

4/26/18

Simha Ravven, M.D.

Expansions of Qualifying conditions for Medical Marijuana. Commentary on S. 216

I am a psychiatrist and I have served on the Vermont Board of Medical Practice Medical Marijuana Appeals Board for three years. I am also the Senior Medical Director at the Brattleboro Retreat, and in clinical practice treat adults with a wide range of mental illness and substance use disorders. I also serve on the faculty at Yale Medical School in the Division of Law and Psychiatry.

I want to thank you for allowing me to comment on S. 216, An act relating to patient access to the Medical Marijuana Registry.

I would like to speak about proposed modifications for approved conditions for Medical Marijuana certification in Vermont.

The proposed changes to S.216 outlines broaden the definition of what conditions would qualify for a medical marijuana certificate. The proposed language reads, “other disease, condition, or treatment as determined in writing by a qualifying patient’s health care professional[.]”

In my opinion, to allow the certification of cannabis use at the broad discretion of the certifying clinician, as the above modification outlines, would be a mistake and would expose Vermonters to unnecessary risk of negative effects from cannabis without clear benefit. It is important that treatments are recommended by physicians when we know that medical science supports the treatment for the patient’s condition.

Medical marijuana should be recommended, because certification is an implicit recommendation, by the doctor or other healthcare provider, only when science reasonably supports its use. As a physician, my job is to use my knowledge and training to research and recommend the treatments that are most likely to help my patients.

I think it is likely that expansion of medical marijuana certification at the discretion of the certifying provider, would most likely be used for anxiety disorders. Many of the applications that the Medical Marijuana Board receives that are not approved are for anxiety and anxiety related conditions.

In my clinical practice, I treat adults with a wide range of mental health conditions, including Anxiety disorders. The question of whether cannabis can be of benefit in anxiety disorders comes up frequently in clinical practice. I often see people struggling with anxiety symptoms who smoke marijuana for relief. What I see most often is that my patients initially have a sense of relief from their struggles and suffering but that this is short-lived. The symptoms

(nightmares, low mood, social anxiety) return or intensify and they smoke more marijuana to counteract this – entering a maladaptive cycle. I often work with people to stop marijuana use that frequently become problematic and negatively effects family relationships and work. There are many treatments (therapies and medications) that are not-habit forming or sedating that are highly effective in treating anxiety disorders. Both my clinical experience, and the research have shown more benefit from these.

I have reviewed the recent literature on cannabis use for medical and psychiatric conditions. A recent review article, in the Journal of the American Medical Association, synthesizing the last decade of research, found that there is high quality evidence for marijuana use to treat nausea and vomiting (often related to chemotherapy, low appetite, chronic pain that has not responded to other treatments, neuropathic pain, and symptoms related to multiple sclerosis. These are all qualifying conditions for which Vermonters can apply for medical marijuana use and be approved to use it.

We know that the consequences of chronic cannabis exposure include tolerance, dependence, and withdrawal. Early and persistent marijuana use has been associated with increased risk of development of psychosis. Marijuana impairs attention, memory, IQ, and driving ability. A 2014 Study in the Journal of Neuroscience found significant structural changes in the brains of young adults who used marijuana occasionally. These changes were in the amygdala, a structure in the brain associated with emotion and the nucleus accumbens, a part of the brain that processes desire and reward.

To allow certification of cannabis use for conditions essentially at the discretion of the healthcare professional would expose Vermonters to potential risk and side effects of cannabis use without a reasonable expectation of benefit – and relief from symptoms – or cure of their condition. It is important that physicians and healthcare providers use and recommend treatments that science shows us will likely be helpful. The conditions that we KNOW respond well to cannabis are allowed in Vermont. This is a good thing. We do not want people to be exposed to negative effects of cannabis when it's not likely they'll get real benefit or relief, and other good treatments exist that don't have the same risks.

*Medical marijuana use should be limited to those conditions where we have reasonable confidence that it will provide benefit and relief from symptoms.*

*I would like to thank the committee for hearing my thoughts and experiences.*