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Governor

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Final Decision Regarding Petition for Anxiety Disorder to be included as a qualifying condition for enrollment in the Medical Cannabis Program

I. Petition:

I have reviewed the recommendation of the Medical Cannabis Advisory Board contained in their report, which was based on the Advisory Board's findings at a public hearing held on March 22, 2022.

As part of my review, I have read the Advisory Board's recommendation and the available materials submitted with the petition. Throughout this process I have considered the purpose of the Lynn and Erin Compassionate Use Act which is to allow the use of medical cannabis for alleviating symptoms caused by debilitating medical conditions and their treatments. Let me emphasize this point, the use of medical cannabis is to help alleviate symptoms, it is not treatment for the underlying medical condition. Keeping this in mind, I am taking the following actions with regard to the petition and the recommendations submitted to the Department of Health.

II. Decision:

I am adopting the recommendation of the Medical Cannabis Advisory Board that the Department of Health add Anxiety Disorder to the list of debilitating medical conditions qualifying for participation in the New Mexico Medical Cannabis Program effective January 1, 2023.

III. Discussion:

Anxiety Disorder is a debilitating condition that affects as much as 25% of the population¹. While there are many good medical options for treating Anxiety Disorder, treatment resistance can affect one out of every three patients². Given its ability to affect the endocannabinoid system, medical cannabis may prove to be an additional tool in the alleviation of anxiety symptoms in individuals exhibiting Anxiety Disorder.

The endocannabinoid system is thought to ensure an appropriate reaction to stressful events and to serve as a regulatory buffer system for emotional responses. By activating the endocannabinoid system, cannabis use produces a sought-after state of calmness or contentedness, mediated by interactive anxiolytic effects of increased cannabinoid and oxytocin receptor activation and rewarding effects of elevated dopamine³. Pure THC appears to decrease anxiety at lower and moderate doses but increase anxiety at higher doses⁴. Given the biphasic effects of cannabis on anxiety, by including Anxiety Disorder in the list of qualifying conditions

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medical providers can provide medical guidance and help patients avoid the anxiety associated with higher doses of cannabis. Even though patients may access cannabis without a medical cannabis card through the adult use program, by including Anxiety Disorder in the list of qualifying conditions, patients would have increased opportunity to discuss with their medical provider how cannabis can be used to alleviate the symptoms of their Anxiety Disorder. Providers can also help the patient benefit from the addition of CBD administration which appears to decrease anxiety at all doses that have been tested⁵. In addition, medical providers can recommend indica based cannabis strains which may further aid in anxiolysis⁶.

There are additional reasons to advocate for the use of medical cannabis as a tool to alleviate the symptoms of Anxiety Disorder. Medical cannabis is very safe and is less addictive than the benzodiazepines typically used to reduce anxiety symptoms. Cannabis is also safer in both an accidental and an intentional overdose. Additionally, an important part of incorporating medical supervision is to help patients identify the difference between being anxious and having anxiety disorder. From a health equity perspective, medical cannabis can offer a legal alternative to high-risk medications and illicit drugs sometimes utilized by those suffering with Anxiety Disorder.

Medical Providers who are certifying patients for Anxiety Disorder should be aware of contraindications and work with patients to educate them and minimize potential negative effects. This includes patients who may begin using cannabis for the alleviation of anxiety associated with an adjustment reaction which may resolve on its own over time. Another aspect is monitoring dosage of cannabis used to ensure symptoms are alleviated rather than increasing the patient's anxiety and exacerbate the problem. Some have argued that this biphasic response to cannabis dose should be a reason for not including Anxiety Disorder as a qualifying condition⁷.

The impact of adding Anxiety Disorder to the list of qualifying condition would likely increase the veracity of patients enrolling in a more appropriate condition. From the Cannabis Public Policy Consultant study conducted in 2022, 66% of patients identified "anxiety and or depression" as the reason why they are using cannabis even though it is not a qualifying condition⁸. Given that a core argument for the inclusion of Anxiety Disorder as a qualifying condition is the perceived benefit of increased provider oversight, I would ask that the Medical Cannabis Advisory Board (MCAB) develop informative materials to ensure safe use. Themes to address could include acknowledging that medical cannabis is simply "one tool in a toolbox" for alleviating symptoms of anxiety and not first line treatment. Additionally, patients will likely benefit most from Low THC/high CBD preparations and may want to consider only short-term use if symptoms resolve. Any recommendations the MCAB could propose to help providers avoid the anxiogenic effects of cannabis use would not only be useful information for those suffering from Anxiety Disorder, but for all qualifying conditions as well.

IV. Closing:

I am appreciative of the Medical Cannabis Advisory Board members, who volunteer their time and their expertise in support of this program. I would also like to thank the individuals who submitted this petition for consideration. These efforts will enable additional individuals to obtain relief from their debilitating medical conditions.

DocuSigned by:

David R. Scrase, M.D.

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Acting Cabinet Secretary

Nov 23, 2022 | 3:56 PM MST

Date

V. References:

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Report prepared for the State of New Mexico Department of Health by the Cannabis
Public Policy Consulting.