



Cannabis in Medicine: An Evidence-Based Approach

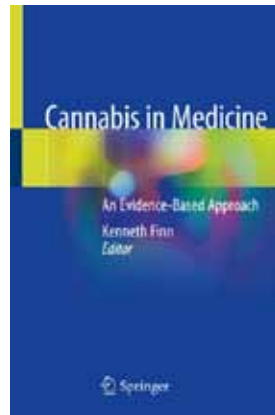
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The title of “Cannabis in Medicine: An Evidence-Based Approach” contains an irony. In chapter after chapter in this multi-authored book written predominately by providers associated with mainstream medical facilities in Colorado, the authors point out the inadequacy of the evidence we have and the absence of the evidence we need to determine how – or even if – cannabis has medical legitimacy. The foreword’s title, “Losing Ground: The Rise of Cannabis Culture,” sets the tone. David Murray, a senior fellow at the Hudson Institute, argues convincingly that “the current experiment with cannabis, underway nationwide [is] leading us towards a future of unanticipated consequences, a future already established in the patterns of use ‘seeded’ in the population but as yet unmanifested.” In other words, the cannabis horse has not only fled the barn but has been breeding prolifically to the point that we couldn’t get rid of it and its progeny if we wanted to!

The 20 chapters following the foreword are divided into basic science (three chapters) and clinical evidence (17 chapters) sections. Over and over in the clinical evidence chapters, individual authors remind the reader of the lack of quality control in production, the dearth of strong evidence from adequately designed research trials, and the intensifying potency of cannabis with attendant dangers, particularly for youth. The organization of this section lacks consistency in that some chapters focus on specialty (e.g. pulmonary medicine), others on patient groups (e.g. the pediatric and adolescent population), others on physiological implications (e.g. clinical cardiovascular effects; neuropsychiatric effects), others on specific diseases (e.g. gastrointestinal disorders; ocular conditions), and still others on public health topics (e.g. cannabis-impaired driving). While all are relevant, a specialty or organ system focus, with a separate public health section might lend the book more coherence. It would also be worth exploring how “cannabis culture” has become in essence a parallel medical system, with many of cannabis’s most ardent proponents as dropouts



from establishment medicine after its nostrums for diagnoses like chronic pain, anxiety, and depression have failed to bring them relief.

I would have liked a chapter specifically grappling with the porous boundary between federal and state jurisdictions over cannabis as medicine and marijuana as recreational substance. Lawyer David G. Evans’ admirable chapter on “The Legal Aspects of Marijuana as Medicine” moves in that direction when he writes

that, “‘medical marijuana’ is not a ‘states’ rights’ issue.” To wit, for no other drug than cannabis has the federal government ceded regulatory responsibility to states that are variably (but mostly not) equipped to handle it. The truth, complex in its contradictions and inconsistencies, is that in the United States, marijuana remains a Schedule I drug without recognized medical value; the Federal Drug Administration overseeing American pharmaceuticals throws roadblocks in the way of studying it, thereby interfering with the development of a robust evidence base; the federal government has looked the other way and even colluded with the states as one after another has legalized cannabis medically, recreationally, or both; and physicians risk their federal licenses to prescribe if they do more than recommend this drug. In a nutshell, any effort to impose logic is doomed because the American scene vis-à-vis cannabis is seemingly irretrievably illogical.

The editor of this volume, Kenneth Finn, MD, an PMR and pain management specialist in Colorado Springs, Colorado, is to be commended for encouraging individual chapter authors to develop encyclopedic bibliographies. The book can thus serve as a resource for practitioners wishing to delve into a vast and growing literature that continues to offer little that is conclusive. The book can also serve as a primer on what is known about cannabis as medicine, keeping in mind a slant throughout – not necessarily unjustified, at least from an allopathic or osteopathic perspective – that cannabis is neither legitimate as medicine nor safe, even for recreational use.

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