



Medical Marijuana Program – Practitioner Guidance for Post-Traumatic Stress Disorder (PTSD)

Post-traumatic stress disorder has been added as a qualifying condition for the Medical Marijuana Program through legislation signed by Governor Cuomo on November 11, 2017. This document provides guidance to registered practitioners who may issue certifications for this new qualifying condition.

1. Registered practitioners should review the Diagnosis and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria for the diagnosis of post-traumatic stress disorder (PTSD) to ensure an accurate diagnosis of PTSD has been made and is documented in the patient's medical record prior to issuing a certification for medical marijuana for PTSD.
2. Practitioners are strongly encouraged to consult with their patient's behavioral health specialist prior to initiating medical marijuana treatment. If the patient does not have a relationship with a behavioral health specialist, a referral should be encouraged.
3. Pursuant to 10 NYCRR § 1004.2 (a) (11), practitioners must review past treatments, and determine, in the practitioner's professional medical opinion that the patient is likely to receive therapeutic or palliative benefit from medical marijuana for the serious condition, in this case for the treatment of PTSD.
4. Pursuant to 10 NYCRR § 1004.2 (a) (13), practitioners must discuss with patients the risks versus benefits of medical marijuana.
5. Medical marijuana is not recommended for PTSD patients under 18 years of age.
6. Practitioners should make an effort to determine patients' current or prior cannabis use in determining appropriate frequency and level of dosing, which may differ between patients who are experienced cannabis users and cannabis naïve patients.
7. Practitioners should consider an approach to a treatment plan and document the patient's agreement to the plan. Provided that the patient has consented, the practitioner should communicate the patient's treatment plan with the patient's behavioral and non-behavioral health care providers, if applicable, as well as any supporting family or friends.
8. Patients should also be assessed for suicide ideation/attempts, psychosis, substance use disorder, or any other complicating psychological disturbance.
9. Practitioners should incorporate baseline/monitoring questionnaires for PTSD, depression and suicidality, and symptoms of psychosis.

The patient, and if feasible his/her supporting family member or friend, should be counseled on warning signs of suicide, psychosis or psychiatric events and should be provided with a crisis hotline number to call in the event of an acute psychiatric incident of concern. Listed below are some helpful resources:

- National Suicide Prevention Lifeline, 1-800-273-8255 <https://suicidepreventionlifeline.org/>.



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

Medical Marijuana Program – Practitioner Guidance for Post-Traumatic Stress Disorder (PTSD)

- To find a mental health program in New York State, visit the following directory from the New York State Office of Mental Health: <https://my.omh.ny.gov/bi/pd/saw.dll?PortalPages>
- The New York State HOPEline, 1-877-846-7369, offers help 24 hours a day, 365 days a year for alcoholism, drug abuse and problem gambling.

Questions?

Contact the Medical Marijuana Program at mmp@health.ny.gov or call 844-863-9312.