

December 6, 2024

REBECCA ANDERSSON
1842 SE 46 AVENUE
PORTLAND, OR 97215

Notice of Intent to Deny the Petition to Add Female Orgasmic Disorder as a New Qualifying Condition for the Medical Use of Marijuana in Oregon.

OHA Petition Number: MMP2024-1

Findings of Fact and Conclusions of Law

1. Rebecca Andersson (Petitioner) submitted a petition to add female orgasmic disorder (FOD) as a new qualifying condition for the medical use of marijuana in Oregon in June 2024, as permitted in ORS 475C.913, and OAR 333-008-0090.
2. The State Public Health Officer (SPHO) conducted an investigation of the petition. The SPHO's investigation included review of the evidence submitted by Petitioner, review of testimony presented at the public hearing, and independent review of peer-reviewed scientific literature.
3. The SPHO held a public hearing on October 3, 2024. Petitioner and others were provided the opportunity to address the SPHO.
4. The SPHO allowed written comments to be submitted following the close of the public hearing until October 11, 2024, by 5:00 p.m.
5. To be added as a qualifying condition for the medical use of marijuana, the SPHO must find the following: marijuana is efficacious for the disease or condition that is the subject of the petition or marijuana may mitigate the symptoms or effects of the

disease or condition that is the subject of the petition; and any risk of physical or mental harm from using marijuana for the disease or condition that is the subject of the petition is outweighed by the physical or mental benefit of using marijuana for that disease or condition. OAR 333-008-0090(4)(a).

6. FOD is a clinical diagnosis and is defined by the following criteria:
 - a. Presence of either of the following symptoms and experienced on almost all or all occasions of sexual activity:
 - i. Marked delay in, marked infrequency of, or absence of orgasm
 - ii. Markedly reduced intensity of orgasmic sensations
 - b. The symptoms have persisted for a minimum duration of approximately 6 months
 - c. The symptoms cause clinically significant distress in the individual
 - d. Another disorder does not account for the orgasmic dysfunction better than FOD does
 - e. The dysfunction is not exclusively due to a direct physiologic effect of a substance (e.g., a drug of abuse or medication) or a general medical condition.
7. Evidence submitted by Petitioner and reviewed by the SPHO included a description of the condition, an explanation of how the condition causes suffering, and a description of the proposed benefits of cannabis as a treatment; a peer-reviewed study; newspaper and internet articles regarding cannabis as a treatment for FOD; and letters in support of FOD becoming a debilitating medical condition. A complete list of the evidence submitted by Petitioner is included in Appendix A. Appendix A is hereby incorporated by reference.
8. Evidence submitted at the public hearing and reviewed by the SPHO included a presentation given by a researcher and oral and written testimony describing personal and professional experience and opinions that cannabis may be effective for FOD. A complete list of those who testified at the hearing and submitted written testimony is included in Appendix B. Appendix B is hereby incorporated by reference.
9. The SPHO and colleagues conducted a literature search for peer-reviewed scientific studies of marijuana and FOD. Search results, as well as information submitted by Petitioner and information submitted at the public hearing, included numerous studies demonstrating that cannabis use can have positive as well as negative effects on sexual function, including self-reported improvement in ability to have an orgasm. However, no interventional study to date has compared cannabis against a control group in people with diagnosed FOD, and the observational studies available have used retrospective surveys of orgasm and general sexual function rather than diagnosed FOD. A list of studies reviewed by the SPHO and colleagues is included in Appendix C. Appendix C is hereby incorporated by reference.

10. Well-designed prospective studies, including randomized controlled trials, provide the highest level of scientific evidence, as they minimize the effects of confounding, selection biases, and measurement biases. Such studies are needed not only to demonstrate any benefit of cannabis in treating FOD, but also to elucidate potential adverse (harmful) effects, effective dosage, means of consumption, and other relevant factors to consider.
11. The State Public Health Officer finds that the evidence presented and considered for this petition does not show that marijuana is efficacious for FOD or may mitigate the symptoms or effects of FOD, and that any risk of physical or mental harm from using marijuana for FOD is not outweighed by the physical or mental benefit of using marijuana for FOD. Because the available evidence is not sufficient to add FOD as a qualifying condition for the medical use of marijuana at this time, OHA proposes to deny the petition.

NOTICE OF RIGHTS

Petitioner (you) is entitled to a hearing as provided by the Administrative Procedures Act (chapter 183, Oregon Revised Statutes). If you want a hearing, you must file a written request for a hearing with the Oregon Medical Marijuana Program, Oregon Health Authority (OHA), within 30 days from the date this notice was mailed. In order for a hearing request that is mailed to be considered timely, it must be postmarked within 30 days from the date this notice was mailed. You may mail your request for hearing to the address below.

ATTN:
Oregon Health Authority
Oregon Medical Marijuana Program
PO Box 14450
Portland, OR 97293-0450

You may e-mail your request for hearing to: OMMP.Info@odhsoha.oregon.gov.

If you request a hearing, you will be notified of the time and place of the hearing. You may be represented by legal counsel at the hearing. OHA will be represented by an Assistant Attorney General. Parties are ordinarily and customarily represented by an attorney. You will be provided information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing before commencement of the hearing. Any hearing will

PO Box 14450 Portland, OR 97293-0450 | Voice: (971) 673-1234 | TTY: 711

Email: ommp.info@odhsoha.oregon.gov | Visit: www.healthoregon.org/ommp

be held by an administrative law judge from the Office of Administrative Hearings, assigned as required by ORS 183.635.

If a request for hearing is not received within this 30-day period, your right to a hearing under ORS chapter 183 shall be considered waived except as provided in OAR 137-003-0670(2). If you do not request a hearing within 30 days or if you withdraw a request for hearing, notify OHA or the administrative law judge that you will not appear or fail to appear at a scheduled hearing, OHA may issue a final order by default denying your application. If OHA issues a final order by default,

Notice to Active Duty Service members. Active duty service members have a right to stay proceedings under the federal Service members Civil Relief Act and may contact the Oregon State Bar at 1 (800) 452-8260 or the Oregon Military Department at 1 (800) 452-7500 for more information. The internet address for the United States Armed Forces Legal Assistance Locator website is: <http://legalassistance.law.af.mil/content/locator.php>.



12/06/2024

Dean E. Sidelinger, MD MSED

Date

Health Officer and State Epidemiologist

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on the _____th day of _____, 2024, I directed to be served the within **Notice of Intent to Deny the Petition to Add Female Orgasmic Disorder as a New Qualifying Condition for the Medical Use of Marijuana in Oregon** upon the parties hereto, a full, true, and correct copy thereof, by the method indicated below:

REBECCA ANDERSSON
1842 SE 46 AVENUE
PORTLAND, OR 97215

☒ by Regular Mail, postage prepaid

☒ by Certified Mail

☐ Via Fax

☐ Via E-mail

Staff Name

Appendix A

Evidence Submitted by the Petitioner

1. Description of condition and its characteristics, including the International Classification of Diseases code, and diagnosis as described in the Diagnostic and Statistical Manual of Mental Disorders;
2. An explanation of how the condition causes severe suffering and the lack of other conventional medical therapies;
3. A list of proposed benefits of cannabis as a treatment for FOD and the articles and studies the proposed benefits are cited;
4. Peer reviewed study: Mulvehill, S., & Tishler, J. (2024). Assessment of cannabis use before partnered sex on women who report orgasm difficulty.
5. Yagoda, M. (2017, April 20). The sex therapists using pot to help patients find their 'full sexual potential' Vice.
<https://www.vice.com/en/article/gyxqn3/how-sex-therapists-are-using-weed-to-help-patients-relax-weedweek2017>
6. Adlin, B. (2023, January 23). Marijuana improves sex and could help close "orgasm inequality gap" between men and women, New Study indicates. Marijuana Moment. <https://www.marijuanamoment.net/marijuana-improves-sex-and-could-help-close-orgasm-inequality-gap-between-men-and-women-new-study-indicates/>;
7. Oppenheim, M. (2019, April 12), Cannabis could improve orgasms for women, study finds. The Independent.
<https://www.independent.co.uk/news/health/marijuana-sex-women-weed-cannabis-smoke-orgasm-a8867756.html>
8. Lee, B. Y. (2023, February 20) Can marijuana lead to stronger, more orgasms during sex? Here's what this study showed. Forbes.
<https://www.forbes.com/sites/brucelee/2023/02/18/can-marijuana-lead-to-stronger-and-more-orgasms-during-sex-heres-what-this-study-showed/>;
9. Wenk, G. (n.d.). Why women benefit more from cannabis use. Psychology Today. <https://www.psychologytoday.com/us/blog/your-brain-food/2020/5/why-women-benefit-more-cannabis-use>;
10. Landman, K. (2019, October 31). Some women are using weed to have better sex. Medium. <https://elemental.medium.com/some-women-are-using-weed-to-have-better-sex-f6a2dd223109>;

11. Felton, J. (2023, January 25). Cannabis increases your orgasm intensity and helps with multiple orgasms, study.finds. IFLScience.
<https://www.iflscience.com/cannabis-increases-your-orgasm-intensity-and-helps-with-multiple-orgasms-study-finds-67254>;
12. Sinclair, S. (2023, February 3) Study: could cannabis help close the ‘orgasm gap’?
13. Fagan, A. (2023, December 18) Why orgasms matter. New developments for woman navigating challenges.
14. Letter to New Mexico Medical Cannabis Board from Jordan Tishler, MD, in support of adding FOD as a condition of treatment for the state of New Mexico’s Medical Cannabis Program;
15. Letter from Maureen Whelihan, MD, FACOG, in support of adding FOD as a condition of treatment;
16. Letter to Connecticut Department of Consumer Protection, Board of Physicians from Jordan Tishler, MD, in support of adding FOD as a condition of treatment for the state of Connecticut’s Medical Cannabis Program;
17. Letter from Suzanne Mulvehill, PhD, MBA, and Executive Director of Female Orgasm Research Institute in support of FOD becoming a condition of treatment for medical cannabis;
18. Letter from Carol L. Clark, PhD, LMHC, CST and President of the International Institute of Clinical Sexology in support of FOD becoming a condition of treatment for medical cannabis;
19. Letter from Norelyn Parker, PhD, CSC, in support of FOD becoming a condition of treatment for medical cannabis.

Appendix B

Evidence Submitted at the Public Hearing for Female Orgasm Difficulty Disorder

1. Presentation: Female Orgasmic Difficulty/Disorder (FOD): A Serious Health Problem with a Solution. Dr. Suzanne Mulvehill, PhD, Researcher from Female Orgasm Research Institute.
2. Oral testimony in support of adding condition provided by Rebecca Andersson, Petitioner.
3. Oral testimony in support of adding condition provided by Dr. Nan Wise, Certified Sex Therapist, Neuroscientist, Behavioral Neuroscience Researcher, Psychology, Rutgers-Newark.
4. Oral testimony in support of adding condition provided by Dr. Michael Schwartz, Academic Psychiatrist and Retired Professor of Psychiatry and Humanities.
5. Oral testimony in support of adding condition provided by Ashley Manta, Female Orgasm Research Institute.
6. Public comment provided by Shannon Howell, thanking petitioner and advocates for bringing forward the information on this topic.
7. Public comment provided by Tanya Griffin, thanks everyone for comments, reiterated comments made during the hearing, thanks State of Oregon for considering adding FOD to list of qualifying conditions.
8. Public comment provided by Dr. Suzanne Mulvehill, PhD, Researcher from Female Orgasm Research Institute, has a Reddit thread called Becoming Orgasmic that contains 30 thousand comments from woman who struggle with FOD. Will extrapolate and submit comments anonymously for the record.
9. Public comment provided by Zoey, provided personal account of condition and using medical cannabis.
10. Public comment provided by person who identified self as a mental health practitioner; name not provided. Issue needs to be addressed and supports the petition to add the condition.
11. Written testimony in support of adding condition and internet article: More States Consider Adding Female Orgasm Disorder As A Medical Marijuana Qualifying Condition submitted by Rebecca Andersson, Petitioner.

12. Written testimony in support of adding condition submitted by Sarah Hanson.
13. Written testimony in support of adding condition submitted by Gabriella Bova.
14. Written testimony in support of adding condition submitted by Melissa McKeown.
15. Written testimony in support of adding condition submitted by Luz A. Murillo.

Appendix C

Evidence Reviewed in Literature Search

1. Lissitsa D, Hovers M, Shamuilova M, Ezrapour T, Peled-Avron L. Update on cannabis in human sexuality. *Psychopharmacology (Berl)*. 2024 Sep;241(9):1721-1730. doi: 10.1007/s00213-024-06643-4. Epub 2024 Jul 8. PMID: 38977465; PMCID: PMC11339138.
2. Lynn BK, López JD, Miller C, Thompson J, Campian EC. The Relationship between Marijuana Use Prior to Sex and Sexual Function in Women. *Sex Med*. 2019 Jun;7(2):192-197. doi: 10.1016/j.esxm.2019.01.003. Epub 2019 Mar 2. PMID: 30833225; PMCID: PMC6522945.
3. Moser A, Ballard SM, Jensen J, Averett P. The influence of cannabis on sexual functioning and satisfaction. *J Cannabis Res*. 2023 Jan 20;5(1):2. doi: 10.1186/s42238-022-00169-2. PMID: 36658600; PMCID: PMC9854104.
4. Mulvehill S, Tishler J. Assessment of the effect of cannabis use before partnered sex on women with and without orgasm difficulty. *Sex Med*. 2024 May 6;12(2):qfae023. doi: 10.1093/sexmed/qfae023. PMID: 38711949; PMCID: PMC11071449.
5. Palamar JJ, Acosta P, Ompad DC, Friedman SR. A Qualitative Investigation Comparing Psychosocial and Physical Sexual Experiences Related to Alcohol and Marijuana Use among Adults. *Arch Sex Behav*. 2018 Apr;47(3):757-770. doi: 10.1007/s10508-016-0782-7. Epub 2016 Jul 20. PMID: 27439599; PMCID: PMC5250581.
6. Smith AM, Ferris JA, Simpson JM, Shelley J, Pitts MK, Richters J. Cannabis use and sexual health. *J Sex Med*. 2010 Feb;7(2 Pt 1):787-93. doi: 10.1111/j.1743-6109.2009.01453.x. Epub 2009 Aug 17. PMID: 19694929.
7. Wiebe E, Just A. How Cannabis Alters Sexual Experience: A Survey of Men and Women. *J Sex Med*. 2019 Nov;16(11):1758-1762. doi: 10.1016/j.jsxm.2019.07.023. Epub 2019 Aug 22. PMID: 31447385.
8. Kasman AM, Bhambhani HP, Wilson-King G, Eisenberg ML. Assessment of the Association of Cannabis on Female Sexual Function With the Female Sexual Function Index. *Sex Med*. 2020 Dec;8(4):699-708. doi: 10.1016/j.esxm.2020.06.009. Epub 2020 Jul 23. PMID: 32713800; PMCID: PMC7691883.

9. Johnson SD, Phelps DL, Cottler LB. The association of sexual dysfunction and substance use among a community epidemiological sample. *Arch Sex Behav.* 2004 Feb;33(1):55-63. doi: 10.1023/B:ASEB.0000007462.97961.5a. PMID: 14739690.
10. Robert M, Graves LE, Allen VM, Dama S, Gabrys RL, Tanguay RL, Turner SD, Green CR, Cook JL. Guideline No. 425a: Cannabis Use Throughout Women's Lifespans - Part 1: Fertility, Contraception, Menopause, and Pelvic Pain. *J Obstet Gynaecol Can.* 2022 Apr;44(4):407-419.e4. doi: 10.1016/j.jogc.2022.01.012. PMID: 35400519.
11. Blanc A, Galindo A, Tascón L. Sexual experience under the influence of alcohol and cannabis consumption. *Rev Int Androl.* 2024 Sep;22(3):40-47. doi: 10.22514/j.androl.2024.014. Epub 2024 Sep 30. PMID: 39394748.
12. Palamar JJ, Acosta P, Ompad DC, Friedman SR. A Qualitative Investigation Comparing Psychosocial and Physical Sexual Experiences Related to Alcohol and Marijuana Use among Adults. *Arch Sex Behav.* 2018 Apr;47(3):757-770. doi: 10.1007/s10508-016-0782-7. Epub 2016 Jul 20. PMID: 27439599; PMCID: PMC5250581.
13. Lynn B, Gee A, Zhang L, Pfaus JG. Effects of Cannabinoids on Female Sexual Function. *Sex Med Rev.* 2020 Jan;8(1):18-27. doi: 10.1016/j.sxmr.2019.07.004. Epub 2019 Sep 12. PMID: 31521567.
14. Gorzalka BB, Hill MN, Chang SC. Male-female differences in the effects of cannabinoids on sexual behavior and gonadal hormone function. *Horm Behav.* 2010 Jun;58(1):91-9. doi: 10.1016/j.yhbeh.2009.08.009. Epub 2009 Sep 3. PMID: 19733173.
15. Carey JC. Pharmacological effects on sexual function. *Obstet Gynecol Clin North Am.* 2006 Dec;33(4):599-620. doi: 10.1016/j.ogc.2006.10.005. PMID: 17116504.
16. Sun AJ, Eisenberg ML. Association Between Marijuana Use and Sexual Frequency in the United States: A Population-Based Study. *J Sex Med.* 2017 Nov;14(11):1342-1347. doi: 10.1016/j.jsxm.2017.09.005. PMID: 29110804.
17. Klein C, Hill MN, Chang SC, Hillard CJ, Gorzalka BB. Circulating endocannabinoid concentrations and sexual arousal in women. *J Sex Med.* 2012 Jun;9(6):1588-601. doi: 10.1111/j.1743-6109.2012.02708.x. Epub 2012 Mar 29. PMID: 22462722; PMCID: PMC3856894.
18. Balon R. Cannabis and Sexual Experience. *J Sex Med.* 2020 Feb;17(2):358. doi: 10.1016/j.jsxm.2019.11.269. Epub 2019 Dec 30. PMID: 31899173.