Therapeutic Cannabis: Helping or Harming the Recovery of Co-Occurring Disorders

Thad Shunkwiler, LMFT, LPCC, ACS, CCMHC
Assistant Professor
Department of Health Science
College of Allied Health and Nursing
Minnesota State University, Mankato
Introductions and Learning Objectives

• Who is here?
• What do you hope to take away from the presentation?

Three Educational Objectives

• Understand the Minnesota Therapeutic Cannabis Program as a case study.
• Review current empirical research on the use of therapeutic cannabis.
• Develop skills to discuss the potential benefits and consequences of using therapeutic cannabis.
Outline

• Understanding your bias
• Cannabis: A miracle drug?
• The Minnesota Therapeutic Cannabis Program
• What do we know about medical cannabis?
• General concerns of cannabis use
• How to talk with patients about medical cannabis
• Case Study
• Questions
Theoretical Orientation Bias

• What are your thoughts on the use of cannabis to treat psychological disorders?

• Do these thoughts change if the patient also presents with a history of substance use problems?

• Abstinence vs. Harm Reduction
Cannabis: A miracle drug?

Could Cannabis Cure Your Diabetes?

Why Cannabis Seemingly Cures Every Disease
Minnesota Cannabis Program

• History
  • Signed into Minnesota law May 29th 2014
  • July 1st 2015 the first patients able to purchase and use

• Laws and rules that govern the program
  • Minnesota Session Laws: CHAPTER 311--S.F.No. 2470
  • Minnesota Administrative Rules: Chapter 4770 Medical Cannabis
Medical cannabis means any species of the genus cannabis plant, or any mixture or preparation of them, including whole plant extracts and resins, and is delivered in the form of:

(1) liquid, including, but not limited to, oil;
(2) pill;
(3) vaporized delivery method with use of liquid or oil but which does not require the use of dried leaves or plant form; or
(4) any other method, excluding smoking, approved by the commissioner.
Minnesotan Cannabis Program Definitions

**Qualifying medical condition** means a diagnosis of any of the following conditions:

(1) cancer, if the underlying condition or treatment produces one or more of the following:
   (i) severe or chronic pain;
   (ii) nausea or severe vomiting; or
   (iii) cachexia or severe wasting;
(2) glaucoma;
(3) human immunodeficiency virus or acquired immune deficiency syndrome;
(4) Tourette's syndrome;
(5) amyotrophic lateral sclerosis;
(6) seizures, including those characteristic of epilepsy;
(7) severe and persistent muscle spasms, including those characteristic of multiple sclerosis;
(8) Crohn's disease;
(9) terminal illness, with a probable life expectancy of under one year, if the illness or its treatment produces one or more of the following:
   (i) severe or chronic pain;
   (ii) nausea or severe vomiting; or
   (iii) cachexia or severe wasting; or
(10) any other medical condition or its treatment approved by the commissioner.
Minnesota Cannabis Program Definitions

Medical Conditions that were added by Health Department commissioner:

• Intractable Pain
• *Post-Traumatic Stress Disorder*
• Autism
• Obstructive Sleep Apnea

Patients can be certified beginning on July 1, 2019:
• Alzheimer's Disease
Minnesota Cannabis Program Process

Overview of MN Medical Cannabis Program

- Patient has a qualifying condition
- Health care practitioner certifies condition
- Patient registers, information, proof of I.D. & payment
- Approved patient is added to registry
- Medical cannabis may now be obtained at any of the cannabis patient centers across the state

DID YOU KNOW THAT MINNESOTA IS THE FIRST STATE PROGRAM IN THE COUNTRY TO OFFER ONLY SMOKE-FREE MEDICAL CANNABIS?

- No smoke
- No plants
- Pill
- Liquid
- Oil

2 manufacturers authorized, regulated, inspected

*Care-giver may represent a patient by applying and meeting conditions including a background check.

MDH
Minnesota Department of Health
What it does this guide say about substance use or co-occurring disorders?

What are providers saying about their experience thus far in the program?

“I don’t know much about medical marijuana, but think it’s probably better than Xanax or Opiates, so I have no problem certifying patients.”

“I’ve seen an increase in patients seeking certification for disorders that appear primarily related to mental health symptoms.”

“I’m no expert in mental health. So when a patient inquires about certifying for issues related to mental health, I require them to get an opinion from a behavioral health professional.”
Minnesota Cannabis Program Distributors
## Minnesota Cannabis Program Data

<table>
<thead>
<tr>
<th>Role in Registry</th>
<th>Number of People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Practitioners</td>
<td>1357</td>
</tr>
<tr>
<td>Number of health care practitioners that are registered and authorized to certify patients:</td>
<td></td>
</tr>
<tr>
<td>Patients</td>
<td></td>
</tr>
<tr>
<td>Number of patients with approved enrollment who are currently active in the registry:</td>
<td>12826</td>
</tr>
<tr>
<td>Total number of approved patient enrollments to date:</td>
<td>18795</td>
</tr>
</tbody>
</table>

### Diagnosis Specifics

| Post-Traumatic Stress Disorder         | 1,674 (16%)      |
Petitions to add other conditions

• Opioid Use Disorders (Officially Considered in 2018)
• Panic Disorder (Officially Considered in 2018)
• Depression (Not formally reviewed in 2018)
• Generalized Anxiety Disorder (Not formally reviewed in 2018)
• Bipolar Disorder (Not formally reviewed in 2018)
• Schizophrenia (Not formally reviewed in 2018)
What do we know about medical use of cannabis?

• The scientific evidence supporting the medical use of marijuana and cannabinoids varies widely by disease entity from high-quality evidence to poor-quality evidence.

• Medical marijuana and cannabinoids have significant potential health risks, such as addiction and worsening of psychiatric illnesses such as some anxiety disorders, mood disorders, psychotic disorders, and substance use disorders, as well as many potential medical benefits.

What do we know about medical use of cannabis?

• Unlike with substances such as alcohol or tobacco, no accepted standards exist to help guide individuals as they make choices regarding if, when, where, and how to use cannabis safely and, in regard to therapeutic uses, effectively.

• One of the most prevalent myths about marijuana’s *healing* effects is that it can cure anxiety. In reality, marijuana has a host of negative effects on people struggling with anxiety disorders. For example, immediately after smoking, an adult’s normal resting heart rate can increase by 20 to 100 percent. And that’s not all; the effects can last for up to three hours.

What about PTSD and medical cannabis?

- Patients with PTSD frequently report that marijuana reduces symptoms such as hyperarousal, emotional distress, and intrusive thoughts of the trauma.

- However, human experimental studies show higher doses of THC may be anxiogenic and propsychotic.

- Known risks of marijuana thus currently outweigh unknown benefits for PTSD.

What about PTSD and medical cannabis?

• The only available treatment outcome data on whole plant marijuana for PTSD are not robust, consisting of one small uncontrolled study: individuals were asked to retrospectively rate the severity of their PTSD symptoms when using versus not using marijuana. Participants reported a 75% reduction in PTSD symptoms when using marijuana.

• However, because participants were attempting to obtain psychiatric clearance to receive marijuana legally, exaggeration of the beneficial effects of marijuana is highly likely. Participants who discontinued the program, were not assessed in the final conclusions.

What about PTSD and medical cannabis?

• Unlike THC, CBD is not associated with anxiogenic or proppsychotic effects at any dose.

• Human experimental evidence also strongly supports CBD's therapeutic potential for treating PTSD symptoms.

CBD: Boom or Bust?
Future research on medical cannabis

• Outcomes, either positive or negative will depend on the nature of the disorder requiring treatment. No two conditions present the same, nor are treated the same.

• Clearly, more research is needed. Barriers must be removed to complete this.

• What research would you like to see completed as it relates to therapeutic cannabis?
How will you talk with your patients about medical cannabis?
Strategies for talking about cannabis with clients.

• Seek to understand their reasoning for wanting medical cannabis.

• Encourage the patient to critically analyze all information not just the information that reinforces their position.

• Encourage them to discuss how the use fits within their narrative of sobriety.

• Discuss realistic expectations. The chance of cannabis being the miracle they are looking for is very small.
Case Study Review

• Tom is a 35-year-old Iraq war veteran, who was physically wounded in combat and has lived with severe PTSD for the past 7 years. You have worked with Tom and assisted him overcome an addition to opiate pain medications. He has been sober from opiates for 2 years and still engages with you in maintenance recovery work. He has failed to successfully treat his PTSD symptoms with traditional psychiatric medications and he expressed that he wants to give medical cannabis a try. Tom’s medical provider wants you to provide a recommendation before they will sign off on certifying his request.

• How would you handle this request?
Case Study #2

• Jennifer is a 25-year-old who has a lengthy history of generalized anxiety and severe alcohol abuse. She reports that she often uses her friends medical grade cannabis and has found it helpful in dealing with her anxiety and cravings to drink. She wants your approval for her to continue to use.

• How would you handle this situation?
Questions?

Thad.Shunkwiler@mnsu.edu
References

References


