April 10, 2014

Dear Representative Pugh:

I am writing for the perspective of a community psychiatrist who has been working in Vermont for more than 10 years. I have extensive experience treating those with posttraumatic stress disorder (PTSD) and substance use disorders.

I am writing in reference to the medical dispensary bill. I am concerned about the amendment which would add "severe PTSD" as an allowed indication for medical marijuana and oppose this for a number of reasons.

First, I wish to say that I am personally a proponent of full legalization of marijuana and believe that its current prohibition destroys individual lives and communities. The damage done by prohibition far exceeds any risks of the overall use of marijuana. Until marijuana is legalized, I also would support allowing it to be prescribed for medical reasons as long as the benefits of utilization outweigh the risks for negative outcomes with this substance such as in those conditions already allowed under Vermont law.

With that being said, I have serious concerns about adding "severe PTSD" as an allowed reason for allowing the substance to be legally used for medical reasons. First, PTSD is a diagnosis that is made by subjective report of the person suffering with the condition. When a patient presents to me with PTSD symptoms, I conduct a psychiatric interview eliciting symptoms of the disorder and impairments it is having on a person's life. There is no objective test to verify the subjective report. Therefore, this diagnosis can be easily manufactured by any person who researches the symptoms, goes to their doctor and parrots back what they have read. Furthermore, there is no agreement among psychiatrists or psychologists as to what constitutes mild, moderate or severe PTSD. Therefore, each physician while have to devise their own criteria as to what constitutes "severe" symptoms, entering further subjectivity to such an evaluation. So, in sum, allowing this diagnosis to be used as an allowed condition will place physicians in the very difficult position of gatekeeper with those patients who are motivated enough to malinger symptoms to obtain a recreational substance.

Second, I am concerned that there is very little evidence to support the beneficial use of marijuana in those with PTSD. I do not doubt that there may be short-term subjective relief for individuals with PTSD who use marijuana, similar to the short-term beneficial effects of other recreational substances such as alcohol, opioids or hallucinogens. However, there is little evidence that use of marijuana is either effective or safe in those withPTSD. In fact, in my search of the medical literature, I found no studies supporting its use therapeutically. Instead, I found one study in veterans with PTSD that showed *"Compared to participants without PTSD, participants with PTSD reported significantly increased: (a) use of cannabis to cope, (b) severity of cannabis withdrawal, and (c) experiences of craving related to compulsivity, emotionality, and anticipation, with findings regarding coping and craving remaining significant after adjusting for covariates."*[1]

While this was not a treatment study, the findings are suggestive of potentially serious problems in those with PTSD who use marijuana to cope with their symptoms. To be clear, this is not a problem isolated to marijuana. Other medications which are currently legal such as alcohol, and those that are commonly prescribed to those with PTSD such as opioids and benzodiazepines, can have potential severe adverse effects in terms of worsening PTSD symptoms or significantly increasing the risk for substance dependence. I am also very concerned about the over-prescribing

and abuse of these legal substances. We know that the co-occurrence rate for substance abuse disorders in those with PTSD is as high as 84%[2]. I believe that to allow for a potentially abusable substance to be approved for use of PTSD by a political body without appropriate medical study presents potentially serious risks to those patients who are already at very high risk of abusing substances such as marijuana.

Finally, it has been my clinical experience that I am regularly approached by patient's seeking treatment with abusable substances for PTSD as well as other psychiatric conditions. Virtually all of these patients have a history of substance use disorders. I am in a position of frequently declining requests for such substances because my view of the risks of those medications. This is not always easy and often strains the therapeutic relationship. I am also aware of other clinicians who have difficulty saying "no" to patients who pressure them for abusable substances and who do prescribe them in those whom I believe are at high risk of abusing those and other substances. Based on this experience, I do not believe that physicians will serve as effective gatekeepers for those seeking medical marijuana for PTSD. I believe that for those who are determined to obtain a certification for medical marijuana, they will keep searching until they find a physician to write the certification for it for PTSD. For other patients, arguments with their physician about prescribing this substance will serve to disrupt the therapeutic relationship with their physician and cause patients to ignore recommendations for effective PTSD treatments such as psychotherapy, which though arduous, has been shown to be quite effective for this problem.

While I fully realize that PTSD is a severe affliction which often does not respond readily to the current treatments we have available, I do not believe that medicalizing a substance with clear risks, unclear benefits and potentially serious adverse outcomes makes sense. Instead, I would personally encourage full legalization and regulation of marijuana. If the legislature moves toward the full legalization of marijuana, then this would remove physicians from the fraught role of gatekeeper. Instead, we would assume the role of adviser as to the potential health benefits and risks of a person's substance use, similar to our current role in treating those who smoke cigarettes or use alcohol.

Please feel free to contact me with any questions. I can supply the references below on request.

Sincerely

Joseph A. Lasek, MD

1. Boden MT, Babson KA, Vujanovic AA, Short NA, Bonn-Miller MO. Posttraumatic stress disorder and cannabis use characteristics among military veterans with cannabis dependence. Am J Addict. 2013 May-Jun;22(3):277-84. doi: 10.1111/j.1521-0391.2012.12018.x.

2. Evridiki Papastavrou, Antonis Farmakas, Georgios Karayiannis, Evangelia Kotrotsiou. Co morbidity of Post-Traumatic-Stress Disorders and Substance Use Disorder. Health Science Journal. 2011; 5: 107-117.