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Research at ACR's Annual Meeting Explores Medicinal Marijuana Use and Rheumatic Disease-Related Pain

WASHINGTON, D.C. – [Forty-seven states](#), the District of Columbia, and three U.S. territories have legalized the medical use of marijuana. Some medical cannabis laws are more permissive than others, and the conditions for which cannabis can be used vary from state-to-state. Results can vary, too, depending on the dose and form of the drug and individual metabolism. Daniel Clauw, MD, a professor of anesthesiology, rheumatology and psychiatry at the University of Michigan will discuss cannabis as a therapy for chronic pain, particularly in rheumatic diseases, on Nov. 16 during [ACR Convergence 2024](#), the American College of Rheumatology's annual meeting.

According to the National Institute on Drug Abuse, marijuana refers to the dried leaves, flowers, stems, and seeds from the *Cannabis sativa* or *Cannabis indica* plant. The plant contains the mind-altering chemical THC and other similar compounds.

Millions of Americans report using THC-containing cannabis to treat a broad array of health problems, including chronic pain, insomnia, and anxiety. A 2019 survey by the Arthritis Foundation, found that [79% of arthritis patients](#) said they had used CBD or considered using it to manage pain. Also, it is commonly known that cannabis has been used recreationally and medicinally for thousands of years. Unfortunately, current studies of its effectiveness yield inconsistent results.

“The primary problem is that very few appropriately powered randomized controlled trials have been completed,” Clauw explains. “The older trials are generally with smoked cannabis and neuropathic pain, and it is often difficult to know how much THC and CBD these products contain. The only firm conclusion is that when used medicinally, cannabis appears to be safe.”

Still, he says, safe does not necessarily mean side effect-free. Most side effects, such as a dry mouth, fatigue and hunger are generally mild and go away when the drug wears off. A small percentage of people who use THC may become physically or psychologically dependent on it, though this is not a problem with CBD.

Clauw stresses that providers in most states cannot prescribe cannabis, but they can discuss it and make suggestions. Dr. Clauw's presentation will delve into the science of medical cannabis and its applications to patient care.

“Cannabis is neither the evil weed from hell nor the best thing since sliced bread,” he says. “For chronic pain, it is almost certainly more effective and safer than opioids, mainly because opioids are so ineffective and dangerous when used for chronic pain.”

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About ACR Convergence

ACR Convergence, the annual meeting of the American College of Rheumatology, is where rheumatology meets to collaborate, celebrate, congregate, and learn. With hundreds of sessions and thousands of abstracts, it offers a superior combination of basic science, clinical science, business education and interactive discussions to improve patient care. For more information about the meeting, visit the [ACR Convergence page](#), or join the conversation on X by following the official hashtag (#ACR24).

About the American College of Rheumatology

Founded in 1934, the American College of Rheumatology (ACR) is a not-for-profit, professional association committed to advancing the specialty of rheumatology that serves nearly 9,600 physicians, health professionals, researchers and scientists worldwide. In doing so, the ACR offers education, research, advocacy and practice management support to help its members continue their innovative work and provide quality patient care. Rheumatology professionals are experts in the diagnosis, management and treatment of more than 100 different types of arthritis and rheumatic diseases. For more information, visit rheumatology.org.