The Journal of the American Osteopathic Association

The Journal of the American Osteopathic Association (*JAOA*) encourages osteopathic physicians, faculty members and students at colleges of osteopathic medicine, and others within the health care professions to submit comments related to articles published in the *JAOA* and the mission of the osteopathic medical profession. The *JAOA*'s editors are particularly interested in letters that discuss recently published original research.

Letters must be submitted online at http://www.osteopathic.org/JAOAsubmit and not have been published elsewhere. All accepted letters to the editor are subject to editing and abridgment.

Contemporary Routes of Cannabis Consumption

To the Editor:

I would first like to commend Peters and Chien[1] on the concise information they provided regarding the modalities, forms, and dosing of cannabis in their February 2018 article on cannabis.[1] I agree with the authors that cannabis use will become even more omnipresent in medicine than it already is. However, I strongly disagree and even refute their statement that "Physicians have little reason to advocate for cannabis use, as data are limited on its beneficial effects."[1]

I am a cannabis clinician in Ohio, which means that I have a certificate to recommend medical marijuana in the state. Medical marijuana legislation was passed in Ohio in 2016, and the state is currently in the early stages of rollout: patient registries opened December 2018, in-state grown cannabis greenhouses have cultivated their first harvests, and the first dispensaries opened in February 2019.[2] It is a very exciting time for cannabis in Ohio, so I was disheartened when this article came across my desk.

I agree that there is limited evidence-based literature regarding cannabis currently, but existing data coupled with current ongoing research are more than positive. The National Institutes of Health have been funding Israeli cannabis research since the early 1960s.[3]

In a 2018 review, Tashkin[4] concluded that smoking marijuana habitually did not increase the likelihood of lung cancer, possibly because of the immunoprotectant properties of cannabis. Additionally, evidence[4] has shown that cannabis is a safer alternative to opioids; in the face of the ongoing opioid epidemic, this news is welcoming. Cannabis has also been shown to be beneficial in acute opioid withdrawal and as a harm reduction tool in opioid use disorder.[5] Furthermore, in June 2018, Epidiolex (GW Pharmaceuticals plc) was the first drug approved by the Food and Drug Administration that contains a purified substance derived from cannabis to treat patients with seizures associated with Lennox-Gastaut and Dravet syndromes.[6]

The evidence is growing, but we must be vigilant in our search and not be blinded by long-antiquated societal views. Yes, clinicians will have the challenge of keeping up with the ever-evolving use of cannabis, both medically and recreationally, but this challenge is one I gladly accept. (doi:10.7556/jaoa.2019.087)

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References

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5. Wiese B, Wilson-Poe AR. Emerging evidence for cannabis' role in opioid use disorder [review]. *Cannabis Cannabinoid Res*. 2018;3(1):179-189. doi:10.1089/can.2018.0022
6. FDA approves first drug comprised of an active ingredient derived from marijuana to treat rare, severe forms of epilepsy [news release]. White Oak, MD: Food and Drug Administration; June 26, 2018. https://www.fda.gov/newsevents/newsroom/pressannouncements/ucm611046.htm. Accessed June 20, 2019.

Response

We thank Dr Moy for taking her time to read and respond to our February 2018 article on the routes of cannabis consumption.[1] We agree that the United States is in a watershed moment for cannabis with regard to its legalization and potential medical applications.

Although many studies have suggested potential benefits from cannabis, positive outcomes do not necessarily equate to efficacious treatments for human patients. For example, Abraxane (Celgene Corporation) was derived from the yew tree, but we do not prescribe