

CDPHE Role

- Medical Marijuana Registry
- · Medical Marijuana Research
- · Retail Marijuana Education
- Marijuana Surveillance
- Laboratory Certification





Medical Marijuana Registry





Medical Marijuana Registry Role

- Issue Medical Marijuana Registry cards
- · Maintain database of registered patients
- Review petitions for adding debilitating medical conditions to the medical use of marijuana regulations
- Administer grant programs for clinical and observational research related to potential therapeutic uses of marijuana





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The Registration Process



Step 1:
Patient is examined by a
Colorado licensed M.D. or
D.O. in good standing, After
examination. Physician
completes "Physician
Certification Form" with
plant/or recommendation



Step 2:
Patient completes
the application for
registration card
and signs it in front
of a notary.
Caregiver
acknowledgement
completed, if one
is designated.



Step 3: Submit application by certified mail for proof of mailing.

Step 4: Paperwork is evaluated

Step 4-

Rejected:

processing and

rejection is sent

Referred to

payment

notice of

to patient.

Step 4-Approved

Complete App Includes:

- □ Application
 □ Physician certification dated within 60 days.
 □ \$15 application fee or fee waiver.
- ☐ Copy of valid CO ID or waiver documentation



Step 5: All funds received by the Registry are nonrefundable. Check or money order are made payable to CDPHE. Cash is not advised. Credit cards are not accepted at this time.



Step 6: Cards are printed once an application is approved and payment has been processed. Cards are mailed standard first class mail to the address on the application.

Processing Time:
Patients are encouraged to allow 45 - 60 days for the entire process, including physician exam. It takes no longer than 35 days for an application to be processed once received



Current Status of Registry

As of December 2014:

- · 283,587 total patients have applied for a registration card since 2001
- 115,467 active patients
- · ~ 25% of patients with extended plant count
- 1,172 physicians on the registry with 820 physicians assigned to an active patient
- 3,111 caregivers with at least one active patient
- · 4,696 patients assigned to a caregiver
- 3,038 patients have an increased plant count AND are assigned to a caregiver
- 25 FTE
- · Avg 20,744 pieces of mail per month in 2014

Note: data changes frequently based upon patient change requests



Medical Marijuana Research









Summary of Evidence re: Medical Benefits

- · Cannabis has some fairly well documented medical benefits:
 - ✓ Chronic neuropathic pain
 - ✓ Multiple sclerosis
 - ✓ Chemotherapy induced nausea & vomiting
 - ✓ Wasting syndrome (cachexia) with AIDS
- Clear need for clinical trials for most of the conditions for which cannabis already officially "accepted" as effective, as well as for many other conditions of interest:
 - ✓ PTSD
 - ✓ Epilepsy
 - √ Inflammatory bowel disease
 - ✓ Cancer
 - ✓ Other neurologic and psychiatric conditions
 - √ Opiate dependence and withdrawal



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Medical Marijuana Research Grant Program

- Senate Bill 14-155, "Concerning Grant Funding for Medical Marijuana Health Effects Studies"
- Legislative Intent: "... that the Department gather objective scientific research regarding the efficacy of administering marijuana and its component parts as part of medical treatment."
- "The grant program shall fund <u>observational trials</u> and <u>clinical trials</u>."
- "In order to ensure objectivity in evaluating research proposals, the grant program shall establish a scientific advisory council."
- \$10 million over 5 years from medical marijuana cash fund



Grants Approved by Board of Health

- 1. Observational study of MJ for IBD in adolescents/young adults
- 2. RCT of CBD for tremor in Parkinson's Disease
- 3. Observational study of MJ for PTSD
- 4. RCT of MJ (4 potencies THC & CBD) for PTSD in veterans
- 5. Pharmacokinetics of high CBD oils for pediatric epilepsy
- 6. Observational study of high CBD oils for pediatric epilepsy
- 7. RCT of MJ versus oxycodone for chronic spine pain
- 8. Observational study of quality of life from using MJ in children with CNS tumors



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Retail Marijuana Education









Retail Marijuana Prevention and Education Campaign (SB 14-215)

Ensure that all Colorado residents and visitors understand the parameters of safe, legal and responsible use of retail marijuana.



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Five Components of the Prevention and Education Campaign (SB 14-215)

- 1. 18-month campaign: health effects of marijuana & legal use
- Ongoing education and prevention campaign: educates retailers on preventing youth access, the overconsumption of edibles, addresses high risk.





Prevention and Education Campaign (SB 14-215)

- 3. Maintenance of website portal: colorado.gov/marijuana
- 4. Alignment of messaging across state agencies
 - Addressing agency concerns
 - Partnering with other state agencies to provide resources and training to complement prevention work



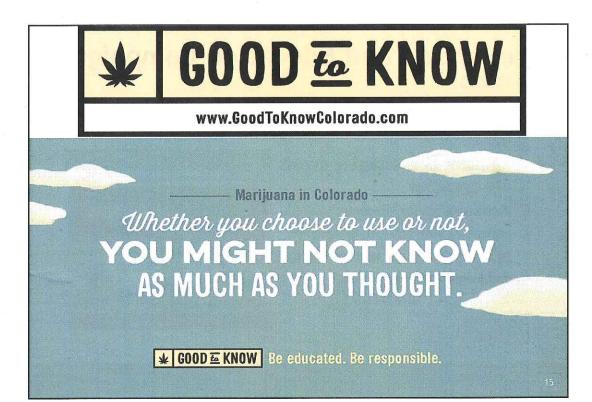


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Prevention and Education Campaign (SB 14-215)

- 5. Evaluation of the campaigns.
 - Baseline statewide survey currently in field (high response rate)
 - Baseline for high-risk or targeted populations occurring in December
 - Annual assessments each year to monitor change
 - · Will review data from other sources to monitor trends





Monitoring Potential Health Effects and Changes in Use Patterns





Surveillance Role

SB 13-283

"Monitor changes in **drug use patterns**, broken down by county and race and ethnicity, and the emerging science and medical information relevant to the **health effects** associated with marijuana use."



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Retail Marijuana Public Health Advisory Committee (SB 13-283)

The Department shall appoint a panel of health care professionals with expertise in cannabinoid physiology to monitor the relevant information. The panel shall:

- Provide a report by 1/31/15 and every 2 years thereafter
- Establish criteria for 1) studies to be reviewed, and 2) reviewing studies and other data, and
- Make recommendations, as appropriate, for policies intended to protect consumers of marijuana or marijuana products and the general public.



Duties of Advisory Committee

- Systematically review the scientific literature
 - ✓ Come to consensus on population health effects of marijuana use
- Develop public health statements
 - ✓ Come to consensus on translation of the science into simplified language
- Recommend public health related policies
- Recommend public health surveillance activities
- Identify research gaps important to public health



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Surveillance Activities Target Pop. Monitoring Problem Pilot surveillance project Young Children Accidental Poisoning Colorado Hospital Association (CHA) Data Rocky Mountain Poison and Drug Center Calls Child Health Survey(CHS) - risk factors Increased Use/Abuse Healthy Kids Colorado Survey (aka YRBS) Youth Poisoning, Overdose, Abuse Colorado Hospitalization Data Rocky Mountain Poison and Drug Center Calls Accidents/Trauma Colorado Hospitalization Data Colorado Trauma Registry Adults Increased Use/Abuse Behavioral Risk Factor Surveillance System (BRFSS) Tobacco Attitudes and Behaviors Survey (TABS) Poisoning, Overdose, Abuse Colorado Hospitalization Data Rocky Mountain Poison and Drug Center Calls Accidents/Trauma Colorado Hospitalization Data & Trauma Registry Pilot Surveillance (Ski-Related Injuries) Contaminated Products Food-borne Illness Surveillance related to Edibles Rocky Mountain Poison and Drug Center Calls Pregnant/ Birth Defects, Developmental Pregnancy Risk Assessment Monitoring System (PRAMS) Breastfeeding Disabilities Active Surveillance (Birth Defects Registry)

Retail Marijuana Testing Facility Inspection Program









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Retail marijuana testing facility inspection program:

- · Coordinates inspection of retail marijuana testing facilities;
- Reviews all documentation and practices relating to laboratory methods, staff qualifications, and quality assurance;
- Ensures that testing facilities meet the rules promulgated by the Department of Revenue (DOR) and are competent to carry out specific scientific tests;
- Provides recommendations to DOR about suitability of the testing facilities for certification; and,
- Provides scientific consultation and recommendations to the DOR in regards to laboratory testing as it pertains to public health and safety.



As of January 15, 2015, sixteen Retail Marijuana Testing Facilities have been licensed by DOR.

Eight of those have been granted provisional certifications.

Testing Category	Potency	Microbials (Bacteria, Fungus)	Residual Solvents
Number of Labs Currently Certified	9	0	3

*Inspections are ongoing



