



Investing for tomorrow, delivering today.

Medical Cannabis Program

Cannabis *N*_{ugs} *O*_f *W*_{isdom}

Gary J. French, MD

Medical Director

Elizabeth Bisio, MHP, CHES

Health Educator

Before we start...

On behalf of all colleagues at the Department of Health, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Apache, Navajo and Pueblo past and present.



Snow Capped Organ Mountains, Las Cruces
By NMDOH Employee, Kristin Hoogerhuis

With gratitude we pay our respects to the land, the people and the communities that have and continue to contribute to what today is known as the State of New Mexico.

Mission – Department of Health

To ensure health equity, we work with our partners to promote health and well-being, and improve health outcomes for all people in New Mexico.

Goals



1. We expand equitable access to services for all New Mexicans



2. We ensure safety in New Mexico healthcare environments



3. We improve health status for all New Mexicans



4. We support each other by promoting an environment of mutual respect, trust, open communication, and needed resources for staff to serve New Mexicans and to grow and reach their professional goals

Political Update – Cannabis and Guns

- The State of New Mexico has no laws or regulations regarding weapons possession and enrollment in the Medical Cannabis Program.
- The Federal Government does:
<https://www.atf.gov/firearms/docs/open-letter/all-fpls-sept2011-open-letter-marijuana-medicinal-purposes>
- Please check with the Bureau of Alcohol, Tobacco, Firearms and Explosives for further information or updates as Cannabis Policy may change.
- Enrollment in the Medical Cannabis Program does not allow patients to violate federal law.

Medical Update – ASRA guidelines

- Screening all patients before surgery
- Postponing elective surgery in patients who have altered mental status or impaired decision-making capacity at the time of surgery
- Counseling frequent, heavy users on the potentially negative effects of cannabis use on postoperative pain control and nausea
- Counseling pregnant patients on the risks of cannabis use to the unborn child.

December 2022 stats

mcp.doh.nm.gov

Anxiety Disorder stats

Diagnosing Anxiety Disorder

- Everyone feels anxious now and then, but Anxiety Disorders are different.
- Goes beyond regular nervousness
 - Interferes with your ability to function
 - Overreact when something triggers your emotions
 - Can't control your responses to situations
- Occurs more often in women
- Anxiety Disorders are not simple to diagnose, probably harder than PTSD

Diagnosis Should Include:

- Physical exam
 - rule out other illnesses
- Personal History
 - rule out psychological conditions

Physical Exam

- Rule out hypothyroidism
- Rule out heart arrhythmias
- Rule out irritable bowel syndrome
- Rule out systemic lupus erythematosus
- Rule out sleep apnea
- Rule out medications/substances as the cause
 - Levodopa (Parkinson's Disease)
 - Cyclosporine (R.A., psoriasis)
 - Adderal (ADHD)

Labs to consider

- complete blood count
- fasting glucose
- fasting lipid profile
- electrolytes
- thyroid-stimulating hormone
- liver enzymes
- urine toxicology for substance use
- pregnancy test

Personal History

- Rule out adjustment disorder
- Rule out depression
- Rule out PTSD
- Rule out schizophrenia
- Rule out obsessive-compulsive disorder
- Rule out eating disorders

Make sure Primary Provider is aware of Medical Cannabis use so that proper titration can occur.

Types of Anxiety Disorders

- Generalized Anxiety Disorder
- Panic Disorder
- Social Anxiety Disorder
- Specific Phobias
- Agoraphobia
- Postpartum Anxiety Disorder
- Selective Mutism
- Separation Anxiety
- Substance/Medication-induced Anxiety Disorder

Generalized Anxiety Disorder

- The key feature of generalized anxiety disorder (GAD) is persistent, uncontrollable and excessive worry about a range of activities and events. Worry is associated with difficulty concentrating, insomnia, irritability, muscle tension and restlessness.

Panic Disorder

- Panic disorder features severe, repeated panic attacks, some of which are “out of the blue.” A panic attack is the sudden onset of intense fear that peaks within minutes and is associated with symptoms that include sweating, heart palpitations, shortness of breath, nausea, dizziness, tingling sensations and feelings of derealization. Panic attacks must be accompanied by a fear of physical symptoms and/or avoidance of the feared situations (e.g., being alone, being far from a hospital) lasting more than one month. Panic disorder is often accompanied by agoraphobia.

Social Anxiety Disorder

- Social anxiety disorder features fear and avoidance of public performance or situations in which the person may be scrutinized by others. It may be limited to certain social interactions or it may be generalized to almost all such interactions.

Specific Phobias

- Phobias feature fear and avoidance of specific objects or situations to the extent that they impair the person's functioning for a period of over six months.

Agoraphobia

- The key feature of agoraphobia is fear and avoidance of places or situations that might cause panic-like symptoms and that make the person feel trapped, helpless or embarrassed. Common places or situations include crowds, open spaces, public transportation, being alone and being in shops or theatres. In addition to experiencing panic-like symptoms, the person may also be afraid of having an embarrassing reaction (e.g., vomiting, incontinence) in these situations, even if such a reaction has never happened.

Postpartum Anxiety

- Postpartum anxiety is excessive worrying that occurs after childbirth or adoption. People with postpartum anxiety may feel consumed with worry and constantly nervous or panicked. Treatment for postpartum anxiety includes behavioral therapy or medication.

Selective Mutism

- Selective mutism features one month or more of failure to speak in social situations in which there is an expectation to do so (e.g., school). This failure to speak is not due to a lack of knowledge, a language barrier or another communication disorder.

Separation Anxiety

- In separation anxiety, fear centers on losing or being separated from a significant attachment figure due to illness, injury, accident or kidnapping. Symptoms include avoidance behaviours such as refusing to sleep away from home or go to school, as well as physical complaints such as gastrointestinal problems, headaches and nightmares. Onset is usually in childhood, and lasts for more than four weeks; in adults, symptoms last for more than six months.

Substance/Medication-Induced Anxiety Disorder

- People may seek quick relief from anxiety with commonly available substances. Anxiety can develop during or shortly after substance use or withdrawal.
- Substances
 - Teas
 - Caffeinated drinks
 - Coffees
 - Cocaine
 - Amphetamines
 - Cannabis
- Withdrawal
 - Benzodiazepine
 - Alcohol

Diagnostic Tests

- Zung Self-Rating Anxiety Scale
- Hamilton Anxiety Scale (HAM-A)
- Beck Anxiety Inventory (BAI)
- Social Phobia Inventory (SPIN)
- Penn State Worry Questionnaire
- Generalized Anxiety Disorder Scale
- Yale-Brown Obsessive-Compulsive Scale (YBOCS)

GAD-7

Self-Test for Anxiety

You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

This questionnaire— called the GAD-7 screening tool— can help you find out if you might have an anxiety disorder that needs treatment. It calculates how many common symptoms you have and— based on your answers— suggests where you might be on a scale, from mild to severe anxiety.

GAD-7 stands for "generalized anxiety disorder" and the 7 questions in the tool. Choose one answer for each of the 7 questions below:

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3
Add up your results for each column				
Total score (add column totals together)				

What your total score means

Your total score is a guide to how severe your anxiety disorder may be:

- 0 to 4 = mild anxiety
- 5 to 9 = moderate anxiety
- 10 to 14 = moderately severe anxiety
- 15 to 21 = severe anxiety

If your score is 10 or higher, or if you feel that anxiety is affecting your daily life, call your doctor.

The GAD-7 was developed by Drs. Robert L. Spitzer, Janet B. W. Williams, Kurt Kroenke, and colleagues, with an education grant from Pfizer, Inc.

Psychotherapy for Treatment

- Exposure Therapy
 - focuses on dealing with the fears behind the anxiety disorder. It helps one engage with activities or situations one may have been avoiding. The provider may also use relaxation exercises and imagery with exposure therapy.
- Cognitive Behavioral Therapy
 - is the most common type of psychotherapy used with anxiety disorders. CBT for anxiety teaches one to recognize thought patterns and behaviors that lead to troublesome feelings. One then works on changing those thought patterns and behaviors.

Medication for Treatment

- Anti-anxiety medications
 - Benzodiazepines – Xanax, Ativan, Valium
- Antidepressants
 - SSRI – Celexa, Lexapro, Luvox, Paxil, and Zoloft
 - SNRI – Pristiq, Cymbalta, and Effexor XR
- Beta-blockers – Propranolol, Atenolol
- MM-120 – Optimized form of LSD

Prevention

- Limit the use of stimulants
- Review your OTC medications and herbal remedies
- Exercise
- Support Groups
- Stress management
- Avoid Sativa strains
- **AVOID EXCESS CANNABIS**

Children



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Case Study

- A 20 year old college student who uses Ritalin intermittently to prepare for college exams present to your clinic seeking to use medical cannabis for anxiousness he feels around exam time. He is attending class and has good grades, but finds he cannot sleep around exam time due to anxiety and was hoping medical cannabis could take off “the edge”. What would you recommend for this patient?

Things to consider:

- Exercise
- Decrease caffeine
- No stimulants

*Is there a disorder present?

Case Study

- A 35 year old mother of 2 young children presents to your clinic complaining of episodic racing heart, irritability, and difficulty sleeping. She would like access to medical cannabis so that she will be less anxious and can more easily watch her children. No goiter is present on physical exam, but the patient does mention she has been on lithium for years. What would you recommend for this patient?

Things to consider:

- Iodine tests
- Free T4
- TSH
- Pregnancy test
- Begin thyroid replacement
- Rule out Bipolar Disorder

Anxiousness ≠ Anxiety Disorder

Patient Portal

mcp-patient-tracking.nmhealth.org

Medical Cannabis Program x +

mcp-patient-tracking.nmhealth.org

NEW MEXICO Department of Health Medical Cannabis Division

Window Snip

Welcome

The New Mexico Department of Health Medical Cannabis Program encourages all potential patients and caregivers to thoroughly review the information on the Medical Cannabis Division's website:
<https://www.nmhealth.org/about/mcp/svcs/>

Please read the instructions before beginning an application to ensure that you have all the required information and documents to submit your application.

Announcements

The new Cannabis Regulation Act (CRA) is effective June 29, 2021. For more information and resources on Adult Use and cannabis business licensing, visit:
<https://ccd.rfd.state.nm.us/>

Patient Instructions Minor (Under 18) Patient Instructions Caregiver Instructions Medical Provider Instructions FAQ's Rules and Regulations

Create an Account

NEW MEXICO
Department of Health
Medical Cannabis Division

Login To Your Account

© New Mexico

Portal Pointers

- Please review that your controlled substance number is correct.
- Encourage patients to sign like they do on their Driver's License.
- Erase all information from an application including the old ID number before switching from a “Re-certification” to a “New” Application

Important Deadlines

- Last day for paper applications
- Switch to digital cards

Potential electronic access points for patients

- Tablet/Computer in Provider's office
- Library
- Community Center
- Copy Center
- Trusted Family Member

Any questions?



For More Information

- Website: www.nmhealth.org/go/mcp
- Phone: (505) 827-2321
- Email: medical.cannabis@doh.nm.gov

THANK YOU!!