Marijuana Use and Health in Primary Care

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The Authors' Reply—We read with interest the letter by Chukwuemeka¹ addressing our recently published research.²

As stated in the limitations section of our paper, we agree that our sample might not be generalizable to all marijuana users. However, we believe that a sample identified by screening in primary care is important, given that prior studies have focused on other selected samples, like patients receiving treatment for addiction.³ Also, it seems unlikely that the associations between frequency of marijuana use and the outcomes of interest (health status, comorbidity, emergency department utilization and hospitalization) would differ in this population from others.

We agree that it is a possibility that patients not included in our study (because they were ineligible or because they refused to participate) could be systematically different from those included regarding some baseline characteristics other than the ones we checked (age, gender and frequency of marijuana use).

As noted in the discussion, we believe that a study using a comparison group of primary care patients that do not use drugs is needed. In spite of the fact that the interpretation of results with a reference category of “no drug use” would be easier, the absence of any dose response clearly reduces the likelihood that a causal

association exists between frequency of marijuana use and the outcomes of interest.

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