Medical Marijuana Act Oversight Committee

October 27, 2015

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Systems Protection

MEDICAL MARIJUANA PROGRAM
DELAWARE'S TIMELINE

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Systems Protection

2011

May
SB17 creating the Medical Marijuana Act was signed

July
OMM hiring process begins

2012

January
Two OMM staff hired

February
Compassion centers suspended

July
Final regulations codified

OMM begins accepting card applications

Color Key: **Legislative and Regulatory Actions** **Program Development**

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Systems Protection

2011

May

SB17 creating the Medical Marijuana Act was signed

July

OMM hiring process begins

2012

February

Compassion centers suspended

July

Final regulations codified

OMM begins accepting card applications

September

1st patient card issued

Color Key: **Legislative and Regulatory Actions** **Program Development**

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Systems Protection

Patient

Caregiver

Back

Laminate Pouch

First Generation MMP Registry Card

Patient and caregiver cards, created with Microsoft Publisher and laminated with a UV coated envelope.

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Systems Protection

2011

May
SB17 creating the Medical Marijuana Act was signed

July
OMM hiring process begins

2012

February
Compassion centers suspended

July
Final regulations codified

OMM begins accepting card applications

September
1st patient card issued

2013

August
Suspension lifted

OMM begins regulations and RFP

October
Proposed regulations promulgated

December
Request for Proposal published

Key: **Legislative and Regulatory Actions** **Program Development**

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Systems Protection

2012

February
Compassion centers suspended

July
Final regulations codified

OMM begins accepting card applications

September
1st patient card issued

2013

August
Suspension lifted

OMM begins regulations and RFP

October
Proposed regulations promulgated

December
Request for Proposal published

2014

January
Regulations codified

RFP pre-bid meeting

April
Received 7 bid proposals

May
Bid evaluation

Key: **Legislative and Regulatory Actions** Program Development

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Systems Protection

Request for Proposal Review Committee

Agencies represented:

Department of Agriculture (DDA)

Department of Homeland Security (DSHS)

DHSS Medical Director (DHSS)

Delaware Public Health Lab (DPHL)

Division of Services for Aging and Adults with Physical Disabilities (DSAAPD)

DHSS IRM representative (IRM)

DHSS Division of Management Services (DMS)

Why?

To provide diversity in thought, experience, and perspective to address the unique nature of this industry

Bids	1	2	3	4	5	6	7
DDA	62	70	75	83	77	74	66
DSHS	76	86	86	86	72	76	68
DHSS	72	75	82	86	77	78	81
DPHL	62	69	80	86	55	80	70
DSAAPD	92	96	98	96	80	98	95
IRM	85	85	74	95	67	77	76
DMS	66	63	72	92	55	67	42
Average	**74**	**78**	**81**	**89**	**69**	**79**	**71**

First State Compassion Center (FSCC)

2012

February
Compassion centers suspended

July
Final regulations codified

OMM begins accepting card applications

September
1st patient card issued

2013

August
Suspension lifted

OMM begins regulations and RFP

October
Proposed regulations promulgated

December
Request for Proposal published

2014

June
Investigator hired

Contract negotiations begin with FSCC

August
Compassion center contract signed

September
Admin hired

Key: Legislative and Regulatory Actions Program Development

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Systems Protection

2012

February
Compassion centers suspended

July
Final regulations codified

OMM begins accepting card applications

September
1st patient card issued

2013

August
Suspension lifted

OMM begins regulations and RFP

October
Proposed regulations promulgated

December
Request for Proposal published

2014

September
Admin hired

October
Opening date delayed facility development

November
DE Medical Journal marijuana edition

Key: **Legislative and Regulatory Actions** Program Development

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Systems Protection

Delaware Medical Journal

OFFICIAL PUBLICATION OF THE MEDICAL SOCIETY OF DELAWARE

VOLUME 86 . NOVEMBER 2014 . NUMBER 11

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MSD

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Opinions expressed in articles in this issue are those of the authors and do not necessarily reflect official MSD positions.

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Medical Marijuana: The Importance of Education and Research

Barret Michalec, PhD[1] and Laura Rapp, PhD[2]

For the sake of clarity, within this paper, the terms medical marijuana, marijuana, and botanical cannabis will be used synonymously (and are to be considered distinct from pharmaceutical cannibinoids—synthetic cannabinoid-based medications).

The Delaware Medical Marijuana Act became effective July 1, 2012, making Delaware the 15th state to implement a program allowing for the legal use of botanical cannabis for medicinal purposes. As of October 2014, 22 other states and the District of Columbia have passed similar legislation. State-based regulatory initiatives began with California's Prop 215, "The Compassionate Use Act," the first to legally allow patients to possess and use cannabis if recommended by a physician. Although numerous state governments have ratified the legal use of botanical cannabis for medicinal purposes, and such use has the support of various reputable scientific/academic societies, the Federal Government still lists marijuana as a Schedule 1 controlled substance, maintaining the label that marijuana has "..no currently accepted medical use in treatment in the United States" and stifling research on the efficacy of botanical cannabis for various symptoms and afflictions.

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2. Laura Rapp, PhD is an Associate Scientist at the Center for Drug and Health Studies at the University of Delaware, Newark, Del.

History of Marijuana for Medicinal Use

The medicinal use of botanical cannabis is thousands of years old with evidence of its therapeutic use in civilizations noted as birth-places of medicine and healing. Medicinal marijuana is said to have been formally introduced to western medicine with Irish physician, W.B. O'Shaughnessy's 1830's paper on "Indian hemp" in which he offers recommendations for its usage, including to combat pain, vomiting, convulsions, and spasticity (conditions for which cannabis is recommended today). By the mid-19th century, medicinal marijuana was included in the U.S. Dispensatory and physicians commonly employed cannabis-based compounds, cigarettes, tinctures, and extracts for treating various ailments.[1]

The atmosphere of hysteria surrounding medical marijuana bellowed in the 1920s and 1930s. The

panic stemmed from negative perceptions of particular minority groups, specifically Mexican immigrants and African-Americans, who were associated with marijuana use at that time.[2] Given the traditional practice of recreational and medicinal use of botanical cannabis nested within particular Mexican cultures, cannabis use became abundant along Texas border towns. Persistent adversarial perceptions of Mexicans and Mexican immigrants, as well as blacks and the poor (among whom the drug was popular), fueled US law enforcements' negative perception of marijuana, lending to its classification as a narcotic with highly addictive properties. During this time, cannabis use was so sensationalized that it was argued to push people towards acts of immorality, criminality, and even insanity.[3] In reaction, a majority of states banned the use of cannabis for even medicinal purposes and the fervor reached a pitch in 1937, when Congress passed the Federal Bureau of Narcotics-backed Marihuana [sic] Tax Act. Important to note, however, is that this particular bill was pushed despite the strong objective of the American Medical Association.

By 1942 cannabis was removed from the U.S. Dispensatory and through the passage of the Controlled Substances Act of 1970, with minimal scientific/clinical input, the U.S. Congress declared cannabis to have no medical value, stripping the drug of its medicinal legitimacy and outlawing its therapeutic use. This led the Food and Drug Administration (FDA) to designate botanical cannabis as a Schedule 1 drug, a categorization that currently also includes heroin, peyote, LSD, ecstasy, and Quaaludes. (By contrast, cocaine and methamphetamine are categorized as Schedule II drugs). However, as state and federal penalties for cannabis use and possession burgeoned during the 60's and 70's, the public responded with disapproval and general concern with the perceived overly harsh sentencing and punishments arguing that the punishments regarding cannabis did not fit the "crime."[3] Over time, states reassessed and softened their possession laws in the face of a consistent stalwart federal stance, and in 1996 California passed "The Compassionate Use Act," with the 22 states and the District of Columbia following suit with similar (yet distinct) legislation in the following years. Interestingly, although botanical cannabis has been, to some extent, returned to the physician's black bag in certain states, this has been done without extensive consultation of the physicians themselves. In this sense, much like how the AMA was ignored by state and federal governments during the criminalization of marijuana during the 1930s and 40s, so too has it been during this contemporary therapeutic-use resurgence of the drug.

The Current State of Medical Marijuana and an Evident Lack of Knowledge

In reviewing the current state of the literature on medical marijuana, specifically that featuring physicians' viewpoints and perspectives of the initiatives, it is evident there is a great deal of confusion regarding state-based medical marijuana programs and the therapeutic use of marijuana in general. The issues raised include: the "gap" between state and federal laws, the actual medicinal efficacy of cannabis for particular ailments, the potentiality and probability of abuse, the lack of standardized conceptualizations of key terms (i.e. what constitutes a "bonafide" doctor-patient relationship), and perceived possible legal ramifications related to signing off on a patient, among others.[4-10]

Perhaps the most frequently voiced concern among the medical community, however, is the severe and debilitating lack of rigorous scientific clinical research on the endocannabinoid system and botanical cannabis as a therapeutic treatment. Although states have ratified medical marijuana legislature, the Federal Government, including the FDA and Drug Enforcement Agency (DEA), continues to categorize botanical cannabis as a Schedule 1 drug. The AMA, the Institute of Medicine (IOM), the American College of Physicians, and other professional health-oriented societies have called for the FDA to reclassify marijuana as a Schedule II drug to open the door for more thorough empirical testing of botanical cannabis in order to establish clinical standards related to dosage, potency, vehicle (e.g. smoking, inhaling vapor, edible-based, pill-form, topical, etc.), the neurological and physiological nuances of various compounds, as well as "best practices" in regards to discussing marijuana as a treatment option with patients.

Although the 1999 IOM report[11] provided evidence for the therapeutic benefit of marijuana in combating symptoms such as nausea/vomiting, pain, and significant loss of appetite, there are still mixed findings (of the findings that are available, which are minimal) regarding the effectiveness of

medicinal marijuana with symptoms of various ailments and illnesses. Furthermore, there is conflicting stances on the actual potentiality of abuse/additive nature of marijuana, with some physicians citing the troublingly addictive nature of marijuana and specific reports indicating that marijuana is no more addictive than anti-anxiety medication, and far less addictive than alcohol and tobacco.[11,12] There is also discussion regarding medical marijuana diversion, especially among adolescents, and the impact of the availability of and societal-level norms associated with marijuana[13,14] as well as whether the legalization of medical marijuana actually lends to increased overall marijuana use among populations.[15,16]

Clearly, physicians feel somewhat "out of the loop" in many aspects regarding the current state of medical marijuana policies and programs, especially concerning the lack of research/clinical knowledge and their own responsibilities/duties (treatment-wise, legal, and interpersonal) concerning patient care. Therefore, as the medical marijuana program continues to unfold in Delaware it is necessary to assess practitioners' and patients' knowledge of and attitudes towards the program in order to develop and offer quality educational programs. Clear and shared understandings of all aspects of the Delaware medical marijuana program will be essential for the health care workforce, as well as patients and the general public. Educational initiatives should include discussions on state and federal policies, the science of botanical cannabis, and even "best practices" (for doctors and patients) associated with discussing marijuana as a treatment option.

Collaborations with local research centers can help facilitate these needed initiatives. The Center for Drug & Health Studies (CDHS) at the University of Delaware is positioned to be an excellent resource in various evaluative efforts, which may include: a) assessing various aspects of the Delaware Medical Marijuana Program and policies; b) the development and implementation of educational programs; and c) evaluating doctor-patient interactions concerning medical marijuana as a treatment option. A survey has been developed to help collect information for our continued studies, which we hope you will complete.

Although states continue to legalize the medicinal use of botanical cannabis, marijuana use is more often raised within the realm of substance abuse as opposed to the realm of therapeutic treatment. Therefore, it is time to dismantle the "stoner" stereotypes associated with marijuana and bring professionalism to the contemporary issues associated with its medicinal usage. As Delaware moves forward in this new (yet old) frontier of patient care, we look forward to working with physicians and state officials in providing essential translational education and research to health care clinicians, patients, and the general public.

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Delaware's Medical Marijuana Program

Paul R. Silverman, DPH[1] and Paul Hyland, MBA, MPA[2]

HISTORY

The Division of Public Health (DPH) has the responsibility to implement Delaware's Medical Marijuana Act,[1] which became effective July 1, 2012. Delays in implementing the program have largely occurred because of uncertainty about Federal policy. However, the State of Delaware is now moving forward.

Within DPH, the Medical Marijuana Program (MMP) is implemented by the Health Systems Protection Section, Office of Medical Marijuana. This article provides information about how the MMP will operate from the perspective of the patient, caregiver, the marijuana distribution center (which in Delaware is called a Compassion Center), and the physician.

THE PATIENT

To qualify for medical marijuana, a patient must:

- Possess a current State of Delaware driver's license or identification card;
- Be 18 years of age or older;
- Be under the care of a physician currently licensed to practice in Delaware; and
- Possess a physician's certification indicating a qualifying debilitating medical condition.

A "debilitating medical condition" means one or more of the following:

- Cancer, HIV or AIDS, decompensated cirrhosis, amyotrophic lateral sclerosis, and agitation of Alzheimer's disease;
- Post-traumatic stress disorder qualifies when it manifests itself in severe physical suffering, such as severe or chronic pain or severe nausea and vomiting, or otherwise severely impairs the patient's physical ability to carry on the activities of daily living; or
- A chronic or debilitating disease or medical condition or its treatment that produces one or more of the following: cachexia or wasting syndrome; severe, debilitating pain that has not responded to previously prescribed medication or surgical measures for more than three months or for which other treatment options produced serious side

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2. Paul Hyland, MBA, MPA is the Program Administrator of the Delaware Office of Medical Marijuana.

effects; intractable nausea; seizures; or severe and persistent muscle spasms, including but not limited to those characteristic of multiple sclerosis.

The patient will be issued a registry card by the MMP. The application for a card can be downloaded from the DPH website.[2] It is the patient's responsibility, not the physician's, to submit a fully completed application. It is also the patient's responsibility to inform the MMP of any changes to the application.

The application includes a physician certification, which is discussed later in this article. The patient must, by signature, give permission for the MMP to contact the physician to verify the physician's credentials and the doctor-patient relationship. There is a $125 fee that must accompany the application. For patients with economic hardship, a sliding fee scale will be used.

The applicant's approval or denial will be returned within 45 days. If approved, the applicant will be invited to DPH's Dover office to have a picture taken and be issued their registry card. The card must be renewed annually. The law provides for revocation of the card and penalties when a patient fails to comply with the requirements of the program, re-distributes the marijuana, or makes false statements.

THE CAREGIVER

Accommodations can be made by the patient for a caregiver to act on his or her behalf. Caregivers must be approved through a separate application which is submitted as a supplement to the patient's application. The caregiver must identify the specific patient and the patient must provide an authorization for the specific caregiver. There is a $125 application fee to become a caregiver, which again is subject to a sliding fee scale based on financial hardship. When the patient's registry card expires, so too does the caregiver's registration.

The caregiver must:

- Be at least 21 years of age;
- Provide a signed statement as part of the patient's application that he or she has agreed to assist with a patient's medical use of marijuana;
- Provide permission for a criminal background check;
- Not have been convicted of a felony or drug offense; and
- Assist no more than five qualifying patients with their medical use of marijuana.

Both registered patients and caregivers are not subject to arrest, prosecution, or denial of any right or privilege if they possess less than six ounces of marijuana.

THE COMPASSION CENTER

Patients or caregivers can only obtain their marijuana from an approved Compassion Center. Delaware's first Compassion Center, now growing marijuana, will open in early 2015 and will be located outside of Wilmington. Although Delaware's medical marijuana law requires a Compassion Center in each county, Delaware has chosen to open only one "pilot" center due to Federal policy. The center will be limited to growing no more than 150 plants.

Delaware law requires Compassion Centers to be not-for-profit and tightly regulated with respect to governance, personnel, security, documentation, inventory, training, and quality of marijuana. The principal officer, board members, and all employees of the center must be at least 21 years of age and not convicted of a felony offense or drug misdemeanor within five years. There is no requirement for physician oversight of the Compassion Center. The MMP has authority to inspect the Compassion Center to assure conformity with these requirements.

The Compassion Center staff will check the patient's registration card before providing marijuana and will be able to help the patient determine the strain of marijuana best suited for their medical needs. There is no financial assistance available for the purchase of marijuana.

THE PHYSICIAN

To obtain medical marijuana for a patient, the physician will not write a prescription and need not sign-up to be part of this program. Instead, the patient will identify the physician on his or her application and include a certification which is completed and

signed by the physician (See Figure 1). The physician only completes the certification and no other part of the application. Nothing in the law compels a physician to sign the certification.

However, there are certain requirements to enact this arrangement, many of which are designed to prevent doctor shopping. First, only physicians licensed in Delaware can submit a physician certification. Second, the physician must have a bona fide relationship with the patient and care for the patient's qualifying condition. This means:

- The relationship between the physician and patient cannot not be limited to authorization for the patient to use medical marijuana or consultation for that purpose;
- The patient must be under the physician's continued care for primary medical care or the condition that qualifies him or her for medical marijuana;
- The physician must have a reasonable expectation that he or she will provide follow-up care to the patient to monitor the efficacy of the use of medical marijuana as a treatment of his or her qualifying condition;
- The physician must, in the 90 days preceding the completion of the certification, complete an in-person assessment of the patient's medical history, including a review of the medical records of other treating physicians within the past 12 months;
- The physician must, in the 90 days preceding the completion of the certification, complete an in-person assessment of the patient's current medical condition; and
- The physician must create and maintain current records of the patient's condition in accord with the medically accepted standards.

If the patient's debilitating medical condition is post-traumatic stress disorder, the physician certifying must be a licensed psychiatrist.

By signing the certification, the physician is providing an opinion that the patient will receive therapeutic or palliative benefit from medical marijuana and that its potential benefit would likely outweigh any health risks.

To further assure the legitimacy of the patient's application, the MMP will request additional details about the qualifying condition from the physician. For example, the MMP will ask the physician to provide the specific diagnosis (for example, Dercum's Disease, Multiple Sclerosis) or treatment (for example, radiation for cancer, spinal surgery) that is causing debilitating pain, as well as previously used methods of treatment for that pain. The purpose of this additional information is not to evaluate the physician's diagnosis or treatment, but only to verify compliance with the qualifying conditions.

If the physician notifies the MMP in writing that either the patient has ceased to suffer from a qualifying condition or that the physician no longer believes the patient would receive therapeutic or palliative benefit from the medical use of marijuana, the MMP will nullify the patient's registration card and the patient has 15 days to dispose of the marijuana.

The MMP will not maintain a list of "marijuana-friendly" physicians nor will the MMP refer patients to a physician.

Finally, the law provides liability protection for the physician:

"A physician shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to civil penalty or disciplinary action by the Delaware Medical Board or by any other occupational or professional licensing board or bureau, solely for providing written certifications or for otherwise stating that, in the physician's professional opinion, a patient is likely to receive therapeutic or palliative benefit from the medical use of marijuana to treat or alleviate the patient's serious or debilitating medical condition or symptoms associated with the serious or debilitating medical condition or for refusing to provide such written certifications or statements, provided that nothing in this chapter shall be deemed to release a physician from the duty to exercise a professional standard of care for evaluating or treating a patient's medical condition."[3]

More information is available on the DPH website (http://dhss.delaware.gov/dhss/dph/hsp/medmarhome.html) or by calling the DPH Office of Medical Marijuana (302-744-4749).

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2. Available at: http://www.dhss.delaware.gov/dhss/dph/hsp/medmarhome.html
3. 16 Del C. § 4905A(g)

DELAWARE MEDICAL MARIJUANA PROGRAM SURVEY

Delaware Health and Social Services (DHSS), Division of Public Health (DPH) has requested that the Medical Society of Delaware survey its physician members to better understand physicians' positions and knowledge regarding the Medical Marijuana Program in Delaware. This brief survey should only take 5-10 minutes to complete and your answers will be anonymous. Although DPH and the Medical Society of Delaware remain neutral on this subject matter and are not promoting the program through this survey, our goal is to educate physicians to better understand the program and their role should they be approached by their patients. The results of this survey will help DPH better understand what further education my be needed. Questions about the Delaware Medical Marijuana Program should be directed to the Division of Public Health, which is charged with developing and regulating the Medical Marijuana Program in Delaware, at 302-744-4749.

For your convenience, you may also take this survey online at: https://www.surveymonkey.com/s/DEMedicalMarijuana

Deadline for completion is December 31, 2014. Thank you for participating.

1. What is your primary specialty?

_____

2. In which county do you practice? (Choose one from the options.)
- ○ New Castle County
- ○ Kent County
- ○ Sussex County
- ○ My primary practice is located out of state.

3. Please indicate your gender.
- ○ Male
- ○ Female

4. Please indicate your age.
- ○ 25-35
- ○ 36-45
- ○ 46-55
- ○ 56-65
- ○ 66 and over

5. Please indicate your number of years in practice.
- ○ 1-10
- ○ 11-20
- ○ 21-30
- ○ 31-40
- ○ 41 or more years

6. At this time, how would you rate your knowledge about medical marijuana as a treatment option?
- ○ Little/no knowledge
- ○ Minimal knowledge
- ○ Somewhat knowledgable
- ○ Knowledgable
- ○ Very knowledgable

7. At this time, how would you rate your knowledge about the Delaware Medical Marijuana Act, which became effective July 1, 2012?
- ○ Little/no knowledge
- ○ Minimal knowledge
- ○ Somewhat knowledgable
- ○ Knowledgable
- ○ Very knowledgable

8. At this time, how comfortable do you feel authorizing patients to use medical marijuana? The qualifying debilitating medical conditions are: cancer; positive status for human immunodeficiency virus; acquired immune deficiency syndrome; decompendated cirrhosis (Hepatitis C); Amyotrophic lateral sclerosis (ALS); agitation of Alzheimer's disease; post-traumatic stress disorder (physician must be a licensed psychiatrist); or chronic/debilitating disease or medical condition or its treatment that produces one or more of the following: cachexia or wasting syndrome; severe, debilitating pain that has not responded to previously prescribed medication or surgical measures for more than 3 months or for which other treatment options produced serious side effects; intractable nausea; seizures; severe and persistent muscle spasm, including but not limited to those characteristic of multiple sclerosis.
- ○ Very unlikely
- ○ Unlikely
- ○ Possibly
- ○ Likely
- ○ Highly likely
- ○ I would not see patients with any of these conditions.

9. Please elaborate as to why you chose the answer you did in question #8 above.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

10. At this time if your patient presented with the specified ailment(s) outlined in the Delaware Medical Marijuana Act, how likely would you be to authorize the use of medical marijuana as a treatment option for them?
- ○ Very unlikely
- ○ Unlikely
- ○ Possibly
- ○ Likely
- ○ Highly likely

11. Please elaborate as to why you chose the answer you did to question #10 above.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

12. Please indicate any of your sources of information about medical marijuana (choose all that apply).
- ○ Medical literature
- ○ Experience with patients
- ○ News media
- ○ Other physicians
- ○ Lectures/Seminars (accredited or not)
- ○ Delaware Health and Social Services
- ○ Friends/Family
- ○ Practice policy
- ○ Other (please specify)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

13. What specific concerns, if any, do you have regarding authorizing your patients to use medical marijuana as a treatment option?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

14. What would be helpful to you, as a physician, to learn more about medical marijuana as a treatment option and/or the medical marijuana policy in Delaware? (Please be specific.)

THANK YOU!

Thank you for taking time to complete this survey. Your responses will help Delaware identify areas of need for physicians in understanding Delaware's Medical Marijuana Program.

Please mail the completed survey to:

Barret Michalec, PhD
Dept. of Sociology, Smith Hall
University of Delaware
18 Amstel Ave
Newark, DE 19716

2013

August
Suspension lifted

OMM begins regulations and RFP

October
Proposed regulations promulgated

December
Request for Proposal published

2014

September
Admin hired

October
Opening date delayed facility development

November
DE Medical Journal marijuana edition

2015

January
First seeds were germinated

April
Opening delayed to ensure enough product

SB7 (SA1/SA2) committee and SBI

June
SB90 (SA2) Rylie's law

Pilot compassion center opened to patients

Petition for new condition to be added

Key: **Legislative and Regulatory Actions** Program Development

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Systems Protection

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July

Generation II card conversion complete

Key: **Legislative and Regulatory Actions** Program Development

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Systems Protection

Patient

Caregiver

Pediatric Patient

Back

Agent

Laminate Pouch

Second Generation MMP Registry Card

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Systems Protection

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Admin hired

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2015

June

SB90 (SA2)

Rylie's law

Pilot compassion center opened to patients

Petition for new condition to be added

July

Generation II card conversion complete

SB138 testing and research

August

Regulations promulgated

Survey analysis received from UD_CDHS

Key: **Legislative and Regulatory Actions** Program Development

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Systems Protection

Major Themes:

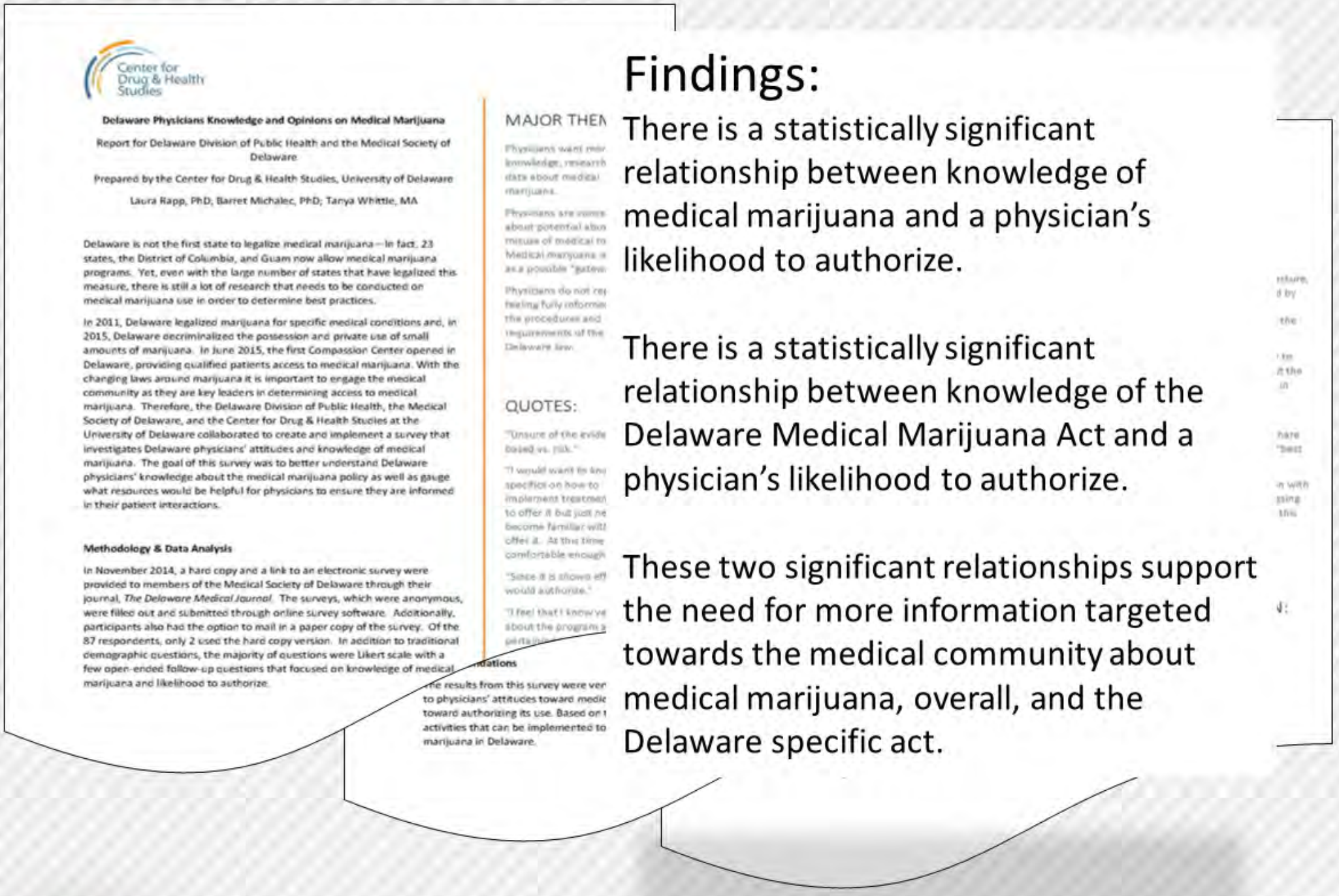
Physicians want more knowledge, research, and data about medical marijuana.

Physicians are concerned about potential abuse and misuse of medical marijuana.

Physicians do not report feeling fully informed about the procedures and requirements of the Delaware law.

Physician Survey Results Analysis
Center for Drug and Health Studies at the University of Delaware

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Systems Protection



Center for Drug & Health Studies

Delaware Physicians Knowledge and Opinions on Medical Marijuana

Report for Delaware Division of Public Health and the Medical Society of Delaware

Prepared by the Center for Drug & Health Studies, University of Delaware

Laura Rapp, PhD; Barret Michalec, PhD; Tanya Whittle, MA

Delaware is not the first state to legalize medical marijuana – in fact, 23 states, the District of Columbia, and Guam now allow medical marijuana programs. Yet, even with the large number of states that have legalized this measure, there is still a lot of research that needs to be conducted on medical marijuana use in order to determine best practices.

In 2011, Delaware legalized marijuana for specific medical conditions and, in 2015, Delaware decriminalized the possession and private use of small amounts of marijuana. In June 2015, the first Compassion Center opened in Delaware, providing qualified patients access to medical marijuana. With the changing laws around marijuana it is important to engage the medical community as they are key leaders in determining access to medical marijuana. Therefore, the Delaware Division of Public Health, the Medical Society of Delaware, and the Center for Drug & Health Studies at the University of Delaware collaborated to create and implement a survey that investigates Delaware physicians' attitudes and knowledge of medical marijuana. The goal of this survey was to better understand Delaware physicians' knowledge about the medical marijuana policy as well as gauge what resources would be helpful for physicians to ensure they are informed in their patient interactions.

Methodology & Data Analysis

In November 2014, a hard copy and a link to an electronic survey were provided to members of the Medical Society of Delaware through their journal, *The Delaware Medical Journal*. The surveys, which were anonymous, were filled out and submitted through online survey software. Additionally, participants also had the option to mail in a paper copy of the survey. Of the 87 respondents, only 2 used the hard copy version. In addition to traditional demographic questions, the majority of questions were Likert scale with a few open-ended follow-up questions that focused on knowledge of medical marijuana and likelihood to authorize.

MAJOR THEM

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QUOTES:

"Unsure of the evide based vs. risk."

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"Since it is shown eff would authorize."

"I feel that I know ve about the programs a pertaining

dations

he results from this survey were ver to physicians' attitudes toward medic toward authorizing its use. Based on t activities that can be implemented to marijuana in Delaware.

Findings:

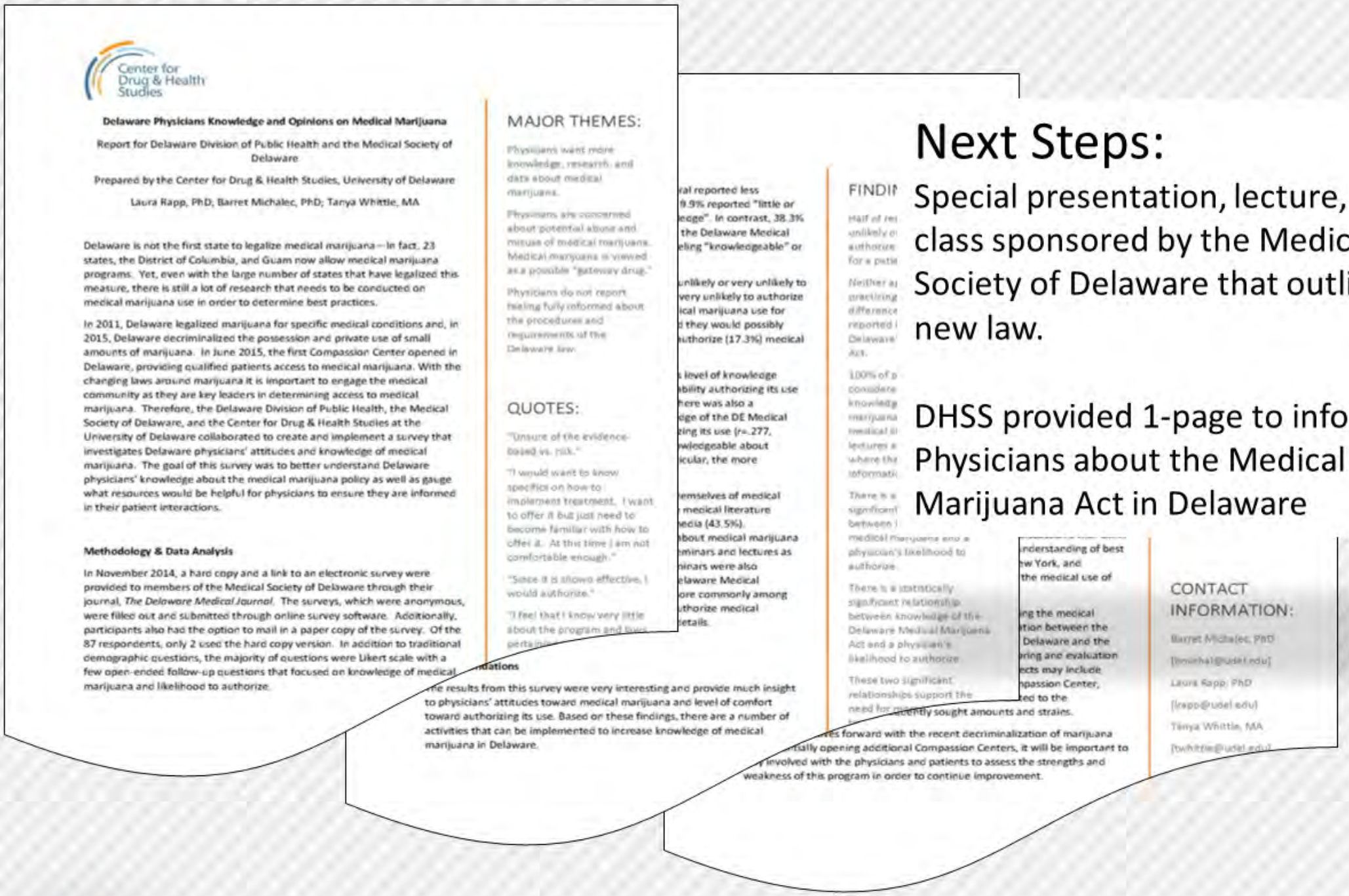
There is a statistically significant relationship between knowledge of medical marijuana and a physician's likelihood to authorize.

There is a statistically significant relationship between knowledge of the Delaware Medical Marijuana Act and a physician's likelihood to authorize.

These two significant relationships support the need for more information targeted towards the medical community about medical marijuana, overall, and the Delaware specific act.

Physician Survey Results Analysis
Center for Drug and Health Studies at the University of Delaware

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Systems Protection



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MAJOR THEMES:

Physicians want more knowledge, research, and data about medical marijuana.

Physicians are concerned about potential abuse and misuse of medical marijuana. Medical marijuana is viewed as a possible "gateway drug."

Physicians do not report feeling fully informed about the procedures and requirements of the Delaware law.

QUOTES:

"Unsure of the evidence-based vs. risk."

"I would want to know specifics on how to implement treatment. I want to offer it but just need to become familiar with how to offer it. At this time I am not comfortable enough."

"Since it is shown effective, I would authorize."

"I feel that I know very little about the program and laws pertain...

...ndations

The results from this survey were very interesting and provide much insight to physicians' attitudes toward medical marijuana and level of comfort toward authorizing its use. Based on these findings, there are a number of activities that can be implemented to increase knowledge of medical marijuana in Delaware.

...al reported less
...9.9% reported "little or
...edge". In contrast, 38.3%
...the Delaware Medical
...eling "knowledgeable" or

...unlikely or very unlikely to
...very unlikely to authorize
...ical marijuana use for
...d they would possibly
...uthorize (17.3%) medical

...s level of knowledge
...bility authorizing its use
...here was also a
...dge of the DE Medical
...zing its use (r=.277,
...wledgeable about
...icular, the more

...emselves of medical
...medical literature
...edia (43.5%).
...bout medical marijuana
...minars and lectures as
...minars were also
...elaware Medical
...ore commonly among
...uthorize medical
...details.

FINDI...

...understanding of best
...w York, and
...the medical use of

...ing the medical
...tion between the
...Delaware and the
...ring and evaluation
...ects may include
...mpassion Center,
...ted to the
...quently sought amounts and strains.

...es forward with the recent decriminalization of marijuana
...tially opening additional Compassion Centers, it will be important to
...y involved with the physicians and patients to assess the strengths and
weakness of this program in order to continue improvement.

CONTACT INFORMATION:

Barret Michalec, PhD
[bmichal@udel.edu]
Laura Rapp, PhD
[lrapp@udel.edu]
Tanya Whittle, MA
[twhittle@udel.edu]

Next Steps:

Special presentation, lecture, or CME class sponsored by the Medical Society of Delaware that outlines the new law.

DHSS provided 1-page to inform Physicians about the Medical Marijuana Act in Delaware

Physician Survey Results Analysis
Center for Drug and Health Studies at the University of Delaware

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Systems Protection

2013

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OMM begins regulations and RFP

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2015

August
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Survey analysis received from UD_CDHS

Public hearing for petition and regulations

September
Training Presentation for physicians - MSD

October
Second Training for physicians - hospitals

First meeting of oversight committee

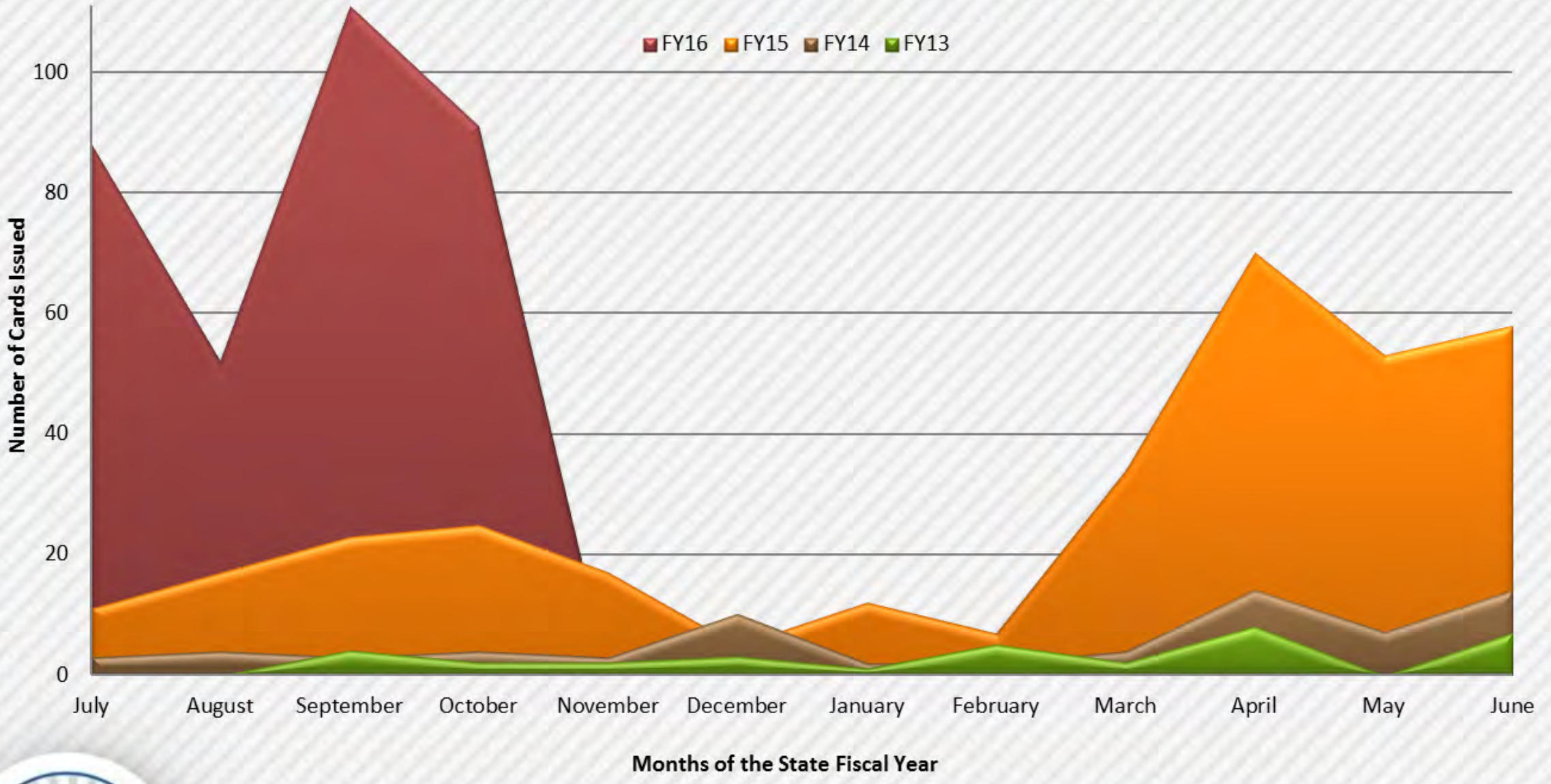
Key: **Legislative and Regulatory Actions** Program Development

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Systems Protection

PROGRAM PARTICIPATION

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Systems Protection

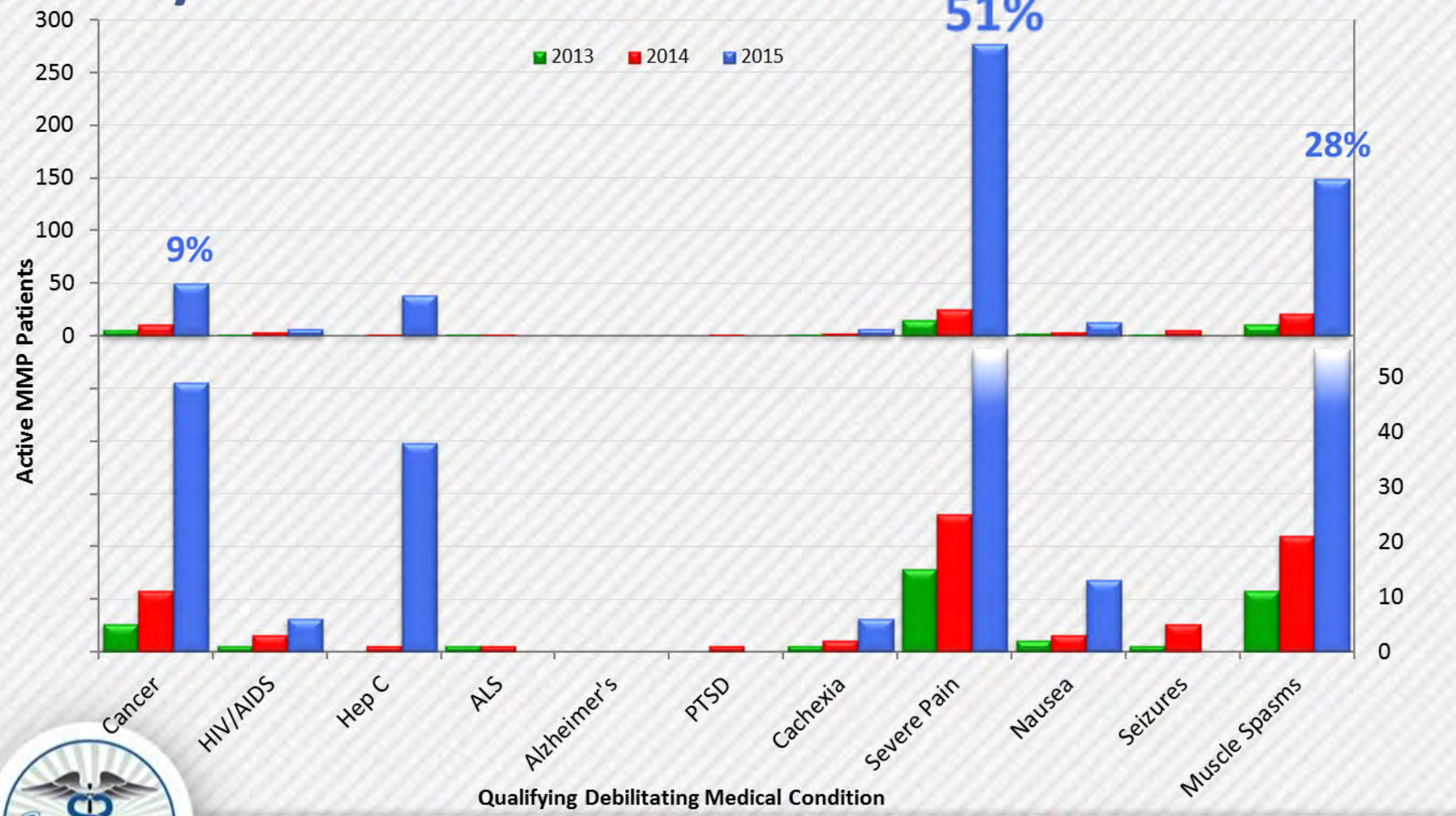
MMP Cards Issued
by State Fiscal Month and Year



Data Pulled on October 23, 2015

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Systems Protection

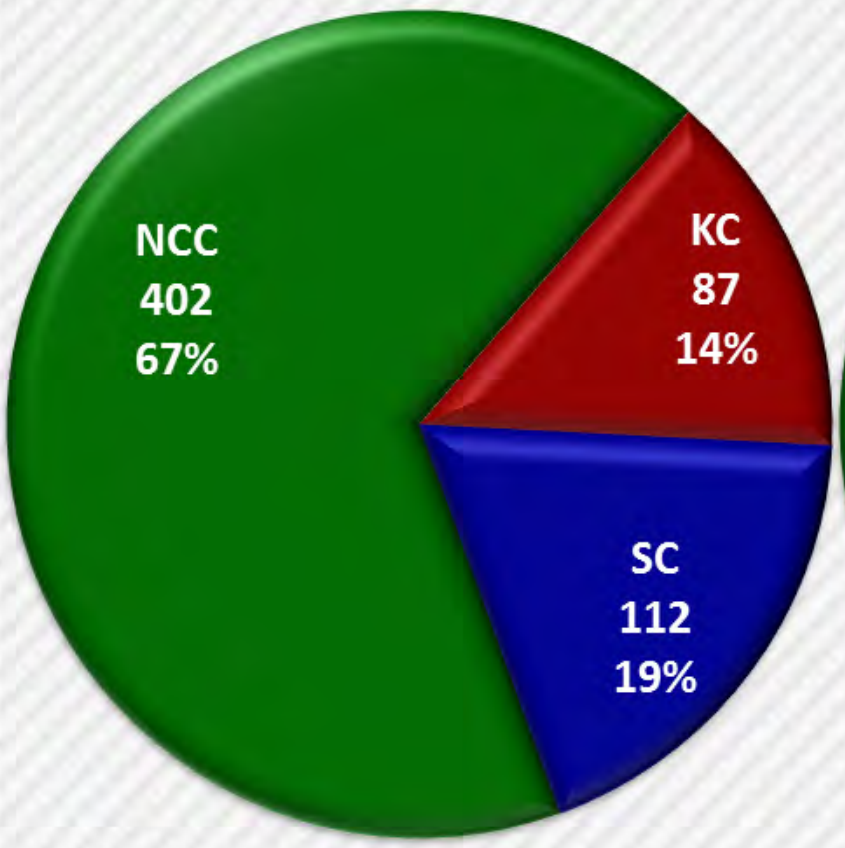
Active MMP Patients
by Medical Condition and State Fiscal Year

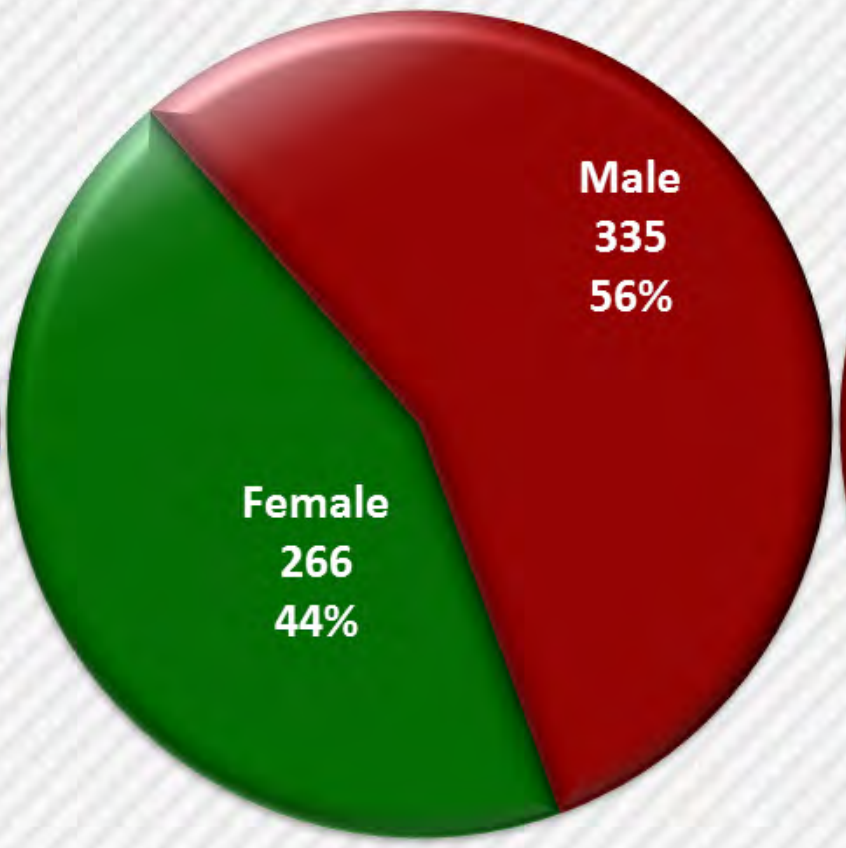


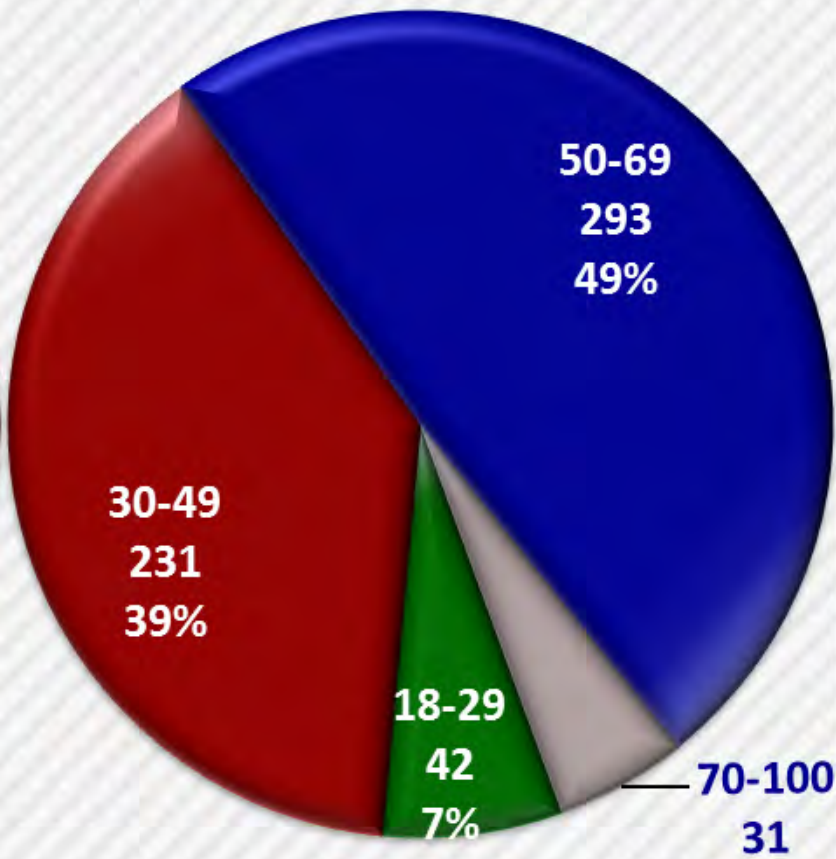
Data Pulled on October 23, 2015

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Systems Protection

Active Patients
by County, Gender and Age





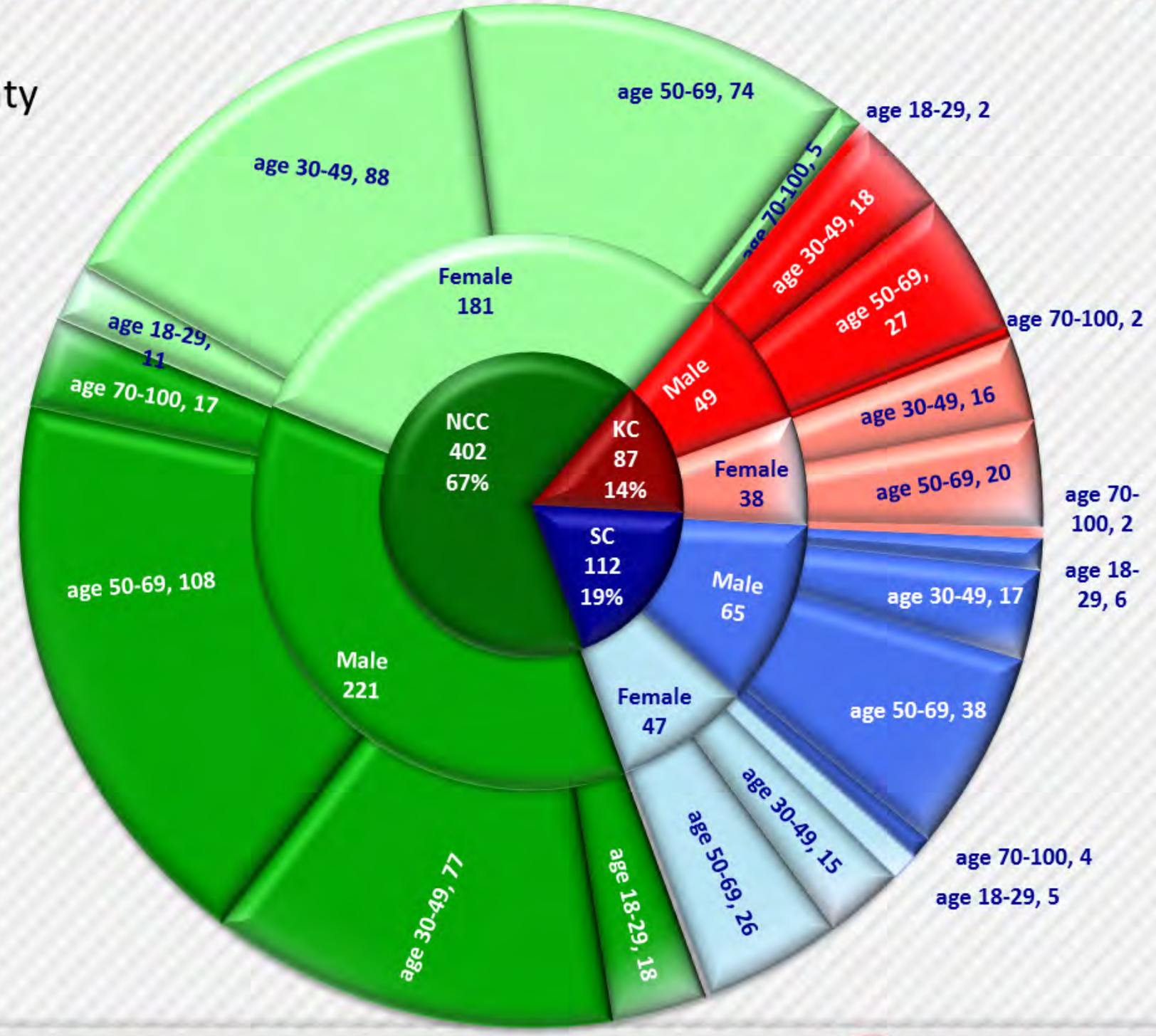


Data Pulled on October 23, 2015

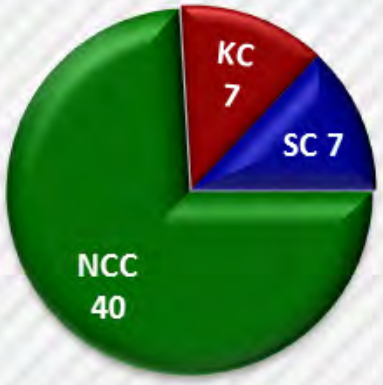
DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Systems Protection

Active Patients by County, Gender, and Age

- New Castle County
- Sussex County
- Kent County



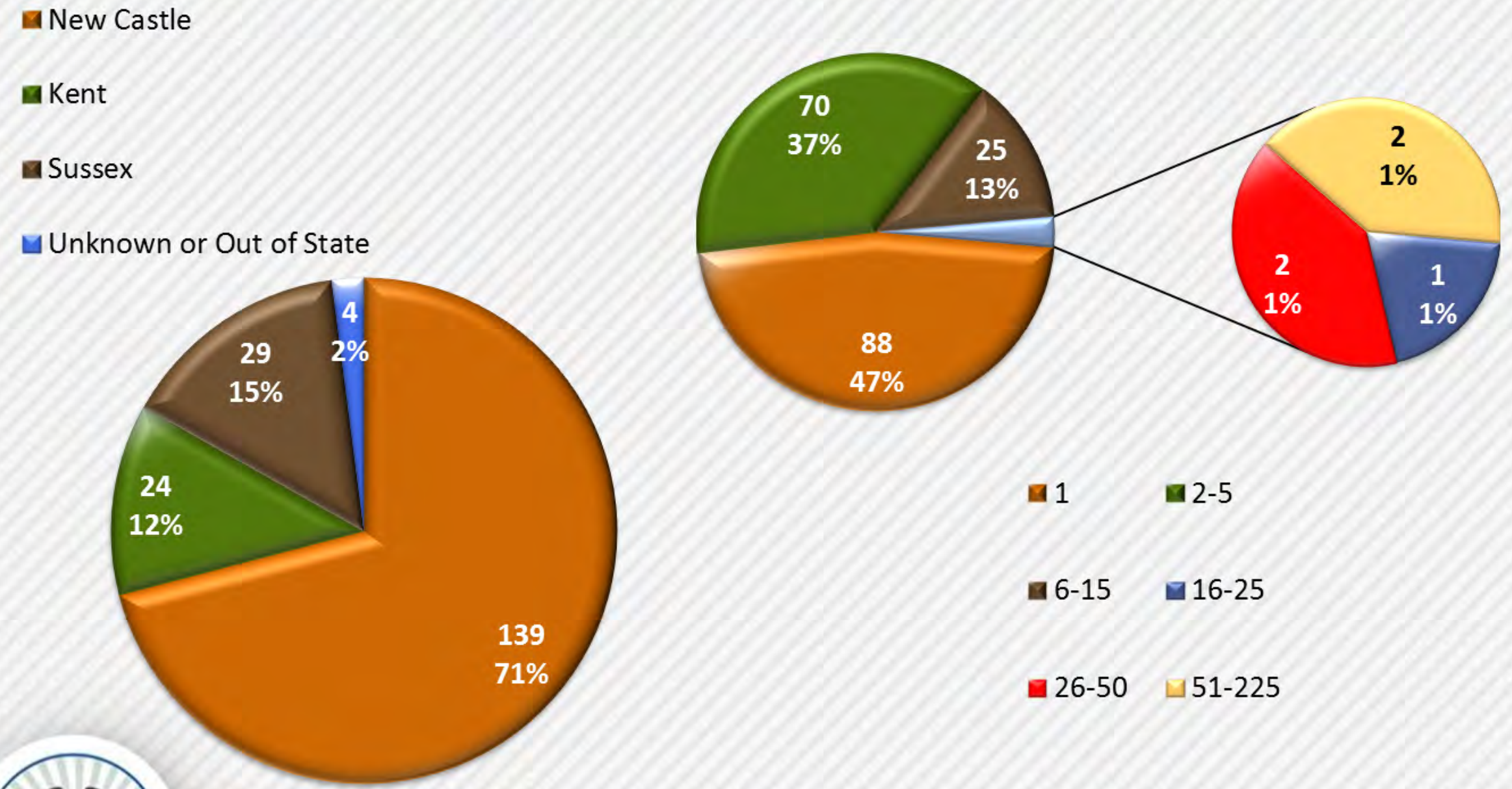
Active Patients Who have NOT visited FSCC



Data Pulled on October 23, 2015

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Systems Protection

Participating Physicians
by county and number of applications submitted



Data Pulled on October 23, 2015

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Systems Protection

Program Revenues and Expenses

FY13	Budget	Revenue	Expense
Registration Card Application Fees Paid – Appropriated Special Funds		$3,500	
Employee Expenses (2 FTEs) – Appropriation 00137			$91,000
General Funds – Personnel (00137)	$30,000		
Totals	$30,000	$3,500	$91,000

FY14	Budget	Revenue	Expense
Registration Card Application and Replacement Fees Paid		$9,320	
RFP Proposal Fees Paid (7 bids, $5,000 each)		$35,000	
Total Revenue (71705)		$44,320	
Appropriated Special Fund (61702)	$50,000		
General Funds – Personnel (00137)	$0		
Total Budget	$50,000		
Employee Expenses (2.08 FTEs)			$130,400
General Funds Personnel (00137) Expenses			$130,400
Communications (postage, telecom, etc.)			$600
Contract and Professional Services (legal notices, custom design, etc.)			$4,000
Computer Supplies			$1,100
Appropriated Special Funds – MMP Revenue (61702) Expenses			$5,700
Total Program Expenses			$136,100

Program Revenues and Expenses

FY15	Budget	Revenue	Expense
Registration Card Application and Replacement Fees Paid		$52,900	
Compassion Center 2-year License Fee		$40,000	
Total Revenue (71705)		$92,900	
Appropriated Special Fund (61702) – up to revenue collected	$92,900		
General Funds – Personnel (00137)	$130,400		
General Funds – Medical Marijuana (00313)	$70,000		
Total Budget	$293,300		
Employee Expenses (1.85 FTEs)			$119,000
General Funds Personnel (00137) Expenses			$119,000
Employee Expenses (0.27 FTEs)			$13,700
General Funds Medical Marijuana (00313) Expenses			$13,700
Employee Expenses (1.73 FTEs)			$91,000
Communications (postage, telecom, etc.)			$1,500
Contract and Professional Services (legal notices, etc.)			$1,200
Maintenance and Supplies (software maintenance, card supplies)			$700
Revenue Refund			$100
Appropriated Special Funds – MMP Revenue (61702) Expenses			$94,500
Total Program Expenses			$227,200

PILOT COMPASSION CENTER

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Systems Protection

FSCC Available Products

Marijuana Strains Currently Produced	
401 Gasband	818 Headband
Holleywood Haze	Afghan Skunk Haze
Original Diesel	SFV OG Kush
Bubblegum	Kushage
Alchemist	MK Ultra
AC/DC	Kosher Kush
Super Lemon Haze	Pineapple Fields
Sour Diesel	Sour Kush
Jet Fuel	

Intake Methods Currently Produced	Available Purchase Weight
Loose Marijuana Flower	1 g, 3.5 g, 7 g, 14 g strain dependent
THC capsules 5 packs	10 mg – 0.05 g 25 mg - .25 g
Ice Hash Loose and Pressed 1st,2nd, & 3rd Run	0.5 g, 1 g, 2 g
Preloaded Vaporizer Cartridge & Pen	0.300 g
Preroll	
THC-A RDI 1:1 & 2:1 3ml	.06 g & .045 g

FSCC Price List

Product	Qty	Price	Product	Qty	Price	Product	Qty	Price
Hollywood Haze	3.5 g	$35	Hollywood Haze	3.5 g	$55	Pineapple Fields	3.5 g	$55
Sour Diesel	3.5 g	$35	Hollywood Haze	7.0 g	$90	Preloaded Vaporizer Cartridge	.300 g	$45
401 GasBand	1 g	$17	Ice Hash 1st Run, Loose	.5 g	$30	Preloaded Vaporizer Pen	.300 g	$60
401 GasBand	3.5 g	$55	Ice Hash 2nd Run, Loose	.5 g	$25	Preroll	1.0 g	$15
5 pk 10 mg THC Capsules	0.05 g	$10	Ice Hash 2nd Run, Pressed	1.0 g	$40	SFV OG Kush	1.0 g	$17
5 pk 25 mg THC Capsules	.25 g	$25	Ice Hash 3rd Run, Loose	.5 g	$20	SFV OG Kush	3.5 g	$55
818 Headband	1 g	$17	Ice Hash 1st Run, Pressed	2 g	$90	Sativa Mix	1.0 g	$15
818 Headband	3.5 g	$55	Ice Hash 1st Run, Pressed	1 g	$45	Sour Diesel	1 g	$17
Afghan Skunk Haze	1 g	$14	Ice Hash 2nd Run, Pressed	2 g	$70	Sour Diesel	3.5 g	$55
Afghan Skunk Haze	3.5 g	$45	Ice Hash 3rd Run, Pressed	1 g	$35	Sour Diesel	7.0 g	$90
Blackwater Kush	1 g	$17	Ice Hash 3rd Run, Pressed	2 g	$60	Sour Diesel Smalls	3.5 g	$35
Blackwater Kush	3.5 g	$55	Original Diesel	14 g	$165	Super Lemon Haze	1 g	$17
Bubbled Bubbler	1	$150	Original Diesel	1 g	$17	Super Lemon Haze	3.5 g	$55
Bubblegum	1 g	$17	Original Diesel	28 g	$325	Super Lemon Haze	7 g	$90
Bubblegum	3.5 g	$55	Original Diesel	3.5 g	$55	THC-A RDI 5 ml	.075	$15
Hollywood Haze	14 g	$165	Original Diesel	7 g	$90	THC-A RDI 1:1 3 ml	.06	$12
Hollywood Haze	1 g	$17	Pineapple Fields	1 g	$17	THC-A RDI 2:1 3 ml	.045 g	$9
						Ty Stix	1 g	$20

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Systems Protection