

PTSD and Medical Cannabis Programs

Post-traumatic stress disorder (PTSD) is a serious condition that involves a person developing characteristic symptoms — such as flashbacks, numbing, and avoidance — after experiencing a traumatic stressor such as a violent assault or war. Finding pharmaceutical options dangerous or ineffective, thousands of veterans and other patients have turned to medical cannabis for relief, and states now almost universally include PTSD as a qualifying condition for medical cannabis.

Upon the recommendation of an eight-member advisory board of physicians, New Mexico became the first state to specifically list PTSD as a qualifying condition in 2009. Now, all but two of the medical cannabis programs — Alaska's and South Dakota's — allow medical cannabis for PTSD. Thirty-two states specifically list it as a qualifying condition — either by statute or in regulations — while six more and Washington, D.C. allow doctors broad latitude to recommend cannabis for any serious condition. (See below for a chart of the states' approaches.) Although PTSD is not a qualifying condition for medical cannabis in Alaska the state allows all adults 21 and older to use and access cannabis.

The limitations of other medications

Pharmaceutical drugs such as antipsychotics and antidepressants are often used to treat PTSD; however, according to researchers, such medications can be ineffective or even harmful. The New York Times summarized the results of the largest study on antipsychotics use in treating PTSD, saying, "Drugs widely prescribed to treat severe post-traumatic stress symptoms for veterans are no more effective than placebos and come with serious side effects ... "[6]

Science, studies, and research

U.S. federal law has made it very difficult to conduct clinical research on cannabis' therapeutic benefits. However, research has been conducted outside the U.S., including clinical trials in Israel, where a 2012 open pilot study in the Abarbanel Mental Hospital found that "medical cannabis was associated with a reduction in PTSD symptoms." [8]

In addition, a study conducted by Canadian researcher Dr. George Fraser involved administering nabilone — a prescription drug made of a synthetic cannabinoid (component of marijuana) — to patients who had PTSD with treatment-resistant nightmares. Fraser reported, "The majority of patients (72%) receiving nabilone experienced either cessation of nightmares or a significant reduction in nightmare intensity. Subjective improvement in sleep time, the quality of sleep, and the reduction of day-time flashbacks and night sweats were also noted by some patients." $\frac{191}{1000}$

In New Mexico, a study of 80 patients who administered cannabis for PTSD, pursuant to state law, found "greater than 75% reduction in [Clinician Administered Post-traumatic Scale] symptom scores were reported when patients were using cannabis than when they were not... There is extensive evidence that cannabinoids may facilitate extinction of aversive memories." A 2020 survey of 404 medical cannabis patients with PTSD found "symptoms were reduced by more than 50% immediately

Most States Allow Medical Cannabis for PTSD

Jurisdiction	Is PTSD Specifically Listed?	Allowed by Legislation, Initiative, or Administratively?
Alabama	PTSD is listed in the law	Legislation
Alaska	PTSD is not listed as a qualifying condition for medical cannabis	N/A — However all adults 21+ may use cannabis in Alaska
Arizona	PTSD is listed in regulations	Administratively
Arkansas	PTSD is listed in the law	Initiative
California	No, the law allows broad discretion for doctors	Initiative
Colorado	PTSD is listed in the law	Legislation
Connecticut	PTSD is listed in the law	Legislation
Delaware	PTSD is listed in the law	Legislation
Florida	PTSD is listed in the law	Initiative
Hawaii	PTSD is listed in the law	Legislation
Illinois	PTSD is listed in the law	Legislation
Kentucky	PTSD is listed in the law	Legislation
Louisiana	PTSD is listed in the law	Legislation
Maine	PTSD is listed in the law	Legislation
Maryland	The law allows broad discretion for providers; regulations encourage certifying patients with PTSD	Legislation
Massachusetts	No, the law allows broad discretion for doctors	Initiative
Mississippi	PTSD is listed in the law	Legislation
Michigan	PTSD is listed in regulations	Administratively
Minnesota	PTSD allowed by rule	Administratively
Missouri	PTSD is listed in the law	Initiative
Montana	PTSD is listed in the law	Initiative
Nebraska	The law allows broad discretion for providers	Initiative
Nevada	PTSD is listed in regulations	Administratively

New Hampshire	PTSD is listed in the law	Legislation
New Jersey	PTSD is listed in the law	Legislation
New Mexico	PTSD is listed in regulations	Administratively
New York	PTSD is listed in the law	Legislation
North Dakota	PTSD is listed in the law, with limits	Initiative
Ohio	PTSD is listed in the law	Legislation
Oklahoma	No, the law allows broad discretion for doctors	Initiative
Oregon	PTSD is listed in the law	Legislation
Pennsylvania	PTSD is listed in the law	Legislation
Rhode Island	PTSD is listed in the law	Legislation
South Dakota	PTSD is not listed as a qualifying condition for medical cannabis, but the Department of Health can add qualifying conditions	N/A
Texas	PTSD is listed in the law	Legislation
Utah	PTSD is listed in the law	Legislation
Vermont	PTSD is listed in the law	Legislation
Virginia	No, the law allows broad discretion for doctors	Legislation
Washington	PTSD is listed in the law	Legislation
Washington, D.C.	No, the law allows broad discretion for doctors	Legislation
West Virginia	PTSD is listed in the law	Legislation

[1]

- Mayo Clinic Staff, "Post Traumatic Stress Disorder, Treatment and Drugs," Mayo Clinic.
- [3] B. Carey, "Drugs Found Ineffective for Veteran's Stress," The New York Times, Aug. 2, 2011.
- Press Release, "Opioids drive continued increase in drug overdose deaths," Centers for Disease Control and Prevention, Feb. 20, 2013.

http://www.cdc.gov/media/releases/2013/p0220 drug overdose deaths.html

- [5] J. Lloyd, "CDC: Antidepressant Use Skyrockets 400% in Past 20 Years," USA Today, Oct. 20, 2011.
- ^[6] Carey, Benedict, "Drugs Found Ineffective for Veterans' Stress," *The New York Times*, Aug. 2, 2011.

- Cannabis' schedule I status, a uniquely onerous approval process for research on cannabis' benefits, and the low-quality of cannabis that has been available for research are among the barriers. For details, see MPP's, "Federal Obstruction of Medical Marijuana Research" memo.
- Mashiah, Mordechai, "Medical Cannabis as Treatment for Chronic Combat PTSD: Promising Results in an Open Pilot Study," Abarbanel Mental Hospital, Israel, presented at Patients Out of Time Conference (2012).
- Fraser, George, "The Use of a Synthetic Cannabinoid in the Management of Treatment-Resistant Nightmares in Posttraumatic Stress Disorder (PTSD)," CNS Neuroscience & Therapeutics 15, no 1. (2009): 84-88.
- George Greer, et al., "PTSD Symptom Reports of Patients Evaluated for the New Mexico Medical Cannabis Program," *Journal of Psychoactive Drugs*, March 2014.
- LaFrance EM, Glodosky NC, Bonn-Miller M, Cuttler C. Short and Long-Term Effects of Cannabis on Symptoms of Post-Traumatic Stress Disorder. J Affect Disord. 2020 Sep 1;274:298-304. doi: 10.1016/j.jad.2020.05.132. Epub 2020 May 24. PMID: 32469819.