## 2022 MN Medical Cannabis Program Medical Condition Petition Comments

Written comments received through October 5, 2022  
(Organized by medical condition)

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### Gastroparesis

Please add Gastroparesis.  
KS

I am currently a medical cannabis patient for my incurable pain. Due to my high levels of pain medicine I’ve been forced to take over the years I have also now been diagnosed with gastroparesis. I see this diagnosis is on the possible list for approved conditions and I just wanted to leave some hopefully helpful feedback. One year ago I began vomiting daily due to this condition and while dropping my pain medicine dosage down and supplementing with medical cannabis to bridge that gap of pain- I have been successfully able to cut my pain medicine in half and medical cannabis helps my nausea and vomiting. It’s truly the only time of day I can eat actual food is after I’ve used my medical cannabis medication. It saves lives. I wish it could be more affordable so I could purchase more and get off my pain medicine. I pray the costs get lowered someday.  
BW

As a homeowner in St. Paul, a person living with gastroparesis and a medical user - adding gastroparesis as a qualifying medical condition would greatly improve my daily life.

I strongly agree with the petition to add gastroparesis as a qualifying medical condition for medical cannabis.  
SS

I'm a long time sufferer of gastroparesis and I've tried to get a medical verification but it was not on the list of qualifying conditions. My Dr said I would be a very strong candidate for medical marijuana because I will say when I use I no longer have the nausea and vomiting that comes with my condition, I was too the point I was seen in the ER 17 times in less than a year due to my gastroparesis, vomiting for days at a time, but when I smoke I can eat and I don't get
sick as often so I would love to see this added to the list because there are many benefits of medical marijuana.

MH

As someone diagnosed with gastroparesis I support adding gastroparesis to the qualifying conditions. Existing pharmaceutical treatments are limited, harsh, and often interact with other pharmaceuticals. Many sufferers of this condition already self medicate and going through this program would allow them to select strains that best address their needs.

BB

Irritable Bowel Syndrome/Irritable Bowel Syndrome with Diarrhea

As someone who has suffered from irritable bowel syndrome for most of my 78 years, I support adding this condition to qualify for medical cannabis.

DS

I have a son with irritable bowel syndrome with diarrhea who has nausea every morning due to his diagnosis and he is helped by marijuana to stop the nausea. Please consider adding irritable bowel syndrome with diarrhea to the conditions for medical marijuana.

EP

I suffer from IBSD along w severe chronic pain. Medical Cannabis has been wonderful & I think it would be good to include IBSD.

LW

Please add Irritable Bowel Syndrome (IBS) to the list of qualified conditions for medical cannabis. As a long time suffer of IBS there are very few things that can ease the discomfort of IBS, as well as maintain a continual appetite.

SH

Please add irritable bowel syndrome (with or without diarrhea) and obsessive-compulsive disorder to the list of qualifying conditions.

WWW

Please add IBS and OCD to lists of qualifying Health issues for medicinal cannabis! Please

BS

Obsessive Compulsive Disorder

I have now been with the Minnesota Department of Health marijuana program for some time I am on it for chronic pains severe achilles tendonitis patellar tendonitis TMD love the jaw but I also suffer from a bit of anxiety and oh yeah OCD ever since I was very young I am on this for chronic pain but I will let you know that I have seen doctors since I was very young prescribed
everything benzodiazepines Ritalin nothing is ever helped my OCD as much as medical marijuana that being said it is a slippery slope I am a pajama smoker never leaving the house or driving on it feeling that the morning and afternoon it's still in my system helping me with my OCD I really do believe this should be added I'm already on the program so not trying to promote anything to enable me to be on it thank you for listening and your time this should be pushed forward DA

Please add irritable bowel syndrome (with or without diarrhea) and obsessive-compulsive disorder to the list of qualifying conditions.
WWW

I support adding obsessive-compulsive disorder to the list of qualifying conditions for medical cannabis in Minnesota. My wife suffers from severe OCD and has found that cannabis reduces it's severity greatly.
S

Please add IBS and OCD to lists of qualifying Health issues for medicinal cannibus! Please BS

Attached [note: see attached letter at end of document] are my comments on the petitions to consider Opioid Use Disorder and Obsessive Compulsive Disorder as qualifying conditions for the Medical Cannabis Program. I am licensed to practice medicine in the State of Minnesota.
George Dawson, MD, DFAPA

Thank you for accepting the petition to add Obsessive Compulsive Disorder (OCD) to the qualifying list of conditions for the Minnesota Medical Cannabis Program. I am writing to share my comments on the petition and strongly urge you to add OCD to the program.
I am a husband, parent of two daughters in college, and working professional who has been living with OCD since 1987. From my diagnoses to today, life has been filled with wonderful events and milestones, all of which I am grateful for, but my quality of life has been adversely affected by OCD.
The following is brief information about living with OCD.
I have done exhaustive research over the last 30 years in an effort to find a medical treatment to help reduce my symptoms and improve quality of life. I have tried every available prescription medication and psychotherapy including what is said to be the gold standard of treatment, cognitive behavioral therapy in conjunction with medication. None of the treatment options have worked for me.
My daily life consists of constant fear and stress, practically the only time I am free of the symptoms is when I am sleeping. Otherwise, for about 18 hours a day, I am constantly working to overcome the symptoms that I deal with day to day. It is exhausting.
Symptoms include intrusive thoughts and fears of contamination, and as a result all kinds of compulsive behaviors to try to overcome the obsessions. This is all just within my home. I spend
most of my time at home, in part because I work from home, but also due to limitations brought on by OCD.

I can’t move freely or normally within my home because I get stuck and freeze in place due to the symptoms. Until I can come up with a compulsion that works to get past the obsession, I am in constant fear and stress. I have not touched on life outside my home, it is equally challenging if not more.

Physically, my OCD affects quality of life as well. Since about 1997, I have experienced adverse effects. Main issues are digestive system and difficulty with urination. I have had both issues treated medically, with countless visits to doctors for treatment, but my ailments still remain.

On four to five nights a week, in order to get to sleep, I take an over-the-counter remedy for my digestive system which is unsettled and uncomfortable and only allows for sleeping on my back. At the same time, I am challenged by the need to frequently urinate but emptying my bladder takes an inordinate amount of time and both issues disrupt sleep.

Every morning, it takes me 20 – 30 minutes to urinate and empty my bladder. During the day, it takes at least 5 minutes to urinate. If I don’t do certain relaxation techniques to empty my bladder, it will not empty and if there is a time element involved and have to leave the bathroom, I am left with having the urge to urinate once again. This is just within my home. If there is an opportunity to go to an event, for personal or business, I have to consider whether to go or minimize my beverage intake because it’s pretty much impossible to urinate or empty my bladder. In these settings, I can go to urinate but can’t finish, leaving me once again with a constant feeling of having to go to the bathroom.

As mentioned, the above is just brief information about living with OCD. There is far more I deal with.

From a physical perspective, in discussing with medical professionals and based on research studies, the issues I deal with stem from chronic stress that leads to maladaptive adjustment to my body systems that includes pathological effects on metabolism, vascular function, and nerve systems, all of which are factors in my digestive issues and urinary dysfunction.

On the rare occasion I have had proper access to medical marijuana, after taking it, I don’t have any issues urinating as I can empty my bladder as normal and go to the bathroom as normal. In short, a huge relief and remedy that improves quality of life. The medical marijuana is also a remedy to the constant state of stress my body is in, it allows my body to relax in a way that I have not felt in over 30 years.

From a mental end, medical marijuana also helps reduce my symptoms. As a medicine, relative to OCD, I can best describe it as providing my brain a reasoning and rationale function to overcome any obsessions brought on by OCD. Based on my research and medical marijuana I have tried, there are certain type of strains that work best. Without access to medical marijuana, people like me living with OCD don’t have an opportunity to work with medical providers to find the right strain and dosage.

Minnesota’s current legal access to products with .03% THC is helpful but it does not provide the same medical remedy as real medical marijuana. I am currently taking, or microdosing, a legal product that helps some with sleep and relaxation but again it does not provide the same relied, in fact it’s not even close.
My last comment is this...when I started out researching OCD in and around 1990, the average time it took for a person with OCD to find proper treatment was 14 to 17 years. Today, over 30 years later, the average time is still 14 to 17 years. The timeline is well documented. It has not changed and that’s a sad commentary on many fronts. Including OCD as a qualifying condition for medical marijuana will provide people with OCD a treatment option that not only works but can help address the unacceptable amount of time it takes to get proper treatment.

Should you hear from healthcare practitioners urging you not to approve OCD as a qualifying condition, their comments should not be the basis of making your decision. I do not have an issue with healthcare practitioners, we need them and I support their work. The issue is a systemic failure, certainly one that affects decision making that fails to include real data and experience such as myself as a patient, but literally a failure of OCD as a disorder that affects the body as a whole.

I strongly urge you to add OCD as a qualifying condition and improve quality of life for those living with OCD.

RH

Please find comments from Allina Health on the proposed additions to the list of qualifying medical conditions for Minnesota’s Medical Cannabis Program attached [note: see attached letter at end of document].

DD

**Opioid Use Disorders**

I support the adding of opioid disorder to the list of qualifying conditions for medical cannabis in Minnesota. My son was approved due to his Tourette Syndrome in July of 2015. He was on strong opioid medication due to very strong motor tics of his neck. He had been on this medication for several years. After going on the cannabis he was able to get off the opioid meds in 3 months.

Cannabis has changed his life for the better.

CP

After having gone threw 9 years of pain killer use under medical prescription for pain I know that the use of cannabis would help ease the withdrawl side of it. I only use cannabis now.

TB

As the parent of an adult child with Tourettes, I fully support adding Opioid Disorder to eligible conditions for medical cannabis. My son had terrible neck motor tics, for which he was prescribed opioid medication to treat the terrible neck pain. After being approved for medical cannabis in July of 2015, he was off opioid meds after 4 months of weaning. He has been off opioid meds since that time, as the cannabis has decreased daily tics by hundreds per day.

CP
This email is in regards to our family’s extreme support in favor of adding medical cannabis for opiate use disorder. Medical cannabis would be a life-saving method of diversion of the serious life or death use/abuse of opiates.

BK & TK

I have been on the cannabis program for a couple of years, and am very grateful that I do not have to use opioids to manage pain. I believe more people could benefit from this program if the subsequent conditions are added to the list of qualifying conditions.

DC

I have gotten off 10 years of use of Oxicodone, thru using MMJ.

JS

I approve medical cannabis for the treatment of Obsessive Compulsive Disorder, and Anxiety.

TJP

Hello Office of Medical Cannabis. I am sending a comment and accompanying attachment pertaining to the proposal to include opioid use disorder as a qualifying medical condition for Minnesota’s Medical Cannabis Program.

I am a long-standing addiction researcher and have studied cannabis use for decades. I have also followed the recent research literature pertaining to the effect of cannabis use on health, and the impact of medicalizing cannabis.

In sum, I strongly urge the Office to not approve the inclusion of opioid use disorder on the qualifying list.

There is considerable scientific evidence to support my view. I have attached a small ppt file [note: file is attached at end of document] that provides an overview of the most salient and rigorous peer-reviewed studies.

Two early studies are noteworthy that suggest cannabis use may help the opioid crisis. Bachhuber et al. (2014) (slide #2) provide support that medicalizing cannabis was associated with lower rates of opioid overdose mortality rate. And Wen and Hockenberry (2018) (slide #3) found that medical and commercializing cannabis legalization states reported fewer rates of opioid prescribing.

Yet a more rigorous follow-up study by Stover et al (2019) (slide #5) extended Bachhuber’s work (longer time period and more states) and showed the opposite results: medical cannabis states experienced nearly a 23% increase in opioid overdose deaths. Four additional slides (#7 - #10) provide brief summaries of other recent and informative studies, all of which support my position that medical cannabis is not an indication for those suffering from an opioid use disorder.

KW

I do not agree with treating opioid Addiction with marijuana. They are interchangeable.

LJ
While I would not be opposed to each of the 4 recommended certifying diagnoses suggestions, I am most interested in pulling forward the Opioid Use Disorder diagnosis for certification. The majority of my patient population has Opioid Use Disorder (OUD), and the majority of them also use cannabis to help them stay sober and stable while managing their disease. OUD often has co-occurring diagnoses that the patient has attempted to treat with opioids and if we can increase their stability with cannabis, as it has been proven to do, it is significantly better for the patient. Thank you for considering the addition of this certifying condition.

Kathy Nevins, DNP, NP-C, APRN

Please see attached letter from Hennepin Healthcare regarding the proposal to add Opioid Use Disorder as a qualifying condition for medical cannabis.

AG

Please accept this letter [note: see letter at end of document] from the Minnesota Psychiatric Society (MPS) in response to the call for public written comment on petitions to add qualifying medical conditions for Minnesota’s Medical Cannabis Program.

LV

Attached [note: see attached letter at end of document] are my comments on the petitions to consider Opioid Use Disorder and Obsessive Compulsive Disorder as qualifying conditions for the Medical Cannabis Program. I am licensed to practice medicine in the State of Minnesota.

George Dawson, MD, DFAPA

I am a psychiatrist member and past President of the Minnesota Psychiatric Society. I am writing today in opposition to expansion of use of medical cannabis for the treatment of Opioid Use Disorder. In this vein, I am in agreement with the attached letter [note: see attached letter at end of document] that was submitted on behalf of MPS to the Commissioner’s Office. Cannabis is a dependence forming substance, and expanding it’s use for OUD is not supported in current medical literature. Misuse of Cannabis can cause significant deleterious neurocognitive and behavioral effects.

Chinmoy Gulrajani, MD, DFAPA

Cannabis can be helpful in leading a more “normal” life when you are suffering from chronic conditions. In the case of opioid addiction – it saves lives.

KS

Please see the attached letter [note: see attached letter from MNASAM at end of document] regarding adding Opioid Use Disorder as a qualifying condition for Medical Cannabis.

PS

I am a psychiatrist member of the Minnesota Psychiatric Society I am writing today in opposition to expansion of use of medical cannabis for the treatment of Opioid Use Disorder. I am in agreement with the MPS Letter [note: see attached letter at end of document] opposing Med Cannabis for OUD that was submitted to the Commissioner’s Office. Cannabis is a
dependence forming substance, and expanding its use for OUD is not supported in current medical literature. Misuse of Cannabis can cause significant deleterious neurocognitive and behavioral effects. As a child and adolescent psychiatrist for over thirty years in this community I have seen steady increase in the use of cannabis by younger and younger kids. All added uses for medical cannabis need to be carefully considered and backed by sound scientific evidence. in the case of cannabis use for opioid use disorder the evidence is lacking!
Elizabeth Reeve, MD

I am a psychiatry fellow and member of the Minnesota Psychiatric Society (MPS). I am concerned about the proposal to add opioid use disorder as a medical condition qualifying for treatment with medical cannabis. Cannabis is a dependence-forming substance that can have a significant impact on the brain. I am in agreement with the recently submitted MPS letter [note: see attached letter at end of document] opposing medical cannabis for OUD.
Rachel Kay, MD

I am a psychiatrist and addiction medicine specialist at the Minneapolis VA Medical Center. I have been in practice for 8 years and serve as the Medical Director of our Opioid Treatment Program. I am writing today in opposition to expansion of use of medical cannabis for the treatment of Opioid Use Disorder. In this vein, I am in agreement with the MPS Letter opposing Med Cannabis for OUD that was submitted to the Commissioner's Office. Cannabis is a dependence forming substance, and expanding its use for opioid use disorder is not supported in current medical literature.
Misuse of cannabis can cause psychosis and manic switch. I had a veteran use medical cannabis, become psychotic, and walked his kids to the edge of a cliff in while barefoot in the snow, as he was getting “special messages from God” to do this. Fortunately his wife stopped him. He was later hospitalized and committed. Since stopping medical cannabis he has not had any additional psychotic episodes. Research shows that using cannabis can actually make opioid use disorder worse and increases risk of relapse. This is the last thing we want to do in the middle of a fentanyl epidemic.
My job as an addiction psychiatrist for veterans is hard enough as it is – please do not add medical cannabis as an indication for use for opioid use disorder.
Patricia Dickman, MD

I am a psychiatrist member of the Minnesota Psychiatric Society. I am writing today in opposition to expansion of use of medical cannabis for the treatment of Opioid Use Disorder. In this vein, I am in agreement with the MPS Letter [note: see attached letter at end of document] opposing Med Cannabis for OUD that was submitted to the Commissioner's Office. Cannabis is a dependence forming substance, and expanding its use for OUD is not supported in current medical literature. Misuse of Cannabis can cause significant deleterious neurocognitive and behavioral effects.
Kaz J. Nelson, MD

I am a psychiatrist member of the Minnesota Psychiatric Society. Not only that, but I have worked in addiction psychiatry for over 45 years. I am writing to support the inclusion of opioid
use disorder as an indication for use of medical cannabis. The scientific literature is essentially silent on whether or not this is a good idea, since there was a ban on such research for more than 40 years. I support letting patients decide whether or not cannabis is useful to them.  
Mark Willenbring, MD

I am a psychiatrist member of the Minnesota Psychiatric Society. I am writing today in opposition to expansion of use of medical cannabis for the treatment of Opioid Use Disorder. I support the MPS letter [note: see attached letter at end of document] that was submitted to the Commissioner’s Office opposing medical cannabis for OUD. Cannabis is a dependence forming substance and expanding its use for OUD is not supported in current medical literature. Misuse of cannabis can cause significant deleterious neurocognitive and behavioral effects.  
Kathryn Lombardo, MD

I am a full-time, board-certified psychiatrist and a member of the Minnesota Psychiatric Society. 
I treat patients with a variety of psychiatric conditions and substance use disorders including Opioid Use Disorder and Cannabis Use Disorder. I have clinical experience treating patients in outpatient, inpatient, and residential treatment programs. 
I am writing today in opposition to the expansion of use of medical cannabis for the treatment of Opioid Use Disorder. I am in agreement with the Minnesota Psychiatric Society letter opposing Medical Cannabis for Opioid Use Disorder that was submitted to the Commissioner's Office [note: see attached letter at end of document].
I would also recommend reviewing the recent New York Times article illustrating the dangerous effects of high potency cannabis on youth (https://www.nytimes.com/2022/06/23/well/mind/teens-thc-cannabis.html).
Cannabis is addictive. Expanding the use of medical cannabis to Opioid Use Disorder is not supported in current medical literature. Misuse of cannabis can cause significant deleterious neurocognitive and behavioral effects.  
Michelle M. Mehta, MD

I am a psychiatrist member of the Minnesota Psychiatric Society. I am writing today in opposition to expansion of use of medical cannabis for the treatment of Opioid Use Disorder. In this vein, I am in agreement with the MPS Letter [note: see attached letter at end of document] opposing Med Cannabis for OUD that was submitted to the Commissioner's Office. Cannabis is a dependence forming substance, and expanding its use for OUD is not supported in current medical literature. Misuse of Cannabis can cause significant deleterious neurocognitive and behavioral effects.  
Sreejaya Veluvali, MD, DO

Please find comments from Allina Health on the proposed additions to the list of qualifying medical conditions for Minnesota’s Medical Cannabis Program attached [note: see attached letter at end of document].  
DD
I am a psychiatrist member of the Minnesota Psychiatric Society I am writing today in opposition to expansion of use of medical cannabis for the treatment of Opioid Use Disorder. In this vein, I am in agreement with the MPS Letter [note: see attached letter at end of document] opposing Med Cannabis for OUD that was submitted to the Commissioner’s Office. Cannabis is a dependence forming substance, and expanding its use for OUD is not supported in current medical literature. Misuse of Cannabis can cause significant deleterious neurocognitive and behavioral effects.

We have significant and helpful treatments for opiate use disorder including MAT. My main concern is that patients will think that marijuana is equally effective or better than the currently evidence based treatments that have been proven to save lives! If this passes, some patients will turn away from legitimate and proven treatment that saves lives. This will result in the loss of life and increased problems with addiction. Increased access to THC will result in increased adolescent use as states that have legalized THC have seen increases up to 20% in adolescent THC use. This is a real risk for our teens, who need our help to protect their brains and help them make good choices.

Helen Wood, MD, DO

I am a psychiatrist practicing in Minnesota, and I work with individuals with mental illness and opioid use disorder as part of my practice. Opioid use disorder is a serious condition that can be fatal; like many physicians, I have lost patients to this disease. There are evidence based and life saving treatments available; medical cannabis is not one of them.

As a physician, I have seen many cases where patients forgo evidence based treatments in favor of seeking (and receiving certification for) medical cannabis. Many patients mistakenly believe that cannabis is a valid alternative to evidence based care, and market surveys have shown that dispensaries in states with OUD indications are more likely to make misleading claims about the relative safety of cannabis vs FDA approved medications for OUD. When applied to opioid use disorder, a patient seeing medical cannabis as a legitimate alternative to suboxone, methadone or naltrexone could have fatal consequences.

I strongly urge you to NOT add opioid use disorder to the list of qualifying conditions for medical cannabis.

Sarah Nelson, MD

**General Comments**

Please consider this. I need to do dialysis 2-3 times a week and would like the cannabis to ease my anxiety.

CM

I support the addition of all the new qualifying conditions under review. I also believe the fastest way to a fully equitable system for patients and businesses is to open up licensing applications for growers processors and retailers.

MK
I think that the things you listed, should be put on the list. I feel that we would not be providing the best medical care possible for our people if we do not.
WE HAVE TO GET OVER THE OUTDATED STIGMA, FEAR AND POLITICAL INFLUENCE OF THIS HELPFUL DRUG.
DW

I think all of the above conditions should be added/included as approved for Medical Cannabis Use. I live with Chronic Pain & don't take pain medication because I almost died 3 different times while taking it as prescribed. I also live with Irritable Bowel Syndrome with Diarrhea & I'd prefer using Medical Cannabis instead of prescription medication because prescriptions often have bad side effects on my body & Medical Cannabis is much healthier in my opinion.
EG

Please add the conditions. It helps beyond belief.
MJ

Cheaper medicine available.
JE

Additional medical conditions should be added to the list of qualifying medical conditions for medical cannabis use in the state of Minnesota. As a present user I believe it is helping me and should be available to others in need of options available to them
JJ

Please consider adding all conditions being proposed as this is of great help for people with issues.
BW

I support adding all the new proposed conditions to qualify for medical cannabis.
EM

The direct impact of Medical Cannabis is immeasurable for endless people who suffer from health ailments. The current list of "qualifying" conditions limits the benefits Medical Cannabis could bring to millions more. Please expand the Medical Cannabis Conditions list to help millions of other people who are suffering from health ailments gain the much-needed relief they deserve.
GD

Help those with these awful conditions. I have MS and medical marijuana has helped me. Forward thinking is what helps us that are afflicted with undesirable symptoms.
VC

I am in support of the new medical conditions for the Minnesota medical program
GN
Please add the following conditions: Gastroparesis, Irritable Bowel Syndrome/With or Without Diarrhea, Obsessive Compulsive Disorder, Opioid Use Disorder.

AM

This is a miracle please support!!!!

BP

I am in favor of cannabis use under consideration now for new qualifying conditions.

SS

Medical cannabis has been an amazing option without the side effects of pharmaceuticals for myself! I fully support the expansion of the medical cannabis program!

CB

I use medical cannabis everyday and since I started I have been able to get rid of 8 pills of medication I didn’t need. I highly recommend cannabis

RK

Please strongly consider adding additional qualifying conditions to approved medical cannabis use. Working in a substance use treatment center myself, I see the tremendous destruction opioid use disorder has on peoples lives. Medical cannabis is a safe alternative that can prevent overdoses, and assist people in bettering their lives. Please advocate for additional qualifying medical conditions for treatment with medical cannabis to improve the lives of others.

AC

Please expand the list of qualifying conditions so others can experience the same relief I have for intractable pain.

TZ

I support the additions of the new qualifying conditions to the Minnesota Medical Cannabis Registry.

EP

I support medical marijuana.

JR

I'm in favor of all new medical conditions listed for legalization.

JA

medical cannabis changed my life and know a bunch that getting better on their depressions, ptsd, and anxiety.

JW

Please allow the new conditions currently being reviewed plus add Tinnitus. Medical cannabis works. It's a safe and effective medication for any diabillating condition. Put your self in the
shoes of those that suffer every single minute of every single day. They lose so much. Help them.
MLB

As someone who has recently begun participating in the medical cannabis program, I support expanding the list of eligible conditions.
JA

I am a medical marijuana patient for a different qualifying condition, hurt my back, herniating S5-L1- had an MRI confirmed injury, was given flexeril and opioids- DIDN’T work and COULD NOT SLEEP, WALK or SIT without EXCRUCIATING PAIN!!! Marijuana was my SAVIOR!!! It managed my sense of pain in such a way enabling me to feel free to move and walk and rest more or less comfortably as well as WORK because it didn’t wipe my mind out like OPIOIDS. I an fully recovered today!!! Help more people have access to this proven therapeutic therapy!!!!
RM

Add all qualifying medical conditions for the medical cannabis program.
TJ

I support for sure
SJ

I am in favor of adding the new criteria to make it legal for them and hopefully for all of us
MM

I would like to express my support for adding all new qualifying conditions under consideration for medical cannabis use. Specifically:

▪ Gastroparesis
▪ Irritable Bowel Syndrome/With or Without Diarrhea
▪ Obsessive Compulsive Disorder
▪ Opioid Use Disorder

There is so much untapped potential to help people from this plant.
AB

Minnesota has a great reputation for our medical care but it amazes me how far behind we are in using all medical methods not just the ones that pay kickbacks to those in power. I used to be weary of illegal drugs but after using medical cannabis for sleep apnea, I've cut way down on alcohol use, my weight is finally in check and my sleep has never been better! I used to crush several drinks to help my sleep, however, cannabis works so much better and doesn't have the side effects of alcohol. The only side effect I experience is dry mouth (oh darn,
2022 MN MEDICAL CANNABIS PROGRAM MEDICAL CONDITION PETITION
COMMENTS

I gotta drink more water). Other than the cost being 2 to 4x what the street charges, it's working. Thank you for having an open mind and expanding good treatment methods for Minnesotans. PM

I’m currently in the medical cannabis program for my medical condition. I fully support adding the new proposed conditions. I have received significant relief from my symptoms with no side effects. I hope more people can experience this outcome, too, by expanding the covered conditions. EB

Requesting the following conditions are added to the folks that can be prescribed cannabis.

▪ Gastroparesis
▪ Irritable Bowel Syndrome/With or Without Diarrhea
▪ Obsessive Compulsive Disorder
▪ Opioid Use Disorder

There seems to be no downside in doing this. Cannabis itself is safe and has medicinal effects. The more we can lift restrictions on who has this tool in their toolbox for mental and physical conditions, the closer it is to just have it regulated but more hands off as to who can use it. The stigma on cannabis is unfounded, while the benefits are easy to see...
SC

I support adding all of the medical conditions currently under consideration to the medical cannabis program in Minnesota. MS

I am in support of adding more qualifying Cannabis conditions!! RC

Please add qualifying medical conditions. LM

I am in support of the adding the qualifying conditions under consideration. CS

I am a medical cannabis user and it has changed my life and my quality of life. I can sleep through the night now and my joints no longer hurt all the time. It has also helped with my anxiety and depression on top of my PTSD, night terrors, and chronic pain. Please expand for others to be able to benefit as well. AM
I am in favor of adding new qualify conditions for medical cannabis.
I have been treating with medical cannabis for the last few months and have had good results so far.
I have IBS-D and stomach pain that the doctors have not been able to diagnose, even after multiple scans.
I am now off all prescription pain meds that were given to me.
The medical cannabis helps with the nausea and lack of appetite and helps me sleep better at night.
JG

I am in favor of adding all the new medical conditions that benefit patients if they take medical cannabis
JH

I have found tremendous relief from the use of medical cannabis for a variety of symptoms, especially nausea. As a patient who has benefitted from this medication, I support the addition of the qualifying conditions:

- Gastroparesis
- Irritable Bowel Syndrome/With or Without Diarrhea
- Obsessive Compulsive Disorder
- Opioid Use Disorder

As a medical professional who has seen a great deal of suffering from patients, I support the expansion of the medical cannabis program for more patients in need of options outside of traditional medications that can have considerable side effects. Please consider providing relief and improved quality of life for more Minnesotans by approving these additional conditions.
TS

I fully support adding other condition that would qualify for cannabis treatment. They are far more qualifying conditions that have not been selected. Cannabis is medicine and should be made accessible to all those in need.
MSL

I am in favor of adding all new qualifying conditions under the MN cannabis program.
KB

I support the new qualifying factors for cannabis use.
LC

Life changing for those who need it!
EH
I offer my support for adding new qualifying conditions to the medical cannabis qualification. Every one of them could significantly be helped with medical cannabis. Please approve all new conditions.

PB

Medical marijuana should be available to all who need it. The current list of qualifying conditions falls woefully short. Please add more qualifying conditions.

AFB

As someone that suffers from IBS it would be helpful if medically cannabis can be extended for all medical conditions.

IS

Irritable bowel syndrome symptoms are defenitly reduced when using marijuana
Obsessive compulsive disorder symptoms are significantly reduced also when using marijuana
For Opioid use disorder it would be harm reduction and could possibly help patient minimize the need to use of opioids if not replace them completely eventually its also safer option for people in pain stuck on pain meds to have to choose from it really needs to be fully legal
Marijuana relieves symptoms of so many things people suffer from the list is endless its much safer option then most medicine prescribed out there and it needs to be more avalible for people during these days of the pandemic and everything going on in the world its sad its not available recreationaly would help so many issues also legalizing concentrates fully like rosin is badly needed in Minnesota and Nation wide edibles too bud a combination of flower edible and concentrate helps best and gives best relief for people suffering it is still rather hard to get what you need in Minnesota hoping it will change soon
Anonymous

I support extending the use of medical cannabis to other disorders that so far have not qualified.

SL

I, as a certified medical cannabis patient, support the addition of those four additional qualifying conditions. My husband suffers from one of them and I believe that this will bring him relief and improve his quality of life in addition to physical health.

KL

I’ve been part of the medical cannabis program for the past year. I’m a recovering alcoholic and medical cannabis has helped me stay away from alcohol. I view it as a crutch but my life is more manageable and I’m happier. I’ve also gotten better sleep, exercise daily, and I’ve lost 30 pounds since starting the program. I think anxiety, depression and especially addiction should all be added as qualifying conditions.

AM
I'd like to express my support for the addition of new qualifying conditions under consideration.
NTH

As a taxpayer in Minnesota and at Louis county I am contacting you to tell you I strongly support the addition of the additional qualifications for people to get Minnesota medical cannabis. Keep up the good work of helping the PEOPLE with the much needed benefits of Cannabis.
WT

I am 59 years old and didn’t even smoke cannabis till I was 48— I was on antidepressants and meds to help anxiety for insomnia. I was approved for medical 4 years ago— never even thought I would do this— my spinal stenosus C-level down to Lumbar. The point being— I haven’t needed the above medications- and no surgery as of yet. I am happy to see extended diagnosis that qualify for a better quality of life!
NB

I humbly ask that you approve more conditions for the use of medical cannabis. It would help many.
D

I am writing this email to inform you that I am, in fact, in favor of adding all the new qualifying conditions currently under consideration. It is imperative that these conditions be approved.
JB

I think it’s great. I have 4 qualifying conditions but my physician and the whole Essentia health is against it. They told me it’s illegal and will never be letting there patients get a card for the use of it. Wish something could be done about that. Thank you for the good work.
FT

I am writing to inform whoever it concerns that I am in favor of adding all new qualifying conditions up for consideration to the minnesota medical cannabis program.
PH

Highly favor new conditions added for Medical Cannabis.
LB

I am in favor of all new proposed qualifying conditions for medical cannabis use.
NM

I support the use of medical Marijuana for conditions that cause any nausea, cramping of muscle, or pain, as I have experienced relief from these issues by using Marijuana in my own life. Thank you and keep up the good work.
ME
I Am in favor of adding all new qualifying conditions under consideration.

NZ

AS a presently prescribed cannabis patient I am in favor of adding all new qualifying conditions under consideration.

JJ

At the risk of sending a dumb mass email, I’m writing to your office in support of the proposal to add four qualifying conditions to Minnesota’s medical cannabis program. The better solution is recreational legalization, which would go a long way toward reducing costs for medical users, & also would be less stupid than not doing it. But in the meantime, I urge your office, as a voter and patient, to qualify each of the conditions under consideration. Opioid use disorder & OCD are especially critical. Thanks for considering these conditions, & thank you for listening to yet another no-account pothead!

CN

I have benefited immensely from medical cannabis and believe other conditions should be added to the program.

DH

I am definitely in favor of adding more qualifying conditions for medical cannabis. Minnesota has been very slow moving and one of the hardest medical states to get qualified in. More people need access to more natural pharmaceuticals rather than "traditional chemical" pharmaceuticals than tend to have very serious and sometimes debilitating side effects.

GN

Please add more medial condition s for Cannabis use.

AG

I am in favor of adding the new conditions being considered for medical cannabis. Please help those in need gain access to this simple, safe medication. I lost a friend last year who took acetaminophen, and ibuprofen at their maximum dosages to manage his pain. They destroyed his liver. Medical cannabis could have helped him, and not caused catastrophic damage to his organs. The more conditions that are qualified, equals the more people who will be helped. Please help them!

JF

I am in favor of all new qualifying conditions under consideration.

FO

Medicinal cannabis has positively affected my life in more ways than I can count. I am in favor of adding all new qualifying conditions under consideration.

TH
I support legalization of all cannabis use and support all new qualifications for the people in Minnesota. Cannabis is safer than cigarettes and alcohol!
MS

My life has changed for the better since using medical cannabis. I support the new qualifying conditions.
SL

I'm in support of the new changes that are being considered. I suffer from chronic back pain which lead to an opiate addiction. I tried everything from methadone to Suboxone, nothing works until I was prescribed medical marijuana. It has saved my life and I think it can for others.
JS

We are in favor of qualifying all new health conditions for Medical Cannabis.
SK & MK

I fully support expansion of the qualifying conditions for medical cannabis to include, but not be limited to the following:

▪ Gastroparesis
▪ Irritable Bowel Syndrome/With or Without Diarrhea
▪ Obsessive Compulsive Disorder
▪ Opioid Use Disorder

CKC

I am a current Minnesota Medical Cannabis patient and would like to express my support for the new qualifying conditions being considered:

▪ Gastroparesis
▪ Irritable Bowel Syndrome
▪ Obsessive Compulsive Disorder
▪ Opioid Use Disorder

Medical cannabis has been tremendously helpful in coping with my PTSD symptoms, allowing me to live more freely from traumatic memories and symptoms that make every day difficult. In the meantime, having safe access to cannabis has allowed me to explore new psychiatric medications with my psychiatrist; attend weekly psychotherapy appointments to make long term behavioral/lifestyle changes; complete EMDR therapy; and even allowed me to cope with my symptoms enough that I was able to finish my bachelor’s degree. My symptoms would
otherwise have been so overwhelming and disabling that I wouldn’t have been able to continue working my job while attending college. I’m very grateful that Minnesota’s Medical Cannabis program existed so I was able to access safe cannabis, provide my doctors with open/honest/accurate information about my health, and that its benefits helped improve my quality of life enough to continue functioning in school, work, socially, and caring for my everyday wellbeing. I hope that those Minnesotans with the additional qualifying conditions being considered will also have safe access to medical cannabis, guidance from healthcare professionals, and the ability to seek out a variety of effective medical interventions.

BM

I am in favor of adding all new qualifying conditions. My results have been very positive and my use of medical cannabis has had peripheral positive impacts on my life such as improving the quality of my sleep, weight loss, reduction in stress and overall improvement in my quality of life.

CJ

I am in favor of adding to the conditions that are approved to use medical cannabis.

BB

I am in support of new qualifying conditions being added to the medical cannabis program. Let’s give help to those who need it.

MM

I am in support of all new qualifying conditions under consideration to be added to the MN Medical Cannabis program. I am currently an approved Chronic Pain patient in the current State approved program, I too suffer from Irritable Bowel Syndrome and use of cannabis as medicine has helped me and may help others with the same health issues.

KH

Please add the new qualifying conditions to the list. Marijuana is a helpful drug that needs to be legalized. It is ridiculous alcohol is permitted and not marijuana, it needs to be legalized now. The mishmash across all of the states is not working but this is better than nothing until the federal government takes action.

SS

Yes we need more qualified list.

RT

Please add the new conditions to the approved list of qualifying conditions.

SC

Helps with stomach pain

TH
I’m in favor for adding new qualifying conditions to use medical cannabis.
SW

Medical cannabis has helped me tremendously. I have allot less pain and I can sleep thru the night. I believe it can help many more conditions.
JE

I’m writing to inform whoever it may concern that I’m in favor of adding the following conditions as qualifying for treatment using medical cannabis:

▪ Gastroparesis
▪ Irritable Bowel Syndrome with or without diarrhea
▪ Obsessive Compulsive Disorder
▪ Opioid Use Disorder

MM

In favor of adding all new qualifying conditions.
RM

The medical cannabis is saving lives and helped me stop drinking.
Booze you lose and smoke their's hope
JM

I strongly endorse and recommend allowing of additional qualifying conditions for medical use for cannabis.
We have had incredible results using the pill form with my 84 year old mother in law. She suffers from dementia, and is legally blind. Since we started using it she has greatly reduced anxiety, greatly increased and regular appetite and has gained about 25 lbs. (was down to 77 lbs.. now up over 100)
Also we have certainly noted a reduction in her occurrences of diarrhea and general gastro issues.
DE

I’m glad I was afforded the ability to try medical cannabis. I have been on regular pain meds for years (morphine, OxyContin, and Fentanyl). Since I was able to get on the cannabis pain program I have been able to reduce my pain pump meds to where I will hopefully be able to transition over to cannabis. The side effects from pain meds eventually drain you of your energy, Take your appetite away, and put you in bed. It could easily in my opinion take your life away from you. Your family and everything else I’ve had to deal with. It’d not an easy fight buy now I have a tool. My appetite has come back a little. I’m more able to be on my feet and do more. I’m very pleased with the outcome I’ve had so far. I know there will be those that abuse
it. That’s where the docs need to screen people before they get approval. I know it has helped me significantly.
BG

I am in favor of adding more qualifying conditions such as anxiety, irritable bowel syndrome and obsessive compulsive disorder to the medical cannabis list.
SD

In regards to the added symptoms/conditions to the qualifying conditions for medical cannabis use all I can say it's about time this state is finally dealing with the 21st century.
BM

I have severe gastroparesis and the only thing that got me to stop vomiting every day was medical marijuana after years of treatment with traditional medication. It was absolutely life changing. I can’t eat solid food without it. Please add this to your list of approved conditions.
KB

I support all new medical Cannabis qualifications.. I also support the growing and use of Cannabis in several Therapys. Such as PTSD, TBI’S, suicide prevention, etc.
BD

I am in favor of adding all new qualifying conditions under consideration. Medical cannabis has improved my quality of life and I feel it should be available for other conditions.
SB

I am a cannabis patient here in MN and would like to express my support for approval of cannabis for the various conditions:

- Gastroparesis
- Irritable Bowel Syndrome/With or Without Diarrhea
- Obsessive Compulsive Disorder and
- Opioid Use Disorder

IBS and Opioid Use Disorder seem like conditions cannabis should have been approved for a long time ago. Opioids are poisonous, addictive and harmful to the human body. Drug manufacturers and insurance companies have know this for decades yet continue to prescribe and cover the cost of said poison. The "war on drugs" is a joke when the pusher is the insurance companies and drug manufacturers. It's repugnant that the pain management meds that will cause me harm are covered by my insurance company but the meds that actually work and are NON ADDICTIVE aren't covered. How does that make any sense? It almost seems like the drug
companies and insurance companies WANT people to become addicted. Hmmm...profits, maybe? Disgusting. It's time to move closer to decriminalization of cannabis, Minnesota LAS

Do not extend the law. It is to harmful.

David W. Cline, MD

Minnesota Department of Health
Office of Medical Cannabis
PO Box 64882
St. Paul, MN 55164-0882
651-201-5598
health.cannabis@state.mn.us
www.health.state.mn.us

To obtain this information in a different format, call: 651-201-5598.
On behalf of Allina Health, I would like to express our opposition to adding obsessive compulsive disorder (OCD) and opioid use disorders to the list of qualifying medical conditions eligible for the medical cannabis program.

Currently, I serve as the Vice President of Mental Health and Addiction Services at Allina Health. As a fully integrated health system, Allina Health offers a full spectrum of mental health and addiction services, including mental health specialty services for substance use disorders, opioid treatment programs, and an array of mental health treatment options. I am also a board-certified psychiatrist with over 17 years of experience and help lead a team of over 400 licensed mental health clinicians.

We strongly oppose the addition of OCD and opioid use disorders to the list of eligible medical conditions for several reasons. With respect to OCD, the most effective treatments include high doses of Selective Serotonin Reuptake Inhibitor (SSRI) medications and Exposure and Response Prevention ("ERP") behavioral treatment. In ERP, patients with OCD learn to experience the anxiety associated with intrusive thoughts as they prevent so-called "escape" behaviors. In this process, OCD improves over time, and this treatment is the gold standard. While there are small studies showing that cannabis can temporarily reduce OCD symptoms ("numbing out"), this is NOT an approach that is supported for improving the underlying condition and may be harmful in that it continues the cycle of trying to escape from anxiety rather than face ("expose") the fears and worries OCD generates. Similarly, there is no data that suggests treating opioid use disorders with medical cannabis is a more beneficial treatment than what currently exists, including naltrexone, buprenorphine, and methadone.

Adding medical conditions such as OCD and opioid use disorder to the list of qualifying medical conditions eligible for the medical cannabis program must be done with increased diligence and consideration for what is best for patients across Minnesota. As I stated above, the use of medical cannabis as a treatment for OCD or opioid use disorder is not supported by data or any prevailing evidence. Minnesotans suffering from these disorders should be encouraged to seek clinically proven treatments instead of the hope of temporary relief that medical cannabis could provide.

We look forward to furthering the conversation around the treatment and care of patients suffering from OCD and opioid use disorders, but in the interest of the patients we serve, we must strongly oppose their addition to the list of qualifying conditions for medical cannabis at this time.

Sincerely,

Brian Palmer, MD, MPH
Vice President, Mental Health and Addiction Services
Allina Health
Cannabis as a Response to Opioid Use Disorder

Ken C. Winters, Ph.D.
winte001@umn.edu
September, 2022
Opioid Abuse in Medical Marijuana States

Bachhuber et al., 2014:

“Medical cannabis laws (MCLs) are associated with significantly lower state-level opioid overdose mortality rates.”

- 13 states with MCLs compared to non-MCL states
- MCL states had 25% lower mean annual opioid overdose mortality rate compared to non-MCL states
Opioid Abuse in Medical Marijuana States

Wen & Hockenberry, 2018:

“State implementation of medical marijuana laws was associated with a 5.9% lower rate of opioid prescribing. Moreover, the implementation of adult-use marijuana laws, which all occurred in states with existing medical marijuana laws, was associated with a 6.4% lower rate of opioid prescribing.”
Opioid Abuse in Medical Marijuana States

CAUTIONS

- Epidemiological-based data is the weakest design to confer causation between two variables or domains.

- Several confounds not considered
  - changes in opioid prescribing regulations and restrictions
  - changes in use of medication-assisted therapies
Shover et al. used the same methods and data as the Bachhuber study but included an additional seven years of data (2011-2017) – a period in which overdose death rates rose sharply and more states legalized medical marijuana. By including the full 1999–2017 dataset, the authors found that states with medical cannabis laws experienced a 22.7% increase in overdose deaths.

“Research into therapeutic potential of cannabis should continue, but the claim that enacting medical cannabis laws will reduce opioid overdose death should be met with skepticism.”

Reminder: Bachhuber et al. study based on 1999-2010
Four Additional Informative Studies
Opioid Abuse and Cannabis: Individual-Level Data


Odds of later opioid "abuse" among earlier cannabis users

Opioid Use Disorder and Opioid use increased across time among cannabis users compared to non-cannabis users
Opioid Abuse and Cannabis: Individual-Level Data
2. (Campbell et al., 2018. Australia study; comparing 2012-2014 and 2016-2018)

- Longitudinal study of 1,514 Australians with chronic non-cancer pain. Baseline and 4-year follow-up data pertaining to marijuana use, opioid use and pain were examined.

- “Cannabis use was common in people with chronic non-cancer pain who had been prescribed opioids, but we found no evidence that cannabis use improved patient outcomes. There was no evidence that cannabis use reduced pain severity or interference, or exerted an opioid-sparing effect.”
The researchers reviewed 104 studies from 91 publications involving a total of 9,958 participants. About half (47) were randomized controlled trials; the rest (57) were observational studies.

The studies included numerous sources of chronic non-cancer pain (CNCP): neuropathic pain, fibromyalgia, rheumatoid arthritis, multiple sclerosis-related pain, visceral pain, and a mix of different kinds or undefined kinds of chronic non-cancer pain. Cannabinoids included THC, CBD, THC+CBD, other MJ plant-based compounds, and synthetic THC.

“Evidence for effectiveness of cannabinoids in chronic noncancer pain (CNCP) is limited. It seems unlikely that cannabinoids are highly effective medicines for CNCP.”
Opioid Mortality and Cannabis: National Data from the CDC

4. (Bleyer, Barnes, & Finn, 2022)

- The authors compared the United States opioid mortality rates in states and District of Columbia that had implemented marijuana legalization versus states that had not.

- Whereas the same opioid mortality rates were found between these sets of states during 2010–2012, when the full 2010-2020 period is examined, the opioid mortality rate increased more rapidly in

- During this 2010-2020 decade, marijuana-legalizing than non-legalizing jurisdictions all four major race/ethnicities in the U.S. had evidence for a statistically-significant greater increase in opioid mortality rates in legalizing than non-legalizing jurisdictions.

  - Among legalizing jurisdictions, the greatest mortality rate increase for all opioids was in non-Hispanic blacks (27%/year, p = 0.0001) and for fentanyl in Hispanics (45%/year, p = 0.0000008).

- The authors conclude: “Instead of supporting the marijuana protection hypothesis, ecologic associations at the national level suggest that marijuana legalization has contributed to the U.S.’s opioid epidemic in all major races/ethnicities, and especially in blacks. If so, the increased use of marijuana during the 2020–2022 pandemic may thereby worsen the country’s opioid crisis.”
Dear Office of Medical Cannabis:

Hennepin Healthcare is writing to express our concern about designating opioid use disorder (OUD) a qualifying condition for medical cannabis. By doing so, the Minnesota Department of Health would be implying that cannabis is a treatment of OUD, or is an alternative to other, proven, lifesaving treatments for OUD. This is a dangerous stance to take when hospitals statewide see an increase in overdoses. We need to prioritize and invest in proven treatments.

The Minnesota Department of Health noted a 30% rise in drug overdoses in the first half of 2020 as compared to 2019 and an increase of 70% in 2020 in the same month as 2019. This high rate of mortality disproportionally effects underserved populations. The notion that cannabis lowers deaths from opioids is unsubstantiated and dangerous. While some studies show a decrease in opioid overdoses in states that have medical cannabis, others show an increase in opioid deaths in states with medical cannabis. The truth is that access to medical cannabis has no effect on opioid overdoses. Until there is high quality evidence of benefit, cannabis should not be considered a treatment of OUD and should not be added to the list of qualifying conditions for medical cannabis in Minnesota.

Treating patients with OUD is a very serious endeavor with specific requirements. Hennepin Healthcare has clinicians with addiction training on site to assess and counsel patients. Access to evidence-based treatment of OUD has the greatest beneficial effect on death rates. The medical evidence suggests buprenorphine and methadone lower all-cause mortality by more than 50% in patients with OUD. Yet just a fraction of patients with OUD are receiving these medications. We have protocols for intoxication and overdose and nationally accepted standard for monitoring drug use with toxicology. The federal government requires a higher level of privacy for patients with addictions. Many patients with opioid use disorder also experience behavioral and psychiatric comorbidities as well as housing and legal challenges. This requires case management and protocols for deescalating behavioral disturbances and monitoring for drug diversion. Individuals with opioid use disorder should have screening and treatment for hepatitis C integrated into their care. We worry that medical cannabis stores would not be able to deliver this level of care for our patients and therefore create an unsafe situation for the patient and the store. The state must maintain the highest standards of care for people with addiction and expand access to that care.

We encourage you to make proven, lifesaving medications known and available to all who need them. We believe that making OUD a qualifying condition for medical cannabis could have dire unintended consequences.

Sincerely,

Dr. Gavin Bart, MD, PhD  
Chief of Addiction Medicine  
Hennepin Healthcare

Dr. Charles Reznikoff, MD, FACP, FASAM  
Addiction Medicine  
Hennepin Healthcare
October 3, 2022

Re: Expansion of Medical Cannabis to include Opioid Use Disorder

Dear Commissioner Malcolm:

The Minnesota Psychiatric Society (MPS), representing nearly 500 Minnesota psychiatric physicians, opposes the proposed expansion of the Minnesota Department of Health (MDH) medical cannabis program to include patients diagnosed with opioid use disorder. MPS is the state’s professional association of psychiatrists, representing physicians with additional specialty training who treat patients experiencing mental illness and substance use disorders. As an organization, MPS primarily bases clinical and policy position decisions on scientific evidence and clinical outcomes. The following comes from MPS member and leader, George Realmuto, MD, DLFAPA, and also reflects his experience and specialized training.

I am a child and adolescent psychiatrist and a member of the Minnesota Psychiatric Society and the Minnesota Society of Child and Adolescent Psychiatry and now retired. I have followed the cannabis scientific literature for several years and participated in the treatment of cannabis associated disorders as medical director of the Child and Adolescent Behavioral Health Services, the state of Minnesota’s psychiatric hospital for youth. There are several critical reviews on the use of cannabis for Opioid Use disorder that are noteworthy for their contribution to this discussion of whether there is sufficient evidence and protection from harm to authorize the use of cannabis for the treatment of Opioid Use Disorder.

The review entitled Emerging Evidence for Cannabis’ Role in Opioid Use Disorder” (OUD) reiterates what is known about treatment for OUD. This report states that the most effective tool for relapse prevention is medication assisted pharmacotherapy combined with social support. A non medical reader may become confused about the treatment of the first phase of opioid treatment namely the acute opioid withdrawal phase. With future research there may be a role for cannabis in this phase but currently there is effective treatment found in alpha adrenergic receptor agonists such as lofexidine. This medication is FDA approved and is quite effective in the prevention of acute withdrawal effects. In its conclusion the report makes clear that “blinded, placebo-controlled clinical trials evaluating the efficacy of cannabis either alone or as a adjunct therapy for acute opioid withdrawal are lacking”.

Another overview review asks the question “Should physicians Recommend replacing Opioids with cannabis?” This review cites a 2018 study that found that “in an individual analysis which included 57,146 people of a nationally representative sample, medical cannabis use was positively associated with greater use and misuse of prescription opioids.”
Although effective treatments for OUD are available, the issue of opioid overdose mortality is salient in the discussion. Will medical or recreational cannabis reduce overdose deaths? Bachhuber 4. published an epidemiologically based study that demonstrated important differences in death rates from opioid with the advantage going to states with legal cannabis availability. Follow up studies with longer timelines tell a different story. Shover et al. 5. used the same methods and data as the Bachhuber study but included an additional seven years of data (2011-2017) a period in which overdose death rates rose sharply and more states legalized medical marijuana. By including the full 1999–2017 dataset, the authors found that states with medical cannabis laws experienced a 22.7% increase in overdose deaths.

Decades of research has shown beyond doubt the overwhelming benefit of medication for opioid use disorder (or MOUD). The full opioid agonist methadone (in use for half a century) and the partial agonist buprenorphine (first approved two decades ago) have proven to be life-savers, keeping patients from illicitly using opioids, enabling them to live healthy and successful lives, and facilitating recovery. Naltrexone, an antagonist that prevents opioids from having an effect, is also effective for patients who do not want to use agonist medications and are able to undergo initial detoxification under medical supervision.

Nora Volkow, MD, the national expert on addiction research and treatment and the Director of the National Institute for Drug Abuse recently spoke to the issues of treatment. She said that the efficacy of MOUD has been supported in clinical trial after clinical trial, and MOUD is now considered the standard of care in treatment of opioid use disorder, whether or not it is accompanied by some form of behavioral therapy.

Furthermore, she said that science is no longer needed to show that these medications are effective. She directed attention to societal prejudice and ignorance when she indicated that … we are directing efforts and dollars toward research aimed at overcoming attitudinal barriers and, again, increasing the implementation of these effective treatments.

Each of these reviews catalogues study after study that offer data that challenges the opinion that cannabis is a suitable choice for opioid withdrawal, treatment and maintenance.

In summary the following must be foremost in the decision NOT to consider cannabis for medical treatment of opioid addiction:

- There are currently three major categories of medication and 10 unique medications that are FDA approved for treating opioid use disorder. There is a problem with adequate access to these medications.
- There is no evidence that cannabis or any of its derivatives is adequate treatment for opioid use disorder. Promoting an unfounded opinion when soaring overdose and mortality rates from addiction raises serious ethical concerns.
- Cannabis as a treatment for Opioid Use Disorder should not be considered until it can be shown to be equivalent to current FDA approved treatments. Access to FDA approved treatments for OUD must be our major public health focus for the departments of health and human services.
My own clinical experience with adolescent use of cannabis is instructive. I have provided treatment to adolescents with intractable psychosis, thought disorder and dysfunction from the use of cannabis. I have seen healthy teenagers move on to college and as adults lose direction, motivation and academic competence while starting what would have appeared to be experimenting with cannabis. Cannabis is addictive. Replacing one addictive substance with another that appears safer is an often-repeated myth. Poly substance addiction is the outcome rather than the imagined belief that many addicted individuals give up opioids.

I recommend to the board that medical cannabis not be authorized as a treatment for opioid use disorder.

As previously stated, MPS represents nearly 500 Minnesota psychiatric physicians with additional specialty training to treat patients experiencing mental illness and substance use disorders. MPS opposes expanding medical cannabis to include patients diagnosed with opioid use disorder, and takes the position based on scientific evidence and clinical outcomes.

Thank you for your attention to this letter. If you have any questions, please feel free to contact us.

Sincerely yours,

Matt Kruse, MD, FAPA
MPS President

Mary Beth Lardizabal, DO, DLFAPA
MPS President-Elect

References:

5. CL Shover, CS Davis, SC Gordon, Association between medical cannabis laws and opioid overdose mortality has reversed over time, PNAS 2019 116(26) 12624–12626.
October 3, 2022

Office of Medical Cannabis
PO Box 64882
St. Paul, MN 55164-0882

To Whom It May Concern:

I am a Minnesota psychiatrist who recently retired from clinical practice. I continue to research and write about psychiatry. I worked at one of the largest substance use disorder treatment facilities in the United States. Every person I saw had a substance use disorder (SUD) that was significant enough to need residential treatment. Alcohol use disorder was the most common followed by opioid use disorder (OUD). I was also an adjunct professor and lectured on the epidemiology, assessment, and treatment of substance use disorders. Areas of focus included the neurobiology of SUD, opioid use disorders, chronic pain, and Attention Deficit–Hyperactivity Disorder. I did research on medication assisted treatment of alcohol use disorder and depression.

As an SUD develops, there are several associated biases that lead to chronicity. The first is the euphorigenic effect or “high” that occurs with all substances. That becomes a permanent memory that all subsequent episodes of use are compared against. Tolerance to drug effects limits the ability to experience that same degree of euphoria. That leads to attempts to use more or more powerful versions of the same drug. In the case of OUD, that has led to the use of more powerful opioids like fentanyl. A second bias is the idea that all emotions and reactions to stress can be controlled by external substances. Cannabis, alcohol, and benzodiazepines are used for that purpose. In that situation, withdrawal symptoms are misinterpreted as anxiety or depression. That leads to an additional substance being taken. Detoxification is required to determine a person’s baseline state and whether there is a treatable anxiety or depressive disorder. A third bias is that “I have a lot of time to quit.” Young people with severe SUD will often tell themselves: “I am only in my 20s, I can quit later and at that time go to work or school.” That prolongs their risk exposure and the associated morbidity and mortality. A fourth bias is people with SUD are not risk averse. In other words, if they knew a substance contained fentanyl and were risk averse, they would avoid it. This is not true. Many will seek out fentanyl products or products they know contain fentanyl in pursuit of getting high. That pursuit can get to the point that greater amounts of substances or more novel substances are used and they do not care what the outcome is. They are willing to risk a fatal outcome in pursuit of getting high. Finally, withdrawal symptoms from substances create a negative reinforcement bias – substances need to be taken to avoid withdrawal symptoms.

Easy access to opioids is a major factor in the continuing opioid crisis and the “three waves” of this epidemic that are described by the CDC (1). There were several papers (3) published that suggested that medical cannabis use was associated with less opioid use. Those findings have not been validated over time. There has been a study done
showing that opioid use was more likely to increase rather than decrease (4) with cannabis use. That study is consistent with what I have seen in the clinic.

To summarize:

1. We are still in the midst of a 2 decades long opioid use epidemic that has produced significant overdose mortality and morbidity.

2. There are current FDA approved treatments (10 drugs in 3 categories) that have demonstrated ability to prevent opioid overdoses and treat opioid use disorder (2).

3. Suggesting that Minnesota residents with an opioid use disorder use cannabis with no proven treatment efficacy over the FDA approved medications that have efficacy presents a clear ethical problem considering the level of mortality associated with this disorder.

For these reasons medical cannabis should not be approved for opioid use disorder.

I am also recommending that medical cannabis not be approved for the treatment of obsessive-compulsive disorder. The bulk of my argument rests on the information that I submitted last year recommending no medical cannabis approval for generalized anxiety disorder. In that submission, I pointed out that for many people cannabis use leads to anxiety and panic attacks rather than alleviating them. Obsessive-compulsive disorder (OCD) has effective psychotherapies and medical therapies. In fact, psychotherapy is the primary treatment modality. We currently have a healthcare system that rations access to both psychotherapy and medical treatment. When the lack of clinical trials of cannabis in OCD is considered, the same ethical dilemma presents as in the case of opioid use disorder. Is cannabis approved for OCD because health care systems and government regulators refuse to provide access to proven methods of treatment?

In both the case of opioid use disorder and obsessive-compulsive disorder, neither should be an indication for medical cannabis for the above stated reasons.

Sincerely,

George Dawson, MD, DFAPA
Lino Lakes, MN

References:

1: CDC. Understanding the Epidemic:
https://www.cdc.gov/opioids/basics/epidemic.html
2: FDA Information about Medication-Assisted Treatment (MAT): 
https://www.fda.gov/drugs/information-drug-class/information-about-medication-assisted-treatment-mat


October 4, 2022

Office of Medical Cannabis

To Whom It May Concern,

I represent the MN Chapter of the American Society of Addiction Medicine (MNSAM), as a past president and current Co-chair of their Advocacy Committee. As such, I represent over 100 clinicians specializing in treating patients with substance use issues. We care for many patients who have opioid use disorders (OUD) or opioid overdoses and we provide evidence-based, effective treatments for them. That is why we are opposed to making OUD a qualifying condition for medical cannabis in Minnesota. Please consider the following:

1. **OUD.** There are no controlled human studies that show cannabis to significantly reduce relapse or lessen the consequences of OUD. While there may be some interactions between cannabinoid and opioid receptors in animals, the effects of cannabis and its many constituents, remains controversial. Furthermore, there are three well-studied and safe FDA approved medications (methadone, buprenorphine and naltrexone) that have been shown, in many controlled studies, to reduce return to use, improve long-term abstinence and retention in treatment in people with OUD. These medications should be used for the best possible outcomes. Implying that cannabis can benefit OUD potentially will lead people to forego these proven medications in favor of another euphoric substance, that has not been shown to be effective. It has been shown that in states in which OUD is a qualifying condition for medical cannabis, dispensaries often give misinformation about it’s benefits for OUD.

2. **Opioid overdoses.** The opioid overdose crisis in this country continues with over 75,000 Americans dying of opioid overdoses in the 12 months ending April 2021. This is a huge public health problem. There is no evidence, and no scientific reason to think that cannabis will alter the opioid overdose rate. A 2014 study that suggested an association between legalization of cannabis and decrease in opioid overdoses, has now been refuted by additional data and longer followup. Methadone and buprenorphine have been shown to reduce opioid overdose events and naloxone is very effective for treating opioid overdoses. To suggest an ineffective medication, in lieu of the known effective medications, will do nothing to save lives and may deter patients from using effective medications in a life-threatening situation.

3. **Cannabis adverse effects.** Cannabis use disorders have increased in the US and there is an association between legalization of cannabis and the number of persons using cannabis, especially in younger people. Furthermore, the high potency cannabis available now has led to more frequent psychological and medical issues, such as psychosis and respiratory disease. Therefore, any expansion of medical cannabis in the state should acknowledge these risks and weigh any potential or perceived benefits against these.

4. The American Society of Addiction Medicine, a national organization of researchers and clinicians in the field of addiction disorders, adopted a thoroughly researched Public Policy
Statement on Cannabis in October, 2020 with a list of recommendations regarding medical cannabis that are attached. Note that Recommendation #6 states that “Healthcare professionals should not recommend Cannabis use for the treatment of opioid use disorders.” This was the consensus of experts in the field, after reviewing the available basic science and medical literature.

Based on this information, **MNSAM strongly recommends that the Office of Medical Cannabis reject adding opioid use disorder as a qualifying condition for medical cannabis.**

Sincerely,

Pamela Shultz, MD, FASM
Co-Chair, Advocacy Committee
MN Chapter of the American Society of Addiction Medicine

References


From American Society of Addiction Medicine,
Public Policy Statement on Cannabis
Adopted October 10, 2020

**Recommendations Cannabis and Related Products Used for Medical Purposes**

The American Society of Addiction Medicine (ASAM) recommends:

1. Cannabis used for medical purposes should be rescheduled from Schedule 1 of the Controlled Substances Act (CSA) to promote more clinical research and FDA oversight typical of other medications.
2. Cannabis and cannabis-derived products recommended for medical indications should be subject to FDA review and approval to ensure their safety and effectiveness.
3. Healthcare professionals who recommend non-FDA-approved cannabis products under the authority of state-level medical cannabis programs should be required to complete specific training with an emphasis on risk mitigation and the prevention, diagnosis, and management of cannabis use disorder and other substance use disorders. Such training should be evidence-based and be informed by high standards of medical professionalism.
4. Healthcare professionals who recommend or write permits for non-FDA approved cannabis should do so only within the context of a bona fide patient-clinician relationship that includes appropriate patient evaluation, creation of a medical record and follow-up visits to assess the results of use and amend the treatment plan as needed. The same amount of caution exercised when any other controlled substance is prescribed should be applied when cannabis is recommended by a healthcare professional for a medical use. Clinicians should be prepared to discontinue treatment with cannabis if it is not effective or causes harm.
5. Healthcare professionals should only recommend non-FDA-approved cannabis if there is evidence that the potential benefits outweigh the potential harms. Healthcare professionals should avoid recommending cannabis to pregnant persons, and should recommend cannabis with great caution, if at all, to those with substance use disorders or psychiatric disorders, or to children and adolescents. Healthcare professionals should screen all patients for cannabis and other substance use disorders and refer to treatment as appropriate before recommending cannabis to be used for medical purposes.
6. Healthcare professionals should not recommend cannabis use for the treatment of OUD.
7. Regulation of cannabis use for medical purposes should be overseen by departments of health. Indications for cannabis used to treat medical or mental health conditions should not be specified by legislatures or public referenda.
8. Non-FDA-approved cannabis recommended by clinicians should be reported to Prescription Drug Monitoring Programs (PDMPs). Healthcare professionals who recommend cannabis should check the PDMP prior to making a recommendation.
9. Potency of non-FDA approved cannabis should be determined and clearly displayed on the label. Healthcare professionals should consider the ratio of CBD to THC with respect to the indication and minimize potential adverse effects.
10. Healthcare professionals should discourage combustion or vaporization of cannabis as a drug delivery method.

11. Federal legislation and regulation should encourage scientific and clinical research on cannabis and its compounds, expand sources of research-grade cannabis, and facilitate the development of FDA-approved medications derived from cannabis such as CBD or other cannabis compounds. Research needs for cannabis to be used for medical purposes include basic outcomes studies.