

Comments about adding PTSD as a debilitating condition

I did not serve in the military, however i have gone through severe trama and cannabis has always helped keep flashbacks at bay.

Our veterans past and present as well as people whom have suffered at the hands and person of others,have never been adequately managed in the medical model. The proof is how many people overmedicate with narcotics or alcohol just to escape the pain of their experiences. THE drugs usually end up in addiction or worse due to the relief not being consistent and in need of more and more. This burden is not only on the individual but on society as well. A natural calming agent that has unusual natural properties that treat anxiety, migraines nightmares and other symptoms would be welcomed by all of these affected and probably reduce the use of medications and other societal resources.

Cannabis has been proven effective to help treat symptoms of Post Traumatic Stress Disorder. I strongly urge you to add PTSD to the list of authorized medical cannabis ailments.

<http://www.theatlantic.com/health/archive/2012/01/the-case-for-treating-ptsd-in-veterans-with-medical-marijuana/251466/>

I have been using medical marijuana to treat chronic pain since May of 2011. At that time, I stopped using Vicodin, which had been my only relief for 10 years. Although I did not use Vicodin daily, it still took a toll on my digestive system, but immediately after beginning the marijuana, my digestive system improved significantly. Little did I know the effect this medicine would have on my mental health as well.

I experienced two very traumatic events as a child which have impacted me throughout my life. I realize now that I attempted to handle my PTSD symptoms in many ways, some healthy and some unhealthy, but still suffered through many bad decisions, experiences, and failed relationships because of my PTSD symptoms. During the past 12 months, there has been a noticeable difference in the way I am able to handle stressful situations, so I guess you could say the side effect of using marijuana to treat my chronic pain was the treatment of my PTSD, which I would say is a very positive side effect.

I used marijuana as a teen because I knew even then it helped me with my PTSD (and ADHD) symptoms. However, I stopped using it when I began working at age 16 because it was illegal. I did not use marijuana again until age 51, when I obtained my medical marijuana card. I have always had good jobs and completed my Bachelor's Degree in my 30s. I tried other medications for PTSD and related depression and anxiety, but could not function or feel normal on these medications. Last May, the same month I began using medical marijuana to treat my chronic pain, I started working on my Master's Degree and am proud to say I completed the first of two years with a 4.0 GPA, while maintaining employment. Needless to say, I am not a "slacker" or "stoner." I have never been in trouble with the law. I have not only been self-supporting, but raised two children who are now responsible hard working adults. I have never used any illegal drugs, except marijuana in my teen years, and for the past year to successfully treat my chronic pain (legally in the state, but still illegal under federal law). I have been healthier and happier because my PTSD symptoms are completely under control. I can concentrate and focus better and deal with difficult situations without experiencing PTSD symptoms. I am able to use my medicine with absolutely no side effects the next day. This medicine is natural and I can say from experience, it helps me with PTSD symptoms.

As the Director of the Department of Health, you likely already know the devastating effects of PTSD. I wanted to share some research I recently completed because I believe it is important for people to have a choice to use a medicine that may work for them. PTSD is common, prevalent and persistent, often resulting in debilitating consequences. Approximately 5% of men and 10% of women experience PTSD (Buder, Falcone, & Franco, 2006, p. 125). Of those exposed to trauma, between 15% and 30% will develop symptoms that meet the criteria for PTSD (p. 125). The National Institute of Mental Health reports one in three adults suffer from PTSD each year. The risks are much higher for veterans of war. The rate of adults with symptoms lasting at least 12 months is 3.5%. The lifetime prevalence rate is 6.8%, with severe cases accounting for 36.6% of reported cases of PTSD. Only 57.4% of the individuals who suffer with PTSD receive treatment either through healthcare or other systems (National Institute of

Mental Health [NIMH], 2012, para. 2-3). PTSD is a anxiety disorder with many symptoms including “nonspecific somatic complaints such as chronic and unexplained pain, nausea, tremors, palpitations, or mood swings” (Buder et al., 2006, p. 125). Sleep problems, including insomnia, leg movements, and confusion often interrupts sleep patterns. Chronic fatigue, irritable bowel syndrome and chronic pain are common complaints associated with PTSD. Smoking, alcohol abuse, drug abuse, depression, and suicide attempts all contribute to serious mental and physical health consequence for individuals with PTSD. Other chronic medical conditions associated with PTSD include asthma, hypertension, and ulcers (p. 125). Common mental health symptoms include “major depressive disorder, anxiety disorders, and substance abuse” (p. 125). Buder et al. (2006) report “adults who had PTSD in childhood are 2 to 12 times more likely to smoke, abuse alcohol or drugs, develop depression, or attempt suicide” (p. 125).

Although I have not yet had the chance to review the literature, I would assume it may be difficult to obtain peer reviewed research regarding the benefits of marijuana on PTSD. Because marijuana was made illegal, and because of the stigma attached to using marijuana, many people will not consider using it or may be afraid to admit use. However, it is important to note marijuana prohibition, and the negative claims and stigma are completely socially constructed. As more people learn the positive qualities and many uses of marijuana, and see the benefit in themselves and their loved ones, we will be able to obtain more peer reviewed research that shows people can use marijuana safely to treat PTSD, and many other medical and mental health conditions. By adding PTSD to the list of qualifying conditions, people will be able to live a healthier and more productive life and there will be opportunities for more research. More importantly, people suffering with PTSD right now, including a high number of veterans, will have the choice of using a medicine that will likely improve the quality of life. Without treatment, or with the wrong medicine combined with the common use of alcohol to self medicate, the results can be dangerous and life-threatening. Without the choice to use a safe and effective medicine, people may continue to suffer, or even die. The combination of alcohol and prescription drugs kills people every day. It is not safe. Medical marijuana is safe and you cannot overdose, but you will get a good night sleep without nightmares, and wake up able to live a productive life without the side effects of prescription medication or alcohol. (As a side-note, I have medical insurance and free prescriptions, yet I choose to use medical marijuana which I have to pay for myself. My medical insurance does not pay for my doctor’s appointment, medicine, or the fee to the state. But yet I chose this medicine because it works and keeps me healthy without harmful side effects. I think the fact I would pay for this option when other treatments would not cost me says a lot about the medicine. I will, in the future, advocate for insurance companies to accept this medicine as a viable options for patients.)

Although I use medical marijuana to treat my chronic pain, it has helped me manage my PTSD symptoms. If more people are able to try it, there will be increasing opportunities to obtain peer reviewed research on how marijuana can helps treat PTSD. Although I have not had the chance to research, I would guess there is a lack of quantitative research regarding PTSD because it is hard to do research when the medical condition does not meet the criteria for medical marijuana use. However qualitative research is also very important. To hear from the people who use this medicine and to find it inadvertently helps with PTSD symptoms also (including depression and anxiety) is in and of itself qualitative research. I hope you will add PTSD to the list of qualifying conditions to improve the health and wellness of the people who suffer from PTSD in Arizona. Thank you for taking the time to read this.

Sources:

Buder, K., Falcone, T. & Franco, K. (2006). Diagnosing and managing posttraumatic stress disorder, *Cleveland Clinic Journal of Medicine*, 73(2), 121-129.

National Institute of Mental Health (2012). Post Traumatic Stress Disorder Statistics. Retrieved from National Institute of Mental Health website: http://www.nimh.nih.gov/statistics/1AD_PTSD_ADULT.shtml.

Cannabis has the ability to take the edge off horrible memories. It doesn't cure the person quickly, but it can allow for healing by calming the person down first. I have lived through two fatal accidents, only survivor, and pot helps me deal with the fact I killed my girlfriend in a motorcycle accident, and my best friend dying on my lap when I was 15 years old.

I have recently been approved for a Medical Marijuana card. I was approved for something other than PTSD but I have been diagnosed with PTSD as well. I just wanted to advise of the effects of using Medical Marijuana have significantly improved my ability to maintain myself with something as simple as regular daily chores. I am a mother of 4 so I am obviously very busy and always have my plate full. My family have all been dealing with the loss of one of our children. There is nothing that can take away the pain that we feel on a daily basis but having something available to help relax your mind and body can certainly help take the edge off and actually aid in giving you that extra little push of energy when you just don't think you can do it. When you go through something so tragic and horrific, it's nearly impossible to get it out of your head. I often feel like I am always thinking about 2 things at once... 1-what I am actually doing and 2-about the daughter that I lost. It's hard to find the time to cope with our loss when life with 4 kids keeps you so busy. There have been many times I wished I could just curl up in bed and cry but there is just not time to do so. Having the opportunity to use Medical Marijuana when I get to feeling overwhelmed has given me a "breath of fresh air" feeling when I need it most. It helps keep me calm when I feel like I am just going to explode with emotion. Being a mother of 4 small children isn't ideal conditions for smoking marijuana but there are so many other options available now like candy and pastries that work perfectly fine.

I am a Veteran with PTSD, I know for me it helps me to keep calm and helps my stress level

Many veterans and residences in Arizona are suffering from PTSD. They are searching for another way to help their symptoms. Getting the people in need certified for medical marijuana would not only give patients another answer for therapy, but also an economical boost for the state of Arizona. Adding all four conditions benefits both the economy and citizens in our community.

I was treated at Jerry I Petits VA hospital in Loma Linda ca. I may have never received treatment had it not been for an alert and compassionate on duty police officer who recognized the symptoms and spoke to the judge on my behalf. Probably a Viet-Nam vet cop. who'd been in the shit too long just like these kids coming back today. PTSD is real, it was identified as such way back when, during other wars guys who had this debilitating condition back in the day was called Shell Shock or Nerves, jirky, etc it's not a joke of a condition, there are both physical and emotional melays to this thing. I control it with cannabis, pain pills leave me lethargic and too hard on the body. Cannabis is both natural and good for the body. Leaves me feeling more normal, better mindset than without it. Great for sleep and as a wake me up. Cannabis works just as the doctor recommended back in 2009 when he first diagnosed me, with chronic pain in my hip, neck and back as well as groin pain most of day. Military training accident. It has to be said that if our government treats and approves MMJ treatment for those troops who live in MMJ states. Why not Arizona recognize PTSD? We have a lot of vets coming home Mr Humble, be very careful in your decision making sir, this is no joke for real patients.

Out of all the medications prescribed to me from the Veterans Administration nothing has come close to the relief medical marijuana provides for my PTSD. I also have no adverse side effects from medical marijuana which I cannot say the same about the prescription medications. PLEASE add this to the list of debilitating conditions!!

Any person with PTSD can get great relief from marijuana. It calms the nerves and makes people feel more comfortable and not so stressed.

Helps a lot with anxiety and nightmares (disabled veteran)

I have been able to reduce significantly my reliance on pharmaceuticals by using Cannabis. I am an USMC Vietnam disabled veteran diagnosed with PTSD. I have a current Arizona Medical Marijuana Program ID due to chronic pain from Peripheral Neuropathy which is managed very well using this medication.
it should be added

Cannabis is safe and relatively non-addictive compared to benzodiazepines like Diazepam, Alprazolam, Klonazepam and Lorazepam. PTSD is often treated with these benzodiazepine drugs, especially when it

<p>is associated with panic attacks. These drugs are extremely addicting and, after regular use, these drugs have a dangerous withdrawal -- they are known to cause withdrawal effects that can give patients deadly seizures, mania, psychosis, and (unhelpfully) extreme anxiety. While I recognize that cannabis itself can cause paranoia in some users, some medical cannabis strains are less likely to cause anxiety or paranoia.</p>
<p>As a daily user of Mmj since 2004, I suffer from chronic back pain, including constant muscle spasms, also migraines since age of 21 and pms. I do not dream from use of daily Mmj. Nightmares are huge problem for veterans. Mmj will allow them to sleep without nightmares, which is invaluable to their recovery!</p>
<p>I believe it should be added</p>
<p>I believe that ANYTHING we can do for these poor individuals who are suffering due to PTSD is worth a look for sure! I cant see any reason not to allow it.</p>
<p>Hi. I have a medical history going back 27 years with a disease named 'Multifocal Motor Neuropathy/MMN'... through this I have been hospitalized on several occasions with PTSD, Depression & GAD indirectly from dealing with this ailment. Every single time I used cannabis to control these issues, I have found comfort and a pathway to recovery. Please feel free to contact me for medical records and/or Doctor names for verification of this testimony.</p> <p>Thank You in Advance</p>
<p>I am an honorably discharged, service-connected disabled Army veteran. I served in Iraq and brought home PTSD, among other injuries. There are current studies of cannabis on PTSD sufferers in Israel, Germany, Switzerland and Spain. MAPS (Multidisciplinary Association for Psychedelic Studies) has been trying to get studies approved for decades now. 27 percent of New Mexico's medical cannabis patients list PTSD as their qualifying condition. If you can't find any scientific literature on the benefits of cannabis for PTSD sufferers, YOU ARE NOT LOOKING. Once you take a look at other countries studies, then take a look at the US government's numerous patents, yes PATENTS, for cannabinoids as Neuro-protectants, antioxidants, etc, What does that say that the federal government holds all these patents on cannabis as medicine, yet keeps it a Schedule I controlled substance? This medicine HELPS. It has helped me, and literally every other veteran with PTSD I have ever met, from any conflict. Traditional treatments for PTSD are talk therapy and truly dangerous, often repurposed and experimental pharmaceuticals that empirically are not effective and often cause a laundry list of side effects that endanger the veteran and anyone around them. NO MORE VETERAN SUICIDES. Let us grow our own medicine that doesn't KILL us!!! This process of cultivating you're own medicine can also be of therapeutic benefit to a PTSD sufferer, particularly those with war trauma, because in the process you are giving life, instead of destroying it, you are feeling, caring, nurturing life instead of numbing, hating, destroying and degrading it. Its a model of reintegration as a productive member of society. We may be broken, but don't write us off after our sacrifices for this Nation. We still have much to offer.</p>
<p>I am a medical patient in AZ with a card, I am approved for Chronic Pain and Muscle Spasms, but I also have PTSD and I can state from my own experience that it is very helpful to me for the symptoms.</p>
<p>Particularly with so many veterans returning with PTSD, they should be offered every possible option to help them recover/cope.</p>
<p>I suffer from P.T.S.D., and I have used medical cannabis since the passing of SB420 in California. It's replaced the need for other medications approximately 96% of the time. It's a much safer alternative to prescription medications offered for the same type of treatment. My doctors, both psychological and orthopedic, have recommended the use of marijuana for treatment in lieu of prescription medications.</p>
<p>Its been proven to help with this condition. The amount of soldiers addicted to high opiates is ridiculous. Those pills will kill your liver where as cannabis is a safe, non lethal substance to use.</p>

Help our veterans live a more relaxed and emotional trauma free life.
I work at a certification center and have seen many veterans with PTSD not able to get certified for medical marijuana. Their condition's are severe and truly effecting the activities in their everyday lives. I personally get to see the trauma in the lives of patients suffering from PTSD. They have tried all different types of pharmaceuticals and medications. Nothing has worked for them. I think every person has the right to decide if their medical condition be be cured through Cannabis.
I know of an individual who has been diagnosed fully disabled from P.T.S.D, He has benefited from the use of Medicinal Cannabis. It wroks to reduce and eliminate his symptoms.
My wife is suffering from PTSD. It's hard for many of us to imagine the thought of not feeling safe in your own home, or managing some of lifes simplest tasks, but that's exactly what life is now like for my wife. The slightest unfamiliar noise can send her into panic and unable to relax. Over a few years I watched her go from an outgoing, cheerful person to someone emotionally detached from everyone and afraid to leave the very home she feels unsafe in. She was prescribed Xanax by her physician that left her feeling like a zombie. She was able to sleep, but unable to function much beyond that. About a year ago she decided to try medical marijuana and was able to obtain a card for the chroniuic nausea she also suffers from. It has made a dramatic difference in her life. While she still suffers from symptoms of PTSD, they are now managable. She's addicted to the prescription drugs she was given, but the use has been cut by about 80%. After 5 years of unemployment, she is now working again and rebuilding her social life. I can't stress enough how much of a difference this has made in her life. For her it's been nothing short of a miracle treatment. While marijuana may not be for everyone, I would stronly encourage the option be made available for those who suffer from similar symptoms.
I think this is a more than acceptable use as it falls in line with the others below that I have personal experience with currently as a card holder for a previously approved condition.
United States Army Retired due to wounds received in combat. The event and the injuries that happen there have had a huge impact on my life ever since. I sought treatment with the VA here in Arizona and received the best treatment they could give me at the time. I was put on several different medicines at one time to treat my PTSD , TBI and pain from my injuries. As many as 8 different pills a day at one time. The side effects from the meds were horrible and came to a point where it was detrimental to my physical health. I began to use MMJ for my pain and to get away from the Oxycontin and hydrocodone that I was on for my physical wounds. As I progressed with the MMJ I was also able to wean myself with the help of my Doctor off my SSRI and the anti anxiety meds that I had become dependent on. My out look and my health has made a nice turn around since. I use mmj as I would have any of my other meds. Only as needed. And my life has begun to return to what it was before the war. My fellow brothers and sisters that are suffering right now face the biggest killer of all US Soldiers right now which is Prescription Medicine. I beg you to look at the evidence of the help and the relief this can bring bring to us who suffer from the full effects of this long war we have fought. This is not a cure all but a wonderful tool that has and will save the lives of more of our veterans as they come home from war. Thank you, ret. ps I also beg you to look at the research done by Israel with their combat veterans suffering from PTSD.
24/7 caretaking for 3 years...5 deaths in 6 months...one a suicide...yes...that was the start of cumulative effects which led to disability awarded in 2008 which are still reverberating to this day.
PTSD is not strictly associated to serving in the Middle East. It can hit post a hostile divorce, loss of job, no medical insurance, loss of home. PTSD should be looked at today in a broader sense than that os a Vet disease. It is more and more common in everyday life particularly in a state like AZ where there are no jobs and endless foreclosures.
Should be accessible to people afflicted with PTSD.
very good decision, i know it will help, ty
I think people with PTSD could benefit from medical marijuana.

As a veteran who has seen cannabis alleviate this condition I am very happy to see this added
This seems like a no brainer to me. Something like marijuana, which can provide a generalized feeling of well being, would seem like a perfect potential treatment for this terrible disorder.
I believe PTSD is a very serious disorder and I feel I have no right to judge or take away their right to use marijuana if medically fit.
I am vet, no hero, but there's lots of heroes coming home, they pass out triprazolam, that does more harm than good, with serious side effects, when a good joint would do the trick. Been there, done that.
I am a veteran, and have been diagnosed with PTSD as well as other mental health issues. I believe that medical marijuana in coordination with therapy can be an effective component of treating this disorder. I have tried many different medications and all that I have tried have either been ineffective or have come with side effects that are as debilitating as the condition itself. For those of us dealing with traumas that came as a result of serving our country having a less invasive option for treatment will aid us in dealing with life after service and be beneficial for the community as a whole.
Having PTSD for 6 years now, I can attest that this disorder is absolutely life altering. There are therapeutic options for treatment such as Dialectical Behavioral Therapy, Cognitive Behavioral Therapy as well as Eye Movement Desensitization and Reprocessing. I have experienced all of these types of therapy provided by licensed professionals, as well as less formal therapies such as yoga and exercise. Furthermore, there are several prescriptions that can be taken for relief. I've taken some of these medications and have not found relief. I feel that PTSD should be added to the list of debilitating conditions to provide patients such as myself with another option for treatment under the supervision of a licensed physician.
It worked
PTSD should be added to the list of debilitating conditions. There is plenty of evidence that shows it is beneficial to these patients and could help lessen the need for dangerous Rx drugs that have a high overdose/death potential.
I am certified as a medical marijuana patient. I am also diagnosed with PTSD.
In using my medicine to help me control my physical pain, it has also lessened my PTSD symptoms as well.
I see no reason marijuana would do any good
As a sufferer of PTSD and a medical marijuana patient I can testify first hand that the use of this medicine for PTSD works and should be added as an ailment that qualifies for the use of medical marijuana. As a Health Care Provider in Mental Health, I do not support clouding my client's ability to think and deal with the stress and trauma of their lives. I work with substance abuse and mentally ill individuals and do not see any benefit to adding another problem to their list of diagnoses in their lives.
There should be no question about the validity of cannabis and its positive effects related to PTSD. I do not use cannabis nor do I ever intend to, but I am aware of its benefits. The vast majority of patients who would need to use marijuana for PTSD are veterans, for whom we have a moral obligation to take care of if ever injured while serving our country. If cannabis can alleviate their pain, then we as a society must do whatever we can to help them.
This condition can be "faked" too easily, We should be making medical marijuana more difficult to obtain. Protect our young people from falling into the addiction trap
My concern is that marijuana has not been approved to treat PTSD by the FDA. Marijuana should be subject to the same consideration and study as any other medicine. The FDA is the only Federal agency

<p>that approves drug products as safe and effective for intended indications. Marijuana has not been proven safe and effective to treat PTSD. The FDA has not conducted clinical trials to provide the necessary scientific data upon which it makes its approval and labeling decisions to ensure that the drug is safe and effective. If you bypass the FDA drug approval process, patients might be exposed to unsafe and ineffective drug products. The FDA has not approved smoked marijuana for any condition or disease indication.</p>
<p>Those individuals with post traumatic stress disorder receive great benefit from the use of medical marijuana to reduce many temperamental and psychological conditions commonly associated with their diagnoses. Speaking as an individual working in the department of veteran's affairs, I get first-hand knowledge as to the benefits of the substance on veterans with PTSD. It should be valid to note that the VA system has issued memos to doctors throughout their system instructing them to accept the legitimacy of medical marijuana use in veterans, especially in the treatment of post traumatic stress disorder. I very strongly support the inclusion of PTSD as a valid condition for medical marijuana use.</p>
<p>PTSD is not a condition that would benefit from the use of Medical MJ. Those who suffer from PTSD have many symptoms that the MJ would impair any ability to think rationally to someone who is already thinking irrationally. It makes no sense to issue MJ to PTSD patients.</p>
<p>Studies have shown that substance abuse among veterans that suffer PTSD is simply a way of self medicating and not a way to address their issues from their service. Smoking marijuana will only continue the denial by the individual that they need to receive professional mental health care. This is now being offered with success through the VA and other veterans affairs agencies. We will be doing a disservice to our veterans by not addressing the true issues they face each day.</p>
<p>Could you please provide some statistics on how many eligible PTSD patients we might have if this condition is added? The application is geared towards patients who have suffered battle fatigue related PTSD but what about sexual trauma victims? Victims of criminal violence? Rape victims? What about people that work in animal shelters what about their PTSD from the thousands of animals they put to sleep every year -- will cannabis be allowed for them? This is a huge category and conceivably over 100,000 new patients just from this one condition so as long as it's applied fairly and not just to veterans (who should get their medicine for free) I think this one is a slam dunk.</p>
<p>Smoking MJ only delays or avoids healing in this situation. People with this condition need medical and psychological treatment that seeks to deal with the core of the problem. Feeling relaxed and distracted does not correct the problem....only prolongs it.</p>
<p>This sounds like military downsizing via drugs. Yes, you have PTSD, and you may smoke marijuana, however, if you do we will discharge you from the military for violation of the UCMJ.</p>
<p>The risk is too great for patients to become dependent on marijuana and, since it is a proven gateway drug, it is too risky they will move on to other drugs and become addicted. There is no way to know whether you have that gene inside you to become addicted to drugs or not; why take the chance?</p>
<p>Should ADHS should even be considering adding more conditions for using a federally illegal substance?</p>
<p>I work for a substance abuse treatment facility and I see PTSD in the majority of my clients. I feel that adding this disorder to the approved list is over kill and unnecessary. I feel that instead of using a drug to help with PTSD what a person would benefit more from is trauma therapy, EMDR, and somatic experience. Otherwise we are just possible creating more addicts over time.</p>
<p>As a disabilities advocate, I can tell you the individuals that I have worked with a PTSD most of them were using marijuana when they received their injury.</p>
<p>There are current medications for this illness that work</p>
<p>This should not be accomplished until the effects of the program covering conditions at present is evaluated</p>

<p>It is not appropriate for the Arizona Department of Health Services to add marijuana as a treatment for mental or physical conditions - knowing that marijuana remains an illegal substance under Federal Law.</p>
<p>There are better, more therapeutic methods of counseling such as EMDR to deal with this condition. I am a Master Degree'd, LISAC, CADAC and have not really seen marijuana help this condition. When used with PTSD it is also used often with heavy amounts of alcohol.</p>
<p>The ease of obtaining a marijuana card is startling. Will we need intoxicators to see if people are driving stoned? Do we not have enough deaths by vehicles already? As someone with experience in counseling, PTSD is best treated by group and individual counseling, NOT drugs.</p>
<p>I believe that adding further indications for the use of marijuana in the absence of good clinical data will be a disservice to both the patient and the community. Until we have good clinical data from which we are able to base our decisions, I believe we should leave Marijuana where it belongs, and that is as a Class I controlled narcotic as indicated and regulated by the DEA. In this case, we do need to follow the lead of the federal government. I believe the position statement provided to ADHS by the Arizona Pharmacy Association, is the position your department should consider as this issue continues to progress.</p>
<p>It is not appropriate for the Arizona Department of Health Services to add marijuana as a treatment for mental or physical conditions because marijuana is an illegal substance under Federal Law. There is a huge correlation between the increase of 'medical' marijuana and increasing use of marijuana among teens. The data is very alarming as early use of marijuana greatly increases the risk for abusing other drugs and addiction. Expansion of 'medical' marijuana for use in other conditions, although allowed under the Initiative Prop 203, should only be considered in extreme situations because of the Federal illegality, increasing substance abuse risks, health and safety risks it places upon youth and other Arizona citizens. Further, the AZ Department of Health Services is not in the business of approving untested medication for treatment.</p>
<p>It is not appropriate for the Arizona Department of Health Services to add marijuana as a treatment for mental or physical conditions - knowing that marijuana remains an illegal substance under Federal Law.</p> <p>Patients with PTSD have many other options than to resort to an ILLEGAL substance!</p>
<p>It is not appropriate for the Arizona Department of Health Services to add marijuana as a treatment for mental or physical conditions - knowing that marijuana remains an illegal substance under Federal Law.</p>
<p>Anything we can do to ease the suffering for someone who is suffering because they sacrificed it all for our freedom, or anyone who was experienced a very traumatic event, should be a priority.</p>
<p>Pharmacology and effects of cannabis: a brief review†</p> <p>1. C. HEATHER ASHTON, FRCP, Emeritus Professor of Clinical Psychopharmacology The British Journal of Psychiatry (2001) 178: 101-106 doi: 10.1192/bjp.178.2.101 ACTIONS OF CANNABIS IN HUMANS</p> <p>Cannabis affects almost every body system. It combines many of the properties of alcohol, tranquillisers, opiates and hallucinogens; it is anxiolytic, sedative, analgesic, psychedelic; it stimulates appetite and has many systemic effects. In addition, its acute toxicity is extremely low: no deaths directly due to acute cannabis use have ever been reported. Only a selection of cannabis effects are described in this review; other actions are reviewed by Paton & Pertwee (1973), Pertwee (1995), Adams & Martin (1996) and many others.</p> <p>Psychological effects Effect on mood The main feature of the recreational use of cannabis is that it produces a euphoriant effect or 'high'. The high can be induced with doses of THC as low as 2.5 mg in a herbal cigarette and includes a feeling of intoxication, with decreased anxiety, alertness, depression and tension and increased sociability (if taken</p>

in friendly surroundings). The high comes on within minutes of smoking and then reaches a plateau lasting 2 hours or more, depending on dose. It is not surprising that the overwhelming reason for taking cannabis given by recreational users is simply 'pleasure' (Webb et al, 1996, 1998). However, cannabis can also produce dysphoric reactions, including severe anxiety and panic, paranoia and psychosis. These reactions are dose-related and more common in naïve users, anxious subjects and psychologically vulnerable individuals. (Psychiatric reactions including aggravation or precipitation of schizophrenia are described by Johns, 2001, this issue).

Effects on perception: Accompanying the high, and often contributing to it, cannabis produces perceptual changes. Colours may seem brighter, music more vivid, emotions more poignant and meaningful. Spatial perception is distorted and time perception is impaired so that perceived time goes faster than clock time. Hallucinations may occur with high doses.

Effects on cognition and psychomotor performance: Not surprisingly, cannabis impairs cognitive and psychomotor performance. The effects are similar to those of alcohol and benzodiazepines and include slowing of reaction time, motor incoordination, specific defects in short-term memory, difficulty in concentration and particular impairment in complex tasks which require divided attention. The effects are dose-related but can be demonstrated after relatively small doses (5-10 mg THC in a joint), even in experienced cannabis users, and have been shown in many studies across a wide range of neurocognitive and psychomotor tests. These effects are additive with those of other central nervous system depressants.

Driving and piloting skills: These effects combine to affect skills related to driving a vehicle or flying an aeroplane. Numerous studies have shown that cannabis impairs road-driving performance and have linked cannabis use with increased incidence of road traffic accidents. In the UK, USA, Australia, New Zealand and many European countries, cannabis is the most common drug, apart from alcohol, to be detected in drivers involved in fatal accidents or stopped for impaired driving. A large proportion of such drivers have not taken alcohol or have concentrations below the legal limit. For example, in two studies from the UK Department of Transport (Everest et al, 1989; Department of Environment, Transport and the Regions, 1998), no alcohol was detected post-mortem in 70% and 80%, respectively, in road traffic accident fatalities testing positive for cannabis. In Australia (Road Safety Committee, 1995) only half of surviving drivers of vehicle collisions involving death or life-threatening injuries who tested positive for cannabis had also taken alcohol. In Norway, 56% of a sample of drug-impaired drivers negative for alcohol gave positive blood samples for THC (Gjerde & Kinn, 1991). From the USA, McBay (1986) had earlier found that 75% of a sample of drivers with cannabinoids in their blood were also intoxicated with alcohol. The World Health Organization (1997, p. 15) concluded:

"There is sufficient consistency and coherence from experimental studies and studies of cannabinoid levels among accident victims...to conclude that there is an increased risk of motor vehicle accidents among persons who drive when intoxicated with cannabis....The risk is magnified when cannabis is combined with intoxicating doses of alcohol".

Piloting an aeroplane is an even more complex task than driving a car and cannabis has been shown in several investigations seriously to impair aircraft piloting skills. The results of one placebo-controlled study are shown in Fig. 4 (Leirer et al, 1991). The subjects were nine licensed pilots, highly trained in a flight simulator task, who were current cannabis users. They received a cannabis cigarette containing 20 mg THC (a moderate dose by present-day standards). This dose caused a significant decrement in performance compared with placebo and the impairment lasted over 24 hours after this single dose. Furthermore, most of the pilots were unaware that their performance was still impaired at 24 hours. Several pilots reported that they had actually flown while high on cannabis, and the authors noted that in at least one aeroplane crash the pilot was known to have taken cannabis some hours before flying and to have made a similar landing misjudgement (poor alignment on the runway) as was noted in experimental studies.

Fig. 4

Effect of smoking a cannabis cigarette containing 20 mg tetrahydrocannabinol (THC) on pilot performance in a flight simulator landing task (Leirer et al, 1991). - - ■ - - , 20 mg THC; -[UNK]-, placebo.

There is evidence that similar longlasting impairments apply to motor cyclists, train drivers, signal operators, air traffic controllers and operators of heavy machinery. However, a problem is that because of the very slow elimination of cannabinoids, there is no accurate way of relating blood, urine, saliva or sweat concentrations to the degree of intoxication of the driver or pilot at the time of an accident, no way of telling exactly when the last dose was taken and no proof that cannabis was actually the cause of an accident.

Long-term effects of chronic use: There is considerable evidence, reviewed by Hall et al (1994), that performance in heavy, chronic cannabis users remains impaired even when they are not actually intoxicated. These impairments, especially of attention, memory and ability to process complex information, can last for many weeks, months or even years after cessation of cannabis use (Solowij, 1998). Whether or not there is permanent cognitive impairment in heavy long-term users is not clear.

Tolerance, dependence, withdrawal effects: Tolerance has been shown to develop to many effects of cannabis including the high and many systemic effects, and a cannabis withdrawal syndrome has been clearly demonstrated in controlled studies in both animals and man (Jones, 1983; Kouri et al, 1999). The withdrawal syndrome has similarities to alcohol, opiate and benzodiazepine withdrawal states and includes restlessness, insomnia, anxiety, increased aggression, anorexia, muscle tremor and autonomic effects. A daily oral dose of 180 mg of THC (one or two modern, good-quality joints) for 11-21 days is sufficient to produce a well-defined withdrawal syndrome (Jones, 1983). The development of tolerance leads some cannabis users to escalate dosage, and the presence of withdrawal syndrome encourages continued drug use. Thus, chronic cannabis use can lead to drug dependence, and reports from the USA, UK and New Zealand (Roffman & Barnhart, 1987; Stephens et al, 1993) indicate that many cannabis users are now seeking treatment for cannabis dependence.

Br J Psychiatry. 2001 Feb;178:101-6.

Pharmacology and effects of cannabis: a brief review.

Ashton CH.

Source

University of Newcastle upon Tyne, Department of Psychiatry, Royal Victoria Infirmary, Newcastle upon Tyne NE1 4LP, UK.

Abstract

BACKGROUND:

Increasing prevalence of recreational cannabis use among the young population has stimulated debate on the possible effects of acute and longterm use.

AIMS:

To highlight recent knowledge of mechanisms of action, effects on psychomotor and cognitive performance, and health risks associated with cannabis consumption.

METHOD:

A brief review of recent literature on the prevalence of recreational cannabis use, the potency of modern cannabis preparations and the pharmacological actions of cannabis.

RESULTS:

Cannabinoids derived from herbal cannabis interact with endogenous cannabinoid systems in the body.

Actions on specific brain receptors cause dose-related impairments of psychomotor performance with implications for car and train driving, aeroplane piloting and academic performance. Other constituents of cannabis smoke carry respiratory and cardiovascular health risks similar to those of tobacco smoke.

CONCLUSIONS:

Cannabis is not, as widely perceived, a harmless drug but poses risks to the individual and to society.

J Addict Med. 2011 Mar;5(1):1-8.

An evidence based review of acute and long-term effects of cannabis use on executive cognitive functions.

Crean RD, Crane NA, Mason BJ.

Source

Committee on the Neurobiology of Addictive Disorders; The Scripps Research Institute; La Jolla, CA 92037, USA.

Abstract

Cannabis use has been shown to impair cognitive functions on a number of levels—from basic motor coordination to more complex executive function tasks, such as the ability to plan, organize, solve problems, make decisions, remember, and control emotions and behavior. These deficits differ in severity depending on the quantity, recency, age of onset and duration of marijuana use. Understanding how cannabis use impairs executive function is important. Individuals with cannabis-related impairment in executive functions have been found to have trouble learning and applying the skills required for successful recovery, putting them at increased risk for relapse to cannabis use. Here we review the research on the acute, residual, and long-term effects of cannabis use on executive functions, and discuss the implications for treatment.

JAMA. 2002 Mar 6;287(9):1123-31.

Cognitive functioning of long-term heavy cannabis users seeking treatment.

Solowij N, Stephens RS, Roffman RA, Babor T, Kadden R, Miller M, Christiansen K, McRee B, Vendetti J; Marijuana Treatment Project Research Group.

Source

National Drug and Alcohol Research Centre, University of New South Wales, Sydney, NSW 2052, Australia. n.solowij@unsw.edu.au

Erratum in

• JAMA2002 Apr 3;287(13):1651.

Abstract

CONTEXT:

Cognitive impairments are associated with long-term cannabis use, but the parameters of use that contribute to impairments and the nature and endurance of cognitive dysfunction remain uncertain.

OBJECTIVE:

To examine the effects of duration of cannabis use on specific areas of cognitive functioning among users seeking treatment for cannabis dependence.

DESIGN, SETTING, AND PARTICIPANTS:

Multisite retrospective cross-sectional neuropsychological study conducted in the United States (Seattle, Wash; Farmington, Conn; and Miami, Fla) between 1997 and 2000 among 102 near-daily cannabis users (51 long-term users: mean, 23.9 years of use; 51 shorter-term users: mean, 10.2 years of use) compared with 33 nonuser controls.

MAIN OUTCOME MEASURES:

Measures from 9 standard neuropsychological tests that assessed attention, memory, and executive functioning, and were administered prior to entry to a treatment program and following a median 17-hour abstinence.

RESULTS:

Long-term cannabis users performed significantly less well than shorter-term users and controls on tests of memory and attention. On the Rey Auditory Verbal Learning Test, long-term users recalled significantly fewer words than either shorter-term users ($P = .001$) or controls ($P = .005$); there was no difference between shorter-term users and controls. Long-term users showed impaired learning ($P = .007$), retention ($P = .003$), and retrieval ($P = .002$) compared with controls. Both user groups performed poorly on a time estimation task ($P < .001$ vs controls). Performance measures often correlated significantly with the duration of cannabis use, being worse with increasing years of use, but were unrelated to withdrawal symptoms and persisted after controlling for recent cannabis use and other drug use.

CONCLUSIONS:

These results confirm that long-term heavy cannabis users show impairments in memory and attention that endure beyond the period of intoxication and worsen with increasing years of regular cannabis use.

Please don't make our state more of a disaster by adding these illnesses. PTSD is a serious illness, but someone being "high" isn't a cure.

The evidence suggesting a link between cannabis use and PTSD is staggering. One study of cannabis use to treat PTSD comes from Tucson, AZ. Dr. Sue Sisley recently reviewed this treatment option and concluded that there are several reasons supporting its inclusion in Arizona's Medical Marijuana Program. Cannabis reverses some effects of stress, it decreases the frequency and severity of nightmares that can be a one of the debilitating factors of PTSD, and it provides antidepressant-like effects. The obvious question that comes from the aforementioned statement is this: why not use antidepressants? The answer is simple; antidepressants are extremely addictive and cause many side effects. A person that begins taking antidepressants may end up taking them every day for the rest of his life. Withdrawal symptoms when ceasing use of antidepressants can be worse than the original symptom itself, since antidepressants change brain structures and can cause tolerance (Fava & Offidani, 2011. The mechanisms of tolerance in antidepressant action). Whereas antidepressants can lead to reduction in neurogenesis in the hippocampus, Sisley points out that cannabis has been shown to promote hippocampal neurogenesis. Also, whereas prescription drugs and alcohol (both of which are commonly used to cope with PTSD) are highly addictive, cannabis does not carry this risk. Finally, if we look to the lead of other countries and states in accepting cannabis for treatment of PTSD, we can see that Arizona will not be doing anything new, just keeping up with the cutting-edge treatment options for a common, debilitating mental disorder. New Mexico, our neighbors to the east, allow PTSD in their Medical Marijuana Program, and Canada even supplies cannabis to their PTSD-afflicted veterans free of charge as part of their government health insurance. In conclusion, it would be a deprivation of an important treatment option if we were to deny PTSD from the list of qualifying debilitating conditions. This type of decision should be made between a doctor and his/her patient, and the state should not prevent this treatment. The significant evidence that can be found in support of cannabis use as a treatment to PTSD cannot be ignored.

<p>The only alternatives to using marijuana for PTSD are pills that make you feel dopey and alcohol. Marijuana is safer than either of these. People who have suffered extreme trauma have a right to safe, effective medicine, and deserve compassion.</p>
<p>I have seen firsthand how my combat veteran husband has benefited from medical marijuana for his PTSD. He is a legal patient in the state of Arizona due to the chronic pain that also resulted from injuries sustained during service, but since he has been able to use medical marijuana, he suffers from far fewer nightmares/flashbacks, and it helps to keep his temper in check. In addition to the benefits from the use of marijuana, he also benefits from growing it. Nurturing his garden has helped give him a sense of peace and accomplishment, something he hadn't felt in a long time. One could argue this is the case with any garden; however, I disagree: Marijuana plants are particularly conducive for this type of "therapy" due to their fast-growing, resilient nature.</p>
<p>Needs to be added. Most effective non narcotic alternative.</p>
<p>From a person that has been diagnosed by the Military and the Department of Veterans Affairs as having severe PTSD. Having to suffer through the multitudes of medications that the V.A. prescribe to "break the cycle" of nightmares, hyper-vigilance and anxiety. I can honestly say that cannabis is by far and above the treatment of choice. In the last year that I have been on the AZDHS MMJ program for severe and persistent pain, the one thing that I am truly grateful for is the sleep. Sleep that is nearly nightmare free, a huge difference in hyper-vigilance and anxiety. My outlook on life in general is worth every bit of risk with this program. My job evaluations have improved, people at work comment on how much better I am to get along with, and did I mention that I have actually started sleeping nearly all night. Before being on this program, I would be awake every 3-4 hours either with nightmares or jolting awake to get up and check around the house (hyper-vigilance). I started the MMJ program because of the ability to moderate pain due to a severe back injury and the addictive nature of the prescription pain medication I was on, but the benefits to my PTSD makes me wonder why no one is jumping up and down and shouting from the rooftops at the V.A. that "This Works" and a whole lot better than Trazadone, Zoloft and other SSRI medications. I am more productive at work, more pleasant to be around and feel immensely better than I have in nearly twenty years. I can honestly say that MMJ is not a cure, but being able to medicate responsibly for the pain and being able to sleep a whole night through is testament to this being very viable alternative for PTSD. I will advocate for adding this, definitely, because of my personal experience.</p>
<p>PTSD is not just a military caused condition. Many "life trumas" take patients over the edge, having various physical & emotional consequences.</p>
<p>PTSD is something that results in extreme psychological horror and pain. If people suffering from this disorder find that medical marijuana helps, they should be able to use it.</p>
<p>I suffer from PTSD from Vietnam 1969. I have found over many years, Marijuana is the only medication that will stop emotional pain..... No other medicine will do so..... This illness needs to be included in the schedule of illnesses with the State of Arizona.</p>
<p>I'm pro for natural cures for ongoing medical conditions. PTSD is a long-term illness that must be managed. The side effects of the prescribed medications currently used to treat this illness often negate their benefits.</p>
<p>Not a helpful use. Likely to increase symptoms of numbness and further the condition. Other treatments for hypervigilance and anxiety, such as antidepressants are safer. Psychotherapy should be the first line of treatment .</p>
<p>There is some research that suggests that marijuana exacerbates and heightens trauma symptoms, making treatment even more difficult. Use of marijuana for PTSD would be like drinking alcohol to numb out the symptoms. Marijuana is not "treatment" per se--it does not result in improvement over time.</p>
<p>Please add.</p>

This is by far the best application submitted. There seems to be strong clinical and anecdotal documentation about the use of cannabis for the treatment of PTSD. Since PTSD affects so many veterans, I cant imagine not being willing to provide this medicine to those who have served this country

yes add it,

As a psychologist, I am concerned that people with PTSD would cover up their symptoms with marijuana rather than treat their symptoms and eliminate them with known interventions that are recognized as the best practice for this disorder. Intervention approaches such as Eye Movement Desensitization and Reprocessing (EMDR) , Prolonged Exposure, and other cognitive behavioral interventions are effective treatment methods that do not interfere with healthy brain functioning like marijuana does. I support medical marijuana for medical conditions such as pain, which may have no symptom relief with any other intervention. That is not the case for PTSD. If marijuana use for this diagnosis is approved, I would hope that one requirement prior to resorting to marijuana would be that all other forms of recognized effective mental health treatment and psychotropic medications would have been tried and had failed.

Our Veterans need this medicine, and to not be told by any other man that they cannot use it once they have served their country, and have received this terrible, scary disease. Cannabis eases the mind, and it is a wellness issue. It can be used mildly to great effect. I know first hand, and feel much happier now overall with cannabis legalized for the sick. The legalization of medical cannabis itself has eased the nerves of this Marine Veteran - who served proudly with the 3rd Recon - http://en.wikipedia.org/wiki/3d_Recon (Swift, Silent, Deadly). Please consider these men and what some of them went through. The medicine works for this, and should be approved.

I was diagnosed with PTSD in 2000 after enduring three years of multiple sustained, acute life-stress events simultaneously. I felt I could tough it out, so to speak, and nothing scared me! Figuratively, in hindsight the pressure caused my brain to blow a gasket. My traumatic events were prolonged in duration rather than the stereotypical one-time tragedy to which so many of our soldiers, etc, have been exposed and the public thinks causes PTSD.

My belief from my own experience is that sustained stress takes as big a toll, or perhaps even bigger, than a singular event--our soldiers, after experiencing tragedy, must return to the battlefield. Based on my experience this likely causes more PTSD than a one-time situation ever could.

I have consulted with doctors and a reputable psychologist on many occasions for therapy. I have undergone various pharmaceutical treatments as well as homeopathic ones (www.emdr.com and its second generation, www.robertweiszphd.com (ref. "Brainspotting") Also see www.amcofh.org). The Brainspotting process, although slow in taking root, has benefited me more than any pharmaceutical even approached. I can only compare it to my brain functioning like a PC: Brainspotting slowly repartitioned my hard drive...It continues permeating my mental health today, after a couple years since my last session. The only way I can concisely describe my perpetual "fight vs. flight" feelings are to compare them to a car's tachometer: I'm always at the red line, so to speak. I take 150 mg. Effexor/day (previously Paxil, off which I weaned approx. three yr's ago--it does indeed cause suicidal thoughts; the kind where my brain could actually rationalize why it might be a viable option. I'm thankful I'm mentally mature enough to have recognized this. I can't help, though, but worry for our soldiers--they're just beyond adolescence and quite possibly might not recognize what's happening if they switch drugs frequently while trying to find the appropriate one for their individual situation.) and 1.5 mg. Alprazolam to sleep nightly (originally taking .25 mg/night: tolerance built over time). In the mornings I struggle to awaken; at night I struggle to fall and remain asleep, despite my significant medication dosage. I have seven crowns on my teeth from gritting so severely each night during sleep (and need two more), and have chewed through two "industrial strength" mouth guards in the past 10 years. All of my family otherwise has healthy smiles (and teeth). I developed a parathyroid adenoma approx. seven years ago (benign, thank God), which although no MD will definitively confirm, I'm confident arose because of stress. As a result, my body's calcium imbalance remains and I fight digestive issues constantly (much like celiac disease). After this surgery I was prescribed painkillers of varying strength, including Vicodin and Percoset. While on them, I found the only mental respite I've ever felt since being diagnosed with PTSD--it felt SO good not to feel so bad all the time! I understand how people could become addicted to narcotics. Thank God I had

the fortitude (and a great GP in whom I can confide!) to force myself to subsequently avoid them despite a couple of incidents where they'd have been justified. A close friend holds a MS in School Psychology and is a very experienced special educator; with significant exposure to young people and their families dealing with a wide variety of mental challenges. Although they are not similar to mine, her feedback about my significant alcohol consumption being a means of self-medicating to "shut down my brain" for a few hours/evening is compelling. It complements my experience with the escapism of narcotics. If medical marijuana enables people such as me to "shut down my brain" for a few hours/evening especially in lieu of self medication such as alcohol abuse, narcotics, etc., and perhaps even sleep better, those few hours of respite are most welcome. Such as the Brainspotting and other homeopathic therapies have helped me tremendously, I'm a believer that an herbal remedy is far more beneficial than any pharmacological chemistry product. Prescriptions have far more significant undesirable side effects than herbs (such as suicidal tendencies! What could be worse for someone who's taking those med's for PTSD and its associated depression and anxiety?!) The ideal scenario is for no one in the future to develop PTSD. This is unrealistic however. When considering whether medical marijuana should be added as a PTSD treatment, please consider the most recent ad for a pharmaceutical you see on television and listen to the listed side effects. The "upside" of the advertised pill's benefits cannot approach the upside that marijuana provides for people with PTSD. Likewise the "downside" side effects for those pill ads on TV sound far worse than any about which I've read that are caused by marijuana. I am happy to discuss my personal situation--and have even contacted healthcare professionals to offer myself up for study regarding my PTSD. Mine is an open book. Thank you for your consideration.

This should be added as there are plenty of studies that were done that show Medical Marijuana can be used to help people who suffer from PTSD.

I support this

Cannabis has amazing effects helping the brain "forget" traumatic injuries. The since and the research back this up. We owe it to our returning veterans to allow them to pursue this treatment option at the direction of their doctors.

<http://www.theatlantic.com/health/archive/2012/01/the-case-for-treating-ptsd-in-veterans-with-medical-marijuana/251466/>

This article does an excellent job of summarizing the medical research that has been done on veteran's suffering from Post Traumatic Stress Disorder who have used marijuana. Almost every study that has been conducted has shown positive results but Federal bureaucrats at the DEA and NIDA are blocking the needed research. Given our soldiers incredible sacrifices over the last 10 years and the unseen wounds many of them have to deal with, its vital that they have access to every possible tool. If a doctor recommends it, our soldiers should have a right to see if medical marijuana gives them needed relief.

I think it would be a much safer way of medicating people and I can see it being very effective in treating these symptoms.

I am a combat veteran and am currently a medical marijuana program patient. Over the last year I have found that medical marijuana helps with multiple symptoms of my PTSD. I feel there are many people that could defiantly benefit from PTSD being a qualifying condition

<http://www.npr.org/templates/story/story.php?storyId=126827410>

<http://www.armytimes.com/news/2012/01/ap-military-vermont-proposal-would-legalize-pot-for-ptsd-012612/>

This condition should have been without question on the original list.

AS A 2 time Iraq war vet, recently diagnosed with ptsd , and suffering from reasuring, dreams, rather nightmares, and have stopped using marijuana because of a conflict with big pharmacy pills im taking, believe that the use of marijuana would greatly help my sleep and anxieties from this.

Us vet and medical marijuana patient.