The New York Medical Marijuana Program: Medical Cannabis for PTSD



Revised 10.21.2015

On July 7, 2014, Governor Cuomo signed a medical marijuana bill into law. Many of the details of the program have been left to the discretion of the New York State Commissioner of Health, who has eighteen months or longer to implement the program. Currently, there are 10 conditions for which medical professionals can recommend medical cannabis. PTSD is not one of them. This fact sheet clarifies some of the information on the use of medical cannabis for treating PTSD.

Is PTSD currently covered by NY's law?

No. The current law, as it stands, does not allow medical professionals to recommend medical cannabis for treating PTSD. The law allows medical cannabis in non-smokable forms to treat "specific severe, debilitating or life threatening condition that is accompanied by an associated or complicating condition." Currently, the 10 qualifying conditions are cancer, HIV infection or AIDS, amyotrophic lateral sclerosis (ALS), Parkinson's disease, multiple sclerosis, spinal cord injury with spasticity, epilepsy, inflammatory bowel disease, neuropathy, and Huntington's disease. The associated or complicating conditions are cachexia or wasting syndrome, severe or chronic pain, severe nausea, seizures, or severe or persistent muscle spasms.

PTSD, experienced by many New Yorkers including a significant number of veterans, is not a qualifying condition. However, the Commissioner of Health may add other conditions to the list. The law provides that within eighteen months of the effective date of the legislation, the Commissioner of Health must determine whether or not to add the following conditions to the list: Alzheimer's disease, muscular dystrophy, dystonia, posttraumatic stress disorder and rheumatoid arthritis¹.

What is the efficacy of medical cannabis in helping those with PTSD?

Alleviates symptoms of PTSD. An Israeli pilot study found that within two months of administering medical marijuana, the severity of participants' PTSD symptoms and emotional distress were reduced by approximately half. Additionally, participants reported an improvement in work and social functioning as well as increase in their overall psychological state, with effects seen up to one year post-treatmentⁱⁱ. Several studiesⁱⁱⁱ --including a randomized controlled trial^{iv}, and an intensive case study^v-- found that marijuana reduced the intensity of pain, improved sleep, and was well tolerated among participants. Finally, another study conducted last year in New Mexico, the first state to allow the prescription of medical cannabis for PTSD, also found signs of PTSD symptom reduction^{vi}. Additionally, cannabis has also been found to have positive effects on emotional processing and fear extinction ^{vii}: Specifically, cannabis plays an important role in the extinction learning of aversive memories, a neural process with central relevance to PTSD^{viii}.

Potential as a harm reduction tool in preventing dependence, toxicity, and overdose with other medications. Currently the U.S. FDA has approved two anti-depressants for the treatment of PTSD -- namely Zoloft and Paxil, both of which have limited efficacy and produce remission in only about one-quarter of patients. Such medications have also been found to double the risk of suicidal thinking and suicidal attempts in patients 24 years or less, which includes large percentage of our returning veterans^{ix}.



Both of these medications are antidepressants, which have been widely reported to have detrimental side effects like nausea, sexual problems, worsening depression, suicidal thinking or behavior, and withdrawal from normal social situations. Doctors may also prescribe other types of medications, like benzodiazepines, antipsychotics and other antidepressants like Prozac, which have undesirable side effects^x. Among veterans with PTSD, as diagnosed by the Department of Veterans Affairs, 89% are treated with the above-listed medications^{xi} Medical cannabis, which has shown promise in alleviating PTSD, could be used to replace some of these pharmaceutical drugs, allowing those with PTSD to reduce or eliminate harmful side effects.

Off-label use of opioids is widespread among veterans diagnosed with PTSD, and use of these drugs can have significantly and potentially life threatening side effects^{xii}. Several studies indicate that medical cannabis can complement or substitute opioid medicine. Used in combination with or instead of opioids, the addition of cannabis often allows the patient to decrease the dosage of opioid medication required to relieve pain, thereby decreasing the potential for opioid overdose and cross prescription complications^{xiii}. Moreover, research published in the journal of JAMA Internal Medicine found that opiate-related deaths fell by a third on average in 13 states after they legalized medical marijuana in the six years after the states' medical marijuana laws took effect^{xiv}.

How would access to medical cannabis help our veterans?

Unfortunately, PTSD drives high rates of suicide among veterans. The Department of Veteran Affairs estimates that on average, 22 veterans die from suicide each day. Another recent analysis found a suicide rate among veterans might be higher than that; about 30 per 100,000 population per year^{xv}. One study found that, veterans are not only more predisposed to have suicidal thoughts, often associated with PTSD and depression, but they are more likely to act on these thoughts. The study also found that combatrelated PTSD is significantly correlated with suicidal thoughts and attempts^{xvi}. According to the New York State Office of Mental Health, PTSD is estimated to occur in about: 30% of Vietnam veterans, 10% of Gulf War veterans, 6% to 11% of veterans of the Afghanistan war, and 12% to 20% of veterans of the Iraq war^{xvii}.

Adding medical cannabis to the list of qualifying conditions would also reduce the stigma that those afflicted with PTSD have by recognizing it as a condition that deserves compassionate treatment. The majority of service members do not seek treatment because of the overshadowing stigma associated with seeking treatment for a condition for which they have be discharged the state recognize some illnesses but not PTSD in medical marijuana policies can reinforce negative perceptions and delegitimize the seriousness of PTSD and the need for care.

How many New Yorkers could potentially benefit from having PTSD covered?

Estimating the number of New Yorkers affected by PTSD is difficult. Anyone can get PTSD at any age. This includes war veterans and survivors of a wide range of traumatic events such as physical and sexual assault and abuse, accidents, disasters, domestic violence, and many other serious events. Some people get PTSD after a friend or family member experiences danger or is harmed. The sudden, unexpected death of a loved one can also cause PTSDxix. There are a variety of other events that may lead to PTSD, including natural disasters and long-term exposure to highly graphic or violent information (such as with police or first responders)xx. A needs assessment of New York State veterans conducted by RAND found that about one in five service members and veterans screened positive for a probable diagnosis of PTSD or depressionxxi.



Do other states provide medical cannabis for people with PTSD?

As of this writing, approximately half of states with medical marijuana programs list PTSD as qualifying condition: Arizona, California, Connecticut, DC, Delaware, Hawaii, Maine, Maryland, Massachusetts, Michigan, Nevada, New Mexico, Oregon and, Washington. Debates about adding PTSD to the list of approved conditions are underway in Illinois, New Jersey and Iowa^{xxii}.

How will I apply to become a patient receiving medical marijuana?

Individuals will need to first get a recommendation from a registered physician and then apply to the DOH to become a certified medical marijuana patient. The application, which has yet to be developed by the DOH, must include the patient's name, date of birth, and a doctor's signed certification. The doctor's certification must include a statement that the patient has a serious condition and is being treated to the doctor for that condition. Certification would expire after one year or at a sooner date specified by a doctor, after which it would have to be renewed for the patient to continue receiving medical marijuana. Patients with terminal illnesses will be able to remain certified until the end of their lives. Patients will need to pay a \$50 application fee, which may be waived if they are experiencing financial hardship. Lost cards will require a \$25 fee for replacement.

What kind of medical marijuana will I be able to use and how will I be able to consume it?

The forms of medical marijuana, and the approved methods of consumption, strain, variety, and strength, shall be determined and approved by the Commissioner before they can be sold. This may include tinctures, oils, pills, and form that can be vaporized. Smoking as a method of consumption is specifically excluded from 'certified medical use' in the statute, and edible were prohibited during the regulatory process.

How can I help get PTSD added to the list of conditions covered by New York's medical marijuana program?

- Call the Office of Governor Cuomo at 1-518-474-8390 and tell him to add PTSD to the list of
 conditions covered by New York's medical marijuana law. Then, encourage friends and family
 members to do the same.
- Join Compassionate care NY: sign up here: http://www.compassionatecareny.org/get-involved/
- Contact Compassionate Care NY if you are able to help us connect us to veterans or veterans' advocacy groups or others with PTSD, or if you have ideas and suggestions, including articles that you want to share on social media sites like Facebook.
- Get involved by visiting us on the internet, following us on social media, or calling us to learn about coming events.

Website: www.compassoinatecareny.org

Twitter: @CompassionateNY

Facebook: Compassionate Care NY

Phone: 347-781-5435



ⁱ Department of Health. (2015). Frequently Asked Questions: New York State Medical Marijuana Program. Available at https://www.health.ny.gov/regulations/medical_marijuana/faq.html. Accessed 10/16/15.

¹¹ Mashiah M. (2012). Medical cannabis as treatment for chronic combat PTSD: Promising results in an open pilot study. Paper presented at the Patients Out of Time Conference, Tuscon, Arizona.

¹ⁱⁱ Abrams, D. I. (2010). Cannabis in pain and palliative care. *PAIN*, 20(4), 35; Carter, G. T., Flanagan, A. M., Earleywine, M., Abrams, D. I., Aggarwal, S. K., & Grinspoon, L. (2011). Cannabis in palliative medicine: improving care and reducing opioid-related morbidity. *American Journal of Hospice and Palliative Medicine*, 1049909111402318; Roitman, P., Mechoulam, R., Cooper-Kazaz, R., & Shalev, A. (2014). Preliminary, open-label, pilot study of add-on oral Δ9-tetrahydrocannabinol in chronic post-traumatic stress disorder. *Clinical drug investigation*, 34(8), 587-591; Neumeister, A., Normandin, M. D., Pietrzak, R. H., Piomelli, D., Zheng, M. Q., Gujarro-Anton, A., ... & Huang, Y. (2013). Elevated brain cannabinoid CB1 receptor availability in post-traumatic stress disorder: a positron emission tomography study. *Molecular psychiatry*, 18(9), 1034-1040; Fraser, G. A. (2009). The use of a synthetic

cannabinoid in the management of Treatment-Resistant nightmares in posttraumatic stress disorder (PTSD). CNS neuroscience & therapeutics, 15(1), 84-88; Betthauser, K., Pilz, J., & Vollmer, L. E. (2015). Use and effects of cannabinoids in military veterans with posttraumatic stress disorder. American Journal of Health-System Pharmacy, 72(15).

iv Ware, M. A., Wang, T., Shapiro, S., Robinson, A., Ducruet, T., Huynh, T., ... & Collet, J. P. (2010). Smoked cannabis for chronic neuropathic pain: a randomized controlled trial. *Canadian Medical Association Journal*, 182(14), E694-E701.

Passie, T., Emrich, H. M., Karst, M., Brandt, S. D., & Halpern, J. H. (2012). Mitigation of post-traumatic stress symptoms by Cannabis resin: A review of the clinical and neurobiological evidence. *Drug testing and analysis*, 4(7-8), 649-659.

vi Greer, G. R., Grob, C. S., & Halberstadt, A. L. (2014). PTSD symptom reports of patients evaluated for the New Mexico Medical Cannabis Program. *Journal of psychoactive drugs*, 46(1), 73-77.

vii Fusar-Poli, P., Crippa, J. A., Bhattacharyya, S., Borgwardt, S. J., Allen, P., Martin-Santos, R., ... & McGuire, P. K. (2009). Distinct effects of Δ9-tetrahydrocannabinol and cannabidiol on neural activation during emotional processing. *Archives of General Psychiatry*, *66*(1), 95-105; Chhatwal, J. P., Gutman, A. R., Maguschak, K. A., Bowser, M. E., Yang, Y., Davis, M., & Ressler, K. J. (2009). Functional interactions between endocannabinoid and CCK neurotransmitter systems may be critical for extinction learning. *Neuropsychopharmacology*, *34*(2), 509-521.

viii Roitman, P., Mechoulam, R., Cooper-Kazaz, R., & Shalev, A. (2014). Preliminary, open-label, pilot study of add-on oral Δ9-tetrahydrocannabinol in chronic post-traumatic stress disorder. *Clinical drug investigation*, *34*(8), 587-591; Marsicano, G., Wotjak, C. T., Azad, S. C., Bisogno, T., Rammes, G., Cascio, M. G., ... & Lutz, B. (2002). The endogenous cannabinoid system controls extinction of aversive memories. *Nature*, *418*(6897), 530-534; Rabinak, C. A., Angstadt, M., Sripada, C. S., Abelson, J. L., Liberzon, I., Milad, M. R., & Phan, K. L. (2013). Cannabinoid facilitation of fear extinction memory recall in humans. *Neuropharmacology*, *64*, 396-402.

ix Medical Cannabis Resource Center. (2015). Information on PTSD. Available at http://mercycenters.org/libry/i_PTSD.html. Accessed 10/16/15.

^x New York State Office of Mental Health. (2014). Post-Traumatic Stress Disorder Booklet. Available at https://www.omh.ny.gov/omhweb/booklets/ptsd.pdf. Accessed 10/16/15.

xiAlexander, W. (2012). Pharmacotherapy for post-traumatic stress disorder in combat veterans: focus on antidepressants and atypical antipsychotic agents. *Pharmacy and Therapeutics*, 37(1), 32.

xii Seal, K. H., Shi, Y., Cohen, G., Cohen, B. E., Maguen, S., Krebs, E. E., & Neylan, T. C. (2012). Association of mental health disorders with prescription opioids and high-risk opioid use in US veterans of Iraq and Afghanistan. *JAMA*, 307(9), 940-947. xiii Lucas, P. (2012). Cannabis as an adjunct to or substitute for opiates in the treatment of chronic pain. *Journal of psychoactive drugs*, 44(2), 125-133; Abrams, D. I., Couey, P., Shade, S. B., Kelly, M. E., & Benowitz, N. L. (2011). Cannabinoid—opioid interaction in chronic pain. *Clinical Pharmacology & Therapeutics*, 90(6), 844-851; Perron, B. E., Bohnert, K., Perone, A. K., Bonn-Miller, M. O., & Ilgen, M. (2015). Use of Prescription Pain Medications Among Medical Cannabis Patients: Comparisons of Pain Levels, Functioning, and Patterns of Alcohol and Other Drug Use. *Journal of studies on alcohol and drugs*, 76(3), 406-413.

xiv Bachhuber, M. A., Saloner, B., Cunningham, C. O., & Barry, C. L. (2014). Medical cannabis laws and opioid analgesic overdose mortality in the United States, 1999-2010. *JAMA internal medicine*, 174(10), 1668-1673.

xv Hargarten J., Burnson F., Campo B. and Cook C. (2013). Veteran Suicides Twice as High as Civilian Rates. *News21.com*. Retreived from http://backhome.news21.com/article/suicide/

xvi Sher, L., Braquehais, M. D., & Casas, M. (2012). Posttraumatic stress disorder, depression, and suicide in veterans. *Cleveland Clinic journal of medicine*, 79(2), 92-97.
xvii New York State Office of Mental Health. (2014). Post-Traumatic Stress Disorder Booklet. Available at

New York State Office of Mental Health. (2014). Post-Traumatic Stress Disorder Booklet. Available at https://www.omh.ny.gov/omhweb/booklets/ptsd.pdf. Accessed 10/16/15.

xviii Green, J. (2013). Bill To Add PTSD To The Oregon Medical Marijuana Program Moves Forward. *The Weed Blog*. Retrieved from http://www.theweedblog.com/bill-to-add-ptsd-to-the-oregon-medical-marijuana-program-moves-forward/. xix New York State Office of Mental Health. (2014). Post-Traumatic Stress Disorder Booklet. Available at

https://www.omh.ny.gov/omhweb/booklets/ptsd.pdf. Accessed 10/16/15.

xx Columbia Department of Psychiatry. (2013). Learn More | PTSD. Retrieved from http://columbiapsychiatry.org/ptsd/learn-more xxi Schell, T. L., Tanielian, T., Farmer, C. M., Jaycox, L. H., Marshall, G. N., Vaughan, C. A., & Wrenn, G. (2011). A needs assessment of New York State veterans. *RAND Health Quarterly*, 1(1).

xxiiGordon B. (2015). Advocates Concerned New York Medical Marijuana Rules Omit Approval for PTSD Treatment. *Watertown Daily Times*. Retrieved from http://www.watertowndailytimes.com/news03/advocates-concerned-new-york-medical-marijuana-rules-omit-approval-for-ptsd-treatment-20150408