

**Petition for Female Orgasmic Difficulty/Disorder (FOD) as a Qualifying Medical Condition
under Lynn and Erin Compassionate Use Act**

Presented to:

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Introductory Narrative of Petitioner

David J. Ley, PhD, is a clinical psychologist, certified sex therapist supervisor, and author of two books exploring sexual issues. Dr. Ley serves on the board of the Sexual Health Alliance as an expert advisor and is an internationally recognized expert on issues related to sexuality, pornography and mental health. Dr. Ley attests that many women he has treated with sexual disorders benefit from strategies to decrease their anxiety, including use of cannabis. Dr. Ley is based in Albuquerque, New Mexico.

Introduction to the Petition

The Medical Cannabis Advisory Board is invited to consider this petition that presents scientific evidence of cannabis helping women orgasm, decreasing orgasm difficulty and increasing orgasm satisfaction with the potential to reduce the serious public health issue of female orgasmic difficulty/disorder (FOD) and its co-morbid conditions, that include post-traumatic stress disorder (PTSD) and anxiety.

Female Orgasmic Difficulty/Disorder

Female orgasmic difficulty/disorder (FOD) is one of the most prevalent sexual dysfunctions in women.¹⁻³ Female orgasmic disorder (FOD), also referred to as female orgasm difficulty,⁴⁻⁸ is characterized by difficulty experiencing orgasm and/or markedly reduced intensity of orgasmic sensations.⁹ FOD is a serious public health issue,¹⁰ affecting up to 41% of women worldwide,¹¹ an unchanged statistic for 50 years,¹² with paucity of validated treatments.¹³

FOD Sub-types

FOD can occur in several ways. A women may have never orgasmed in her life, referred to as anorgasmia, or Lifelong FOD,⁹ affecting approximately 10-15% of women worldwide,¹⁴ with one validated treatment.¹³ Acquired FOD occurs when a women can no longer orgasm from solo or partnered sex,⁹ often due to medication¹⁵ and has no empirically validated treatments.¹³ Situational FOD occurs in certain situations or with certain partners⁹ and is the most common FOD sub-type,¹⁶ with no empirically validated treatments.¹³

FOD and Co-Morbid Medical Conditions

Women who report FOD experience high rates of mental health diagnoses,¹⁷⁻¹⁹ prescription drug use,²⁰ anxiety,²¹ Post Traumatic Stress Disorder (PTSD)²²⁻²⁵ and sexual abuse histories.²⁶⁻²⁸ Women with anxiety disorders are 3.5 times more likely to have FOD than non-anxious women.²⁹ Premenopausal women who have Type 1 diabetes are three times more likely to experience sexual dysfunction,³⁰ and the pooled prevalence of female sexual dysfunction among women with heart failure was 56%.³¹ Moreover, FOD is the number one sexual complaint of sexual abuse survivors.²⁶

A recent study revealed that women with FOD reported 24% more mental health issues, 52.6% more PTSD, 29% more depressive disorders, 13% more anxiety disorders, 22% more prescription drug use, and 33% more sexual abuse histories than women without FOD.³²

Proposed Benefits of Cannabis as a Treatment for FOD

Fifty years of research reveals that cannabis helps women orgasm and helps women orgasm who have orgasm difficulty.³²⁻⁵³ **SUPPLEMENT 1** includes peer-reviewed research journal articles that show cannabis helps women orgasm. Numerous studies suggest cannabis *could* be a treatment for FOD and other female sexual disorders.^{34,39-40,46-48}

Summaries of 20 studies from 1970-2023 are below that reflect the proposed benefits of cannabis as a treatment for FOD. It is important to note that no studies excluded women with FOD, one study controlled for the high percentage of women with FOD⁴¹, and one study dichotomized women with and without FOD.³²

Summary/Excerpt	Citation
Cannabis is statistically significant in influencing the ability to orgasm ($p < .05$) and influencing the ability to have more than one orgasm ($p < .05$). Medical implications of this study include the possible use of cannabis for treating sexual dysfunctions, especially within women. ⁴⁷	Moser, A., Ballard, S. M., Jensen, J., & Averett, P. (2023). The influence of cannabis on sexual functioning and satisfaction. <i>Journal of Cannabis Research</i> , 5(1). https://doi.org/10.1186/s42238-022-00169-2
For women with orgasm difficulty/disorder (FOD) cannabis use before partnered sex was associated with increased orgasm frequency (72.8%, $n = 147/202$, $p < .001$), improved orgasm satisfaction (67% $n = 136/202$, $p < .001$) or improved orgasm ease (71%, $n = 132/202$, $p < .001$). ³²	Mulvehill, S., & Tishler, J. (2023, May 18-19). <i>Assessment of cannabis use before partnered sex on women who report orgasm difficulty</i> . [Conference presentation abstract]. Cannabis Clinical Outcomes Research Conference, Orlando, FL, United States. . https://ccorc.mmjoutcomes.org/2023/04/21/cannabis-helps-women-orgasm-and-increases-the-frequency-of-orgasm-in-women-who-report-difficulty-orgasming/
Improvement in female orgasm was statistically significant ($p = .0002$) for women who used cannabis. Increased frequency of	Kasman, A. M., Bhambhvani, H. P., Wilson-King, G., & Eisenberg, M. L. (2020). Assessment of the association of cannabis on female sexual function with the female sexual function index. <i>Sexual Medicine</i> ,

<p>marijuana use was associated with improved sexual function among female users, whereas chemovar type, method of consumption, and reason for use did not impact outcomes. For each step up of cannabis use intensity (i.e., times per week), the odds of reporting female sexual dysfunction declined by 21%.⁴³</p>	<p>8(4), 699-708. https://doi.org/10.1016/j.esxm.2020.06.009</p>
<p>Women who reported marijuana use before sexual activity had 2.13 higher odds of reporting satisfactory orgasms (adjusted odds ratio ¼ 2.13; 95% CI ¼ 1.05, 4.35) than women who reported no marijuana use.⁴⁵</p>	<p>Lynn, B. K., López, J. D., Miller, C., Thompson, J., & Campian, E. C. (2019). The relationship between marijuana use prior to sex and sexual function in women. <i>Sexual Medicine</i>, 7(2), 192–197. https://doi.org/10.1016/j.esxm.2019.01.003</p>
<p>Increased ability to orgasm was reported by 44% of participants (n=86/195). Of the participants who reported difficulty reaching orgasm, 50% said it was easier to reach orgasm while using cannabis.⁵³</p>	<p>Wiebe, E., & Just, A. (2019). How Cannabis Alters Sexual Experience: A Survey of Men and Women. <i>The Journal of Sexual Medicine</i>, 16(11), 1758–1762. https://doi.org/10.1016/j.jsxm.2019.07.023</p>
<p>Participants commonly reported increased sensitivity on marijuana. These changes in sensation appear to have influenced length and intensity of sex as well as orgasm. Some females reported in inability to achieve orgasm on marijuana due to lack of proper focus.^{48*}</p>	<p>Palamar, J. J., Acosta, P., Ompad, D. C., & Friedman, S. R. (2016). A qualitative investigation comparing psychosocial and physical sexual experiences related to alcohol and marijuana use among adults. <i>Archives of Sexual Behavior</i>, 47(3), 757–770. https://doi.org/10.1007/s10508-016-0782-7</p>
<p>The positive effect of moderate cannabis consumption on female sexuality includes two areas: sexual desire and sexual</p>	<p>Gorzalka, B. B., Hill, M. N., Chang, S. C. (2010). Male–female differences in the effects of cannabinoids on sexual behavior and gonadal hormone function. <i>Hormones and Behavior</i>, 58(1), 91–99. https://doi.org/10.1016/j.yhbeh.2009.08.009</p>

<p>functioning, the latter including sexual satisfaction, pleasure and orgasmic quality (Gorzalka et al., 2010).⁴⁰</p>	
<p>Frequent cannabis use was associated with difficulties in men, ability to reach orgasm as desired, but not women. In the association between frequency of cannabis use and sexual problems for men and women, inability to reach orgasm was not statistically significant for women ($p = .0770$), while it was statistically significant for men ($p = .011$). Reached orgasm too quickly was statistically significant for men ($p = .012$), but was not statistically significant for women ($p = .653$) (Table 5, p. 791).⁴⁹</p>	<p>Smith, A. M. A., Ferris, J. A., Simpson, J. M., Shelley, J., Pitts, M. K., & Richters, J. (2010). Cannabis Use and Sexual Health. <i>The Journal of Sexual Medicine</i>, 7(2), 787–793. doi:10.1111/j.1743-6109.2009.01453.x</p>
<p>Forty-three percent (43%) ($n = 16/37$) of women reported an increase in the number of orgasms experienced when using cannabis before sex. (Table 2, p. 190). The quality of orgasm was statistically significant in women ($p = .025$) with 86% reporting and increased quality of orgasm ($n=32/37$) (Weller & Halikas, 1984).⁵²</p>	<p>Weller, R. A., & Halikas, J. A. (1984). Marijuana use and sexual behavior. <i>The Journal of Sex Research</i>, 20(2), 186–193. https://doi.org/10.1080/00224498409551216</p>
<p>About 60% of the orgasmic females would be reporting enhanced quality of orgasm, controlling for as many as one third of women never or only occasionally experiencing orgasm.⁴²</p>	<p>Halikas, J., Weller, R., & Morse, C. (1982). Effects of regular marijuana use on sexual performance. <i>Journal of Psychoactive Drugs</i>, 14(1–2), 59–70. https://www.doi.org/10.1080/02791072.1982.10471911</p>

<p>The subjective impression of cannabis' slowing down time might confer on a very unusual gratification in an orgasmic experience. These effects are more common with a low dosage.³³</p>	<p>Chopra, G. S., & Jandu, B. S. (1976). Psychoclinical effects of long-term marijuana use in 275 Indian chronic users. A comparative assessment of effects in Indian and USA users. <i>Annals of the New York Academy of Sciences</i>, 282(1 Chronic Canna), 95–108. doi:10.1111/j.1749-6632.1976.tb49889.x</p>
<p>The highest percentages of positive responses pertain to increased pleasure, sexual sensations, and intensity of orgasms as well as increasing variety of sexual experiences. The implication is that there may be value in researching the use of cannabis in treatment of sexual disorders.³⁴</p>	<p>Dawley, H. H., Baxter, A. S., Winstead, D. K., & Gay, J. R. (1979). An attitude survey of the effects of marijuana on sexual enjoyment. <i>Journal of Clinical Psychology</i>, 35(1), 212–217. https://www.doi.org/10.1002/1097-4679(197901)35:13.0.co;2-k</p>
<p>As cannabis use increases, there is an increase in sexual pleasure. Daily users report the highest increase in sexual pleasure.³⁵</p>	<p>Fisher, G., & Steckler, A. (1974). Psychological effects, personality and behavioral changes attributed to Marihuana use. <i>International Journal of the Addictions</i>, 9(1), 101–126. https://doi.org/10.3109/10826087409046773</p>
<p>The effect of cannabis seems more noticeable during orgasm, there appeared to be more sensation in the genital organs.⁴⁴</p>	<p>Koff, W. (1974). Marijuana and sexual activity. <i>Journal of Sex Research</i>, 10(3), 194–204. https://doi.org/10.1080/00224497409550850</p>
<p>Our survey revealed cases of situationally nonorgasmic females following marijuana use.* There were also cases of multi-orgasm (from two different women who both stated that they never had more than one orgasm when engaged in intercourse while not under the influence of marijuana.) It seems conceivable that marijuana, with suitable psychological and sociological conditions, and taken in a light to</p>	<p>Koff, W. (1974). Marijuana and sexual activity. <i>Journal of Sex Research</i>, 10(3), 194–204. https://doi.org/10.1080/00224497409550850</p>

<p>moderate dose releases inhibitions.⁴⁴</p>	
<p>“The orgasm is more intense than usual,” was one of eight reasons offered by cannabis smokers as explanations of why using cannabis renders the sexual experience more pleasurable and exciting.³⁸</p>	<p>Goode, E. (1972). Sex and marijuana. <i>Sexual Behavior</i>, 2, p. 48.</p>
<p>Relevant characteristic effects of using cannabis before sex included new, pleasurable qualities to orgasm (p. 289). The majority of users indicated that marijuana greatly enhances sexual pleasure.⁵⁰</p>	<p>Tart, C. T. (1971). On being stoned: a psychological study of marijuana intoxication. essay, Science and Behavior Books, Palo Alto, CA.</p>
<p>Four of the women who talked with me said that they had “learned” to have their first orgasm while they were on (cannabis) and then were able to achieve orgasm straight (without cannabis).³⁹</p>	<p>Lewis, B. (1970). <i>The sexual power of marijuana</i>. Wyden.**</p>
<p>Becoming high smoking marijuana is similar in many respects to the attainment of sexual orgasm, at least for women. An overwhelming 68% replied that marijuana increased their sexual enjoyment, that their orgasmic pleasure was heightened by the drug.³⁷</p>	<p>Goode, E. (1970). <i>The marijuana smokers</i>. Basic Books.**</p>
<p>Eighty-four (84%) percent of the subjects engaged in sexual activity when using cannabis. It was apparent from the analysis on sexual activity that marijuana has a sensual effect on the subjects. They were more aware of their bodily functions and sensual pleasures. This is true of</p>	<p>Haines, L., & Green, W. (1970). Marijuana use patterns. <i>The British Journal of Addiction to Alcohol and Other Drugs</i>, 65(4), 347–362. https://doi.org/10.1111/j.1360-0443.1970.tb03954.x</p>

male and female, long and short-term users, both moderate and heavy smokers. ⁴²	
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* The influence of cannabis intake on sexual behavior and arousability appear to be dose-dependent, in both men and women, although women are far more consistent in reporting facilitatory effects ((Gorzalka et al. p. 91, 2010).

** Book. Not included in Supplement 1.

There have been no randomized controlled trials yet on cannabis as a treatment for FOD, however, FOD's co-morbid conditions of anxiety and PTSD have been approved by a number of US states for medical cannabis.

Studies show that THC, an ingredient in cannabis, significantly reduces rates of anxiety,⁵⁴ reduces traumatic memories related to trauma and PTSD by reducing activity in the amygdala,⁵⁴ and reduces cognitive distractions by inhibiting activity in the prefrontal cortex.⁵⁵ Women's amygdala activity increases at orgasm^{56,57} but decreases during ejaculation in men.⁵⁸

THC creates an altered state of consciousness,⁵⁹ whereas higher sexual responsiveness is related to altered states of consciousness.⁶⁰ Women's orgasm is considered an altered state of consciousness.^{61,62}

Cannabis Dosage and FOD

Dosage was first mentioned as an important criterion for experiencing cannabis' sexual enhancements when Dr. Erich Goode pioneered the first cannabis and sex study in 1969.³⁶ Several studies that did not evaluate dosage mentioned cases where cannabis inhibited female orgasm.^{44,48} Gorzalka et al. (2010), stated, "The influence of cannabis intake on sexual behavior and arousability appear to be dose-dependent in both men and women, although women are far more consistent in reporting facilitatory effects."⁴⁰

Conclusion

The research suggests that adding FOD as a condition of treatment for medical cannabis has the potential to reduce the persistently high percentage of women suffering from FOD and its co-morbid conditions, while improving the quality of life for women.

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