



Arizona Cannabis Nurses Association

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Hon. Will Humble, Director
Arizona Department of Health Services
State of Arizona
PO Box 19000
Phoenix, AZ 85005

Re: ALJ Decision to Add Post Traumatic Stress Disorder (“PTSD”) as a Debilitating Medical Condition

Dear Director Humble:

On behalf of the Arizona Cannabis Nurses Association (“AZCNA”), and thousands of veterans statewide, we are writing to ask that you uphold Judge Shedden’s recent decision to list PTSD as a debilitating condition allowing the use of medical cannabis for treatment.

Since the Director’s Blog and Media Reports concerning Judge Shedden’s decision suggested that you have decided to take the full amount of time (i.e. 35 days) to consider the Decision, the Arizona Cannabis Nurses Association would like to provide you with some bullet points for your consideration in making this important decision.

The AZCNA is grateful to the OAH for allowing us the opportunity to present evidence for four days on behalf of over 500,000 PTSD sufferers in Arizona, particularly for our Veterans. This is a very special group within the state and many are afflicted with debilitating nightmares, flash backs, social issues, and hyper-vigilance due to the trauma they experienced in the performance of their valiant service on behalf of our great country. While we still do not know whether cannabis will ultimately prove to be a cure for PTSD, it is a gentle plant medicine which can alleviate symptoms and provide palliative

benefit. Symptom relief through cannabinoid therapy allows patients to lead more functional lives, which many times paves the way to increased overall health and well-being.

Through the lengthy OAH Appeal - a process that took 24 hours of hearings over 4 days with both sides presenting and cross-examining witnesses - the AZCNA was able to fully present - and prove - its case.

As you know, the Petition process was far more limited and abbreviated, which

- Allowed for only 2 - 3 minutes per witness, including medical witnesses
- No certainty that members of the Medical Review Committee actually (according to sworn testimony):
 1. Read the entire Petition or Exhibits;
 2. Viewed the Public Testimony;
 3. Read the comments posted by nearly 700 PTSD patients or supporters, many of which described in detail their experience with PTSD and the positive “palliative benefit” they received from cannabis;
 4. Availed themselves of any opportunity to engage in question and answer with the proponents of adding PTSD;
- Allowed no opportunity to question the U of A Research which would have revealed that it lacked an understanding of AAC Rule 9-17-106, or its underlying rationale; impermissibly excluded animal studies and biochemical pathway studies; and a lack of understanding of the “NIDA monopoly” which creates an impossible research “bottleneck” in conducting high level human testing - an important consideration in making judgments concerning “legislative intent”.
- According to the evidence received at the Administrative Hearing, the Medical Review Committee spent no more than about 2 hours discussing all three Petitions before reaching its decision and, again, without the opportunity for outside expert input.

On the other hand, Judge Shedden conducted **24 hours of hearing time spread over 4 days**. He also had the opportunity to carefully consider the specific language of the Rules, and conclusively found that all elements required by the Rules had been met by AZCNA.

As Judge Shedden correctly pointed out in his “Conclusions of Law, Paragraph 4”, AAC Rule 9-17-106, does not require “high quality human studies”, but only evidence that “the use of marijuana will provide a therapeutic *or palliative benefit* [for PTSD]”, and “[a]rticles published in peer-reviewed scientific journals reporting the results of research on the effects of marijuana on the medical condition...supporting why the medical condition [PTSD] should be added.” Emphasis Added. This is so, because at the time AMMA was passed and the Rules were adopted, there were no such studies - even for many of the medical conditions listed in Prop. 203 - as a result of the “NIDA monopoly” described in more detail, later. As AZCNA’s attorney, Ken Sobel pointed out “[i]t is axiomatic statutory interpretation that a lawmaker cannot interpret a rule in a manner that would make it impossible to meet.”

Both parties (AZCNA and AZDHS) had the opportunity to call any or all witnesses they chose, and each witness was subjected to detailed cross-examination by the other side. While most of the relevant testimony was discussed in Judge Shedden's Decision, the following facts were proven:

- AZCNA produced nearly two dozen articles published in peer reviewed scientific journals supporting cannabis as providing a “palliative benefit”, or otherwise proving that the endocannabinoid system (ECS) was involved in memory retrieval, fear extinction and stress mediation. This includes the six (6) articles that the U of A study also found.
- AZDHS presented NO EVIDENCE to contradict AZCNA's evidence, and ADMITTED that there was NO EVIDENCE that cannabis causes “harm”.
- Cannabis is a natural plant medicine used in its natural form as leaf, flower or extract identical to other plant extracts (like Osha Root, Valerian or Ginko Biloba) which are readily sold over the counter at supermarkets or health stores (and can potentially have more serious side effects than cannabis).
- Three distinguished doctors (two MD's, one DO), and a Registered Nurse who specializes in cannabis medicine testified to a “reasonable degree of medical certainty” that cannabis was a “safe and effective” therapy for PTSD sufferers, that cannabis provided - at a minimum - a palliative benefit to PTSD sufferers, and PTSD should be listed as a debilitating condition under AMMA.
- Despite the NIDA Monopoly and the research “bottleneck” it creates for human studies, the last five (5) states to consider adding (or retaining) PTSD to their list of debilitating conditions for which medical cannabis may be obtained - all 5 have added or retained it based on scientific evidence. Indeed the same scientific evidence provided by AZCNA.
 1. New Mexico DOH added PTSD in 2009, and retained it in 2013, after a Petitioner sought to have it de-listed. **7 Doctors unanimously agreed to add PTSD** based on scientific evidence in 2009, **and 6 Doctors unanimously agreed to continue it in 2013** - finding that in the past four (4) years involving more than 3,000 patients there was **not a single report of an adverse outcome with respect to such patients**. Indeed, 42% of the New Mexico cannabis patients have qualified with a diagnosis of PTSD.
 2. The AZCNA provided a copy of its Petition to the proponents in Nevada last year. **Based on the same medical research and arguments, Nevada's Department of Health approved PTSD. (3/14).**
 3. Oregon and Maine (6/13) also added PTSD, albeit through legislative action. However, the relevant Legislative Committees reviewed the medical literature before doing so.
 4. Michigan approved PTSD through administrative action following a 6 - 2 vote in favor from a sub-committee specifically charged with oversight of the medical cannabis program (3/14).

All of this evidence is readily available. The Department's very distinguished counsel, Mr. Falls, has copies of everything submitted by all parties through and including the ALJ Hearing. In addition, we understand that OAH has the complete audio recording of the proceedings. If, for any reason, these materials are not immediately available to you, please let us know and we will happily arrange for the transfer of such materials through AZDHS counsel.

As mentioned before, the AZCNA is especially passionate for our returning war heroes who suffer from PTSD - including all who have served, and particularly those returning from the Iraq and Afghanistan Wars. The evidence shows that 22 service men and women are committing suicide daily, and the incidence of PTSD is at an “epidemic” level affecting 30% or more of our returning veterans.

AZCNA also introduced un-rebutted testimony that these returning vets know and understand the value of medical marijuana in treating their PTSD symptoms. Under such circumstances, many of these veterans are left with the choice of lying about their condition in order to qualify, or to access the “black market” - getting their marijuana on a street corner and exposing themselves to the risks that entails. It is hard to imagine a returning war hero being prosecuted and incarcerated for trying to get the help he or she needs with safe access to cannabis.

We also know that there is a crisis in terms of the delivery of VA care to our returning veterans, especially the Phoenix VA, which recently was the poster child for “secret” waiting lists, and evidence that our returning vets with PTSD were waiting “6 - 10 months” for even an initial visit.ⁱ And, the recent shooter at Ft. Hood was reportedly a returning Afghan vet who was diagnosed with PTSD, and had been waiting several months for treatment.

Listing PTSD in Arizona would allow our PTSD sufferers in Arizona (more than 500,000 according to expert testimony) to safely access their medicine at a licensed dispensary. Under this protocol, a patient would still be required to:

- Produce recent medical records showing a PTSD diagnosis;
- Obtain a MMJ Recommendation from another doctor;
- Obtain their medical marijuana from a licensed dispensary supervised by a qualified Medical Director;
- Receive their medical cannabis from a patient services attendant at the Dispensary who has received appropriate training from the Medical Director;
- And, re-apply for an Arizona patient card within a one (1) year period.

In addition to allowing our PTSD veterans and others to honestly disclose their condition, obtain an AMMA patient card for that condition (and avoid potential criminal penalties), and get safe and supervised access to their medical cannabis, allowing PTSD to be added will also facilitate further research and studies, such as the one that Dr. Sue Sisley has tirelessly pursued.

Thus, upon listing PTSD, AZCNA proposes to work together with the AZDHS as a special sub-committee to the Medical Advisory Board to:

1. Provide helpful information to physicians who diagnose or recommend cannabis with respect to issues unique to PTSD patients;
2. Provide helpful information to Dispensaries in selecting specific strains and methods of administration most beneficial to PTSD patients;

3. Work with Dr. Sisley in identifying potential PTSD patient candidates for further study, and
4. Provide cannabis medicine and other resources to aid in Dr. Sisley's further study.

In addition, we would very much appreciate the opportunity to meet and confer with you at your convenience prior to you making a final decision in this matter. Please feel free to contact me directly if you are available for such a meeting, or otherwise, if you have any questions or need any additional information.

With kind regards,

Nurse Heather

Heather Manus, RN, President

The Arizona Cannabis Nurses Association

Cc: Veteran Support Groups

ⁱ *However, it is worth mentioning that even the VA acknowledges the value and use of cannabis for returning PTSD vets. In 2011, it changed its policy prohibiting the rendition of medical services to vets with medical cannabis cards, and has since then permitted it. And, last month the US House narrowly defeated an Amendment that would have allowed VA doctors to recommend medical cannabis in states where it is legal. Just two weeks ago, the US House voted to "de-fund" the DEA in enforcement actions against medical marijuana patients and dispensaries in states where medical marijuana is legal, including Arizona.*