



Utah Cannabinoid Product Board

September 22, 2020

9-11 am

Utah Department of Health

This meeting was held virtually

Attendees

- CPB Board Members: Brian Zehnder, Edward Redd, Karen Wilcox, Michael Crookston, Perry Fine
- UDOH Staff and Members of the Public: David Mcknight, Bijan Sakaki, Desiree Hennessy, Jackie Ryser, Jeremy Sumerix, Karin Carestia, Katie Barber, Kayla Strong, Rich Oborn, Ryan Call, Reshma Arrington

Minutes

9:11 AM Perry Fine welcomes everyone. Perry gives it to Reshma for the update

9:20 AM Reshma presents the Center for Medical Cannabis update: presents the monthly report posted on the CMC's website (<https://medicalcannabis.utah.gov/wp-content/uploads/2020/09/August-2020-Monthly-Report.pdf>). Currently, patient count is just over 10,300 and QMP count is 460.

9:25 AM Ed Redd suggests that this data also be presented in the legislative report

Marc Babitz: Yes we will check with Sheila Walsh-McDonald about when that presentation is due. It's a whole process of what we need to provide.

Assignments: Reshma Arrington to organize draft of 2020 annual report.

Ed Redd: We will need to discuss additional conditions if that is necessary

Rich Oborn: Yes both the Center for Medical Cannabis and CPB are required to provide an annual report. It depends on whether or not we are invited to present the reports orally. However, the CPB is required to submit a written report.

Assignment: Perry Fine to begin drafting annual report with collaboration of UDOH (Marc Babitz and Reshma Arrington)

Perry Fine: Conclusions on attachment 1, open to members to discuss and vote on

Ed Redd: This is a concise summary

9:37 AM Ryan Call added a comment via chat: Regarding the conclusions of the board to address the question and concerns regarding hyperalgesic effect of cannabis use, see, e.g. Cannabis and Pain: A Clinical Review, by Hill, Palastro, Johnson and Ditre, published in Cannabis Cannabinoid Res. 2017; 2(1): 96–104. Published online 2017 May 1. doi: 10.1089/can.2017.0017

"Results from studies evaluating cannabis pharmacotherapy for pain demonstrate the complex effects of cannabis-related analgesia. There are multiple randomized, controlled clinical trials that show cannabis

as an effective pharmacotherapy for pain." "...No differences were observed with the low cannabis dose, and there was no effect on the area of hyperalgesia at any dose. The authors concluded that there is likely a therapeutic window of modest analgesia for smoked cannabis."

Ed Redd: Although we don't have a lot of firm data on analgesic effects, I think we should mention that observations are still important but there is a potential for hyperalgesia in a patient but maybe the provider is not experienced to have seen it. It's important to remember that more is not better and that some patients might benefit in leaving cannabis use for some time.

Perry Fine: The general observational stuff, like with opioids, turns out that one is prone to hyperalgesic effects and that more cannabis can lead to a bigger problem.

9:39 AM Ryan Call added a comment via chat: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5549367/>
I would urge a cautious and thoughtful approach the Board with respect to relying on empirical data and solid, peer review research, as opposed to anecdotal reports, with respect to any formal recommendations from the Board regarding the treatment of qualified medical conditions. We are fortunate that the Utah Medical Cannabis program provides for ongoing patient case and treatment review by both the patient's qualified medical provider and medical cannabis pharmacists.

9:45 AM Karen Wilcox Motion to vote, Ed Redd seconds

Reshma Arrington commences roll call vote on the conclusions of the presentation from Dr. Perry Fine:

Perry Fine: Agree

Karen Wilcox: Agree

Ed Redd: Agree

Brian Zehnder: Agree

Michael Crookston: Agree

Perry Fine: Motion has been approved

10:00 AM Perry Fine continues with agenda item "Role of CPB providing research material to QMPs/website."

Marc Babitz: The first thing we do is we provide information on the website so that providers are updated. It would be great have some sort of newsletter on a regular basis but that does require more funding.

Perry Fine: I wonder if there is already some sort of mechanism that is already in place from the legislature that we could repurpose? Ed are you aware of anything?

Assignments: Reshma Arrington to look into library resources from other institutions and possibly other marijuana states.

Perry Fine: Marc can you talk about the annual report and what talking points we need to submit?

Sheila Walsh-McDonald and Rich Oborn: What we need to be prepared for in this report is what additional conditions we need to add as a qualifying condition under the Utah Medical Cannabis Act. I would say that is the priority. In addition, if the board feels that a condition should be removed. And lastly the annual report should also reference any changes in the guidance documents. The board can also cite new literature or research that the board finds noteworthy to add.

Perry Fine: I think we've been covering each of those points and pieces in each of our meetings but what the task is asking for in regards to a literature review on the conditions and whether or not there is new information is a huge task. Maybe it would be worth to have a student intern that can take this task and would be eager to develop a review on the research.

10:30 AM Perry Fine: since we have time let's chat briefly about using cannabis while using other controlled substances

Michael Crookston: I don't think it's a black or white answer. I have had some success adding cannabis to suboxone treatment but it's case by case. There needs to be flexibility in this.

Ed Redd: we have this issue on the CUB pretty often when you have a patient who is coming to us for cannabis but they have been under the care for so long for their complicated problems. We need to encourage more communication with the qualified medical provider and the others who deal with this patient. I think both sides would really want to talk to each other.

Perry Fine: I think you're correct here, we could look at and borrow from the opioid prescribing guidelines. Let's look at those principles and codes of practice to increase that communication. We have a lot of information on cannabis use disorder and cannabis use being a risk factor for opioid use disorder but we don't have a lot of information of the other way around. Mainly because there hasn't been a lot of information on that but there is now.

Assignments: Reshma to look at the state's guidelines and practices on OUD and see if it relates.

Perry Fine: Regarding Ed's point, what could be helpful is some sort of communication from the providers and the system so that the QMP can understand other medications for a particular patient. Is there a way to have this happen?

Rich Oborn: The legislature did pass this request but the request would have to go through the UDOH on behalf of the patient. It doesn't allow for specific medication information only informing the provider who is a nonparticipant in the program if the patient is registered in the program.

Marc Babitz: Just to be clear many states do allow for cannabis program registrations on the controlled substance database but it is a felony to be fishing through that database without being specific to a reason on the patient you provide care for. So we do have to consider HIPAA in regards to this.

10:55 AM Motion to adjourn