MMP-014

New Jersey Department of Health
Medicinal Marijuana Program
PO 360
Trenton, NJ 08625-0360

MEDICINAL MARIJUANA PETITION
(N.J.A.C. 8:64-5.1 et seq.)

INSTRUCTIONS

This petition form is to be used only for requesting approval of an additional medical condition or treatment thereof as a "debilitating medical condition" pursuant to the New Jersey Compassionate Use Medical Marijuana Act, N.J.S.A. 24:6I-3. Only one condition or treatment may be identified per petition form. For additional conditions or treatments, a separate petition form must be submitted.

NOTE: This Petition form tracks the requirements of N.J.A.C. 8:64-5.3. Note that if a petition does not contain all information required by N.J.A.C. 8:64-5.3, the Department will deny the petition and return it to petitioner without further review. For that reason the Department strongly encourages use of the Petition form.

*This completed petition **must** be postmarked **August 1 through August 31, 2016** and sent by **certified mail** to:*

New Jersey Department of Health
Office of Commissioner - Medicinal Marijuana Program
Attention: Michele Stark
369 South Warren Street
Trenton, NJ 08608

Please complete each section of this petition. If there are any supportive documents attached to this petition, you should reference those documents in the text of the petition. If you need additional space for any item, please use a separate piece of paper, number the item accordingly, and attach it to the petition.

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1. **Petitioner Information**

Name: [redacted]
Street Address:
City, State, Zip Code:
Telephone Number:
Email Address:

2. **Identify the medical condition or treatment thereof proposed. Please be specific. Do not submit broad categories (such as "mental illness").**

ANXIETY

3. **Do you wish to address the Medical Marijuana Review Panel regarding your petition?**

☒ Yes, in Person
☐ Yes, by Telephone
☐ No

4. **Do you request that your personally identifiable information or health information remain confidential?**

☒ Yes
☐ No

If you answer "Yes" to Question 4, your name, address, phone number, and email, as well as any medical or health information specific to you, will be redacted from the petition before forwarding to the panel for review.

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AUG 25 2016
OFFICE OF THE CHIEF OF STAFF

5. **Describe the extent to which the condition is generally accepted by the medical community and other experts as a valid, existing medical condition.**

THE CONDITION IS WIDELY ACCEPTED AS A SERIOUS PHYSICAL/PSYCHOLOGICAL DISORDER.

6. **If one or more treatments of the condition, rather than the condition itself, are alleged to be the cause of the patient's suffering, describe the extent to which the treatments causing suffering are generally accepted by the medical community and other experts as valid treatments for the condition.**

N/A

7. **Describe the extent to which the condition itself and/or the treatments thereof cause severe suffering, such as severe and/or chronic pain, severe nausea and/or vomiting or otherwise severely impair the patient's ability to carry on activities of daily living.**

THE CONDITION CAUSES SHORTNESS OF BREATH AND TACHYCARDIA. WHEN SEVERE (LAST MARCH), I VOMITTED DUE TO A SITUATION WHERE MY CHILD WAS HOSPITALIZED WHILE AWAY AT COLLEGE.

8. **Describe the availability of conventional medical therapies other than those that cause suffering to alleviate suffering caused by the condition and/or the treatment thereof.**

I WAS OFFERED AN SSRI WHICH I DECLINED. XANAX WORKS TO RELIEVE MOST STRESS FACTORS BUT I CAN ONLY TAKE BEFORE BEDTIME.

9. **Describe the extent to which evidence that is generally accepted among the medical community and other experts supports a finding that the use of marijuana alleviates suffering caused by the condition and/or the treatment thereof.** *[**Note:** You may attach articles published in peer-reviewed scientific journals reporting the results of research on the effects of marijuana on the medical condition or treatment of the condition and supporting why the medical condition should be added to the list of debilitating medical conditions.]*

RECENT STUDIES CONFIRM THAT CANNABIS IS EFFECTIVE IN MANY PATIENS. EXPERTS POINT TO THE 'ENTOURAGE EFFECT' CLAIMING THAT USING THE 'WHOLE PLANT' MEDICINE GIVES BEST RESULTS SINCE THE 111 DIFFERENT CANNABINOIDS WORK IN CONCERT WITE EACH OTHER. HIGHER CBD STRAINS SHOW BEST RESULTS FOR STRESS AND ANXIETY. REF ATTD #1

9. CONT.

AS FAR BACK AS 2001, BRITISH DEPARTMENT OF HEALTH FOUND THAT CANNABINOIDS MAY 'REDUCE ANXIETY AND IMPROVE SLEEP! SEE ATTD. #2.

2005 STUDY OF HIV PATIENTS WHO USED CANNABIS PUBLISHED IN JRSM INDICATES THAT 93% OF PATIENTS IN STUDY SAID CANNABIS HELPED RELIEVE ANXIETY.

SEE ATTD. # 3

EARLIER STUDIES TRIED TO TIE CANNABIS USE TO INCREASES IN ANXIETY AND DEPRESSION. THESE CLAIMS WERE PROVE FALSE. SEE ATTD. #4

10. **Attach letters of support from physicians or other licensed health care professionals knowledgeable about the condition. List below the number of letters attached and identify the authors.**

#1 – DR. HOROWITZ

I certify, under penalty of perjury, that I am 18 years of age or older; that the information provided in this petition is true and accurate to the best of my knowledge; and that the attached documents are authentic.

Signature of Petitioner	[redacted]	Date 8/8/16

#1

Original Article

Neuropsychopharmacology (2011) **36**, 1219–1226; doi:10.1038/npp.2011.6; published online 9 February 2011

Cannabidiol Reduces the Anxiety Induced by Simulated Public Speaking in Treatment-Naïve Social Phobia Patients

Mateus M Bergamaschi[1,2,3], Regina Helena Costa Queiroz[2,3], Marcos Hortes Nisihara Chagas[1,3], Danielle Chaves Gomes de Oliveira[1,3], Bruno Spinosa De Martinis[3,4], Flávio Kapczinski[3,5], João Quevedo[3,6], Rafael Roesler[3,7], Nadja Schröder[3,8], Antonio E Nardi[3,9], Rocio Martín-Santos[3,10], Jaime Eduardo Cecílio Hallak[1,3], Antonio Waldo Zuardi[1,3] and José Alexandre S Crippa[1,3]

[1]Department of Neuroscience and Behavior, School of Medicine of Ribeirão Preto, University of São Paulo, SP, Brazil

[2]Department of Clinical, Toxicological and Food Sciences Analysis, School of Pharmaceutical Sciences of Ribeirão Preto, University of São Paulo, SP, Brazil

[3]National Institute for Translational Medicine (INCT-TM), CNPq, Brazil

[4]Department of Chemistry, School of Philosophy, Science and Literature of Ribeirão Preto, University of São Paulo, Ribeirão Preto, SP, Brazil

[5]Bipolar Disorder Program, Hospital de Clínicas de Porto Alegre, RS, Brazil

[6]Laboratory of Neurosciences, Health Sciences Unit, University of Southern Santa Catarina, Criciúma, SC, Brazil

[7]Laboratory of Molecular Neuropharmacology, Department of Pharmacology, Institute for Basic Health Sciences, Federal University of Rio Grande do Sul, Porto Alegre, RS, Brazil

[8]Neurobiology and Developmental Biology Laboratory, School of Biosciences, Pontifical Catholic University, Porto Alegre, RS, Brazil

[9]Institute of Psychiatry, Federal University of Rio de Janeiro, Rio de Janeiro, RJ, Brazil

[10]Department of Psychiatry, Institute of Neurosciences, Hospital Clínic, IDIBAPS, CIBERSAM, Barcelona, Spain

Correspondence: Professor Dr JAS Crippa, Departamento de Neurociências e Ciências do Comportamento, Faculdade de Medicina de Ribeirão Preto, Universidade de São Paulo, Hospital das Clínicas, Terceiro Andar, Av. Bandeirantes, 3900, Ribeirão Preto, São Paulo, Brazil, Tel: +5 51 63 602 2201, Fax: +5 51 63 602 0713, E-mail: **jcrippa@fmrp.usp.br**

Received 27 September 2010; Revised 11 December 2010; Accepted 15 December 2010; Published online 9 February 2011.

Abstract

Generalized Social Anxiety Disorder (SAD) is one of the most common anxiety conditions with impairment in social life. Cannabidiol (CBD), one major non-psychotomimetic compound of the *cannabis sativa* plant, has shown anxiolytic effects both in humans and in animals. This preliminary study aimed to compare the effects of a simulation public speaking test (SPST) on healthy control (HC) patients and treatment-naïve SAD patients who received a single dose of CBD or placebo. A total of 24 never-treated patients with SAD were allocated to receive either CBD (600 mg; *n*=12) or placebo (placebo; *n*=12) in a double-blind randomized design 1 h and a half before the test. The same number of HC (*n*=12) performed the SPST without receiving any medication. Each volunteer participated in only one experimental session in a double-blind procedure. Subjective ratings on the Visual Analogue Mood Scale (VAMS) and Negative Self-Statement scale (SSPS-N) and physiological measures (blood pressure, heart rate, and skin conductance) were measured at six different time points during the SPST. The results were submitted to a repeated-measures analysis of variance. Pretreatment with CBD significantly reduced anxiety, cognitive

impairment and discomfort in their speech performance, and significantly decreased alert in their anticipatory speech. The placebo group presented higher anxiety, cognitive impairment, discomfort, and alert levels when compared with the control group as assessed with the VAMS. The SSPS-N scores evidenced significant increases during the testing of placebo group that was almost abolished in the CBD group. No significant differences were observed between CBD and HC in SSPS-N scores or in the cognitive impairment, discomfort, and alert factors of VAMS. The increase in anxiety induced by the SPST on subjects with SAD was reduced with the use of CBD, resulting in a similar response as the HC.

Keywords: cannabidiol; CBD; anxiety; simulation of public speaking test; SPST; social anxiety disorder

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Therapeutic aspects of cannabis and cannabinoids

PHILIP ROBSON

The British Journal of Psychiatry Feb 2001, 178 (2) 107-115; **DOI:** 10.1192/bjp.178.2.107

Article Figures & Data Info & Metrics

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Abstract

Background Review commissioned in 1996 by the Department of Health (DOH).

Aims Assess therapeutic profile of cannabis and cannabinoids.

Method Medline search, references supplied by DOH and others, and personal communications.

Results and Conclusions Cannabis and some cannabinoids are effective anti-emetics and analgesics and reduce intra-ocular pressure. There is evidence of symptom relief and improved well-being in selected neurological conditions, AIDS and certain cancers. Cannabinoids may reduce anxiety and improve sleep. Anticonvulsant activity requires clarification. Other properties identified by basic research await evaluation. Standard treatments for many relevant disorders are unsatisfactory. Cannabis is safe in overdose but often

Vol 178
Issue 2

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produces unwanted effects, typically sedation, intoxication, clumsiness, dizziness, dry mouth, lowered blood pressure or increased heart rate. The discovery of specific receptors and natural ligands may lead to drug developments. Research is needed to optimise dose and route of administration, quantify therapeutic and adverse effects, and examine interactions.

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Previous Next

Back to top

- Top
- Article
  - Abstract
  - HISTORY OF THERAPEUTIC USE
  - CANNABINOID PHARMACOLOGY RELEV/ THERAPEUTICS
  - CLINICAL APPLICATIONS
  - DISCUSSION
  - APPENDIX
  - Clinical Implications and Limitations
  - Acknowledgments
  - Footnotes
  - References
- Figures & Data
- Info & Metrics
- eLetters
- PDF

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JPSM JOURNAL OF PAIN AND SYMPTOM MANAGEMENT
Advancing Palliative Care, Hospice, and Symptom Research

#3

Cannabis Use in HIV for Pain and Other Medical Symptoms

Emily Woolridge, MB BS, BSc, Simon Barton, MB BS (Distinction), BSc, FRCP (Ed), FRCP (London), Jonathon Samuel, BSc, Jess Osorio, BSc, Andrew Dougherty, BSc, Anita Holdcroft, MB ChB, MD, FRCA

Magill Department of Anesthesia, Imperial College London (E.W., A.H.), and HIV/GUM Services (S.B., J.S., J.O., A.D.), Chelsea and Westminster Hospital, London, United Kingdom

Altmetric 124

DOI: http://dx.doi.org/10.1016/j.jpainsymman.2004.07.011

Abstract

Despite the major benefits of antiretroviral therapy on survival during HIV infection, there is an increasing need to manage symptoms and side effects during long-term drug therapy. Cannabis has been reported anecdotally as being beneficial for a number of common symptoms and complications in HIV infections, for example, poor appetite and neuropathy. This study aimed to investigate symptom management with cannabis. Following Ethics Committee approval, HIV-positive individuals attending a large clinic were recruited into an anonymous cross-sectional questionnaire study. Up to one-third (27%, 143/523) reported using cannabis for treating symptoms. Patients reported improved appetite (97%), muscle pain (94%), nausea (93%), anxiety (93%), nerve pain (90%), depression (86%), and paresthesia (85%). Many cannabis users (47%) reported associated memory deterioration. Symptom control using cannabis is widespread in HIV outpatients. A large number of patients reported that cannabis improved symptom control.

Key Words:
Cannabis, HIV, pain, symptoms

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PubMed

#4

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J Affect Disord. 2016 Mar 15;193:103-8. doi: 10.1016/j.jad.2015.12.045. Epub 2015 Dec 31.

Cannabis use, depression and anxiety: A 3-year prospective population-based study.

Danielsson AK[1], Lundin A[2], Agardh E[3], Allebeck P[2], Forsell Y[2].

Author information

Abstract

BACKGROUND: Whether or not cannabis use may increase the risk for depression and/or anxiety is not clear. For one thing, it has not been possible to draw a definitive conclusion regarding the direction of causality, i.e. whether cannabis use increases the risk for depression/anxiety or vice versa. This study aimed at examining possible associations between cannabis use, depression and anxiety, using all three measures as both exposure and outcome.

METHODS: Data were obtained from a longitudinal cohort study comprising 8598 Swedish men and women, aged 20-64, with a three-year-follow-up.

RESULTS: Adjusted for sex and age, cannabis use at baseline was associated with an increased relative risk (RR) for depression and anxiety at follow-up, with RR=1.22 [1.06-1.42 CI 95%] for depression and RR=1.38 [1.26-1.50 CI 95%] for anxiety. Adjusted for all confounders (alcohol and illicit drug use, education, family tension, place of upbringing), the associations were no longer statistically significant; RR=0.99 [0.82-1.17 CI 95%] for depression and RR=1.09 [0.98-1.20 CI 95%] for anxiety. Age-adjusted, reporting depression or anxiety at baseline increased the risk of cannabis onset at follow-up three years later; RR=1.62 [1.28-2.03 CI 95%] and RR=1.63 [1.28-2.08 CI 95%] respectively. However, adjusted for other illicit drug use the associations were no longer statistically significant.

LIMITATIONS: Lack of information on frequency of cannabis use and of age of initiation of use.

CONCLUSIONS: We found no longitudinal associations between cannabis use and incidence of depression/anxiety, or between depression/anxiety and later cannabis use onset.

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KEYWORDS: Anxiety; Cannabis; Depression; General population; Longitudinal

PMID: 26773900 DOI: 10.1016/j.jad.2015.12.045

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#1
/SEC 10

New Jersey Department of Health August 8, 2016

Medical Marijuana Program

Letter of Support for [redacted]

To Whom It May Concern:

I, Jerry Horowitz, DO, have a family practice in Marmora, Cape May County, New Jersey. I am writing this letter of support for medical cannabis on behalf of my patient of eighteen years, [redacted].

[redacted] has had ongoing anxiety issues which he has been treating with professional psychotherapy, a low daily dose of benzodiazepine, diet and exercise.

When discussing his treatment options, [redacted] asked my opinion regarding the use of cannabis. I stated to him that I thought that it may be good for him; if and when it were legally available.

I feel that current medical literature supports the therapeutic use of cannabis for treatment of anxiety. In my opinion, this would be especially indicated for this patient. By augmenting his current regimen to include cannabis, he may be able reduce his intake of his currently prescribed medications; which even in low, therapeutic doses can be construed as more harmful.

Please feel free to contact me with any concerns or questions. My office number is: 609-390-0693.

Sincerely,

Jerry Alan Horowitz

BEESLEYS POINT FAMILY PRACTICE
Jerry Horowitz, D.O.
Jill McIntyre, RN, APN-C
618 N. Shore Rd.
Beesleys Point, NJ 08223
(609) 390-0693 Fax (609) 390-1147