



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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Table of Contents

Introduction	2
Methods	2
Results	3
Findings	4
Summary.....	4
Those in favor of adding intractable pain.....	4
Those opposed to adding intractable pain.....	9
Reservations about adding intractable pain to the list of qualifying conditions.....	12
Conclusions	13
Attachment A: Online and Handwritten Comment Form	
Attachment B: Public Comment Worksheet	

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.”¹ 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 worksheets² 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.³ MAD synthesized and reported overall findings to OMC, the advisory panel, and the Commissioner of Health. MAD synthesized comments based on unsolicited information,⁴ 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.

¹ 2015 Minnesota Statute 152.22

² See Attachments A and B

³ 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>

⁴ 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.

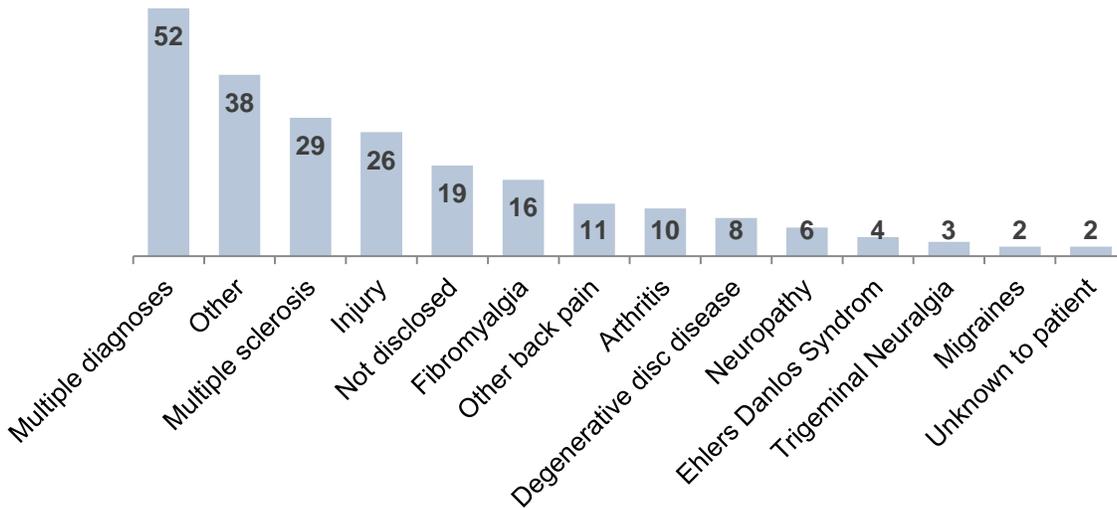
Results

MAD estimates that 417 individuals from throughout Minnesota shared their opinion via public comment. Over half (52 percent) of people who commented said they were experiencing intractable pain or another condition that they believed could be eligible for the use of medical cannabis if intractable pain were approved as a qualifying condition. All other commenters (assumed to be the general public) was the next largest category that submitted comment, comprising 29 percent of commenters. Fourteen percent of people that submitted comments were caregivers—family or friends of a person they believe is experiencing intractable pain. The remaining groups were health care providers and patients currently certified to use medical cannabis.

Table 1: Number of individuals that submitted comments by type

Type	Number	Percent
Potential patients	216	52%
All other commenters ⁵	123	29%
Caregivers, family, and friends	58	14%
Health care providers	15	4%
Certified patient	5	1%
Total	417	100%

Chart 1: Conditions by potential patient, sorted by most commonly cited



Most potential patients (92 percent) reported their condition. While the most common individual conditions were the result an injury, fibromyalgia, or a type of back pain, more potential patients identified more than one diagnosis that contributed to their intractable pain.

⁵ Not categorized as patients, caregivers, or health care providers

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 pain⁶

Type	Number in favor	Number opposed
Potential patients	205	0
All other commenters ⁷	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.

⁶ 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.

⁷ Not categorized as patients, caregivers, or health care providers

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 captured⁸. 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.*

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.

- *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 meds⁹ 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.*

⁹ 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.

Table 4: Reasons against adding intractable pain

Reason	Number of comments	Percent of all comments opposed ¹⁰
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.

¹⁰ 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.1 One in 11 marijuana users becomes addicted, and the rate rises to 1 in 6 among teens.2 As many as 1 in 2 daily users becomes addicted to marijuana.3 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. 1 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. 1 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.

Attachment A: Online and Handwritten Comment Form

Public Comment Form

Please use this form to submit comments on whether intractable pain should be added to the list of qualifying conditions in the Minnesota Medical Cannabis Program.

Any private information, such as your name, that you provide is protected under the Minnesota Data Practices Act (Minnesota Statutes §13.64). In addition, your name, organization (optional), and information in your comment that identifies you will be removed before it is sent to MDH, and it will not be published to the MDH website.

The Minnesota Department of Health (MDH) has retained Management Analysis & Development (MAD) to administer public comments. MAD is a division within Minnesota Management & Budget that provides neutral, third-party consultation services to public sector entities.

You can also submit your comment electronically. Just go to the Intractable Pain Public Comment website: <http://www.health.state.mn.us/topics/cannabis/intractable/public.html> and click on "Public Comment Form."

Name (Your name will not be published on the public comment website):

If you are speaking on behalf of an organization, please include the name of the organization and your role:

Would you like the name of your organization to be published with your comment to the MDH public comment website? Yes No

Please write your comment in the box below.

Attachment B: Public Comment Worksheet

Intractable Pain Advisory Panel

Public Comment

Name (optional) _____

Should medical cannabis be used as a treatment for intractable pain? Yes ___ No ___ NA ___

One key reason why. . .

How would medical cannabis help in the treatment of intractable pain?

What concerns do you have about the use of medical cannabis for treating intractable pain?

What do you see as the key issues to medical cannabis use for intractable pain?

What insights helped formulate your opinion?

What recommendations would you make to the panel on using medical cannabis for intractable pain?