



ASSOCIATION OF CANNABIS SPECIALISTS SCIENCE. EDUCATION. REGULATION. COMPASSION.

Thank you to leafly.com for spotlighting the JAMA article entitled: Most Doctors Know Nothing About Cannabis.

In an editorial in JAMA (date), Dr. Nathaniel Morris, a recent Stanford graduate, laments that even in California where medical cannabis has been available since 1996, no medical education on cannabis was provided to him during medical school or residency.

Dr. Morris is absolutely correct in his concerns. Cannabis has been well established as a viable medication, and all physicians need to know at least some of the details. Medical schools need to expand their curricula to include both the Endocannabinoid System (ECS) and basic information about treating applicable disorders with cannabinoid medications.

For many physicians, however, their lack of knowledge stems from the fairly recent discovery of the ECS and the voluminous outpouring of data on this subject. Finding reliable, evidence-based information about both the science and practicalities of cannabis medicine is challenging.

On the other hand, it is entirely unreasonable and unnecessary to expect that all physicians will become experts on cannabis medicine. For example, the family practice physician is not expected to have in-depth knowledge about cardiology, nor are Internists expected to know much about eyes. Each of these knowledge areas has its own specialty that knows the field well. Cannabis medicine is, and must be, a specialty of its own like Endocrinology or Rheumatology.

The Association of Cannabis Specialists (ACS) embodies this idea. It is a growing, international non-profit devoted to educating both cannabis specialists, and referring clinicians (those whose main area of practice is not cannabis related). In addition, the ACS educates lawmakers on effective policy and industry on best practices.

There are a few common misconceptions that come from articles about whether or not physicians are up to speed on cannabis that need to be nipped in the bud.

First, this narrative is leading patients to feel that the only place to get education about cannabis, methods of use, and dosing is from the sales clerk at a dispensary or store (aka "budtender"). This is a very bad place to get medical information. The budtender has literally no medical training, nor ever could without first getting a medical professional degree. In fact, the budtender is employed by the dispensary or store, and is often under extreme pressure to make the sale. This is a major conflict of interest when it comes to a patient's well-being. This is like a patient asking a cashier at a pharmacy what to take for blood pressure. However, in

the tightly and appropriately regulated pharmacy world, that cashier is carefully trained to refer the patient to an appropriately qualified person to get answers. Most often that means asking their doctor.

Second, this narrative is leading patients to disregard their physicians' advice, or not seek it at all. If we're lamenting that physicians are not up to speed on cannabis, then certainly we can recognize that cannabis medicine is a complex field. Issues such as medication interactions, proper diagnosis of conditions, and multiple coordinated approaches to treatment are certainly beyond lay-knowledge.

Further, patients are more than simply "a need for cannabis". Their illnesses and the social circumstances that influence them are broad and deep, and often interrelated. Even the most cannabis-naïve physician is still better at diagnosing and treating illness than a lay-person. Ultimately, physicians will be better educated on the use of cannabis, and should not be dismissed when it comes to serious illness.

The over-arching problem with the narrative that physicians aren't up to speed is the way in which it plays into the profit motive of the evolving cannabis industry. In the beginning, the industry was heavily dependent on recruiting physicians to use cannabis as medicine. This brought legitimacy to cannabis medicine, as it should. Now, on the other hand, the industry is faced with the reality that careful and caring physicians tend to recommend lower doses, less frequent use, and "boring" products. Rather than being seen as a means to bring cannabis medicine to a wider patient base, physicians are being seen as standing in the way of increased sales. Messaging around physician training (or present lack thereof) is a way of delegitimizing physicians' role in medical cannabis care.

As stated publicly by an number of cannabis company CEOs, their ideal model is recreational sales to patients and users alike. While this can certainly be seen to help their short-term bottom line, it is not in the interests of patients with real, complex illness. Recent studies in recreationally-legalized states have shown that patients in those states have suffered from the implementation of recreational sales. Patients require carefully constructed, reliable and effective regimens – something that cannot happen from a recreational store.

Ultimately, what's at stake here is whether patients will be able to get knowledgeable and caring guidance from physician specialists or have to take on faith that the lay-person budtender isn't just trying to make another sale. The current narrative pushing the ignorance of physicians overlooks the many cannabis specialists while prioritizing industry profits over patient health. This narrative needs to stop.