

## **Report & Recommendations to the New Mexico Secretary of Health**

### **From the Medical Cannabis Advisory Board (MCAB) to the New Mexico Department of Health Medical Cannabis Program (NMDOH MCP)**

#### **From a Public Hearing on March 22, 2022 from 9:00 am to 12:00 pm**

Report prepared by Stephanie Richmond PA-C, Chair for the Medical Cannabis Advisory Board.

A public hearing of the Medical Cannabis Advisory Board (MCAB) to the New Mexico Department of Health Medical Cannabis Program was conducted via web-based platform from 9:00 am to 12:00 pm on March 22, 2022. At this meeting, six of nine Medical Cannabis Advisory Board Members were present for quorum. The Petition 2002 – 001 Include Anxiety Disorder as a qualifying medical condition under Lynn and Erin Compassionate Use Act (LECUA) was proposed by two of the MCAB members. As such, these board members did not participate in voting on the petition. However, four of the remaining members of the MCAB voted unanimously to include Anxiety Disorder to the list of qualifying conditions. Please find a synopsis of the meeting included below. Additionally, the petition of Anxiety Disorder as a qualifying diagnosis is also included for your review. Over the years, this diagnosis has previously been presented to the Secretary of Health for consideration and we appreciate another review for inclusion to the LECUA. There is already precedent for this diagnosis as other states consider Anxiety Disorder a qualifying diagnosis for medical cannabis treatment.

#### **MCAB Meeting synopsis**

##### **Petition 2022 – 001 Include Anxiety Disorder as a qualifying medical condition under LECUA**

Stephanie Richmond presented the rules to be followed while the petition is presented to the MCAB. Additionally, it was noted that this petition was being submitted by two of the board members who would therefore recuse themselves when it came time to vote.

Jean-Paul Dedam introduced the petition by addressing his work at the New Mexico Cancer Center and how the symptom of anxiety is often a contributing concern for many of his patients. Patients who use medical cannabis often report that it is the symptom of anxiety that is treated most efficaciously by cannabis use. He added that all of the anxiety diagnoses (generalized anxiety disorder, social anxiety disorder, medication induced anxiety disorder, phobias, etc.) were included under this petition for completeness. Despite the lack of large studies looking at the treatment of anxiety disorder with medical cannabis, there are significant patient surveys you see high rates of efficacy for treatment of anxiety with cannabis. An additional benefit is that of improved sleep. More studies would be useful, but many of the current qualifying diagnoses actual have less information available. In addition to addressing the safety of cannabis, Dr. Dedam added that since many patients self-medicate with cannabis to treat their anxiety, that including anxiety as a qualifying condition could help

“pull patients” back to the medical provider and improve provider input in the discussion of cannabis use.

Stephanie Richmond added that anxiety disorder is already a qualifying condition in five other states. Additionally, she added, that by treating anxiety with medical cannabis, it could also act as a harm reduction tool by reducing the need for additional benzodiazepine intake.

Rachel Goodman remarked that she would be supportive of this petition as the diagnosis of anxiety disorder has already been discussed and recommended by the MCAB in previous years.

Concerns regarding the potential exacerbation of anxiety symptoms following high potency THC use were addressed in the following way.

Rachel Goodman shared her understanding that medical cannabis users would likely self-regulate cannabis use to avoid exacerbating anxiety symptoms and likely avoid high potency THC for this reason.

This sentiment was echoed by Ariel Bauers who added that “bud tenders” would also guide patients towards strains that would be most helpful for anxiety symptoms.

Jean-Paul Dedam added that in order to help patients avoid potentially problematic high potency strains of THC, that by including anxiety disorder as a qualifying condition, it would enable medical providers to help guide patients to more appropriate higher ratio CBD strains that would work better in the setting of anxiety disorder.

Ariele Bauers added that by adding anxiety disorder as a qualifying condition, this act might serve to encourage cannabis producers and dispensaries to produce and offer products that are of greater variety and not solely elevated THC.

Rachel Goodman made a motion to approve the petition to recommend that Anxiety Disorder be included in the list of qualifying conditions. This motion was seconded by Stephanie Richmond.

The four members remaining members of the MCAB who were not part of the petition presentation were asked to vote “yes” to approve the petition or “no” to disapprove:

Ariele Bauers	Yes
Rachel Goodman	Yes

Allen Plymale                      Yes

Traci White                         Yes

In a unanimous vote, the Medical Cannabis Advisory Board recommended that Anxiety Disorder be added to the list of qualifying conditions for the use of Medical Cannabis under the Lynn and Erin Compassionate Use Act.

**Petition for Anxiety Disorder as qualifying medical condition under Lynn and Erin Compassionate Use Act**

**Dedam and Richmond**

**Proposal and medical benefits**

Generalized Anxiety Disorder (GAD), social anxiety disorder, medication-induced anxiety, panic disorder, specific phobias and anxiety disorder due to another medical condition incredibly common medical conditions affecting as much a 25% of the population in some meta-analyses (Baxter 2013). These conditions can cause significant disruption in the lives of those who suffer from them, as well as having severe negative consequences on that person's health.

While many good medical treatments exist, they don't always work for every patient, leaving as much at 40% of patients without relief (Bystrisky 2006). Some common treatments of anxiety, such as benzodiazepines, carry a significant risk for abuse, dependence and dangerous withdrawal syndromes. Mental health resources in this state are also severely limited and many patients lack access to care.

Self-medication and patient reports of cannabis use for treatment of anxiety disorders are also common and effective. One study tracking 1399 Medical Cannabis users found a 58% reduction in anxiety and stress symptoms that did not diminish overtime (Cuttler 2018).

While currently there have been no large randomized controlled trials, an observational study of 368 Medical Cannabis user again demonstrated improvement in anxiety symptoms as well as improved sleep (Martin 2021).

Despite the lack of studies, there is also amply basic science evidence to support the use of Medical Cannabis for anxiety. Activation of the Cannabinoid type 1 Receptor (the receptor stimulated by THC) in the brain has been for decades to have an anxiolytic effect at low and moderate doses ( Lutz 2015). While high doses can actually cause a paradoxical increase in anxiety, with proper medical guidance and supervision this can be easily avoided with dosing

and concomitant CBD administration. This biphasic effect has been used as an argument against the use of Medical Cannabis for anxiety. However, since cannabis is now legalized recreationally and it makes far more sense to have this treatment under qualified medical supervision.

Medical cannabis has also been proven safe, is less addictive than benzodiazepines and is safer in both accidental and intentional overdose than all current conventional pharmacologic treatments.

To draw upon my own clinical experience in working with hundreds of cancer patients here in New Mexico, relief of stress and anxiety, be it from a pre-existing diagnosis or secondary to their cancer diagnosis or the treatment of their cancer, remains on the most consistent patient reported benefits.

#### References:

Baxter AJ, Scott KM, Vos T, Whiteford HA. Global prevalence of anxiety disorders: a systematic review and meta-regression. *Psychol Med*. 2013 May;43(5):897-910. doi: 10.1017/S003329171200147X. Epub 2012 Jul 10. PMID: 22781489.

Bystritsky A. Treatment-resistant anxiety disorders. *Mol Psychiatry*. 2006 Sep;11(9):805-14. doi: 10.1038/sj.mp.4001852. Epub 2006 Jul 18. PMID: 16847460.

Cuttler C, Spradlin A, McLaughlin RJ. A naturalistic examination of the perceived effects of cannabis on negative affect. *J Affect Disord*. 2018 Aug 1;235:198-205. doi: 10.1016/j.jad.2018.04.054. Epub 2018 Apr 6. PMID: 29656267.

Martin EL, Strickland JC, Schlienz NJ, Munson J, Jackson H, Bonn-Miller MO, Vandrey R. Antidepressant and Anxiolytic Effects of Medicinal Cannabis Use in an Observational Trial. *Front Psychiatry*. 2021 Sep 9;12:729800. doi: 10.3389/fpsy.2021.729800. PMID: 34566726; PMCID: PMC8458732.

Lutz B, Marsicano G, Maldonado R, Hillard CJ. The endocannabinoid system in guarding against fear, anxiety and stress. *Nat Rev Neurosci*. 2015 Dec;16(12):705-18. doi: 10.1038/nrn4036. PMID: 26585799; PMCID: PMC5871913