Assessing Delawarean Physicians’ Perspectives and Knowledge of Medical Marijuana

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Fall 2015 Symposium
Overview of Presentation

1. Background on Delaware’s Medical Marijuana Program
2. Findings from CDHS’ survey on Physician Perspective and Knowledge
3. Future Directions for Research and Collaboration
Delaware Medical Marijuana Act

WHAT DOES THE ACT SAY?


Patients 18 and older with certain debilitating conditions may possess up to six ounces of marijuana with a doctor's written recommendation.

WHO ARE THE PLAYERS?

The Division of Public Health’s (DPH) Health Systems Protection Section (HSP) is responsible for the policy development and operation of the Medical Marijuana Program (MMP).

The HSP’s Office of Medical Marijuana (OMM) initiated activities, such as issuing the RFP for the compassion center and oversees operations.

First State Compassion Center was awarded the contract and has a dispensary location in Wilmington, DE.
Timeline of Major Events

- July 2011: Delaware Medical Marijuana Act took effect
- July 2012: Registry Card Program began receiving applications
- February 2012: Compassion Centers put on hold
- September 2012: 1st patient card issued
- August 2013: Program Relaunched
- December 2013: RFP is published
- August 2014: DHSS and First State Compassion Center ratified contract
- June 2015: Compassion Center Opens in Wilmington
Qualifying Debilitating Medical Conditions

THE FOLLOWING MEDICAL CONDITIONS OR TREATMENT OF THESE CONDITIONS:

• Cancer
• Positive status for human immunodeficiency virus (HIV)
• Acquired immune deficiency syndrome (AIDS)
• Decompensated cirrhosis (hepatitis C)
• Amyotrophic lateral sclerosis (ALS or Lou Gehrig’s Disease)
• Post-traumatic stress disorder (PTSD)
• Agitation of Alzheimer’s disease

A CHRONIC OR DEBILITATING DISEASE, 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 effects
• Intractable nausea
• Seizures
• Sever and persistent muscle spasms, including but not limited to those characteristic of multiple sclerosis
Changes & Additions in 2015

In 2015, additional changes were made to the Act:

- Inclusion of Autism with Self-Injurious Behavior was recently added to the list
- Testing and research of medical marijuana
  - Senate Bill 138, Signed 7/27/2015
- Access for minors to medical marijuana oils (cannabidiol oil and THC-A oil) specific conditions
  - Rylie’s Law (epilepsy or dystonia)
  - Senate Bill 90, Signed 6/23/2015
- Inaugural meeting of the Oversight Committee
  - Senate Bill 7, signed 4/21/2015
  - Inaugural Meeting October 27, 2015
Procedure to Access MMP

FOR PATIENTS:

Patient must have a State of Delaware driver’s license or ID, be 18 or older

Be under care of a Delaware licensed physician

Possesses a physician’s certification indicating a qualifying debilitating medical condition

Patient must fill out and submit an application

Patient gives permission for the MMP to contact the physician to verify credentials and patient-doctor relationship

If approved by the State, patient will be issued a registry card

Must renew annually

FOR PHYSICIANS:

The Physician does not write a prescription nor need to meet any special criteria to participate in the program

Physician has to be licensed in Delaware

The physician must have a “bona fide” relationship with the patient and care for the patient’s qualifying condition
MMP Cards Issued by State Fiscal Month & Year

Information Presented at Medical Marijuana Act Oversight Committee Meeting
First State Compassion Center
### FSCC Available Products

<table>
<thead>
<tr>
<th>Marijuana Strains Currently Produced</th>
<th>Intake Methods Currently Produced</th>
<th>Available Purchase Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>401 Gasband</td>
<td>Loose Marijuana Flower</td>
<td>1 g, 3.5 g, 7 g, 14 g strain dependent</td>
</tr>
<tr>
<td>Holleywood Haze</td>
<td>THC capsules 5 packs</td>
<td>10 mg – 0.05 g 25 mg - .25 g</td>
</tr>
<tr>
<td>Original Diesel</td>
<td>Ice Hash</td>
<td>0.5 g, 1 g, 2 g</td>
</tr>
<tr>
<td>Bubblegum</td>
<td>Loose and Pressed</td>
<td></td>
</tr>
<tr>
<td>Alchemist</td>
<td>1st, 2nd, &amp; 3rd Run</td>
<td></td>
</tr>
<tr>
<td>AC/DC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Super Lemon Haze</td>
<td>Preloaded Vaporizer Cartridge &amp; Pen</td>
<td>0.300 g</td>
</tr>
<tr>
<td>Sour Diesel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jet Fuel</td>
<td>Preroll</td>
<td></td>
</tr>
<tr>
<td></td>
<td>THC-A RDI 1:1 &amp; 2:1 3ml</td>
<td>.06 g &amp; .045 g</td>
</tr>
</tbody>
</table>
Current Active Patients by Debilitating Condition

- Cancer: 74
- HIV/AIDS: 21
- Hep C: 33
- ALS: 4
- Alzheimer's: 2
- PTSD: 18
- Cachexia: 25
- Severe Pain: 399
- Nausea: 52
- Seizures: 28
- Muscle Spasms: 190

Information Presented at Medical Marijuana Act Oversight Committee Meeting
Active Patients by County, Gender and Age

- **NCC (402, 67%)**
  - Female (266, 44%)
  - Male (335, 56%)
- **KC (87, 14%)**
- **SC (112, 19%)**

By Age:
- **50-69 (293, 49%)**
- **30-49 (231, 39%)**
- **18-29 (42, 7%)**
- **70-100 (31, 5%)**

Information Presented at Medical Marijuana Act Oversight Committee Meeting
Existing Literature on Physician’s and Medical Marijuana

 Few studies focus on physicians

 Physicians serve as gatekeepers to MMJ access

 Confusion/Uncertainty among physicians
  ◦ Efficacy
  ◦ Rigor of clinical research
  ◦ Standardization of concepts
  ◦ Legality
  ◦ Potentiality/Probability for abuse
Survey Methods and Sample

*The Delaware Medical Journal* (November 2014)

87 respondents

Questions
- Demographics
- Likert scale
- Open-ended follow-up questions
DE Physicians’ Knowledge of...

**MEDICAL MARIJUANA’S USE AS A TREATMENT**
- Little/No Knowledge: 36.3%
- Minimal Knowledge: 8.8%
- Somewhat Knowledgeable: 35.0%
- Knowledgeable: 16.3%

**DELAWARE’S MEDICAL MARIJUANA ACT**
- Little/No Knowledge: 38.30%
- Minimal Knowledge: 23.50%
- Somewhat Knowledgeable: 21%
- Knowledgeable: 9.90%
- Very knowledgeable: 7.40%
- Somewhat knowledgeable: 7.40%
Delaware Physicians’ Self-Reported…

Likelihood to Authorize Medical Marijuana Use:
- 33% Very Unlikely
- 17.6% Unlikely
- 16.2% Possibly
- 16.2% Likely
- 16.2% Very Likely

Most Frequently Cited Sources to Inform Self About Medical Marijuana:
- Medical Literature: 72.4%
- Lectures and Seminars: 52.9%
- News Media: 43.5%
<table>
<thead>
<tr>
<th>GROUP (n)</th>
<th>KNOWLEDGE ABOUT MEDICAL MARIJUANA</th>
<th>KNOWLEDGE ABOUT DE MEDICAL MARIJUANA ACT</th>
<th>LIKELIHOOD TO AUTHORIZE</th>
<th>SOURCES OF INFORMATION*</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-35 (2)</td>
<td>Minimal Knowledge (50%), Knowledgeable (50%)</td>
<td>Minimal Knowledge (50%), Knowledgeable (50%)</td>
<td>Very Unlikely (50%), Possibly (50%)</td>
<td>Medical literature (50%), News Media (50%), Other Physicians (50%), Lecture/Seminars (50%), DHSS (50%)</td>
</tr>
<tr>
<td>36-45 (14)</td>
<td>Knowledgeable (46.2%)</td>
<td>Somewhat Knowledgeable (38.5%)</td>
<td>Very Unlikely (33.3%)</td>
<td>Medical literature (64.3%)</td>
</tr>
<tr>
<td>46-55 (19)</td>
<td>Somewhat Knowledgeable (37.5%)</td>
<td>Somewhat Knowledgeable (56.3%)</td>
<td>Very Unlikely (42.9%)</td>
<td>Medical literature (73.7%)</td>
</tr>
<tr>
<td>56-65 (32)</td>
<td>Somewhat Knowledgeable (43.3%)</td>
<td>Knowledgeable (30%)</td>
<td>Very Unlikely (25%), Possibly (25%)</td>
<td>Medical literature (75%)</td>
</tr>
<tr>
<td>66+ (19)</td>
<td>Knowledgeable (38.9%)</td>
<td>Somewhat Knowledgeable (42.1%)</td>
<td>Very Unlikely (41.2%)</td>
<td>Lecture/Seminars (73.7%)</td>
</tr>
<tr>
<td>1-10 (9)</td>
<td>Knowledgeable (62.5%)</td>
<td>Knowledgeable (37.5%)</td>
<td>Very Unlikely (25%), Possibly (25%), Very likely (25%)</td>
<td>Lecture/Seminars (66.7%)</td>
</tr>
<tr>
<td>11-20 (19)</td>
<td>Somewhat Knowledgeable (44.4%)</td>
<td>Somewhat Knowledgeable (50%)</td>
<td>Very Unlikely (46.7%)</td>
<td>Medical literature (78.9%)</td>
</tr>
<tr>
<td>21-30 (25)</td>
<td>Somewhat Knowledgeable (45.5%)</td>
<td>Somewhat Knowledgeable (39.1%)</td>
<td>Very Unlikely (28.6%)</td>
<td>Medical literature (76%)</td>
</tr>
<tr>
<td>31-40 (27)</td>
<td>Somewhat Knowledgeable (44%)</td>
<td>Minimal Knowledge (32%), Knowledgeable (32%)</td>
<td>Very Unlikely (26.1%), Likely (26.1%)</td>
<td>Medical literature (77.8%)</td>
</tr>
<tr>
<td>41+ (7)</td>
<td>Knowledgeable (71.4%)</td>
<td>Somewhat Knowledgeable (42.9%)</td>
<td>Very Unlikely (57.1%)</td>
<td>Lecture/Seminars (100%)</td>
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*Respondents were able to select more than one Source of Information.
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<tr>
<td>Specialties Likely to Encounter (22)</td>
<td>Knowledgeable (40.9%)</td>
<td>Somewhat Knowledgeable (50%)</td>
<td>Very Unlikely (38.9%)</td>
<td>Medical literature (90.9%)</td>
</tr>
<tr>
<td>Specialties Unlikely to Encounter (17)</td>
<td>Somewhat Knowledgeable (41.7%)</td>
<td>Somewhat Knowledgeable (46.2%)</td>
<td>Very Unlikely (40%)</td>
<td>Medical literature (58.8%)</td>
</tr>
<tr>
<td>Primary Care / Generalists (37)</td>
<td>Somewhat Knowledgeable (40%)</td>
<td>Minimal Knowledge (31.4%)</td>
<td>Very Unlikely (34.3%)</td>
<td>Medical literature (64.9%)</td>
</tr>
<tr>
<td>Emerg. Med (4)</td>
<td>Knowledgeable (50%)</td>
<td>Somewhat Knowledgeable (75%)</td>
<td>Very Unlikely (25%), Unlikely (25%), Possibly (25%), likely (25%)</td>
<td>Medical literature (100%)</td>
</tr>
<tr>
<td>Pediatricians (6)</td>
<td>Knowledgeable (50%)</td>
<td>Knowledgeable (50%)</td>
<td>Possibly (33.3%), Very likely (33.3%)</td>
<td>Medical literature (66.7%)</td>
</tr>
</tbody>
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<th>DOMAIN</th>
<th>CATEGORY</th>
<th>FREQ.</th>
<th>PARTICIPANT’S STATEMENTS</th>
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</table>
| Comfort with Authorizing (WOULD NOT) | Lack of knowledge | 18 | • “Not comfortable with prescribing something about which I have virtually no knowledge.”  
• “would need to know more about law and indications.”  
• “I would not consider myself knowledgeable enough about the medication to prescribe or educate patients.” |
| | Not “prescriber”/Unlikely to see patients | 13 | • “Not a prescribing care giver.”  
• “I typically do not treat any patients with those disease.”  
• “Unlikely to see patients in this stage of illness.” |
| | Potential for abuse/misuse | 8 | • “Liberalizing it’s use will only open the door to more serious drug abuse!”  
• “Increased odds of being abused and shared with someone else. I have already had an incident where the patient suffered from one of the listed ailments and their caregiver wanted to sign that they indeed had this ailment. It was obvious to me that the caregiver actually wanted it for themselves and the patient was not interest in it.”  
• “I cannot imagine myself giving or facilitating a ‘prescription’ to smoke.” |
| Comfort with Authorizing (WOULD) | When other Rx fail | 18 | • “As a hospice physician, I am certain to run into patients with the qualifying conditions whose symptoms are not being relieved with more standard therapies. at that point, I am OK with a pt trying medical marijuana.”  
• “I often care for patients with chronic cancer pain or other chronic pain syndromes for which I feel they may ultimately benefit from medical marijuana, if other treatments have failed or have been maximized.”  
• “I see patients with diseases that I do not have a treatment for. If there is research suggesting that Med Marijuana may be effective for these patients I am likely to offer that as a treatment option.” |
| | Effectiveness/Benefits/ Humane treatment | 16 | • “These are serious, chronic diseases, many that are fatal. These are legitimate reasons for marijuana usage and humane.”  
• “There is no question in my mind that marijuana is beneficial for patients which chronic/ debilitating illnesses. It should be should be administered via a vaporizer as a supplement to other medication. Indeed, it would probably be more effective, less expensive, and less addicting than the more traditional medications.”  
• “For the right patient, medical marijuana can provide relief from pain. Patients should be given an alternative to the usual medications presently available.” |
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</tr>
</thead>
</table>
| **Specific Concerns with Authorizing** | Potential for abuse/misuse /diversion | 25 | • “My concern would be that people, other than the intended person, would use the drug. It should not be used for recreational purposes.”  
• “As with any other controlled substance, diversion is an area to be aware of.”  
• “Patients coming in requesting medical marijuana for abuse purposes under the guise of vague conditions like intractable nausea that I cannot prove is occurring.” |
| | Legality issues (for patient and provider) | 8 | • “Legal related to state and federal prosecution for supplier and pt.”  
• “Concern is what can the patient do if questioned by police.”  
• “Marijuana is still illegal in the United States of America, of which Delaware remains a part. The DEA a federal agency, gives us our licenses to prescribe controlled substances. Marijuana is still considered a ‘category one’ narcotic, meaning there is no legitimate medical use. Thus, I am concerned that recommending a schedule one narcotic to my patients, could in theory, put my DEA license at risk and possibly subject me to federal criminal sanctions.” |
| | Lack of standardization (quantity & quality) | 7 | • “How to ensure that the marijuana isn’t tainted. How to rate one’s response to it. How to quantify usage.”  
• “Will not authorize. No standard dosing.”  
• “It is a mind altering substance, and the quality control varies from batch to batch.” |
| **Helpful to Learn More** | Education: Courses (online and CME-sponsored), seminars, lectures, pamphlets, reviews of DE law | 27 | • “Concise written educational material.”  
• “Online course sponsored by the State and MSD.”  
• “A review of the law, as to how the dispensaries will work, how patients will be able to fill and refill, RX limits, and a review of the literature about medical marijuana.” |
| | Clinical/Empirical research | 12 | • “Clinical studies indicating effectiveness, rage of use as a treatment modality.”  
• “Well-designed studies to show safety and efficacy and give dosing and strain information.”  
• “More independent research on the effects of Med marijuana in specific disease states.” |
Conclusions

Majority of participating physicians feel less than knowledgeable about medical marijuana as a treatment option and know even less about DE’s medical marijuana law

Only about ½ participants would “possibly” consider authorizing patients to attain medical marijuana

Not imperative to increase # of physicians likely to authorize BUT if State says medical marijuana is legitimate treatment option then it is problematic/detrimental that those will the ability to authorize lack knowledge and are even unwilling to consider it

Participants cited Lack of Knowledge and Potential for Abuse/Misuse/Diversion as the most significant concerns regarding authorizing patients

- Literature concerning potential abuse and diversion is somewhat mixed “grey” area of research, no black/white or yes/no response
- Increasing, enhancing, and maintaining knowledge of medical marijuana and state-specific medical marijuana laws is a promising and manageable directive
  - Hindered by the current FDA classification of marijuana as a Schedule I substance
  - Imperative that state governments and medical organizations (e.g., AMA) offer providers and patients educational programs to increase awareness of and adherence to policy guidelines
Future Directions

Lack of Research

- Most on potential adverse “social” effects/consequences (esp. with youth/adolescents) of enacted medical marijuana laws
  - Increase in use
  - Connections with alcohol
  - Other “risk” factors

What is lacking:

- Effective Strain-Symptom (Ingestion Method) Matching
- Patient Goals
- Patient Activity (i.e., purchasing patterns and preferences)
- Patients’ Perceptions of FSCC
- Patients’ Perceptions of DE Medical Marijuana Program
Next Steps: Proposal

A Study of Patients’ Goals, Practices, and Perceptions Regarding Medical Marijuana

Work with DHSS, FSCC, DE Medical Marijuana Oversight Committee, and Delaware Patient Network

Develop/Administer Survey to authorized patients
  ◦ Use with current FSCC Patient Profile information and Inventory Tracking Software
  ◦ Use with DHSS Request for Authorization forms

Interviews with sub-sample of patients

Interviews with FSCC staff
Next Steps

Based in-part on our data
- DHSS 2 training sessions: DE Med Society & Bay Health

Follow-up with DE Physicians in 6-12 months

Use data from collaboration with DHSS & FSCC to:
- Bridge gap(s) between DHSS, FSCC, Patients
  - DHSS acknowledges gaps → and putting forth efforts to bridge divides

- Seek federal funding* for more robust study/assessment on
  - Patient practices/perceptions
  - Various aspects of Compassion Center
  - Health outcomes related to medical marijuana use
  - Overlap geocoding: med marijuana use/availability, Rx drug use (PMP), alcohol

- Assist in the planning, development, and implementation of future DE Compassion Centers

- Assist in further development of Medical Marijuana law in DE