

Medical Cannabis Patient Interest Survey Results

FEBRUARY 2015

The Minnesota Department of Health (MDH) conducted a voluntary online survey from January 20, 2015 to February 6, 2015 to make a generalized assessment of patient interest for the Minnesota Medical Cannabis Program. MDH promoted the survey on its website, through press releases, media appearances and social media websites. The survey invited any Minnesotans with potentially qualifying conditions to participate. The survey collected voluntary responses online from 1,361 Minnesotans.

Due to the nature of the survey it is not necessarily representative of Minnesota's total population of potential medical cannabis users. The results may be biased towards those participants paying more attention to the Medical Cannabis program. In addition, regional variation in access to internet may have some impact on the results of the survey.

The survey asked potential medical cannabis patients several questions designed to provide program planners with more information such as patients' qualifying conditions, likelihood of participating in the program, and location in the state. MDH did not confirm that respondents actually had the qualifying conditions. MDH did exclude responses from ISP locations outside Minnesota or from zip codes outside MN.

The list of qualifying conditions under state law includes:

- Cancer with severe/chronic pain
- Cancer with nausea or severe vomiting
- Cancer with cachexia or severe wasting
- Glaucoma
- HIV/AIDS
- Tourette's Syndrome
- Amyotrophic Lateral Sclerosis (ALS)
- Seizures, including those characteristic of Epilepsy
- Severe and persistence muscle spasms, including those characteristic of Multiple Sclerosis

- Terminal illness (life expectancy of less than one year) with severe/chronic pain
- Terminal illness (life expectancy of less than one year) with nausea or severe vomiting
- Terminal illness (life expectancy of less than one year) with cachexia or severe wasting

Topline Results

Of the 1361 individuals that responded to the survey:

- 70 percent said that they were likely to register for the MN Medical Cannabis Program,
- 24 percent said that they maybe would register
- 7 percent stated they are not planning on registering
- The primary reason for the "maybe" responses was the respondents were not sure if their condition was covered.
- The primary reason for the "no" responses was the product and registration cost.
- The average age of all Minnesota respondents was 42.5. Of the "yes" respondents:
 - 9.5 percent were between the ages of 0-18,
 - 82 percent were between the ages of 19-64 and
 - 8.5 percent were 65 or older.
- More than half of respondents (53.1 percent) indicated they received public benefits such as Social Security disability or Medicaid. Minnesota's Medical Cannabis Program is funded by fees. Enrollees currently receiving public medical assistance qualify for a reduced registration fee of \$50. Enrollees not receiving public medical assistance would pay the standard fee of \$200.

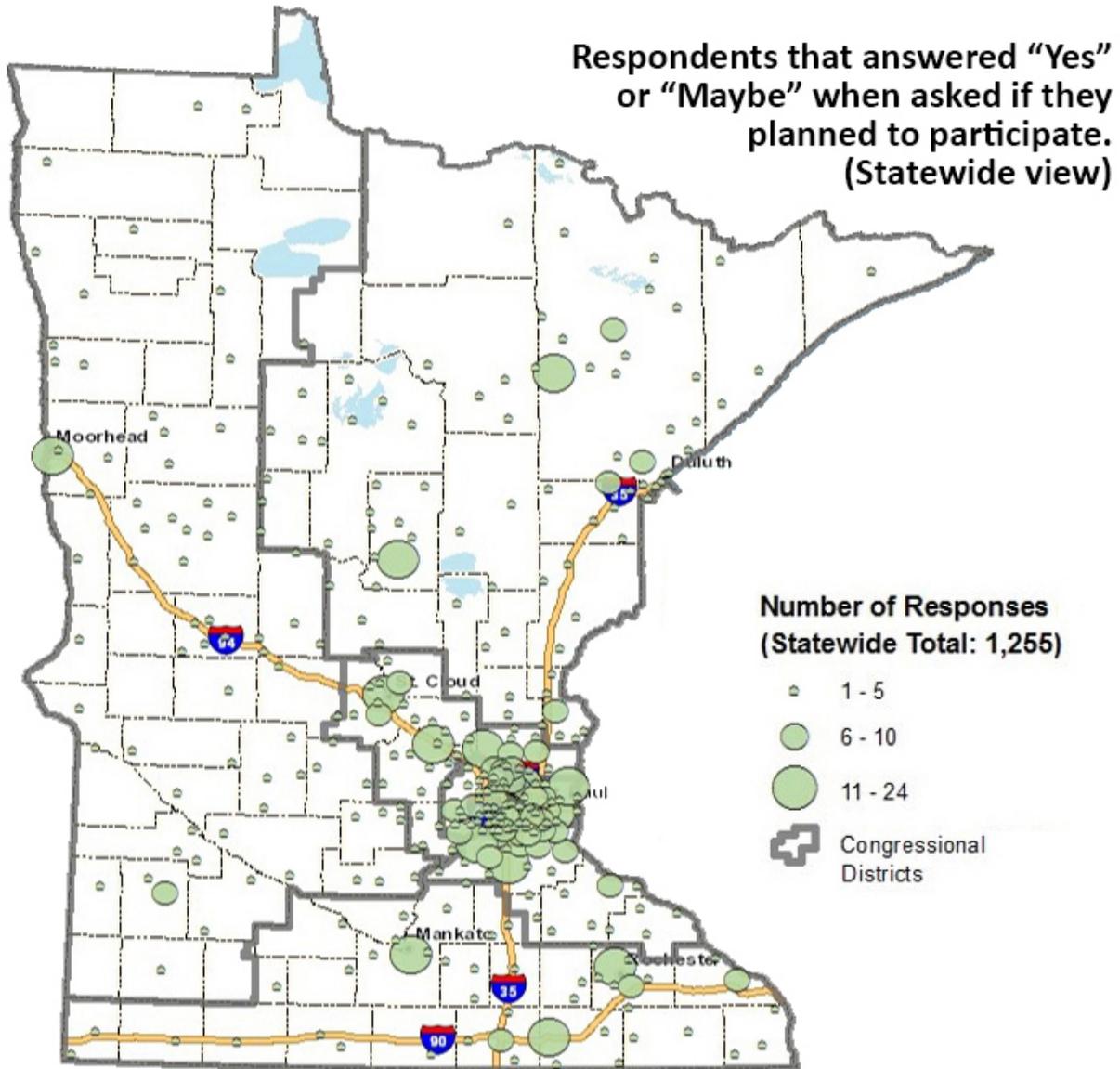
Location Responses

Approximately, 92 percent of Minnesota's 87 counties participated in the survey.

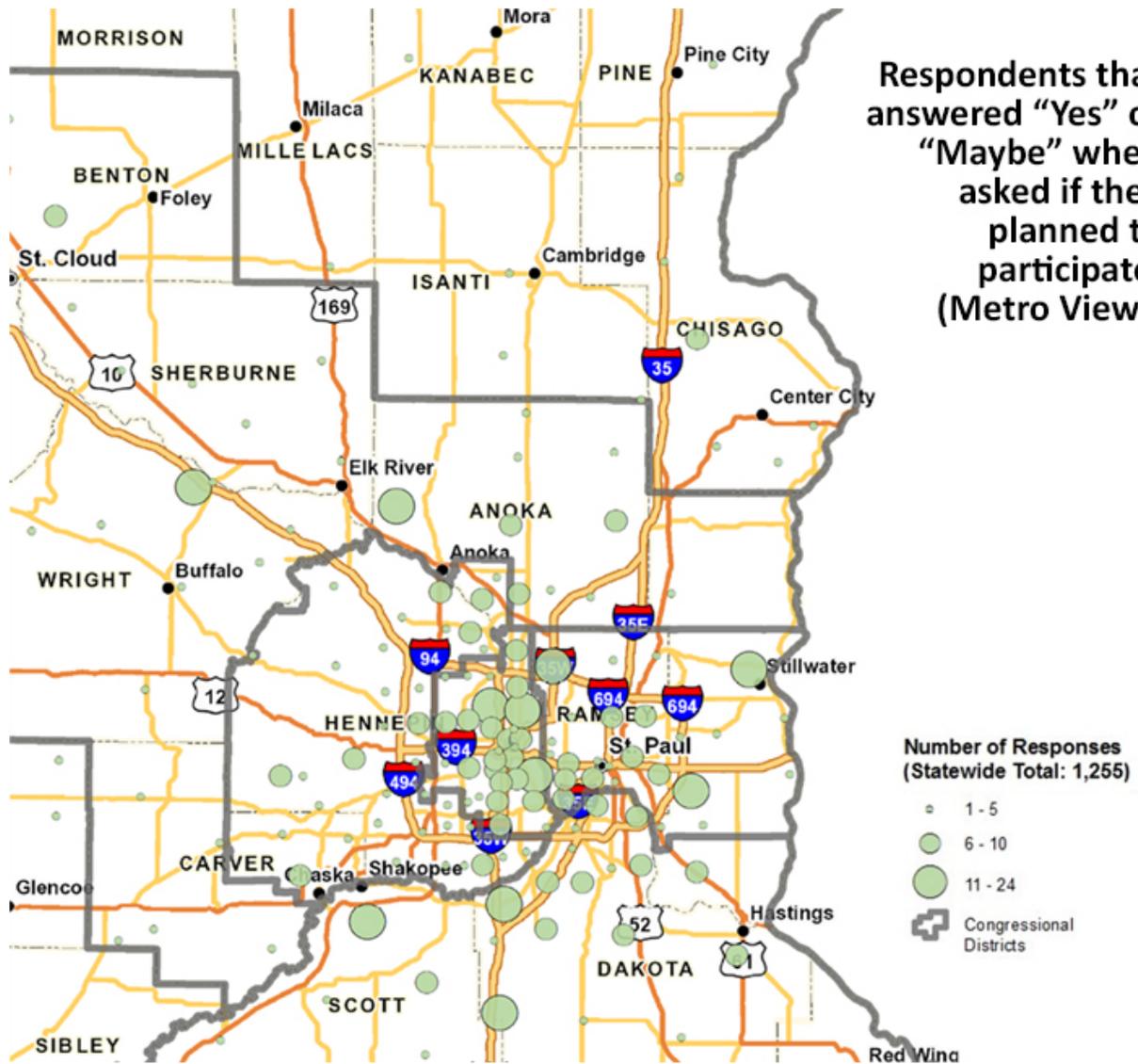
The following maps provide a geographic distribution of responses.

The top 3 Zip codes were:

- 56401 Brainerd-24 Responses
- 56406 Minneapolis-22 Responses
- 55112 St. Paul-19 Responses



MEDICAL CANNABIS PATIENT INTEREST SURVEY



Most Common Conditions

The most common conditions eligible for medical cannabis among respondents included*

- Multiple Sclerosis or Severe Muscle Spasms-51.5 percent
- Cancer- 17.6 percent
- Epilepsy or seizures-17.5 percent
- Glaucoma-10.8 percent
- Crohn’s Disease-9.3 percent
- Terminal Illness-7.5 percent
- Other-7.9 percent

*Note that percentages do not add up to 100 percent because 15 percent of respondents reported more than one condition.

Appendix – Complete Questions and Answers

Question #1:

What condition(s) or symptom(s) do you, or your dependent, have that would qualify you for the MN Medical Cannabis Program?

Condition	% of Responses (Actual #)*
Severe and persistence muscle spasms, including those characteristic of Multiple Sclerosis	51.5% (700)
Seizures, including those characteristic of epilepsy	17.5% (238)
Glaucoma	10.8% (147)
Cancer with severe/chronic pain	10.1% (137)
Crohn’s Disease	9.3% (126)
Cancer with nausea or severe vomiting	5.4% (73)
HIV/AIDS	4.1% (55)
Terminal illness (life expectancy of less than one year) with severe/chronic pain	3.3 % (45)
Tourette’s Syndrome	2.8% (38)
Terminal illness (life expectancy of less than one year) with nausea or severe vomiting	2.6% (35)
Cancer with cachexia or severe wasting	2.1% (29)
Terminal illness (life expectancy of less than one year) with cachexia or severe wasting	1.6% (22)
Amyotrophic Lateral Sclerosis (ALS)	1.0% (14)

*15% of respondents entered more than one condition

Question #2:

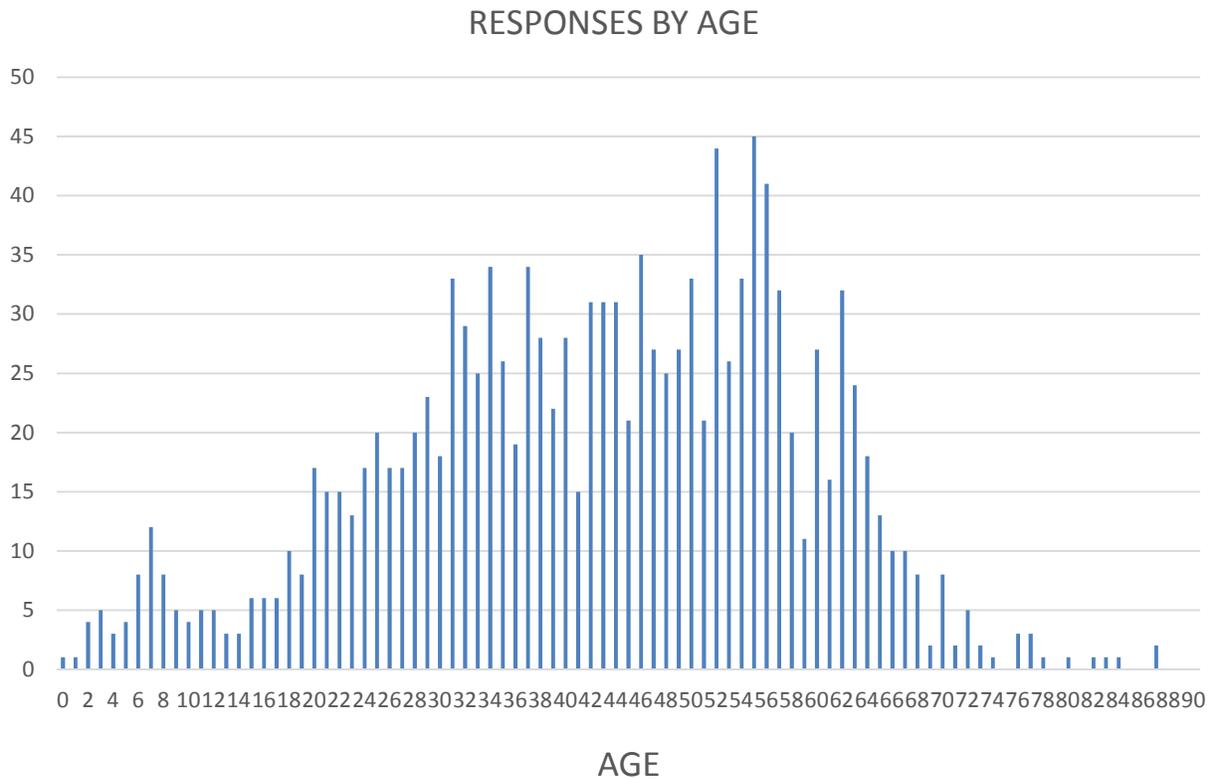
What is your, or your qualified dependent's, zip code?

- Most Frequent Response: 56401 (Brainerd) – 24 responses
- 2nd Most Frequent Response: 55406 (Minneapolis) – 22 responses
- 3rd Most Frequent Response: 55112 (St. Paul) – 19 responses
- 4th Most Frequent Response 55912 (Austin), 56001 (Mankato), 56560 (Moorhead) – 17 responses

Question #3:

What is your, or your qualified dependent's, age?

- Average Age: 42.5
- Median Age: 44
- Minimum Age: 1
- Maximum Age: 87



Question #4:

Are you, or your qualified dependent, currently receiving Social Security disability, Supplemental Security Insurance payments or enrolled in a medical assistance program or MinnesotaCare? (If so you will be eligible for a reduced registration fee of \$50)

- Yes 53.1%
- No 46.9%

Question #5:

Do you, or your qualified dependent, anticipate needing a caregiver based on your health care practitioner identifying you, or your qualified dependent, as developmentally or physically disabled and therefore unable to self-administer medication or acquire medical cannabis from a distribution facility due to the disability?

- Yes 14.8%
- No 85.2%

Question #6:

Given what you know now are you, or your qualified dependent, likely to register in the program?

- Yes 69.2%
- No 6.8%
- Maybe 24%

Generalized “Maybe” Responses	# of Responses	% of Total “Maybe” Responses
If my Condition is Eligible	85	31%
Product & Registration Cost	52	19%
Physician Advice/Opinion	42	15.2%
I need additional information	23	8.3%
Product Composition/Form	13	4.7%

Generalized “No” Responses	# of Responses	% of Total “No” Responses
Product & Registration Cost	23	31.5%
I Have Condition that Does Not Qualify	14	19.1%
Insufficient Product Composition/Form	10	13.7%
Require Scientific Support of Effectiveness	4	5.4%