Nearly 60 percent said they were able to reduce their use of other pain medications while on medical cannabis.

The most common adverse side effects were dry mouth, drowsiness, fatigue and mental clouding/"foggy brain." About 35-40 percent reported experiencing at least one mental or physical adverse effect, with about 90 percent saying the adverse effect was mild to moderate in severity. No serious adverse events were reported during the observation period. **MM**

Intractable Pain Patients in the Minnesota Medical Cannabis Program: Experience of Enrollees During the First Five Months, report of the Minnesota Department of Health, Office of Medical Cannabis

Medical cannabis for ANXIETY DISORDER?

Physician working group takes a closer look

BY ANDY STEINER

Nearly every year since medical cannabis was legalized in Minnesota, the Minnesota Department of Health's Office of Medical Cannabis has received petitions requesting that anxiety disorder be included in the list of conditions eligible to be certified for medical cannabis treatment. Every year the petitions have been rejected.

This year, in what may be a small step toward certification, a working group of physicians and other mental health and addiction professionals were recruited by the office to discuss medical cannabis and its efficacy in the treatment of anxiety disorders. (MDH is accepting public written comments on medical cannabis and anxiety disorders through October 1. Send comments to health.cannabis.addmedicalcondition@state.mn.us.)

Chris Tholkes, MA, director of the Office of Medical Cannabis, explained that the group of seven, which included five physicians in a range of specialties, met this spring in three two-hour-long virtual sessions.

While her department is well aware of the level of public interest in adding anxiety to the list of qualifying conditions, Tholkes says she and her colleagues are also aware of valid concern that's been expressed by members of the state's medical community.

"There's obviously tremendous interest in adding this condition," Tholkes says. "It didn't feel fair to ask people to just keep submitting petitions every year. We felt like we weren't elevating the discussion with the passive approach we were taking. We weren't hearing from the medical community."

The relative silence from physicians needed to be addressed, Tholkes says: The petitions of support felt troublingly uneven, with laypeople clearly on the side of certification and physicians uncharacteristically reluctant to weigh in on the issue.

"We got hundreds of letters from individuals," Tholkes says. "We got one letter from a psychiatrist who raised some very valid concerns about the use of cannabis in treating anxiety." Minnesota's medical cannabis system requires a physician, physician assistant or advanced practice registered nurse to certify a patient for treatment, she explains, and because of this fact, staff wanted to fully address this concern and further test the waters with members of the medical community before diving in.

The work group was her office's attempt at getting a better sense of where physicians stood on the issue, Tholkes says: "Support was there from patients or regular people in our program or people who want to be patients in our program." After much review and consideration, she adds, "Where we landed was, 'It feels like we have to go back out and try to do a deeper engagement with the medical community.'"

Recruiting a diverse group of physicians to take a deeper look at the issues felt like an important step. Because a warning flag had been raised about the safety of cannabis in treating anxiety, Tholkes and her colleagues believed it was important to measure physicians' collective pulse: Minnesota's medical cannabis program can't work without physician support.

"We think it is important to engage the medical community on these issues," she says. "We want the guard rails up. We want medical input on these decisions."

A diversity of opinion

To assemble members of the working group, Tholkes and her staff set out to find a group of physicians who represented a range of backgrounds, opinions and experience treating patients with anxiety—as well as physicians who've worked with patients who self-medicate for anxiety with cannabis.

To assemble a list of possible working group members, Tholkes and her staff started with a blank slate. "We did a ton of outreach," she says. "We brainstormed. We did internet research on who is working in this space. We reached out to the

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Medical cannabis for **ANXIETY DISORDER?**

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psychiatrist who submitted that letter of opposition. We wanted to have a robust discussion of risks and benefits."

It isn't always easy to find physicians or other members of the medical community to support her office's efforts, Tholkes says. This lack of support was more pronounced at the beginning: "There was a tremendous amount of hesitance in 2015 when the program was launched. Healthcare practitioners did not want to be associated with it or have a public opinion on the program. It has gotten better the longer we've been around, but it is still challenging to gather physician support for our work."

The final working group, Tholkes says, included general practice physicians, a psychiatrist and researcher, a marriage and family therapist, and a physician who has certified many patients for medical cannabis treatment.

While she feels good about the group's background and diversity of participants, Tholkes also wants to be open about its limitations. "I want to be honest that the workgroup was seven people," she says. "Does it represent the whole medical community? I'm not sure. I do think it was a good mix. We worked hard to get a variety of opinions. But I suspect we could be criticized for having a group only of seven."

A primary care physician who is board-certified in addiction medicine, Cuong Pham, MD, works at Community University Health Care Center (CUHCC) and is an assistant professor of medicine at the University of Minnesota Medical School. When he was asked by Tholkes' office to join the working group, Pham made it clear that while he was happy to help out, his background on the topic was limited.

"I'm not an expert in medical cannabis," he says. "Most my patients don't use medical cannabis. It is too expensive for them."

The first group meeting was, Pham recalls, "really interesting." The meeting's structure was open-ended, and the group of physicians launched in with a range of opinions on medical cannabis and the appropriateness of it being used to treat anxiety.

"Physicians are pretty confident people," Pham says. "Folks were talking and talking. It was a lot of voices, a lot of opinions."

While he was surprised by the amount opposition expressed by the psychiatrists in the group, ("The thought process for them is their clinical experiences," he says "They've seen the dramatic negative effects that cannabis use can have on psychosis and anxiety"), Pham himself entered the discussion from a more nuanced perspective.

"It's complicated," he says. While adding anxiety disorder to the list of qualifying conditions may expand access to care for some people, he believes it is likely to have little impact on his patient population, who tend to be low-income and often new to the country. Medical cannabis is relatively expensive, so, even if it were helpful for treating anxiety, most of Pham's patients could not afford to use it. "If the cost was lower, this would be a different conversation," he says. "I can think of just three or four patients of mine who are on medical cannabis for different conditions, but they can afford it."

Alik Widge, MD, PhD, is an assistant professor of psychiatry and researcher at the University of Minnesota and a member of the MMA ethics committee. In his work with individuals living with treatment-resistant mental illness, Widge says he has met plenty of people who come to his office and admit to significant cannabinoid use. Patients tell him this attempt to use cannabis to relieve their symptoms works, Widge says, but, "It is hard to figure out if it is really helping them or if it is harmful or is it just neutral."

Widge agreed to join the working group, but made it clear going in that he was, "open-minded but leaning against large-scale use or blanket endorsement."

He felt that the range of opinion among members of the group was a fair representation of the state's medical community: "There were members who were firmly anti- and nothing could convince them." There were also, Widge adds, "People like

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me, in the middle—and people who were firmly on the side of, 'Cannabis treats anxiety and it's better than any other medication.'"

Did the needle budge?

The work group wasn't expected to reach a unified conclusion on certification, but some members' positions did shift one direction or another.

"Our discussions moved me a little further away from skepticism," Widge says, "but just a small amount. I am not at a point where I would actively recommend cannabis products to my treatment-resistant patients, but I am willing to accept that it could be helpful for persons with the right treatment plan."

Pham says he isn't surprised that most members of the group left the meetings holding on to a version of their original opinion: "There is a diversity of opinion on this. With all of the providers that were there, it would be hard to provide a clear recommendation."

He also says that he left the meetings with a new understanding of why some providers continue to resist this change: "I think a lot of physicians don't want to be in the place of having the card to hold this type of medication for patients. It feels too risky"

There was a general agreement among working group members that adding anxiety to the list of qualifying conditions would give physicians and researchers an opportunity to make a deeper study of the drug's efficacy. Because of cannabis' classification as a Schedule I narcotic, few reputable research studies exist.

"Minnesota's cautious approach to this is particularly interesting and might allow us to figure some things out," Widge says. "I don't think my participation in the group changed my positions as much as they offered another opportunity for me to say, 'If we are going to do this in a data-driven way, what are the outcomes we need to measure?'"

Pham agrees. Adding anxiety to the list of qualifying conditions could, he says, "be an opportunity to more closely study it, to see if it is truly safe or not. If we make it legal, we can better control it and the products that are available to the public."

Widge says that one area where the group found common ground was the belief that any medication, including cannabis, should not be a replacement for talk therapy.

"We all agreed that anything that reduces engagement in psychotherapy is a bad thing," he says. "We agreed that the gold-standard treatment for anxiety is psychotherapy, especially the exposure method."

In July, the working group's detailed report was released to the public, with the pros and cons of three potential pathways highlighted for consideration: maintain the status quo and deny future petitions until clinical evidence is available, approve a limited set of sub-conditions for those at greatest risk for debilitating illness and who have the highest potential to be prescribed benzodiazepines, or approve anxiety disorder as a whole.

The group's conclusions help move the state one step further toward a decision on medical cannabis, Tholkes says. That's important, because as many as 31 precent of Americans are touched by anxiety disorder and many are seeking treatments that work better than the existing ones. She and her colleagues at the Department of Health want to provide safe ways to help ease their symptoms.

Tholkes is thankful that members of the working group were willing to take part in what may seem to them like an overly clunky governmental process: "We already know what the general public thinks about this issue. What we were trying to do with these meetings was measure, 'What does the health care community think?'"

The working group meetings were, she says, "really rich, respectful, professional discussions. Members were really sharing their practice and treatment experience and their concerns about the lack of research. Their participation helps move us forward from a more informed perspective, and that's exactly what we were looking for." **MM**

Andy Steiner is a Twin Cities freelance writer.

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