We would like to thank ASA (Americans for Safe Access) for authorising the use of their published works as a basis for this document.
MedicalMarijuana.eu

MedicalMarijuana.eu, Europe’s best resource for news, interviews, information and commentary, research papers and personal testaments on the use and therapeutic effects of cannabis, and cannabis extracts.

Our mission at Medicalmarijuana.eu is to advance legal access to herbal cannabis and cannabis extracts, for all those who would medically benefit.

We believe that all people with symptoms that can be successfully treated with cannabis derived products should have access to them legally, economically (or on prescription) and without delay.
This guide and its affiliated website are designed for educational purposes only and are not engaged in rendering medical advice, legal advice or professional services.

If you feel that you have a medical problem, you should seek the advice of your doctor or health care practitioner.

Patients are advised to check the legal status of cannabis in their country for themselves, as laws are constantly changing.
Also Available at Medicalmarijuana.eu

- Guide to Cannabis for Medical Professionals in Europe
- Guide to Cannabis for Medical Patients in Europe
- Guide to Cannabis for Cancer Patients in Europe
- Guide to Cannabis for Multiple Sclerosis Patients in Europe
- Guide to Cannabis for HIV/AIDS Patients in Europe
- Guide to Cannabis for Chronic Pain Patients in Europe
- Guide to Cannabis for Arthritis Patients in Europe
- Guide to Cannabis for Patients with Gastrointestinal Disorders in Europe
Talking to a medical professional about the possibility of cannabis use in your treatment can be a daunting task. However, most national medical organisations in Europe will hold a patient confidentiality agreement meaning that, unless exceptional circumstances permit, they will be required to keep any information you discuss with them strictly confidential.

**Patient Confidentiality**

Your doctor, nurse or any other health and social care professional needs to keep records on their interactions with you. The records may be written or held on computer systems and will include:

- Your basic details, such as address and next of kin contacts
- Details about the treatment, care and support that you need and receive
- Results of investigations, such as x-rays and laboratory tests
- Relevant information from other health and social care professionals, relatives or those who care for you and know you well.

### i. Approaching a Medical Professional

There is nothing wrong or illegal about discussing medical cannabis with your doctor. However, some doctors will voice concern and may reject your conversation entirely. Therefore, consider speaking to any medical professional in the third person, perhaps mentioning ‘a friend’ who is considering medical cannabis use.

Most medical professionals are accustomed to patients bringing ideas to them about treatment options and preferences, and cannabis therapeutics should be no different.

Your doctor may be unfamiliar with medical cannabis and hesitant to recommend it, so bring documentation to explain the science and support your experience. Our ‘Guide to Cannabis for Medical Professionals’ contains the basic information a doctor may need when discussing cannabis with a patient.

Please note that a doctor or health professional may inform the necessary vehicle licensing body if they are concerned that you may be medicating with cannabis whilst operating a vehicle.
Thousands of studies published in peer-reviewed journals indicate cannabis has medical value in treating patients with such serious conditions as AIDS, glaucoma, cancer, epilepsy, and chronic pain, as well as a variety of such neurological disorders as multiple sclerosis, Parkinsonism, and ALS. A comprehensive research library of such studies are available on our website1.

A 2013 poll conducted by the New England Journal of Medicine found that three out of four clinicians in the United States would recommend the use of medical cannabis for a hypothetical cancer patient2.

The use of medical cannabis has been endorsed by numerous professional organizations, including the American Academy of Family Physicians, the American Public Health Association, and the American Nurses Association.

To date, no endorsements from any professional medical organisations in the United Kingdom have surfaced.

The International Cannabinoid Research Society was formally incorporated as a scientific research organization in 1991 with 50 members; as of 2014, there are nearly 500 around the world.

The International Association for Cannabinoid Medicines (IACM), founded in 2000, publishes a bi-weekly bulletin and holds international symposia to highlight emerging research in cannabis therapeutics.

The safety and efficacy of cannabis has been attested to by numerous government studies and reports issued over the past 70 years. These include the 1944 LaGuardia Report, the Schafer Commission Report in 1972, a review commissioned by the British House of Lords in 1997, the Institutes of Medicine report of 1999, research sponsored by Health Canada, and numerous studies conducted in the Netherlands, where cannabis has been quasi-legal since 1976 and is currently available from pharmacies by prescription.

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1 [http://www.medicalmarijuana.eu/mmj-research/](http://www.medicalmarijuana.eu/mmj-research/)

While modern research has until recently been sharply limited by US federal prohibition and global illegality, the last few decades have seen rapid change. More than 15,000 modern (post 1970) peer-reviewed scientific articles on the chemistry and pharmacology of cannabis and cannabinoids have been published, as well as more than 2,000 articles on the body’s natural cannabinoids and the receptors they attach to³.

The discovery of the endocannabinoid system (ECS)⁴ opened a door to new understandings of how the body regulates internal systems and how the phytocannabinoids found in the cannabis plant interact with it. Endocannabinoids are crucial to bioregulation, and evidence suggests they play a role in inflammation, insulin sensitivity, and fat and energy metabolism, as well as chronic neurologic and immune conditions. The cannabinoid receptors CB1 and CB2 are identified targets for treating a remarkable variety of serious medical conditions⁵.

A 2009 review of controlled clinical studies with medical cannabis conducted over a 38-year period found that “nearly all of the 33 published controlled clinical trials conducted have shown significant and measurable benefits in subjects receiving the treatment.”⁶ The review’s authors note that the more than 100 different cannabinoids in cannabis have the capacity for analgesia through neuromodulation in ascending and descending pain pathways, neuroprotection, and anti-inflammatory mechanisms.

Research into the therapeutic potential of cannabis and cannabinoids has expanded considerably in the past decade. As of May 2014, the Centre for Medicinal Cannabis Research, a state-funded research effort in California, had completed 13 approved studies. Of those, seven published double-blind, placebo-controlled studies examined pain relief, and each showed cannabis to be effective⁷.

No adverse health effects related to medical cannabis use have been reported, even among the most seriously ill and immune-compromised patients. Research on CD4 immunity in AIDS patients found no negative effects to the immune systems of patients undergoing cannabis therapy in clinical trials⁸.

A complete health assessment in 2002 of four of the patients enrolled in the Investigational New Drug program who had used cannabis daily for between 11 and 27 years found cannabis to be clinically effective for each with no negative health consequences⁹.
In the United Kingdom, GW Pharmaceuticals has been conducting clinical trials for more than a decade with its cannabis medicine, Nabiximols (Sativex®) Oromucosal Spray, a controlled-dose whole-plant extract. GW’s Phase II and Phase III trials show positive results for the relief of neurological pain related to: multiple sclerosis (MS), spinal cord injury, peripheral nerve injury (including peripheral neuropathy secondary to diabetes mellitus or AIDS), central nervous system damage, neuroinvasive cancer, dystonias, cerebral vascular accident, and spina bifida. They have also shown cannabinoids to be effective in clinical trials for the relief of pain and inflammation in rheumatoid arthritis and also pain relief in brachial plexus injury\textsuperscript{10}.

Nabiximols (Sativex®) was approved in Canada for symptomatic relief of neuropathic pain in 2005, in 2007 for patients with advanced cancer whose pain is not fully alleviated by opiates, and in 2010 for spasticity related to multiple sclerosis. As of 2014, Sativex has been made available or approved for named patient prescription use in 24 countries, including the UK, Spain, Italy and Germany.

In 2013, GW Pharmaceuticals received FDA approval to test a highly purified cannabinoid extract (cannabidiol or CBD) named Epidiolex® on a limited number of children with seizure disorders. As of January 2014, seven paediatric epilepsy specialists have been approved to treat 125 children with Dravet syndrome, Lennox-Gastaut syndrome, and other pediatric epilepsy syndromes, in the United States only.

\begin{itemize}
\item Grant I, Rael Cahn B. Cannabis and endocannabinoid modulators: Therapeutic promises and challenges, Clinical Neuroscience Research, Volume 5, Issues 2-4, November 2005
\item Russo EB. (2008) Cannabinoids in the management of difficult to treat pain. Therap and Clinical Risk Management 4
\end{itemize}
Medical Marijuana & Chronic Pain

Persistent and disabling pain can have numerous and sometimes multiple causes. Among them are cancer; AIDS; sickle cell anemia; multiple sclerosis; defects or injuries to the back, neck and spinal cord; arthritis and other rheumatic and degenerative hip, joint and connective tissue disorders; and severe burns. Pain is not a primary condition or injury, but rather a severe, frequently intolerable symptom that varies in frequency, duration, and severity according to the individual. The underlying condition determines the appropriate curative approach, but does not determine the proper symptom management. It is the character, severity, location and duration of the pain that determines the range of appropriate therapies.

Chronic pain is a public health issue that is widespread across the aging populations of industrialized nations. Epidemiological statistics are alarming: In Europe, it is estimated that one in four adults has a chronic pain condition\(^1\).

For patients in pain, the goal is to function as fully as possible by reducing their pain as much as possible, while minimizing the often-debilitating side effects of the pain therapies. Failure to adequately treat severe and/or chronic pain can have tragic consequences. Not infrequently, people in unrelieved pain want to die. Despair can also cause patients to discontinue potentially life-saving procedures (e.g., chemotherapy or surgery), which themselves cause severe suffering. In such dire cases, anything that helps to alleviate the pain will prolong these patients’ lives.

Cannabis can serve at least two important roles in safe, effective pain management. It can provide relief from the pain itself (either alone or in combination with other analgesics), and it can control the nausea associated with taking opioid drugs, as well as the nausea, vomiting and dizziness that often accompany severe, prolonged pain.

Opioid therapy is often an effective treatment for severe pain, but all opiates have the potential to induce nausea. The intensity and duration of this nausea can cause enormous discomfort and additional suffering and lead to malnourishment, anorexia, wasting, and a severe decline in a patient’s health. Some patients find the nausea so intolerable that they are inclined to discontinue the primary pain treatment, rather than endure the nausea.

Inhaled cannabis provides almost immediate relief for this with significantly fewer adverse effects than orally ingested Marinol\(^2\). Inhalation allows the active compounds in cannabis to be absorbed into the blood stream with greater speed and efficiency. It is for this reason that

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\(^2\) http://www.rxlist.com/marinol-side-effects-drug-center.htm
inhalation is an increasingly common, and often preferable, route of administration for many medications. Cannabis may also be more effective than Marinol because it contains many more cannabinoids than just the THC that is Marinol’s active ingredient. The additional cannabinoids may well have additional and complementary antiemetic qualities. They have been conclusively shown to have better pain control properties when taken in combination than THC alone.

i. Research on cannabis and pain management

Cannabis has been used as an analgesic for at least 5,000 years, and patients often report significant pain relief from cannabis, even in cases where conventional pain therapies have failed. Research has even shown that the natural endocannabinoid system has a role in regulating migraines.

After reviewing a series of trials in 1997, the U.S. Society for Neuroscience concluded that “substances similar to or derived from marijuana could benefit the more than 97 million Americans who experience some form of pain each year.”

A 1999 study commissioned by the White House and conducted by the Institute of Medicine also recognized the role that cannabis can play in treating chronic pain: “After nausea and vomiting, chronic pain was the condition cited most often to the IOM study team as a medicinal use for marijuana.” Between 1975 and 2009, there were more than 300 studies showing that cannabinoids and cannabis can help patients experiencing chronic pain.

Orthopaedic injuries including loss of limbs can result in chronic pain that is very difficult to treat. Military operations just in Iraq and Afghanistan have resulted in 1,715 amputations, in U.K and U.S soldiers alone, as of December 2012. Amputations commonly result in phantom limb pain, a serious neuropathic pain condition affecting 50-80 percent of amputees, sometimes for many years. Phantom limb pain may occur during the first year after amputation and often remains chronic over months or years, either with no improvement or an increase in pain.

Phantom limb pain is often poorly understood and difficult to manage. Current treatments include physical, behavioural, and medical approaches, including opioids and adjunct medications.

A small study of 48 British veterans with phantom limb pain found that 56 percent reported no relief from any pain medications. That difficulty in relieving pain is common to other types of chronic neuropathic pain, such as may result from cancer, HIV/AIDS, or diabetes.

Cannabinoids may provide relief; some of the most encouraging clinical data on effects of cannabinoids on chronic pain are from studies of neuropathic pain. The effectiveness of cannabis and cannabinoids in relieving neuropathic pain has been demonstrated in more than

three dozen preclinical and clinical trials. It is often effective when opioid painkillers have failed to provide relief.

A trial of smoked cannabis to treat HIV-associated daily neuropathic pain in 50 patients showed an average reduction of pain by 30 percent over a treatment course of only five days.

Cannabis can be effective for neuropathic pain even at low doses. Multiple trials indicate that a whole-plant cannabis extract (Sativex®) is effective in reducing pain in patients suffering intractable neuropathic pain. A review of over 20 clinical trials on cannabis and cannabinoids found that whole plant cannabis and extracts are superior to oral THC for the treatment of pain. Health Canada approved Sativex® for prescription in the treatment of HIV-associated neuropathic pain in 2005 and cancer pain in 2007. The mechanism for that analgesic action involves both the body’s cannabinoid receptors and direct action on the neurons that transmit pain.

The activity of the more than 100 cannabinoids and other components on the plant may explain its superiority in reducing pain when comparing whole plant cannabis and extracts to THC alone. For instance, the cannabinoids cannabidiol (CBD) and cannabichromene (CBC), the second and third most common active compounds on the plant, exhibit anti-inflammatory and analgesic actions, although weaker than THC.

Similarly, beta-sitosterol, a non-cannabinoid ingredient found in cannabis, was able to decrease inflammation and edema in skin treatment. And a unique flavonoid found only in cannabis, cannaflavinn A, inhibits the inflammatory molecule PGE-2, thirty times more potently than aspirin. Lastly beta-caryophyllene, a cannabinoid found in many plants besides cannabis, has strong anti-inflammatory properties but no noticeable side effects. Beta-caryophyllene is the most commonly consumed FDA-approved cannabinoid in food.

The IOM report found that “basic biology indicates a role for cannabinoids in pain and control of movement, which is consistent with a possible therapeutic role in these areas. The evidence is relatively strong for the treatment of pain and intriguingly, although less well established, for movement disorder.”

According to the IOM Report and numerous independent research articles, a number of areas in the brain that have an established role in sensing and processing pain respond to the analgesic effect of cannabis, adding that cannabinoids have been used successfully to treat cancer pain, which is often resistant to treatment with opiates. The effectiveness of cannabinoids in treating intractable cancer pain has been demonstrated in several subsequent clinical trials of a dosage-controlled sublingual spray.

Several studies have found that cannabinoids have analgesic effects in animal models, sometimes equivalent to codeine. Cannabinoids also seem to synergize with opioids, which often lose their effectiveness as patients build up tolerance. One study found morphine was 15 times more effective when combined with a THC-A derivative.

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active in rats with the addition of a small dose of THC. Codeine was enhanced on the order of 900 fold. 37

In 1990, researchers conducted a double-blind study comparing the antispasmodic and analgesic effects of THC, oral Codeine, and a placebo on a single patient suffering from a spinal cord injury. Their findings confirmed the analgesic effects of THC being “equivalent to codeine.” A 1997 study made similar findings related to morphine.

A 1999 article reviewing the body of scientific animal research concerning the analgesic effects of marijuana concludes that “[t]here is now unequivocal evidence that cannabinoids are antinociceptive [capable of blocking the appreciation or transmission of pain] in animal models of acute pain.” 38

The report further notes that multiple cannabinoids and non-cannabinoid components can serve as anti-inflammatory agents, and so have potential in preventing and reducing pain caused by swelling (such as arthritis).

In short, the research community recognizes the potential benefits of cannabis for certain patients, including:

• Chemotherapy patients, especially those being treated for mucositis, nausea, and anorexia.

• Postoperative pain patients (using cannabinoids as an opioid adjunct to reduce the nausea and vomiting).

• Patients with spinal cord injury, peripheral neuropathic pain, or central post-stroke pain.

• Patients with chronic pain and insomnia.

• AIDS patients with cachexia, AIDS neuropathy, or any significant pain.

ii. Is cannabis safe to recommend?

“The smoking of cannabis, even long term, is not harmful to health...” So began a 1995 editorial statement of Great Britain’s leading medical journal, The Lancet. The long history of human use of cannabis also attests to its safety - nearly 5,000 years of documented use without a single death.

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37 Holdcroft A, op cit.
In the same year as the Lancet editorial, Dr. Lester Grinspoon, a professor emeritus at Harvard Medical School who has published many influential books and articles on medical use of cannabis, had this to say in a 1995 article in the Journal of the American Medical Association:

One of marihuana’s greatest advantages as a medicine is its remarkable safety. It has little effect on major physiological functions. There is no known case of a lethal overdose; on the basis of animal models, the ratio of lethal to effective dose is estimated as 40,000 to 1. By comparison, the ratio is between 3 and 50 to 1 for secobarbital and between 4 and 10 to 1 for ethanol. Marihuana is also far less addictive and far less subject to abuse than many drugs now used as muscle relaxants, hypnotics, and analgesics. The chief legitimate concern is the effect of smoking on the lungs. Cannabis smoke carries even more tars and other particulate matter than tobacco smoke. But the amount smoked is much less, especially in medical use, and once marihuana is an openly recognized medicine, solutions may be found; ultimately a technology for the inhalation of cannabinoid vapours could be developed. 39

The technology Dr. Grinspoon imagined in 1995 now exists in the form of “vaporizers,” and recent research attests to their efficacy and safety.40 Additionally, pharmaceutical companies have developed sublingual sprays and capsule forms of the drug. Patients and doctors have found other ways to avoid the potential problems associated with smoking, though long-term studies of even the heaviest users in Jamaica, Turkey and the U.S. have not found increased incidence of lung disease or other respiratory problems.

A decade-long study of 65,000 Kaiser-Permanente patients comparing cancer rates among non-smokers, tobacco smokers, and cannabis smokers found that those who used only cannabis had a slightly lower risk of lung and other cancers as compared to non-smokers.41

Similarly, a study comparing 1,200 patients with lung, head and neck cancers to a matched group with no cancer found that even those cannabis smokers who had consumed in excess of 20,000 joints had no increased risk of cancer.42

Dr. Grinspoon notes, “the greatest danger in medical use of marihuana is its illegality, which imposes much anxiety and expense on suffering people, forces them to bargain with illicit drug dealers, and exposes them to the threat of criminal prosecution.” This was also the conclusion reached by the House of Lords, which recommended rescheduling and decriminalization.

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Cannabis Laws & Scheduling in Europe

Please note, any European country not listed below has strictly prohibited the cultivation, possession, sale and transportation of any amount of cannabis.

**Austria**

As of January 2016, possession and purchase of up to 5 grams of cannabis for personal use is decriminalized and offenders will not be punished, given that they cooperate with the health authority and undergo therapy.

Cultivation, sale and transport of small quantities (<200g) are punishable by up to 1 year imprisonment. Sale is punishable by up to 3 years imprisonment, or up to 1 year if the perpetrator is addicted.

Sale, transport and cultivation of larger quantities (>200g) are punishable by up to 5 years imprisonment, or up to 3 years if the perpetrator is addicted.

Regardless of a criminal conviction, anyone caught with cannabis by the police may have their driving license revoked unless they show prolonged abstinence from cannabis in several supervised urine tests.

Cannabis is considered a drug if it contains more than 0.3% of THC, if less, it’s legal.

In Austria, Nabilone (synthetic cannabinoid) is marketed as Canemes and got its approval for CINV in 2013.

**Belgium**

Since 2003, adults in Belgium over the age of 18 are allowed to possess up to 3 grams of cannabis and grow up to one cannabis plant on privately-owned property. The sale and transportation of cannabis remains illegal.

The use of Dronabinol and Nabilone is permitted in Belgium as treatment for Glaucoma, Spasticity in Multiple Sclerosis, AIDS and Chronic Pain.
Croatia
As of 15 October 2015, the Croatian Ministry of Health has officially legalized the use of cannabis-based drugs for medical purposes for patients with illnesses such as cancer, multiple sclerosis or AIDS.

The possession of small (undetermined) amount of marijuana is a misdemeanour which leads to a fine of 5000–20000kn (£500–£2,100) depending on the case in question.

Czech Republic
The possession of up to fifteen grams of cannabis for personal use or cultivation of up to five plants is a misdemeanour subject to minor fine. The medical use of cannabis on prescription has been legal and regulated since 1 April 2013.

Estonia
Possession of up to 7.5 grams of cannabis is decriminalized in Estonia and is punished with a fine. The sale, transport and cultivation of cannabis remains strictly illegal in the country.

Finland
Around 200 Finnish citizens are permitted to purchase Nabiximols and/or Bedrocan (cannabis-based products) from one of 27 pharmacies in the country, for purely medicinal purposes. The possession, sale, transport and cultivation of cannabis outside of this small group of individuals remains illegal.

France
Cultivating, selling, owning or consuming cannabis is prohibited in France. However, legislation permitting the sale of medications containing cannabis derivatives was enacted in June 2013.

It is possible to get an authorisation from the French Security Agency for Health Products to use health products that are not authorised on the French market. 74 such authorisations have been delivered for Marinol (dronabinol) for a range of different diseases, including pain, appetite loss, nausea, Tourette’s syndrome, dystonia and inflammatory diseases of the nervous system.

Germany
The possession of cannabis is illegal, while consumption itself is legal on the basis of it being considered self-harm, which is not considered a crime. The possession of small amounts is prosecuted, but charges are virtually always dropped. The definition of this “small amount” varies depending on the federal state, the state of Berlin being the most liberal, allowing 15 grams for personal use in most cases, while most states do not prosecute up to 6 grams.
It is also possible to obtain a special permission by the “Federal Institute for Drugs and Medical Devices” to obtain, possess and consume cannabis as a part of medically supervised and accompanied self-therapy.

By January 2015, 382 patients have obtained such a permission. Furthermore Cannabis cultivation and possession can be permitted to scientific institutions or administrative bodies. Pharmacies can obtain a special permission to sell cannabis or cannabis based medication to patients with a permission.

**Greece**

Possession or use of even small amounts of cannabis is illegal in Greece, but if found to be for personal use it’s decriminalized in court. Individuals are arrested, although rarely convicted by court. Possession of large quantities however, may lead to several years in prison.

**Ireland**

While the possession, sale, transportation and cultivation remains illegal in Ireland, in November 2015, the government announced that it would move towards decriminalising cannabis, cocaine and heroin for personal use.

**Italy**

Possession of small amounts of cannabis for personal use is a misdemeanour subject to fines and the suspension of documents. The sale of cannabis products is illegal and punishable by imprisonment; cultivation is likewise punishable by imprisonment, even if in small amounts and for exclusive personal use. Licensed cultivation for medical and industrial use is strictly regulated.

Bedrocan can be obtained via import through hospital pharmacies, under the condition that a statement from a doctor on the lack of treatment options in the Italian territory is provided.

In September 2014, a protocol was approved by various ministries for an Italian production of cannabis at a reduced price, through the Military Chemical Pharmaceutical Institute, but the procedures have yet to be defined.

**Malta**

Simple possession of cannabis is officially listed as an “arrestable offense”, however, possession of a minimal amount of drugs for personal consumption is effectively decriminalized.

First-time offenders will be handed fines of between €50 and €100 in the case of cannabis possession. Repeat offenders will appear before a Drug Offenders Rehabilitation Board, headed by the retired Chief of Justice, which will set conditions for rehabilitation. Breaching the conditions would be tantamount to a criminal offence.
Netherlands
Possession of up to six grams of cannabis is legal in the Netherlands for use in coffeeshops, while possession of the same amount is decriminalized for public use.
Cultivation of up to 5 plants is also decriminalized in the Netherlands, but plants are generally still destroyed if discovered by law enforcement.
The sale of cannabis is legal in licensed coffeeshops but remains illegal outside of licensed premises.
Cannabis is allowed for medicinal use in the Netherlands. Cannabis with a medicinal grade is delivered to patients through pharmacies. The Office of Medicinal Cannabis is the official wholesaler in medicinal cannabis. The estimation of patients which use medicinal cannabis through pharmacies is about 500.

Portugal
In 2001, Portugal became the first country in the world to decriminalize the use of all drugs.
The new law maintained the status of illegality for using or possessing any drug for personal use without authorization. The offense was changed from a criminal one, with prison a possible punishment, to an administrative one if the amount possessed was no more than ten days' supply of that substance. This was in line with the de facto Portuguese drug policy before the reform. Drug addicts were then to be aggressively targeted with therapy or community service rather than fines or waivers. Even if there are no criminal penalties, these changes did not legalize drug use in Portugal. Possession has remained prohibited by Portuguese law, and criminal penalties are still applied to drug growers, dealers and traffickers.
Individuals found in possession of small quantities of cannabis are issued summons. The cannabis is confiscated, and the suspect is interviewed by a “Commission for the Dissuasion of Drug Addiction” (Comissões para a Dissuasão da Toxicodependência – CDT). These commissions are made up of three people: A social worker, a psychiatrist, and an attorney. The dissuasion commission have powers comparable to an arbitration committee, but restricted to cases involving cannabis use or possession of small amounts of cannabis. There is one CDT in each of Portugal’s 18 districts.

Romania
Authorized medical patients in Romania may now use marijuana derivatives to allay their pain under new provisions in two of the country’s narcotic laws.
Currently, possession of marijuana is outlawed throughout the country. Though medicinal and recreational use of the drug itself remain prohibited, derivatives of the plant can now be used to treat certain medical conditions, such as epilepsy, cancer and multiple sclerosis.
Manufacturers will also be able to apply to the National Agency for Medicines for approval to market drugs that contain marijuana by-products like resins or plant fragments.

Russia
Possession and transporting quantities of up to six grams of cannabis has been decriminalized in Russia, along with the cultivation of up to 20 plants. However, large fines are still in place to prevent widespread use.

Serbia
The use of certain cannabis based products are now legal in Serbia. Dronabinol, Nabilone and Nabiximols were officially legalized in January 2016. The country has a list of registered medical professionals permitted to prescribe these drugs to patients who they believe will benefit. The use of cannabis for recreational purposes remains illegal in Serbia.

Slovenia
In 2013, the Slovenian government re-classified cannabinoids from Class I to Class II illegal drugs, thus allowing the medical use of cannabinoid-based drugs but not the cannabis plant.
Possession of any drug for personal use in small one-time quantities is not a criminal act in Slovenia and thereby considered decriminalized. It is instead a misdemeanor punishable by a fine of €42-€210. This can be reduced further if the offender agrees to treatment.

Spain
The sale and transportation of any quantity of cannabis is a criminal offence in Spain, punishable by jail time.
The purchase, possession and consumption of cannabis in a public place constitutes a misdemeanor and is punishable by a fine and confiscation of the product.
Consumption and cultivation by adults in a private space is legal, the latter due to a legal loophole. Cannabis plants that are located somewhere visible from the street/public place are considered a serious administrative offense, which leads to a fine from €600 to €30.000.
About 500 private “cannabis clubs” exist in Spain, 200 of them in Barcelona.
All actions related to cannabis apart from sale or trade aren’t considered criminal offenses and are normally considered misdemeanours punishable by a fine.
Physicians can prescribe Cesamet (nabilone) and Marinol (dronabinol) against nausea and vomiting in cancer chemotherapy, and Sativex in several diseases.
Switzerland

Since September 2012, the possession of less than 10 grams of cannabis is no longer a criminal infringement, but is still punished by a 100 Swiss francs flat fine.

Professional cannabis trade, as well as the possession of a quantity of cannabis that can affect the health of a large number of people are punished by one to three years of imprisonment that can be cumulated with a fine.

Dronabinol is rarely used in Switzerland since there is only one pharmacy with a permission to sell this synthetic cannabinoid, which is imported from Germany. A special permission from the health ministry is necessary to use Dronabinol, which I currently prescribed to 30 patients in the country.

Ukraine

Possession and transporting quantities of up to five grams of cannabis has been decriminalized in Ukraine, along with the cultivation of up to 10 plants. However, large fines are still in place to prevent widespread use.

United Kingdom

Cannabis is considered a Schedule 1, Class B drug. This is defined as a drug that is thought to have no therapeutic value and therefore cannot be possessed or lawfully prescribed. Drugs placed in Schedule 1 may be used for the purposes of research but require a Home Office granted license.

In the United Kingdom and a person can commit any range of offences relating to cannabis including possession and supply.

However, there is a cannabis-based product – Nabiximols (Sativex) – which can be legally prescribed and supplied in limited circumstances.

In 2006 the Home Office licensed Nabiximols so that:

- Doctors could privately prescribe this as part of a treatment program for sufferers of Multiple Sclerosis (MS).
- Pharmacists could possess and dispense, and named patients with a prescription could possess.

Doctors can also prescribe it for other things outside of the authorisation, but this is at their own risk.

Since April 2013, Nabiximols has been separated from Cannabis – Schedule 4 now applies
instead of the old Home Office licence. However, it is still a Class B drug and so possession, supply, possession with intent to supply, importation and exportation are all still offences outside of this. Re-supply of prescribed medication (except to a person legally allowed to possess it) is unlawful supply.

Additionally, a person who doesn’t disclose, or makes a false statement about, having already been prescribed Nabiximols to get more supplies from another Doctor will not be legally in possession of any drugs they get as a result of failing to disclose or making a false statement.
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Online Links

http://www.policyconnect.org.uk/cppc/about-chronic-pain

www.calyx.com/%7Eolsen/MEDICAL/POT/analgesia.html
Further Reading

Marijuana Gateway to Health – Werner. C, Dachstar Press
Cannabis Extracts in Medicine – Dach. J, McFarland
Cannabis in Medical Practice – Mathre. M, McFarland
The Cannabis Health Index – Blesching. U, North Atlantic
The Science of Marijuana – Iverson. L, Oxford Press
Complementary Therapies for Pain Management – Ernst. E, Elsevier Health Sciences