivers, family and friends	58	0
Health care providers	8	6
Certified patient	5	0
Total	388	15
Percent	93.0	3.6

All certified patients, people with conditions they felt would qualify them under intractable pain, and their caregivers, friends, and family commented in favor of adding intractable pain as a qualifying condition. While comments from the general public were overall in favor of adding intractable pain, a subset of comments was against doing so. Comments from health care providers were split on the issue.

The sections below expand on views in favor of and opposed to adding intractable pain to the list of following conditions. There is also a section that highlights the most common reservations to adding intractable pain. Each section will include reasons for the commenter's opinion and selected quotes from public comments that illustrate common reasons, provide context, and were descriptive of commenters' perspectives.

## Those in favor of adding intractable pain

Of the 417 people that provided public comment, 388 said that intractable pain should become a qualifying condition for the use of medical cannabis.

<sup>6</sup> Numbers represent those comments where it was clear whether they were in favor of adding intractable pain. Some comments were in reference to adding other conditions to the list of qualifying conditions and did not directly address intractable pain.

<sup>7</sup> Not categorized as patients, caregivers, or health care providers

- *I have never tried to use Medical Cannabis before but now that it is legal, I would like the option to try it to see if I can get some relief from the ever present pain by its use. The Medical Cannabis is my last hope to try to regain a life without the constant pain and agony I now suffer with.*
- *Please consider opening medical marijuana up for more conditions. At least let us try it.*
- *I have been taking Tramadol for many years as a treatment. I would be so grateful to have a safer option for relief of my pain. Thank you for your consideration.*
- *I went to the meeting in hopes of hearing there might be a chance to get the option to try this treatment, but all I saw were a lot of very desperate people, like me. If there is a chance, even a slight chance this marijuana treatment could offer some relief to so many suffering so much. I beg you to give us the option to do so.*
- *I think that intractable chronic pain should be considered as a condition worthy of prescription components of marijuana. It should be a treatment alongside of PT, OT, chiropractic, and OTC meds<sup>9</sup> and opioids.*

## **Cannabis is effective for pain management**

Many commenters indicated medical cannabis should be used to treat intractable pain because it is effective. Some believe medical cannabis would be effective while others cited research or personal experience that they felt proves medical cannabis would help people manage intractable pain. All types of individuals testified to its effectiveness. Three quarters (98) of the 130 people that believed medical cannabis was effective in treating intractable pain spoke from personal experience, either from observing patients or loved ones or from taking it for their own pain.

Examples of comments include:

- *I have a patient who suffered from a spinal cord injury and they treated him with narcotics. The pain level was only slightly reduced, but he started have such bowel problems... He turned to using marijuana. He is able to control the pain and not suffer any side effects that he is aware of.*
- *Numerous studies have established, and anecdotal evidence supports, that medical cannabis is a safe and effective treatment for pain. In 1999, the National Academy of Sciences' Institute of Medicine reported that pain can be mitigated by the therapeutic use of marijuana. Since 2007, three individual studies conducted at the University of California have found that marijuana relieves neuropathic pain... without the side effects associated with prescription painkillers.*
- *Cannabis allows me to function normally and dulls my pain.*
- *Medical Marijuana can be literally a lifesaver for those with chronic pain. The research on it is out there, I did a research paper back in the 80's on the Medicinal Value of Marijuana and even then there was enough evidence that it does help chronic pain as well as glaucoma and MS.*
- *After the NIH found low doses of medical cannabis work for neuropathic pain, and I tried it, it almost immediately reduced the amount of pain. With continued use I found almost complete cessation of pain.*
- *Out of curiosity, I went to Colorado. And I started to conduct my own experiments on cannabis and my endocannabinoid system. I have found if I keep a steady dose in my system, I do well. I was doing ten grams a week, and I was pain free. If I stop I'm in pain. If found if I do it twice a week I am able to function. I am still in pain but can function.*

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<sup>9</sup> Physical therapy, occupational therapy, and over-the-counter medications

- *I used to have a medical card, when I lived in AZ for a while, and it was a great step forward. I know people my age lie about injuries less pervasive than mine, and I know that there is a stigma about all of this... but I'm sincerely trying every day, and I just want one of the effective tools back.*
- *Cannabis changed my life. It helped me with my pain but more importantly it allowed me to find myself again, and soon my situation didn't seem as bad because I was able to see things differently; I finally found something that actually made a difference.*
- *My patients had a variety of pain problems, such as peripheral neuropathy, headache, back pain, abdominal pain, fibromyalgia. Sleep, nausea, and anxiety improved. Most patients had improvement, some did very well. Many were able to decrease their opioids. One patient stopped his Methadone 100 mg daily. Another got off Oxycodone 80 mg daily.*

## **Medical cannabis is better than alternatives**

A large number of commenters of all types asserted that medical cannabis would be a better option for treating intractable pain than alternatives, namely opiates. Most commenters said medical cannabis poses fewer health risks, including addiction, liver damage, overdose, and other adverse effects, fewer societal issues associated with substance abuse, and in some cases, more pain relief.

Examples of comments include:

- *Narcotics impair our ability to function and worsen chronic nausea. Patients develop tolerance to gabapentin and it becomes ineffective requiring increased dosing. Pain patches are not covered by insurance or are cost prohibitive. And then there are the stories of people with EDS at some point being told they are drug abusers, and doctors stop assisting/prescribing for their pain. All narcotic meds make me nauseous, sleepy and unable to function.*
- *Sufferers of chronic diseases often find themselves treated with opiate-based medication. While these medications may work at first, the patient develops a tolerance and must take ever-increasing amounts of the drug or find alternate treatment. Chiropractic, acupuncture, and other treatments sometimes help, but cannabis is a far superior answer ...Most importantly: opiate overdoses claim far too many lives. In contrast, cannabis is not a killer and "overdose" is not fatal.*
- *It seems a no brainer to make available a more effective drug with less (or no) side effects available to those who suffer from pain on a very regular basis with no real and reasonable solution.*
- *When you take Vicodin and Hydrocodone you take in acetaminophen that damages the liver. When you take it over the long term it almost certainly will, and that's irreversible. When I experience what a mild drug—not just the physical effects but the personal effects than hydrocodone and how it carries over into you own life. I'm just hoping that we move forward and include intractable pain for individuals so that no one has to go through the problems I have and the liver damage that I've experienced.*
- *In this day of more overdoses on opiates than car accidents, cannabis would be a safe alternative for pain. It's time for Minnesota to come out of the dark ages and recognize the benefits cannabis has on health and the enormous problems we now have with opiates.*
- *I am a 52 year old chronic pain patient and I have had a couple scares with taking my meds and forgetting and taking them again... I am terrified I might overdose on my medications. Please, include the use of marijuana so that I can get off these horrible opiate medications and use a safer, non-addictive substance to manage my pain and spasms. No one has ever overdosed or died from using marijuana. The same*

cannot be said about the morphine sulfate and oxycodone I am currently taking. It messes with your head and you forget that you've taken it so you take more. Then you die. I've seen it happen to others.

- I was on morphine for a couple years and when it wasn't helping, I started weaning off. I went to Percocet, then added Cannabis. When I went off the Percocet, I had no change in my pain. The Cannabis works as well, no BETTER than the opiates, as it has no side effects.
- For example, a study conducted by the National Institute of Drug Abuse has concluded that 9% of people who ever try cannabis become addicted to it, and while some might agree that this is a concerning number, others tend to think that this is a very low number compared to the 15% addiction rate for alcohol, 17% addiction rate for cocaine, the 23% addiction rate for heroin and the 32% for tobacco. Of course, addiction is something that we have to consider, but look at what happens to people when they become addicted to cigarettes and alcohol. Both of those substances are legal in Minnesota and cause a wide variety of health problems.

## Medical cannabis is safe

Commenters who responded in this manner asserted that cannabis is completely safe, natural, or has few adverse effects.

Examples of comments include:

- Over the last 30 or so years Dr. Raphael Mechoulam has done extensive research on the efficacy of cannabinoid as a pain killer and has found it to be extremely effective with no side effects. Please view this video to learn more. <http://www.medicaljane.com/2015/09/08/introducing-the-scientist-a-new-medical-marijuana-documentary/>. What people who have intractable pain need is an effective painkiller without side effects. We have it here in cannabidiol.
- The other option works better, is silly to keep away from adult human beings it is so safe, and has been an herbal remedy across the planet for one of the longest trial runs any scientist could hope for (thousands of years).
- Everyone is different, but the only sided effect I've noticed is fatigue. But I'll take that over opiate addiction every day
- Rarely did I see an adverse effect—maybe a little headache or nausea, but they would work with people in the dispensary to try different things. So I rely on them [dispensaries] but I talk to them pretty often. Did not see major side effects, and by being able to cut down on other medications there would be lot less.
- Compared to other types of medical research we conduct and authorized treatments we use on patients, the use of medical cannabis is very low risk and potentially very effective. There are very few recent medical advances that are so low risk and so low cost and yet potentially very valuable to physicians and patients. It seems like a wonderful combination and one we need to embrace.
- I support the expanding uses for medical marijuana I feel that it is much safer than many addictive pain killers currently legal for people in need.
- Cannabis helps me get to sleep, decreases my pain, and lifts my mood...all of this without adverse side-effects. I use cannabis when pain is especially bad, but if I do not use it for a day or two I feel no withdrawal symptoms.
- I have a patient who suffered from a spinal cord injury and they treated him with narcotics. The pain level was only slightly reduced, but he started have such bowel problems. The symptoms he was getting as a result of the medications didn't warrant taking the medication. He turned to using marijuana. He is

*able to control the pain and not suffer any side effects that he is aware of. I feel that it is much safer for him to use cannabis than the prescribed medications he was on.*

- *I am however, interested in having a natural plant-based option available that I can take at night to help me relax and rest. I have used products from other states and they have proven to be effective with minimal side effects.*

## **Those opposed to adding intractable pain**

Of the 409 people that provided public comment, 15 were opposed to adding intractable pain to the list of qualifying conditions for medical cannabis. Though less prevalent than comments from those in favor of adding intractable pain, comments from those opposed were consistent in reasoning.

Commenters gave several reasons why they felt that medical cannabis should not be added as a qualifying condition. Many people provided more than one reason, so each reason they gave was captured. The most common reasons given were:

- concern that its use could lead to substance abuse by the patient or a larger societal substance abuse problem;
- intractable pain is too subjective a topic to determine when medical cannabis treatment is necessary;
- concern about adverse physical and mental health effects; and
- a belief that research is adequate to conclude that medical cannabis is effective in managing intractable pain.

Commenters gave several reasons why they felt that medical cannabis should be added as a qualifying condition. Many people provided more than one reason, so each reason they gave was captured<sup>8</sup>. The most common reasons given were:

- it should be an option in addition to other ways of relieving pain;
- it is effective;
- it is a better option than some alternative treatments;
- it is safe and has few adverse effects.

These reasons will be described in detail below.

**Table 3: Reasons for adding intractable pain**

Reason	Number of comments	Percent of all comments in favor
Would like it as an option	136	35%
Effective	132	34%
Better than alternatives	111	29%
Safe/ few adverse effects	59	15%

Other reasons for including medical cannabis as a qualifying condition that were less common included: because it is the humane thing to do; because it is a personal right to use cannabis for pain; to increase the sign-up rate; doctors should have the discretion to prescribe medical cannabis; concerns about addiction to cannabis are unfounded; allowing cannabis for pain should be the same as allowing it for other conditions; it would increase revenue for the state; and that cannabis should be legal.

### Medical cannabis should be an additional option

Providing doctors and patients with an additional treatment option was the most commonly-cited reason individuals said intractable pain should be added as a qualifying condition. Caregivers, health care providers, and potential patients describe the pain they experienced or watched others experience and the various medications and therapies that people have tried to no avail. Some patients have asked that it be one solution along with others in their doctors' toolkits.

Examples of comments or testimony include:

- *I deeply hope, however, that people like my wife that are suffering from intractable pain can have all options available to them for treatment.*
- *All I want is to try Medical Cannabis.*

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All the figures above this point counted the number of people that submitted comments. Often, people commented on more than one related topic or provided more than one reason to support their stance. As such, the following figures represent the number of times a reason was cited, and the sum of figures for reasons will exceed the number of people that provided comments.

**Table 4: Reasons against adding intractable pain**

Reason	Number of comments	Percent of all comments opposed <sup>10</sup>
Intractable pain is too subjective	13	87%
May lead to addiction/substance abuse	11	73%
Concern for adverse health effects	8	53%
Not proven effective	6	40%

Other reasons against including medical cannabis as a qualifying condition that were less common included that medical cannabis use would be difficult for employers to regulate in the workplace and that proponents of medical cannabis use are working toward full legalization of cannabis.

### **Intractable pain is too subjective**

Some commenters expressed concern about the subjectivity of intractable pain. This theme arose on many levels, from the current definition of intractable pain to a person’s sensation of pain and its degree.

Examples of comments include:

- *Also since there is no one way to ensure that someone is in severe pain, how do we know that they are not med seeking in the same way that some people do with opiate based medication?*
- *This is the category that ALL marijuana proponents are pushing for because this category includes EVERYONE. Who doesn't have some type of chronic pain?*
- *We have difficulties with abuse of narcotics already for pain and "intractable" is so subjective.*
- *The statutory definition of "intractable pain" is problematic in that it mentions the possibility of "cure" and it references specialists "of the area, system, or organ of the body perceived as the source of the pain." This definition of "intractable pain" does not recognize the fact that chronic pain is incurable nor does it realize the relevance of central nervous system sensitization for all pain states. Chronic pain is an incurable condition that is manageable utilizing a multimodal approach. I am against expanding the indication of medical cannabis for "intractable pain" for several reasons.*
- *Intractable pain, as it is currently defined in MN statute, appears ambiguous and subjective.*

### **Use of medical cannabis for intractable pain may lead to addiction/substance abuse**

People that provided comment cited concerns that cannabis is addictive. Comments highlight concerns for both the patient and larger societal implications if cannabis is more available and its use is more widely-accepted.

<sup>10</sup> Percentages are for illustrative purposes only. Readers should take caution when interpreting percentages of small number.



Examples of comments include:

- *States with medical marijuana laws have also been found to have higher odds for marijuana abuse/dependence than those without the laws (Cerdá, Wall, Keyes, Galea, & Hasin, 2012). These findings are particularly concerning in regard to our young people who are more susceptible to marijuana's negative consequences and addiction. 17% of adolescents who use marijuana will become addicted (National Institute on Drug Abuse, 2014).*
- *Concern for the best interest of the patient: \*Cannabis is addictive. Residents of states with medical marijuana have marijuana abuse/dependence rates almost twice as high than states without such laws.<sup>1</sup> One in 11 marijuana users becomes addicted, and the rate rises to 1 in 6 among teens.<sup>2</sup> As many as 1 in 2 daily users becomes addicted to marijuana.<sup>3</sup> Cannabis addiction is a real threat. Addiction, which is a chronic brain disease, can complicate the care and treatment options for patients who already have complex medical issues. Sources: 1. Cerdá, M., Wall, M., Keyes, K., Galea, S., & Hasin, D. (2012).*
- *Although I see the benefits, I know that when medication is used for pain it can be easily abused... My biggest concern is the potential of accelerated abuse of medical cannabis among youth.*
- *Residents of states with medical marijuana laws have abuse and dependence rates almost twice as high as states with no such laws.*

### **Adverse effects of medical cannabis use**

Comments on adverse effects of cannabis use focused on physical and mental health but also mentioned academic achievement. In particular, individuals expressed concern for people with or at risk for mental illness and the negative impacts cannabis use can have on their mental state.

Examples of comments include:

- *Marijuana use has been found to decrease IQ over time and negatively impact multiple educational outcomes such as low grades and lower likelihood of graduation or college enrollment (National Institute on Drug Abuse, November 2014).*
- *Cannabis and mental illness have well documented connections. Individuals who report ever using cannabis are at an increased risk for developing a psychotic illness, according to a comprehensive 2007 literature review published in *The Lancet*. <sup>1</sup> According to the 2013 Minnesota Student Survey, students reporting significant problems with depression were 2.3 times more likely to report marijuana use. Minnesota students reporting anxiety were almost twice as likely to have used marijuana in the past 30-days than those who didn't report anxiety. <sup>1</sup> According to the National Alliance on Mental Illness, "The overwhelming consensus from mental health professionals is that marijuana is not helpful—and potentially dangerous—for people with mental illness. Using marijuana can directly worsen symptoms of anxiety, depression or schizophrenia through its actions on the brain. People who smoke marijuana are also less likely to actively participate in their treatment—missing more appointments and having more difficulty with medication adherence—than people who abstain from using this drug." People with chronic pain are already at a higher risk for depression and anxiety. Major depressive disorder rates among those with chronic pain range from 23% to 78% (compared with rates of 5% to 17.1% in the general population), and anxiety rates range from 10.6% to 62.5% (compared with 1% to 25% in the general population).*

- *There are dangers with the use of cannabis, not just death, but interpersonal, social and emotional problems (especially with those who have mental health disorders).*

## **Medical cannabis has not been proven effective for treating intractable pain**

The lack of concrete, scientific proof that medical cannabis is effective or that its benefits outweigh its risks was the focus of several comments. Health care providers in particular expressed discomfort with prescribing or certifying patients for something that has not been proven effective.

Examples of comments include:

- *Medical cannabis has not been shown in clinical trials to be superior to other FDA approved medications for treatment of chronic pain.*
- *The medical cannabis dispensed by the state of Minnesota is not regulated by the FDA, therefore the purity, efficacy and safety may be suspect*
- *I think the research is still not to the level of quality that evidence based medicine demands. What is the optimal form? What is the optimal dosing?*
- *Researchers from the University of Bristol in the United Kingdom reviewed findings from 79 different studies looking at the effect of marijuana on symptoms ranging from chronic pain to sleep difficulties and mental illness. At best, they found only moderate evidence indicating that marijuana reduced nerve pain and pain from cancer.*

## **Reservations about adding intractable pain to the list of qualifying conditions**

People who provided comments both in favor of and opposed to adding intractable pain to the list of qualified conditions cited qualifiers or reservations they had. Some comments focused on the societal impact of making medical cannabis more available, while others cited a low sign up rate and its effects on costs as issues that need to be addressed. A small number of comments suggested that the definition of intractable pain should be modified. Comments were split on whether the definition should be narrower in its definition of pain or broader in the approach to determining whether a person is experiencing intractable pain.

Examples of comments include:

- *My concern as a public health professional is not about patients who are interested in accessing this medicine as a legitimate part of their treatment plan. My concern is about the impact these decisions have on the broader community and how we set them up for success to be healthy and safe*
- *Things to consider when adding intractable pain would be: How will this impact adolescents or children in the home? What can we do as professionals and responsible community members to avoid an increase in cannabis abuse among youth? As it is already problematic. Can adolescents bring this prescription with them to school? Should it be locked up with the RN at school? Administered by school? What complications does that pose for school personnel? Can youth receive this medication, as they already do with opiate based pain relievers? How often can a prescription be refilled? Same as other medications-one fill? For pain specifically will it be available in all forms? Vaporizing will be highly attractive to*

adolescents. What will be the protocol for persons using cannabis for intractable pain in the work place or operating a vehicle? Will the users of cannabis pain management be added to the PMP (prescription monitoring program)?

- She has had thousands of dollars of tests and procedures at [medical facility], with no relief. The doctors there are not willing or able to consider cannabis. Their hands are tied because of this crazy qualifying list!
- I would like the Department of Health to consider what utilizing [cannabis] does for adolescence because it does affect them and lead to other stuff including other medicines.
- The state did a lot to prevent opiate use, and I would like to see work to prevent it getting in the hands of adolescents. As Minnesota, we need to come together around this.
- The definition now requires two pain specialists to sign off, which is a massive barrier. People can't even find one doctor to certify them. It also forces you to go through all other standard means of treatment. I would suggest not forcing people to go through opiates first.
- Other states which have authorized medical cannabis use for broad categories of patients, including pain, appear to have experienced abuse of the system as a result (O'Connell, T.J. & Bou-Matar, C.B., 2007). It seems reasonable to believe adding intractable pain to the list of qualifying conditions, as it is currently defined, may lead to a similar result. The state of Delaware certifies pain patients for medical cannabis who have, "...not responded to previously prescribed medication or surgical measures for more than 3 months or for which other treatment options produced serious side effects (Del. Code tit. 16, 4902A, as cited in LawAtlas, 2014)." The state of Montana requires proof of diagnostic testing or confirmation pain diagnosis from a second physician who has examined the patient (Montana Code 50-46-302, as cited in LawAtlas, 2014).

## Conclusions

While the approach to gathering public comments was not scientific in nature, comments still provide valuable insight into how over 400 Minnesota citizens feel about adding intractable pain as a qualifying condition for medical cannabis. Their comments support the following conclusions:

1. A strong majority of commenters were in favor of adding intractable pain as a qualifying condition.
2. Many people are looking for additional options to treat intractable pain. They do not appear to perceive medical cannabis as a universal remedy but as another option in their health care provider's toolkit to treat pain.
3. Some of the reasons cited by those in favor and those opposed were often in direct opposition to one another and based on different types of knowledge. Those in favor of adding intractable pain to the list of qualifying conditions commonly spoke of their experiences and saw medical cannabis as a safe, effective treatment. Those opposed pointed out that there is not conclusive scientific evidence that medical cannabis is effective and expressed concerns about adverse effects.
4. Several commenters are concerned about the addiction risks associated with the use of medical cannabis.

Due to Copyright issues, Section E has been redacted. They will be considered by the panel members during the review process.