The Illinois Medical Marijuana Program: Medical Cannabis for PTSD

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On August 1, 2013, Governor Quinn signed The Compassionate use of Medical Cannabis Pilot Program and went into effect January 1, 2014. Many of the details of the program have been left to the discretion of the Illinois Department of Agriculture and Department of Health. Currently, there are 39 conditions for which medical professionals can recommend medical cannabis. PTSD is not one of them. This resource fact sheet clarifies some of the information on the use of medical cannabis for treating PTSD.

Is PTSD currently covered by Illinois’s law?

No. The current law, as it stands, does not allow medical professionals to recommend medical cannabis for treating PTSD. The law allows medical cannabis in non-smokeable forms to treat “specific severe, debilitating or life threatening condition that is accompanied by an associated or complicating condition.” Currently, the 39 qualifying conditions are Acquired Immunodeficiency Syndrome (AIDS), Alzheimer’s Disease (Agitation of), Amyotrophic Lateral Sclerosis (ALS), Arnold-Chiari Malformation, Brain Injury – Traumatic (TBI) and Post Concussion Syndrome, Cancer, Cachexia/Wasting Syndrome, Causalgia, Chronic Inflammatory Demyelinating Polyneuropathy, Complex Regional Pain Syndromes Type II (CRPS), Crohn’s Disease, Dystonia, Fibromyalgia (Severe), Fibrous Dysplasia, Glaucoma, Hepatitis C, Human Immunodeficiency Virus (HIV) – Positive Status, Hydrocephalus, Hydromyelia, Interstitial Cystitis, Lupus, Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Myoclonus, Nail-Patella Syndrome, Neurofibromatosis, Parkinson’s Disease, Reflex Sympathetic Dystrophy RSD (Complex Regional Pain Syndromes Type I), Residual Limb Pain, Rheumatoid Arthritis (RA), Seizures (Including those characteristics of adult and childhood epilepsy), Sjogren’s Syndrome, Spinal Cord Disease (Including but not limited to Arachnoiditis), Spinal Cord Injury, Spinocerebellar Ataxia (SCA), Syringomyelia, Tarlov Cysts, and Tourette’s Syndrome.

PTSD, experienced by many Illinoians including a significant number of veterans, is not a qualifying condition. However, the Department of Health Commission may add other conditions to the list. The law provides that within eighteen months of the effective date of the legislation, the Commissioner of Health must determine whether or not to add the following conditions to the list: Alzheimer’s disease, muscular dystrophy, dystonia, posttraumatic stress disorder and rheumatoid arthritis.

What is the efficacy of medical cannabis in helping those with PTSD?

Alleviates symptoms of PTSD. An Israeli pilot study found that within two months of administering medical marijuana, the severity of participants’ PTSD symptoms and emotional distress were reduced by approximately half. Additionally, participants reported an improvement in work and social functioning as well as increase in their overall psychological state, with effects seen up to one year post-treatment. Several studies --including a randomized controlled trial, and an intensive case study-- found that marijuana reduced the intensity of pain, improved sleep, and was well tolerated among participants. Finally, another study conducted last year in New Mexico, the first state to allow the prescription of medical cannabis for PTSD, also found signs of PTSD symptom reduction. Additionally, cannabis has
also been found to have positive effects on emotional processing and fear extinction\textsuperscript{vii}: Specifically, cannabis plays an important role in the extinction learning of aversive memories, a neural process with central relevance to PTSD\textsuperscript{viii}.

**Potential as a harm reduction tool in preventing dependence, toxicity, and overdose with other medications.**

Currently the U.S. FDA has approved two anti-depressants for the treatment of PTSD -- namely Zoloft and Paxil, both of which have limited efficacy and produce remission in only about one-quarter of patients. Such medications have also been found to double the risk of suicidal thinking and suicidal attempts in patients 24 years or less, which includes large percentage of our returning veterans\textsuperscript{ix}.

Both of these medications are antidepressants, which have been widely reported to have detrimental side effects like nausea, sexual problems, worsening depression, suicidal thinking or behavior, and withdrawal from normal social situations. Doctors may also prescribe other types of medications, like benzodiazepines, antipsychotics and other antidepressants like Prozac, which have undesirable side effects\textsuperscript{x}. Among veterans with PTSD, as diagnosed by the Department of Veterans Affairs, 89% are treated with the above-listed medications\textsuperscript{xi} Medical cannabis, which has shown promise in alleviating PTSD, could be used to replace some of these pharmaceutical drugs, allowing those with PTSD to reduce or eliminate harmful side effects.

Off-label use of opioids is widespread among veterans diagnosed with PTSD, and use of these drugs can have significantly and potentially life threatening side effects\textsuperscript{xii}. Several studies indicate that medical cannabis can complement or substitute opioid medicine. Used in combination with or instead of opioids, the addition of cannabis often allows the patient to decrease the dosage of opioid medication required to relieve pain, thereby decreasing the potential for opioid overdose and cross prescription complications\textsuperscript{xiii}. Moreover, research published in the journal of JAMA Internal Medicine found that opiate-related deaths fell by a third on average in 13 states after they legalized medical marijuana in the six years after the states’ medical marijuana laws took effect\textsuperscript{xiv}.

How would access to medical cannabis help our veterans?

Unfortunately, PTSD drives high rates of suicide among veterans. The Department of Veteran Affairs estimates that on average, 22 veterans die from suicide each day. Another recent analysis found a suicide rate among veterans might be higher than that; about 30 per 100,000 population per year\textsuperscript{xv}. One study found that, veterans are not only more predisposed to have suicidal thoughts, often associated with PTSD and depression, but they are more likely to act on these thoughts. The study also found that combat-related PTSD is significantly correlated with suicidal thoughts and attempts\textsuperscript{xvi}. According to the New York State Office of Mental Health, PTSD is estimated to occur in about: 30% of Vietnam veterans, 10% of Gulf War veterans, 6% to 11% of veterans of the Afghanistan war, and 12% to 20% of veterans of the Iraq war\textsuperscript{xvii}.

Adding medical cannabis to the list of qualifying conditions would also reduce the stigma that those afflicted with PTSD have by recognizing it as a condition that deserves compassionate treatment. The majority of service members do not seek treatment because of the overshadowing stigma associated with seeking treatment for a condition for which they have be discharged\textsuperscript{xviii}. Having the state recognize some illnesses but not PTSD in medical marijuana policies can reinforce negative perceptions and delegitimize the seriousness of PTSD and the need for care.
How many Illinois patients could potentially benefit from having PTSD covered?

Estimating the number of Illinois residents affected by PTSD is difficult. Anyone can get PTSD at any age. This includes war veterans and survivors of a wide range of traumatic events such as physical and sexual assault and abuse, accidents, disasters, domestic violence, and many other serious events. Some people get PTSD after a friend or family member experiences danger or is harmed. The sudden, unexpected death of a loved one can also cause PTSD. There are a variety of other events that may lead to PTSD, including natural disasters and long-term exposure to highly graphic or violent information (such as with police or first responders). A needs assessment of veterans conducted by RAND found that about one in five service members and veterans screened positive for a probable diagnosis of PTSD or depression.

Do other states provide medical cannabis for people with PTSD?

As of this writing, approximately half of states with medical marijuana programs list PTSD as qualifying conditions: Arizona, California, Connecticut, DC, Delaware, Hawaii, Maine, Maryland, Massachusetts, Michigan, Nevada, New Mexico, Oregon and, Washington. Debates about adding PTSD to the list of approved conditions are underway in Illinois, New Jersey and Iowa.

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