

## Delaware (2024) Testimony in support of expanding physicians' abilities to authorize patients' use of medical cannabis

I have worked professionally in the field of marijuana policy for nearly 30 years, and I am currently the Deputy Director of NORML – the National Organization for the Reform of Marijuana Laws, a public interest advocacy organization based in Washington, DC.

During my professional career, I have authored several books on the science surrounding the impact of cannabis on health and my writing has been featured in over two dozen academic anthologies. One of these books, *Clinical Applications for Cannabis & Cannabinoids*, summarizes over 450 peer-reviewed studies specific to the efficacy of cannabis/cannabinoids in more than two dozen different patient populations. Editions of this book have been translated and published internationally.

My familiarity with this literature, in addition to the three decades I have spent interacting with medical cannabis patients, leads me to support the advancement of HB 285 – which provides physicians with greater discretion to recommend medical cannabis to their patients.



Currently, physicians in Delaware are limited to recommending medical cannabis solely to those patients who possess one of a limited number of state-specific qualifying medical conditions. This condition list was created by lawmakers, not by health professionals. Efforts to further expand this qualifying list are time-consuming and require the further approval of regulators and/or lawmakers.<sup>2</sup>

Physicians already possess the sole discretion to either recommend and/or prescribe other medications, like opioids, many of which pose far greater risks to health than does marijuana. It is appropriate that doctors possess the same freedom to make medical cannabis-related decisions as they do when choosing to authorize other therapeutic options for their patients.

A case in point. Neither fibromyalgia (FM) nor Tourette Syndrome (TS) currently appear on Delaware's qualifying condition list. Nonetheless, survey data<sup>3</sup> shows that FM patients frequently use marijuana therapeutically and over a dozen human trials have demonstrated the benefit of cannabinoids in this specific patient population.<sup>4</sup> According to the conclusions of a

<sup>&</sup>lt;sup>1</sup> Much of the material in this publication is also published online here: <a href="https://norml.org/marijuana/library/recent-medical-marijuana-research/">https://norml.org/marijuana/library/recent-medical-marijuana-research/</a>. Embedded links to the book's citations are available at this link.

<sup>&</sup>lt;sup>2</sup> https://dhss.delaware.gov/dph/hsp/medmarocpet.html

<sup>&</sup>lt;sup>3</sup> Fitzcharles et al. 2021. Use of medical cannabis by patients with fibromyalgia in Canada after cannabis legalization: A cross-sectional study. *Clinical and Experimental Rheumatology* 39: 115-119. <a href="https://pubmed.ncbi.nlm.nih.gov/33938797">https://pubmed.ncbi.nlm.nih.gov/33938797</a>

<sup>&</sup>lt;sup>4</sup> https://norml.org/marijuana/library/recent-medical-marijuana-research/fibromyalgia/



recent scientific literature review, "[T]he use of cannabinoids and cannabis carries limited side effects in the treatment of FM, and they can also improve some common and debilitating symptoms associated with FM, thus making them an adequate potential treatment option, when other treatment lines have been exhausted."<sup>5</sup>

Data is similarly persuasive with respect to cannabis' benefits for patients with TS,<sup>6</sup> with one recent study finding that cannabis inhalation is associated with sustained improvements in patients' symptoms. "Patients using MC [medical cannabis] reported an average 75 percent tic reduction compared with baseline," authors determined. "A significant effect on comorbid conditions was [also] noted," with 92 percent of subjects reporting reduced restlessness, 88 percent reporting improved mood, 84 percent reporting better sleep, and 75 percent reporting reduced anxiety.<sup>7</sup>

Patients with these and other non-qualifying conditions for which medical marijuana can provide relief should be able to access cannabis following a determination by their physician. A patient's treatment options should not be limited by the government, but rather, they should be determined in confidence between a patient and their doctor.

<sup>&</sup>lt;sup>5</sup> Khurshid et al., 2021. A systematic review of fibromyalgia and recent advancements in treatment: Is medicinal cannabis a new hope? *Cureus* [online journal].

https://www.cureus.com/articles/65839-a-systematic-review-of-fibromyalgia-and-recent-advancements-in-treatment-is-medicinal-cannabis-a-new-hope#!/

<sup>&</sup>lt;sup>6</sup> https://norml.org/marijuana/library/recent-medical-marijuana-research/tourette-syndrome/

<sup>&</sup>lt;sup>7</sup> Anis et al., 2023. Licensed medical cannabis use in Gilles de la Tourette syndrome: A retrospective long-term follow-up. *Cannabis and Cannabinoid Research* [online journal]. https://pubmed.ncbi.nlm.nih.gov/37172308/