

On the 30th of November at the European Parliament in Brussels, GUE/NGL hosted an international conference on medical cannabis organised by MEPs **Stelios Kouloglou, Luke Flanagan, Kateřina Konečná and Stefan Eck**.

Opening the conference, GUE/NGL's **Stelios Kouloglou** appealed for a common EU legal framework to regulate the use of medicinal cannabis. The MEP warned that the EU is being left behind in a sector with great potential because it continues to criminalise - to different degrees - the production and consumption of cannabis. Medicinal cannabis can help create jobs and develop the economy but above all, it can help people suffering from diseases to alleviate and even cure their symptoms. The Greek MEP called for more investment in research, some of which is already taking place, and for the use of scientific evidence to back the decriminalisation process. The issue should be approached with an open mind, Kouloglou said.

Graham de Barra, director of Irish NGO Help not Harm, chaired the first panel. Medical cannabis, he said, is still regulated by criminal law in Ireland. However, for the first time, regulation will be debated in the Irish parliament. Currently, sales of cannabis take place illegally but if doctors were allowed to prescribe, consumption can be standardised and therefore be less harmful to patients who must currently rely on an unregulated market. A study by the British Medical Journal found that prohibition and stigma push people away from health services and towards unsupervised consumption. Policy should therefore ensure adequate health care, quality assurance and investment in clinical trials for cannabis. For De Barra, medical cannabis should be an issue for hospitals - not jails.

Alessandro Piccioli, from the European Parliament Research Service (EPRS) said in an overview of the legal status of medical cannabis across Europe, member states are far from having a common approach. Sativex, the only cannabinoid medicine approved in some member states to alleviate spasticity in multiple sclerosis sufferers, is not always available on the market. EU member states can be grouped into four different legal approaches to medical cannabis: 1) countries where cannabis is illegal, except for research e.g. Bulgaria; 2) countries where consumption is illegal but with exceptions for Sativex and other limited forms; 3) countries where medicines with TAC can be prescribed and/or imported with an authorisation and; 4) countries with decriminalised personal consumption and cultivation for telepathic use after the state's approval, e.g. Austria or Spain.

Majda Robič, CEO of the World Hemp Congress, said that producers of hemp face obstacles due to a lack of regulation, international harmonisation and fragmentation of rules. That means producers have to bear undue costs. Hemp is a variety of the *Cannabis sativa* plant species that is grown specifically for the industrial uses of its derived products. Insufficient legislation closes the door to what Robič described as the most basic and harmless products in the market. The EU is losing large amounts in tax money to the black market. Losses are also incurred in the economy from the employment that could have been generated in a regulated sector. The total value of the cannabis industry is estimated at 44 billion dollars a year. Currently patients are being left to their own devices when facing certain diseases that could be treated with medical cannabis. Repressive laws, which put them on par with criminals and patients, end up being dealt with by the judicial system as drug dealers. Robič called this criminalisation a violation of basic human rights.

Dimos Fotopoulos, vice-President of OKANA (the Greek organisation against drugs), warned that cannabis can become addictive and that its medical use needs to be established further through research. Doctors prescribing cannabis-based medicines should always have in mind their addictive potential versus the benefits to the patients. Therapeutic use of cannabis has a future in mainstream medicine but only if their safety and efficacy are proven by randomised clinical trials. On the question on whether cannabis should be

legalised or not, Fatopoulos said that there is still a long way to go and that legalising medical cannabis is foremost a political decision.

Dominique Lossignol, a specialist in cancer and pain treatment from Brussels, said that there are lots of pain relief medication in the market, which did not go through years of clinical trial as is demanded of cannabis, like aspirins, for example. He prescribes cannabis to his patients at the Institute Bordet where he works to help them manage pain due to chronic illnesses. He witnessed the relief in his patients on pain, appetite and sleep. Cannabis can also help patients with multiple sclerosis but most doctors treating the condition are not aware of its potential.

President of the L'Union Francophone pour les Cannabinoïdes en Médecine (UFCM) **Bertrand Rambaud** was prosecuted several times by the French courts for producing and consuming cannabis. Rambaud has been on antiretroviral drugs since 1984 for being HIV-positive. Many patients do not respond well to traditional medicine but in France, medical cannabis including Sativex is unavailable. Even if it were, many doctors refuse to prescribe cannabis for ideological or moral reasons. As a result patients act alone and are therefore targeted by the law. Speaking from his own personal experience, Rambaud said the situation in France is unbearable for patients.

The International Cannabis and Cannabinoids Institute (ICCI) conducts research to open the way for legislation to decriminalise cannabis. As **Pavel Kubu** explained, ICC has cannabis-focused projects ranging from biomedicine and life sciences to policy sciences, tracking how countries are moving on the roadmap to medical cannabis accessibility. Kubu highlighted that in the US medical cannabis is still illegal but individual states have taken steps to legalise it. The Czech Republic, where Kubu is based, has legalised medical use of cannabis but only for eligible physicians. ICC is working on ground-breaking initiatives for product safety standards, cannabis care certification and other such projects to open the door for progress in the sector.

The last speaker in the first panel, **Jacqueline Poitras** from Athens, concluded with a personal account of her young daughter who is a lifelong epileptic but has seen her life changed through how treatment with cannabis. Medical cannabis not only help to alleviate symptoms of diseases but can also play a part in treatment and to potentially cure the disease. Research needs to address the issue of dosage, with Poitras's advice being to 'start low and go slow' whilst listening to how the body reacts. More research should be done on cannabis interaction with other medicines. According to Poitras, there are more than 100 varieties of cannabinoids today, which provide many possibilities to consider for the future of the drug.

The second panel, chaired by GUE/NGL MEP **Kateřina Konečná**, considered the best practices employed globally on the regulation of medical cannabis as well as perspectives and obstacles for the future. **Dr Franjo Grotenhermen** currently treats about 1000 patients with medical cannabis. He also considers it a right for patients to have access to the drug according to the principles enshrined in the constitution of the World Health Organisation (WHO) and even in German law. The Declaration of Human Rights for Medical Access to Cannabis and Cannabinoids is therefore a good basis on which to advocate liberalisation of medical cannabis use. In Germany, it is possible for medical cannabis to be prescribed by doctors although health insurance companies do not yet cover the costly treatment with the exception of Sativex. Patients can alternatively apply for special permission through the Ministry of Health if they wish to purchase cannabis flowers when other treatments have failed. Changes in the law are currently being considered in Germany that would make medical cannabis more accessible to patients. The main priority for legislators, according to

Grotenhermen, should be the health and wellbeing of patients rather than the cannabis in itself.

Saul Kaye, CEO of Israel-cannabis (iCan), argued in favour of monetising the cannabis market. He also said his organisation is looking particularly towards the export market, including the development of technology associated with cannabis production and processing. The market in Israel is expected to increase from the current 100 million dollars to 1 billion in the next 24 months. Israel has run the first medical marijuana programme in the world which began in 1996 with 26k patients and is now expected to expand after a recent parliamentary decision with the number of patients expected to grow to 100 000 as a result.

The situation in neighbouring Cyprus remains complicated though, according to **Petros Evdokas** from Friends of Cannabis - an organisation with a national focus and with resistance to liberalisation from the Ministry of Health. As a result, citizens and patients took the government to court and to the Supreme Court in order to gain licenses for the use of cannabis. Unfortunately the licenses provided come with arbitrary restrictions and they have so far only covered cancer patients. About 20-25 patients had received licenses to use cannabis oil, which is imported, to the country. However, they did not survive as waited for the drug. Whilst governments may grant licenses, access to the actual drugs remains a challenge.

37-year-old **Carola Perez** injured herself at the age of 11, breaking her coccyx bone. In 2017 she will undergo her 12th surgery to alleviate the pain. Perez has used medical cannabis to improve her quality of life and has worked tirelessly to make available medical cannabis to patients in similar conditions. The Spanish Observatory for Medicinal Cannabis (OECM) - the organisation that she heads - was established to promote, coordinate and conduct activities aimed at studying the medicinal properties of cannabis and its derivatives. For Perez, however, the main problem in Spain is a lack of regulation and the subsequent safe and secure access to standardised cannabis medicine. Her OECM colleague, Manuel Guzmán, also spoke of the importance of research and the ground-breaking work currently undertaken to open the way for standardisation and legalisation of cannabis for medical use. One such research conducted by the OECM provides evidence of the benefits of cannabis for palliative treatment and showed potential in the use of cannabis for cure.

The use of cannabis as a remedy is not new. This natural medicinal plant has been used for medical purposes for 5000 years, argued GUE/NGL MEP **Stefan Eck** in the closing statement of the conference. Cannabis should be used legally for medical treatments, for pain therapy in cancer patients and for diseases that severely limit quality of life. Eck argued for the decriminalisation of cannabis. Through legalisation, countless people in Europe would escape prosecution. The sale of cannabis should therefore be legalised throughout the EU since cannabis has a lower potential to cause harm than alcohol or nicotine. The German MEP highlighted the positive experience in countries with more relaxed laws such as Canada and the US, and suggested it is time for the EU to follow suit.