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Drug Policies  
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## **INSIGHT EUROPEAN PARLIAMENT RESOLUTION ON CANNABIS FOR MEDICINAL PURPOSES**

A Resolution about cannabis for medicinal purposes<sup>1</sup> was approved by the European Parliament on 13th of February, aiming to promote the research and the availability of medical cannabis-based products. Just as the Recommendations of the WHO to reschedule cannabis and cannabis products, the European institutions are promoting the so-called medicalisation of cannabis, which means that they are trying to standardize both the term “cannabis as medicine” and the substances that will be available. However, they seem to have forgotten the plant’s flowers as a complete and useful medicine on its own, giving preference to big pharma.

We thank the left-wing coalitions, such as European United Left-Nordic Green Left (GUE-NGL) and Greens–European Free Alliance (Greens–EFA) for introducing a more social approach and for trying to make a more comprehensive and inclusive resolution. Despite their efforts, the resolution constantly refers to the medicalization of cannabis-based products by using pharmaceutical formulas, extracting cannabinoids from the plant and synthesizing others, which is just not necessary for a plant that already has several compounds that have therapeutic effects.

The positive points of this Resolution are the promotion of research (Articles 2, 3, 4 and 5) that could bring new opportunities to different acknowledged stakeholders, which, if it is done in a neutral way, could help to develop a clear approach to cannabis and its different uses. We also welcome the freedom of prescription for doctors in the EU that is described in article 9 of the Resolution. The clear differentiation between kinds of uses (Article 1) and the simple recognition of the existence of these

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<sup>1</sup> Peter Reynolds, “Medicinal Cannabis: The Evidence”, *CLEAR Cannabis Law Reform* (2015).

uses can be the starting point to finally address cannabis and the culture surrounding it in a reformist way. All these different stakeholders can contribute to draft a rule on cannabis for medicinal purposes, other than the pharmacist's approach.

In most European countries<sup>2</sup> that have regulated cannabis, the initial proposals had a more social profile, some including the recognition of cannabis self-cultivation for therapeutic purposes, as in the case of Portugal. But during the parliamentary proceedings the parties to the right of the political spectrum and/or favourable to big capital, have amended these proposals until they transform their aims and their background. The same has happened in the European Parliament. So, as citizens, who protects us from these threats?

Commissioner Ms Věra Jourová pointed out in the Oral Questions Session that the Member States are responsible for the competences in health, due to the complexity and diversity of the countries in the European Union. She stressed that the only way to harmonize public policies on cannabis is the medicinal way through the European Medicines Agency (EMA). As an NGO, this worries us since we see Human Rights violated and suspended in the air once cannabis is made a medicine through pharmacies only. Only allowing cannabis medicine that has been tested and controlled in the EMA would result in a harsh restriction on millions of patients who will not have access to cannabis.

We calculate that currently if only Sativex (the only medicine authorized by the EMA) was used, millions of patients, citizens of the European Union, would be deprived of a plant that improves their quality of life and that grows almost anywhere. To give an example, if we estimate that around 3%<sup>3</sup> of the population is affected by fibromyalgia and chronic fatigue, for which Sativex is not recommended, this would mean we would be talking about more than fifteen million people who would not have access to effective cannabis treatment due to lack of available products.

Not to sound too harsh, but what do you think will happen if no solution is found for these millions of people? They will most likely continue to go to informal markets to supply themselves with a substance that does not pass any type of control. However, in other parts of the world people like them get access to the cannabis medicines they need, in forms of different products, all starting with cannabis flowers. Fed up with the helplessness and the terrible quality that this type of markets always brings along, patients organize themselves to get the cannabis they need and which is good for them. The best way

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<sup>2</sup> Johan P Mackenbach, et al., "The unequal health of Europeans: successes and failures of policies", *Lancet* 381 (2013): 1125-34

<sup>3</sup> Jaime C.Branco MD, et al., "Prevalence of fibromyalgia: a survey in five European countries", *Elsevier, Seminars in Arthritis and Rheumatism* 39, issue 6 (2010): 448-453.

to help them is by allowing them to get their cannabis in an easy and safe, controlled way. This includes the information of appropriate use for this user profile: The use of vaporizers, the supplying of cannabis that is free of pesticides or contaminants, adequate information about the background and minimization of legal risks. It is up to the European Union to resolve these problems and to find a solution that leaves no one behind.

To try to elucidate the issue of cannabinoids and active components of the cannabis plant, there are two issues the MEPs seem to be unclear about and that are essential for any regulation on this substance, one is the **entourage effect** and the other the **cannabinoid ratios**<sup>4</sup>.

Since CBD<sup>5</sup> and THC are currently the best-known cannabinoids, research has specially focussed on the effects of different ratios of them. THC and CBD effect each other and are natural counteragents. However, cannabis consists of more than 140 different cannabinoids which are all present in the cannabis flower<sup>6</sup>. Hundreds of studies have proven the medicinal value of the plant in its full spectrum of cannabinoids, terpenes and other substances. The benefit of the full spectrum is called **entourage effect**<sup>7</sup>.

The entourage effect is a mechanism by which compounds present in cannabis which are largely non-psychoactive by themselves, modulate the overall psychoactive effects of the plant. Entourage effect means that all the cannabinoids in the plant play their part in the effect, resulting in an overall better effect than each compound alone. If you isolate only one cannabinoid it has different pharmacology. THC as a mono substance has a different effect than THC combined with other cannabinoids. It is not only the case with cannabis, but similar effects are observed in other plants.

It is very hard to prove<sup>8</sup> because the pharma industry is focusing on mono-substances, but there are thousands of patients reports and stories about the effects of cannabis flowers compared to standard medicine based on mono-substances. Herbal medicine is experiencing a renaissance in all areas, so we want to claim our "Freedom to Farm" and to use our own plants as medicine.

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<sup>4</sup> Ethan B. Russo, "The Case for the Entourage Effect and Conventional Breeding of Clinical Cannabis: No "Strain," No Gain", *Front. Plant Sci.* 9 (2019): 1969.

<sup>5</sup> Fabricio A. Pamplona, et al., "Potential Clinical Benefits of CBD-Rich Cannabis Extracts Over Purified CBD in Treatment-Resistant Epilepsy: Observational Data Meta-analysis", *Front Neurol.* 9 (2018): 759.

<sup>6</sup> Lumír Ondřej Hanuš, et al., "Phytocannabinoids: a unified critical inventory", *The Royal Society of Chemistry* (2016).

<sup>7</sup> Ethan B. Russo, "Taming THC: potential cannabis synergy and phytocannabinoid-terpenoid entourage effects", *Br J Pharmacol.* 163 (2011):1344-64.

<sup>8</sup> Sandra Blasco-Benito et al., "Appraising the "entourage effect": Antitumor action of a pure cannabinoid versus a botanical drug preparation in preclinical models of breast cancer", *Biochem Pharmacol.* 157 (2018):285-293.

Therefore, limiting the level of THC, which was commented by some MEP, in the therapeutic case we do not consider this to make much sense. Because each person needs the combination of cannabinoids and other compounds of the plant that is good for their specific pathology, this also depends on the access route and the composition. Neutral experts point out that cannabis has significant positive effects on the quality of life of patients and that THC has fewer adverse effects<sup>9</sup> than many of the medicines that are currently marketed, as well as that cannabis has fewer associated deaths (there is no evidence about deaths directly caused by cannabis). The addictive potential is lower, compared to other substances commonly used, such as sugar, coffee or tobacco; or other medications, such as benzodiazepines, corticosteroids or even Ibuprofen.

Although from the Civil Society we understand the concern of the MEPs about THC extractions that is mostly done by American corporations which can result in very powerful extracts that can be sold on the market, without the adequate recommendations. That is why we believe that the regulation of cannabis or any other drug in the European Union should be accompanied by the actors involved in the Prevention of Risks and Culture related to each drug, in this case, the culture on cannabis. We clearly saw that, even though the drug is illegal, there is a big culture around it, that should not be ignored. Otherwise, if we put limits on the THC content in the plant, we will just promote the informal markets and the criminality associated with such markets more than we already do now.

Data from the first months of regulation in Canada shows that most recreational consumers also use it therapeutically and/or for "wellness" purposes what is simply for their well-being. This multiplies the number of people that can benefit from cannabis, especially in its natural form as cannabis flowers, and makes the total figure incomputable.

We detected that Articles 6 and 14 enter in some kind of contradiction with article 11 of the Resolution. While 6 and 14 are talking about extractions that most of the times do not conserve the full components of the plant, article 11 is talking about the choice of the strain which is more suitable to improve the quality of life of the patients. Also, the holistic approach includes prevention and wellness, which has a more comprehensive effect than the simple treatment of symptoms of concrete diseases.

Let us be clear: We do not want a commercial model that favours large corporations, monopolies or oligopolies that are very difficult to control. We prefer supply models organized into small and

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<sup>9</sup> David Nutt, et al., "Development of a rational scale to assess the harm of drugs of potential misuse", *Lancet* 369 (2007): 1047-53.

medium-sized units that produce benefits for the majority of society, instead of large companies that are very difficult to control in regard to composition and tax evasion. We claim for a system of taxation based on the principle of fiscal progressivity.

We hope that the European Commission will take some of these essential aspects of cannabis into account when it comes to drafting a regulation on cannabis for medicinal and therapeutic purposes. Cannabis has already been used in our societies before the modern pharmacy/medicine models and has been shown to improve the quality of life of millions of people across the world.

We are grateful for the recognition of patients' organizations and different stakeholders of the Civil Society from the European Parliament in article 8 of the Resolution. And we will do our best to contribute to this debate in a sensible and effective manner. As ENCOD we represent many patients throughout the European Union and we will not stop to work in favour of efficient legal cannabis-supplying models for sick people of any pathology. Everyone for whom cannabis can be a palliative of the first choice should have access to it along the necessary information and professionalization. In the same way, we continue offering our collaboration to institutions, politicians and other authorities, to find solutions in the field of cannabis for medicinal and therapeutic purposes.

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