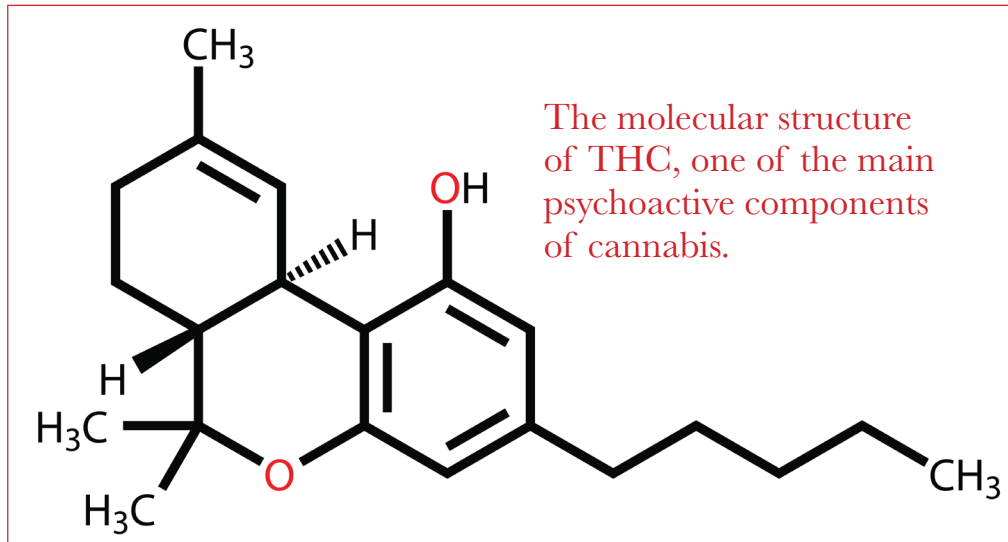


  
**Health & Wellness**

# Dispensing with the Smoke and Mirrors

By Charles Pollack, MD



There is a haze surrounding how our society thinks about cannabis.

To some people, it's a panacea – a cure-all – that can treat virtually any symptom, while others see it as a sign of societal decay or a drug whose dangers are deliberately minimized by zealous advocates. The truth of the matter is probably somewhere in the middle.

To fill this knowledge gap, I've helped spearhead the creation of the Center for Medical Cannabis Education & Research (CMCER) at Jefferson. Part of the Institute of Emerging Health Professions, the Center is the first US health sciences university-based effort to provide high-quality education to clinicians and laypersons, and to elevate the knowledge base about medical cannabis by creating an international multidisciplinary approach to assessing the scientific direction of the field.

Our mission isn't advocacy; it's to parse the science of the issue, to separate useful clinical knowledge from hype, so that physicians can help their patients make informed choices. We've recruited a team of leading international experts to head up CMCER's Steering Committee and provide the kind of measured, granular oversight that cannabis research needs. I see Jefferson as helping to set and lead the research agenda since we – and any academic site in the US – will have very limited capability to conduct large-scale trials on-site in the near future.

To this end, CMCER will publish a paper in the fall identifying areas where patients and physicians could each benefit from further exploration.

Can cannabis be a substitute to opioids when it comes to chronic pain syndromes? Can it help to ease the anxiety, depression and other

symptoms associated with PTSD? And, peculiar to Pennsylvania's legislation, what role could medical cannabis play in treating the pain that accompanies sickle cell anemia? This last one is particularly relevant to Jefferson, since we see a very high volume of sickle cell patients through our Comprehensive Sickle Cell Program.

These are only a few of the questions that need answering if physicians, researchers, patients, and politicians are going to have an honest and scientifically rigorous dialogue about medical cannabis. There are at least 60 biologically active compounds in marijuana, and each affects individuals differently. This suggests that we need to be looking for complex interactions happening throughout the body rather than one easily isolable chemical.

**Continued on back page**

Though medical cannabis legislation has been signed into law in Pennsylvania, physicians aren't yet recommending it here. But that's the allure of leading a multi-center approach to elevating the science of medical cannabis. While our state-side efforts are coming online, our international partners in Canada, Spain, and Israel are already well-equipped, materially and politically, to do high-quality cannabis research.

Like cannabis itself, CMCER isn't one-dimensional. We plan to go beyond simply recommending paths of research by offering grants and programmatic support to researchers on a competitive basis. While coordinating research is an important part of our mission, we are also dedicated to educating medical professionals all along the continuum of care.

For instance, Pennsylvania's medical cannabis legislation mandates that physicians participating in the medical cannabis program have a minimum of four hours of continuing medical education and that a specially trained pharmacist be present at all dispensaries. To help meet this need, we are designing a science-driven curriculum that will enable caregivers to manage patients' and their own expectations.

Parallel with education is the issue of access, not just to knowledge, but to the medicine and treatment itself. Right now, all over the Delaware Valley, there are many people using medical cannabis, only they don't call it medical cannabis, they call it "pot," and they buy it on the street. There is a real possibility that dispensary-sold cannabis will be more expensive than what has traditionally been available

through informal markets. If we are serious about treating cannabis as a medicine, then we need to pay attention to these issues.

Therefore we are also forming an Entrepreneurship and Social Issues advisory board for CMCER. That group's first activity will be a business plan and idea competition this fall, in partnership with Philadelphia University.

If we can get people thinking now about the complex issues surrounding the science, education and patient experience of medical cannabis, we will achieve a more realistic and successful approach to its use in medical practice.

To learn more about the Center for Medical Cannabis Education & Research, visit [Jefferson.edu/CannabisResearch](http://Jefferson.edu/CannabisResearch).



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