

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

CODY SCHOENEN,
Petitioner.

FINAL ORDER ON PETITION FOR
INCLUSION OF TOURETTE'S SYNDROME
AS A TERMINAL OR DEBILITATING
CONDITIONS UNDER RCW 69.51A.010(6)

This matter came before the Medical Quality Assurance Commission (Commission) on June 29, 2012 at the Blackriver Training and Conference Center, Renton, Washington, on the petition of Cody Schoenen, for the inclusion of Tourette's syndrome as a terminal or debilitating medical condition under RCW 69.51A. The Commission, in consultation with the Board of Osteopathic Medicine and Surgery (Osteopathic Board), having considered the petition and the record in this matter, now issues the following:

I. FINDINGS OF FACT

1.1 On March 21, 2012 the Petitioner, Cody Schoenen, filed a petition with the Commission requesting that pursuant to RCW 69.51A.070 the Commission include Tourette's syndrome as a terminal or debilitating medical condition under RCW 69.51A.010(6)(g).

1.2 On May 16, 2012, at the Department of Health, Tumwater, Washington, a public hearing was held before a panel consisting of three members of the Commission and three members of the Osteopathic Board.

1.3 The Petitioner did not appear at the public hearing.

1.4 Public testimony was taken from approximately five members of the public. Three of these members of the public were organization representatives supporting the petition, including CannaCare, the Northwest Poverty Law Center, and the Cannabis Defense Coalition.

1.5 Tourette's syndrome is a neurological disorder characterized by repetitive and involuntary motor and/or vocal tics. Symptoms can range from severe to mild. Tourette's syndrome is typically diagnosed in childhood or adolescence. Although it can be a chronic condition, most people with Tourette's syndrome experience their worst symptoms in their early teens with improvement in the late teens and continuing into adulthood.

1.6 Two members of the public gave testimony about their struggles with Tourette's syndrome, one testified in person and one wrote a letter which was read into the record. These comments were very moving. They included personal experiences of inadequate treatment for Tourette's syndrome using standard medications and treatments as well as the undesirable side effects of these treatments. One person commented that self-medication with cannabis was the only treatment that helped and relieved symptoms.

1.7 Written testimony was provided by Dr. Samuel H. Zinner, MD, board certified in general pediatrics and developmental-behavioral pediatrics. Dr. Zinner is an Associate Professor at the University of Washington School of Medicine and a member of the medical advisory board for the National Tourette's Syndrome Association, Inc. Dr. Zinner provided links to several articles as well as a copy of the 2009 Cochrane Database Review titled, "Cannabinoids for Tourette's Syndrome."

1.8 An individual supporting the petition submitted seven articles at the May 16, 2012 hearing. Two of the articles provided case reports on two individuals on the effectiveness of cannabis on Tourette's syndrome. Three of the articles reported on a 2003 six week trial of 24

participants using delta-9 THC for the treatment of Tourette's syndrome. Delta-9 THC is one ingredient in cannabis. Another article from 2001 reported on a trial of delta-9 THC in 12 patients with Tourette's Syndrome to study side effects on neuropsychological performance and cognitive impairment. Finally, the 2009 Cochrane Database Review of "Cannabinoids for Tourette's Syndrome" was provided.

1.9 The 2009 Cochrane Database Review of "Cannabinoids for Tourette's Syndrome" was provided by both Dr. Zinner and a supporter of the petition. Cochrane Reviews are systematic reviews of international primary research in health care. Researchers establish whether or not there is conclusive evidence about a specific treatment based on a review of international evidence-based trials and/or studies. The Cochrane Database is internationally recognized for being of the highest standard in evidence-based health care. The results of the 2009 Cochrane Database Review submitted reviewed research on whether cannabinoids are effective in treating tics and obsessive compulsive behaviour in patients with Tourette's. The results stated, "[a]lthough both trials reported a positive effect from Delta(9)THC, the improvements in tic frequency and severity were small and were only detected by some of the outcome measures." It concluded, "[n]ot enough evidence to support the use of cannabinoids in treating tics and obsessive compulsive behaviour in people with Tourette's syndrome."

1.10 Following the public hearing, all members of the Osteopathic Board and the Commission were provided complete copies of the record on the petition including the petition, the written comments and information submitted, and a verbatim transcript of the May 16, 2012 public hearing.

1.11 On June 19, 2012, the Osteopathic Board held a special public meeting to deliberate on the petition and to determine what recommendation, if any, it would make regarding the petition. The public was provided access to the meeting telephonically and in

person at the Department of Health Offices in Tumwater, Washington. The Osteopathic Board considered the public hearing panel members' input and the record of the public hearing held on May 16, 2012, including the written comments and the public hearing transcript in making its recommendation. The Osteopathic Board voted to recommend that the petition be granted in cases of Tourette's syndrome with "severe motor or vocal tics that impair daily living and where symptoms are unrelieved by standard treatments or medications." The Osteopathic Board also expressed concern regarding the use of cannabis in patients under the age of 18. The Board advised that "any person under the age of 18 have an evaluation by a pediatric neurologist or adult neurologist that treats adolescent populations before marijuana is recommended. The purpose of the evaluation would be to ensure the accuracy of the diagnosis of Tourette's syndrome . . ." The Osteopathic Board's recommendation was sent by letter to the Commission.

1.12 On June 29, 2012, at the Commission's regular public business meeting at the Blackriver Training and Conference Center, Renton, Washington, the Commission deliberated on the petition. The Commission considered the Osteopathic Board's recommendation, public hearing panel members' input, and the record of the public hearing held on May 16, 2012, including the written comments and the public hearing transcript and made the determinations herein. The Commission voted to issue a Final Order denying the petition.

1.13 The Commission acknowledges that there is anecdotal evidence supporting the use of cannabis to treat Tourette's syndrome. The Commission also acknowledges that there are two short-term randomized controlled studies involving approximately 28 patients that show a small positive effect from delta-9 THC in tic frequency and severity. The Commission acknowledges that the Cochrane Database Review concludes that these improvements were small and only detected by some of the outcome measures and found insufficient evidence to

support the use of cannabinoids in treating tics. The Commission notes that delta-9 THC is only one ingredient in cannabis and that a synthetic delta-9 THC is available by prescription.

1.14 The Commission acknowledges and shares the concerns raised by the Osteopathic Board regarding patients under 18 and the effects of cannabis on the developing brain and cognitive functioning in minors with Tourette’s syndrome.

1.15 The Commission recognizes that the present legal status of cannabis under the federal law impedes the research that may determine cannabis’s efficacy and effectiveness for Tourette’s syndrome.

1.16 The Commission strongly supports rigorous scientific randomized controlled clinical trials that have potential to demonstrate the effectiveness or efficacy of cannabis or cannabis’s particular active ingredients in treating Tourette’s syndrome.

1.17 The Commission concludes that there is insufficient scientific evidence to support including Tourette’s syndrome on the list of terminal or debilitating medical conditions for which medical cannabis use may be beneficial under RCW 69.51A.010(6).

II. CONCLUSIONS OF LAW

2.1 The Commission has jurisdiction over this matter pursuant to RCW 69.51A.070.

2.2 In interpreting the information presented to it the Commission and Osteopathic Board utilized its expertise in evaluating the evidence presented and in weighing the potential risks and benefits of using cannabis to treat Tourette’s syndrome.

2.3 The Commission has determined that Tourette’s syndrome does not constitute “terminal or debilitating medical condition(s)” within the meaning of RCW 69.51A.010(6).

III. ORDER

The petition to add Tourette's syndrome as a "terminal or debilitating medical condition" within the meaning of RCW 69.51A.010(6) is DENIED.

DATED this 26th day of July, 2012.

Marilyn Pattison, M.D.

Marilyn Pattison, MD
Chair

NOTICE TO PARTIES

Either party may file a petition for reconsideration. RCW 34.05.461(3); 34.05.470. The petition must be filed within 10 days of service of this order with:

Medical Quality Assurance Commission
243 Israel Rd SE
P.O. Box 47866
Olympia, Washington, 98504-7866

The petition for reconsideration must state the specific grounds for reconsideration and what relief is requested. WAC 246-11-580. The petition is denied if the Medical Commission does not respond in writing within 20 days of the filing of the petition.

A petition for judicial review must be filed and served within 30 days after service of this order. RCW 34.05.542. The procedures are identified in chapter 34.05 RCW, Part V, Judicial Review and Civil Enforcement. A petition for reconsideration is not required before seeking judicial review. If a petition for reconsideration is filed, the above 30-day period does not start until the petition for reconsideration is resolved. RCW 34.05.470(3).

The order is in effect while a petition for reconsideration or review is filed. "Filing" means actual receipt of the document by the Medical Commission. RCW 34.05.010(6). This order is "served" the day it is deposited in the United States mail. RCW 34.05.010(19).

CERTIFICATE OF SERVICE

I certify that I served a copy of this document on the party on the date below as follows:

Mr. Cody Schoenen
7321 210th St SW #C206
Edmonds, WA 98026

- U.S. Mail Postage Prepaid
- Facsimile
- Legal Messenger
- Hand delivered by _____

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

DATED this 26th day of July, 2012, at Olympia, Washington.

TYPE NAME OF PERSON MAILING