

# Minnesota Medical Cannabis Program Petition to Add a Qualifying Medical Condition

## Making your petition

- Any person may petition the Minnesota Department of Health ("the department" or "MDH") to add a qualifying medical condition to those listed in subdivision 14 of Minnesota Statutes section 152.22.

**Petitions are accepted only between June 1 and July 31, each year.  
Petitions received outside of these dates will not be reviewed.**

**Petitions must be sent by certified U.S. mail to:**

Minnesota Department of Health  
Office of Medical Cannabis  
P.O. Box 64882  
St. Paul, MN 55164-0882

- You must mail the original copy of the petition with an original signature.
- Complete each section of this petition and attach all supporting documents. Clearly indicate which section of the petition an attachment is for.
- Each petition is limited to one proposed qualifying medical condition.
- If a petition does not meet the standards for submission, it will be dismissed without being considered.
- If the petition is accepted for consideration, MDH will send the petition documents to the Medical Cannabis Review Panel ("Review Panel"). MDH staff will also provide information to the Review Panel about the proposed qualifying condition, its prevalence, and the effectiveness of current treatments.

## Petition review process

- The Review Panel meets at least once a year to review all eligible petitions.
- MDH will post notice of the public hearing on its medical cannabis website.
- After the public meeting and by November 1, the Review Panel will provide the Commissioner of Health its written report of findings.
- The Commissioner will approve or deny the petition by December 1 of the year the petition is accepted for consideration.

- You may withdraw the petition before the Review Panel's first public meeting of the year by submitting a written statement to the Department stating that you wish to withdraw it.

Section A: Petitioner's Information			
Name (First, Middle, Last): [REDACTED]			
Home Address (including Apartment or Suite #): [REDACTED]			
City: [REDACTED]		State: MN	Zip Code: [REDACTED]
Telephone Number: [REDACTED]		Email Address: [REDACTED]	

Section B: Medical Condition You Are Requesting Be Added
<p>Please specify the name and provide a brief description of the proposed qualifying medical condition. Be as precise as possible in identifying the condition. <b>Optional:</b> Include diagnostic code(s), citing the associated ICD-9 or ICD-10 code(s), if you know them. <i>Attach additional pages as needed.</i></p>
<p>I propose that Treatment Resistant Depression (TRD) ICD-10: F32.9 be considered as a qualifying medical condition to receive medical marijuana as defined by subdivision 14 of the Minnesota Statutes section 152.22. Treatment Resistant Depression is defined as being a major depressive disorder which is resistant to two or more antidepressants from at least two different classes of antidepressants.</p>

**Section C: Symptoms of the Proposed Medical Condition and/or Its Treatment**

Describe the extent to which the proposed qualifying medical condition or the treatments cause suffering and impair a person's daily life. *Attach additional pages if needed.*

Treatment Resistant Depression (TRD) can be crippling to an affected person's life. This disorder can be life threatening. Persons which are diagnosed with TRD experience suicidal thoughts and behaviors which may include self-harm, attempted suicide, and suicide. TRD patients may also struggle with daily activities such as eating, sleeping, routine hygiene, and general household tasks.

Once a depression patient is labeled as treatment resistant, the next treatment option is often Electroconvulsive Therapy (ECT). ECT is defined as a procedure, done under general anesthesia, in which small electric currents are passed through the brain, intentionally triggering a brief seizure. Common side effects of ECT include confusion, retrograde amnesia, nausea, headaches, jaw pain and muscle aches. ECT is not a one-time treatment. To be effective in the treatment of TRD, a patient must continue to use ECT as often as twice a week. Many people who use ECT as a treatment method for their depression do many session close together in the beginning of their treatment and then slowly start to continue their ECT treatments fewer and farther apart.

**Section D. Availability of conventional medical therapies**

Describe conventional medical therapies available and the degree to which they ease the suffering caused by the proposed qualifying medical condition or its treatment. *Attach additional pages if needed.*

Typically, the treatment for a major depressive disorder starts with antidepressants and talk therapy. In cases of Treatment Resistant Depression, antidepressants are not effective (or not effective enough) in treating the depression. The next step after a patient is considered treatment resistant is Electroconvulsive Therapy (ECT). ECT often requires additional medications to alleviate the symptoms it causes. It is a risky procedure which essentially induces a seizure in an effort to correct self-harming behavior caused by depression. This procedure is risky and very little is known about its actual effects on the brain and how exactly it treats depression.

**Section E: Anticipated benefits from Medical Cannabis**

Describe the anticipated benefits from the medical use of cannabis specific to the proposed qualifying medical condition. *Attach additional pages if needed.*

"Marijuana actually helps the brain to grow new cells. When oxygenated through The Marijuana Response, the brain thrives and expands. Along with appropriate exercise, diet, and moderation in lifestyle, over the long term, Marijuana Therapy is a most basic and beneficial remedy for Clinical Depression. Cannabinoids promote embryonic and adult hippocampus neurogenesis (brain cell growth) and anti-depressant-like effects." Reference: Journal of Clinical Investigation, Nov 1, 2005

Medical marijuana can be helpful in treating Treatment Resistant Depression in some patients. For many people this may be their only hope.

**Section F (optional): Scientific Evidence of Support for Medical Cannabis Treatment**

It will strengthen your petition to include evidence generally accepted by the medical community and other experts supporting the use of medical cannabis to alleviate suffering caused by the proposed medical disease or its treatment. This includes but is not limited to full text, peer-reviewed published journals or other completed medical studies. Please attach complete copies of any article or reference, not abstracts.

***I have attached relevant articles.*** (check box if you have attached scientific articles or studies)

**Section G (optional): Letters in Support of Adding the Medical Condition**

Attach letters of support for the use of medical cannabis from persons knowledgeable about the proposed qualifying medical condition, such as a licensed health care professional.

***I have attached letters of support.*** (check box if you have attached letters of support)

**Section H: Acknowledgement and Signature**

*Please Note: Any individually identifiable health information relating to any past, present, or future health condition or health care contained in this Petition is classified as a health record under Minnesota Statutes §144.291, and is not subject to public disclosure.*

**I certify that the information provided in this petition is true and accurate to the best of my knowledge.**



SI

07/10/2016  
DATE (mm/dd/yyyy)

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# Medical Marijuana for Psychiatric Disorders

Can a joint a day keep the psychiatrist away?

Posted Mar 11, 2013

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## Medical Marijuana for Psychiatric Disorders

*The following is a transcript from the podcast *Optimal Living with Dr. Jeremy Spiegel* available at [www.cascobaymedical.org](http://www.cascobaymedical.org).*

Welcome to Optimal Living. In today's podcast I'm going to make the case for medical marijuana in the treatment of psychiatric disorders.

First I want to give you a general defense of medical marijuana. Then, I'll tell you what I've seen in my own practice. Finally, I will explain in brief three studies, two for anxiety and one for depression where medical marijuana has been of great benefit.

It's generally true that little stories, one specific case after another, add up to an enormous amount of what we call anecdotal evidence. And in medicine anecdotal evidence is often sufficient to guide treatment, or at the very least, to initiate further

investigation. In the case of medical marijuana, and contrary to the belief of many physicians, much of that investigation has been already done.

So does your own doctor know about the research?

Marijuana as a treatment has not been studied by them due to political factors. Which, ridiculous as it sounds, is like a scientist shunning a particular chemical system in the body for reasons that have nothing to do with science.

Imagine a family practitioner who in his total person evaluation of a patient skips over the organs which exist 'below the belt' because when activated they have some tendency to cause people to feel different from how they are when they're, say, quietly waiting on line at Chipotle. The sex organs might make these same people joyful even. They might giggle. They could feel tightly connected to another person. Just imagine that whole bodies of information should vanish, the specialties of Urology and OBGYN, much maligned due to the stigma of these other effects of these potentially consciousness expanding sexual organs.

Consider this. The anti-medical marijuana lobby contends that because pot has been used recreationally it has no place within medicine's treatment armamentarium. Clearly this kind of argument bears little merit since marijuana has not only wide clinical application, but because certain strains and formulations may be targeted towards the specific conditions warranting therapeutic effects, say, Crohn's Disease, or glaucoma.

Not to mention, such a naïve and reactive view ignores a natural and critical regulating system which every human body has built in to our physiology—the body's natural cannabinoids and cannabinoid receptors—the endocannabinoid system. This system—even in the total absence of marijuana plant material—regulates mood, memory, appetite, and pain sensation. The plant-based or what's called phytocannabinoids merely serve to enhance these already present processes in the body.

Let me give you two brief examples of cases that I've encountered in my practice over the past year.

There was a young person in my Boston area office who suffered needlessly owing to the fates that gave him a cancerous tumor in a place that is very difficult to get to

surgically. Yet his world-class physicians at a premier medical center pooh-pooed the idea of his use of marijuana as medicine.

Why should this be? If his prejudiced doctors were blind to this medicine's much maligned past and route of administration—in this case vaporizing—they would be ecstatic that there were something their patient could take to improve his diminished appetite, chronic nausea, demoralizing pain, as well as—to be honest—the will to live.

I'm really not sure why the doctors were so nervous about the use of medicinal marijuana.

In another case I had a patient who had been on multiple agents for depression, the usual medications we employ when talk therapy just doesn't seem to operate fast enough to reverse the lack of appetite, flagging energy, bankrupt motivation, and dark moods which take hold of a person and don't let go until they're curled up in bed all day with thoughts of death, unable to function at their job or in their relationships.

After years of feeling like a human guinea pig having been switched from one medicine to another, combining a few and suffering the slings and arrows of medication side effects and even antidepressant withdrawal symptoms, she decided to use medical marijuana to treat her depression and anxiety. And while yes, of course, she is the same person she always has been—struggling with the same issues around love and neglect and abandonment—her moods, motivation and outlook are significantly improved by daily use of marijuana.

As soon as my eyes became open to the possibility of marijuana's capacity to improve depression in some people, I began to see more and more of it. I permitted my own years-long prejudices to move aside so that I can see more clearly what is right before my eyes.

In fact, cutting edge medicinal marijuana research suggests a joint a day might keep your psychiatrist away.

In a study published by researchers at University College London in a January volume of *Psychopharmacology* researchers showed forty-eight human subjects a colored box. Shortly after seeing the box, they were given an electric shock. It's no surprise that after

a few rounds of this small torture, just the sight of the box itself could easily elicit a physical fear response in the participants. The fear would come with the box, even if the shocks no longer followed.

In this study the researchers employed this technique called classical conditioning. Let's review for a moment. Remember those dogs, Pavlov's dogs, you learned about in Psych 101? Pavlov classically conditioned dogs to salivate upon hearing the ringing of a bell. Under usual conditions dogs salivate when they're about to eat food. But because by ringing the bell at feeding time, ringing began to be tightly associated with the presentation of food, you could at some point remove the food from the equation and you'd still get the dogs to salivate.

Now, once you've conditioned the dogs to do this, removing this response is called extinction. And there are different ways to achieve extinction. In this marijuana study the researchers wondered if by administering to the human subjects a major constituent of marijuana, cannabidiol, or CBD, if extinction could be more robust and sustained. In other words, can CBD from cannabis undo the fear, the anxiety, the physical response to the conditioned stimulus? The answer from this research was an unambiguous 'yes'.

CBD from marijuana was able to successfully maintain extinction in this study which had a double blind placebo controlled design. As psychiatrists we are very careful to say something works as a therapy especially if it passes the standardized test of double blind placebo controlled trials. If a medicine passes this test we can safely prescribe the medication and feel secure about it.

For some medical marijuana is helpful, not curative. But others have been able to completely eliminate their dependence on other medications altogether.

Think about it, though. If you closely examine the use of conventional treatments, you will notice the same distribution, the same bell curve. There are those for which a single medication, what we like to call monotherapy, is effective; others need augmentation with additional medications; and some squeak by with a lessening of symptoms but far from what might be called a vast improvement. It's no different with medical marijuana than it is with the standard canon of psychopharmacological agents.

When we see nicely designed scientific clinical studies it's impressive because someone took time and put thought into its design to yield information we hadn't had prior to the study's implementation. From this the authors generally suggest the next step to take for further research based on the outcome of this original one.

Let me just mention another study involving anxiety. This one is from 2008 involving subjects whose brains were scanned by a special type of MRI, the administration of a primary constituent of cannabis, specifically THC, significantly reduced the anxiety and extinguished fear in subjects who were exposed to pictures of threatening faces. The activity of a part of the brain, the amygdala, which is involved in recognizing threat and processing fear, was significantly reduced with the presence of THC.

Let me put this into some context.

Researchers use functional imaging so they can study activity in parts of the brain under certain conditions. When a threatening face is shown to a subject, the activity in the amygdala increases, the image on the screen brightens so you can see physically a direct correlation between an emotional state and what's going on in the brain.

So if the activity increases naturally under the specific circumstance of seeing a picture of a threatening face, then logic would have it that something with an anxiolytic or soothing, calming effect, should reduce that activity. And that's precisely what the THC from marijuana does.

Anxiety is one thing, and even skeptics of medical marijuana within the medical community might allow that cannabis has a significant anxiolytic effect. But depression? That would seem to be another matter entirely.

Yet it isn't much different at all.

One impressive piece of evidence for marijuana's benefit for depression comes to us from a 2006 study published in the journal titled Addictive Behaviors. Here researchers compiled data from over four thousand questionnaires of depressed patients and marijuana users, and determined that those who smoked daily or even less often, also reported less depressed mood and more positive affect than non users.

Here is where the beginning of a new understanding emerges. What I mean is, that if you expect that depression only improves by certain methods, you might begin to make excuses for why what we're seeing in the study couldn't actually be. Yet if you judged data with an open mind you might then be able to recognize a pattern emerging of people whose moods improve with regular use of medical marijuana. A mind closed to even this possibility will guarantee you'll remain forever blind to it irrespective of the data.

It's true, anecdotal evidence for marijuana's benefit in psychiatric disorders is by itself useful to guide us to try using it for intractable disorders, that is, when conventional treatments have already been tried but were inadequate in their effectiveness.

But as more and more scientific evidence of marijuana's benefits emerges, the reasonable and judicious clinician can feel increasingly comfortable utilizing this medication for very specific psychiatric disorders, either adjunctively—as an add on therapy—or as sole treatment.

Science, not politics or prejudice, must be our guide. We must look with our own eyes without fear or prejudice. Only then can anyone expect to receive the best treatment possible.

This has been Optimal Living with Dr. Jeremy Spiegel. Optimal Living is sponsored by Casco Bay Medical, The Northeast's Most Thoughtful Practice.

## Top 5 Mental Conditions Treated with Marijuana

Posted by Jay Smoker at 9:34 PM on August 12, 2011

Sufferers of many different types of ailments have found relief with the use of medical marijuana, but most particularly those afflicted with mental conditions. When paired with a good psychiatrist, with an accredited psychology degree, medical marijuana is a very effective and natural remedy. Below you will find the top five mental conditions which have proven to be treatable with medical marijuana.

### 1. Insomnia

Those suffering from insomnia should consider ingesting medical marijuana. A cookie or brownie can be taken before bed with a glass of milk, and should ensure good sleep throughout the night. Users should be aware that the effects of medical marijuana will not be felt for up to an hour. Medical marijuana is a desirable alternative to addictive drugs such as Xanax, and is not habit forming. Many users report feeling clear-minded and relaxed, sleeping through the night, and having more pleasant dreams.

### 2. Migraines

Migraines can also be treated with medical marijuana, sometimes better than actual migraine medication. When consumed or smoked, retrograde inhibition will help to slow the rate of neurotransmitters in the brain. This is wonderful news for people who suffer from migraines—all too often, these horrific headaches are due to an overload of neural stimulation. Retrograde inhibition also relieves the pain and other symptoms which attend a full-blown migraine, including nausea and sensitivity to lights. Additionally, migraine medication has been flagged for dangerous side effects, including increased blood pressure. Migraine medication can also be rather debilitating to take, as it makes the user feel very tired and only want to sleep. Medical marijuana can make some users feel slightly sleepy but the doze can be adjusted so that the migraine sufferer will still experience relief from pain, nausea, and hyper-sensitivity, while not becoming as drowsy as they would with the alternative.

### 3. Anxiety

Mild anxiety is sometimes a side-effect for users, but some people experience mood-elevating effects, as well as a relaxing experience, allowing anxiety sufferers to have a

normal life. Medical marijuana can also cause a desirable “slowing” down of thought processes, which can help to break up some of the upsetting cyclical thought patterns which plague anxiety sufferers.

#### 4. Depression

Those who use marijuana once or more weekly have long reported fewer episodes of depression than the rest of the populace, but medical marijuana can also be smoked or ingested to elevate the mood and relieve those who specifically suffer from depression. As in anxiety sufferers, the lasting effects of medical marijuana help to break characteristic unproductive or negative thought cycles which so often spiral out of control for the sufferer until they hit “rock bottom.” Marijuana is not a miracle cure for depression or anxiety – it would not be healthy to mask the root problem instead of treating it – however, it can help one to live a happier, more fulfilling life while the patient works with a therapist to treat the root of their symptoms.

#### 5. Bipolar Disorder

The friends and family of those with Bipolar Disorder will welcome this news as much as the sufferer – medical marijuana can significantly calm the mood swings exhibited by those with Bipolar Disorder. Cannabis works as a mood stabilizer for sufferers. Lithium, which has traditionally been diagnosed for sufferers, takes several weeks to begin working and also causes damage to the heart, kidneys, and thyroid gland. Often sufferers do not like to take their lithium, as it reins their emotions in to an unpleasant, deadening degree, an unpleasant effect not experienced by those who use marijuana instead. The marijuana smokers report feeling a pleasant effect long after the “high” itself has dissipated – this is the mood stabilizing effect of the drug.

In conclusion, medical marijuana should be of note to all those who are suffering from mental disorders, particularly the above mentioned five. Medical marijuana provides us with a safe, natural alternative to dangerous, habit-forming drugs. Many medicines traditionally prescribed by doctors actually damage the body and mind with long term use. Additionally, most people suffering from one health condition or another take more than one medication, and all too often these medications interfere with each other, exacerbating health problems, especially when the patient’s physicians are not in good contact with one another. Of course, when considering any sort of medication, be it marijuana or otherwise, you should be sure to consult with your physician first.

Marijuana deserves a second look for its medical applications. When used in conjunction with a good psychology program, medical marijuana is a natural, more affordable, and safer way to treat many mental health conditions.

Courtesy of the Medical Marijuana Blog

<http://www.theweedblog.com/top-5-mental-conditions-treated-with-marijuana/>