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MOTION FOR A RESOLUTION

further to Question for Oral Answer B8-0001/2019

pursuant to Rule 128(5) of the Rules of Procedure

on use of cannabis for medicinal purposes
(2018/2775(RSP))

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on behalf of the Committee on the Environment, Public Health and Food Safety

B8-0071/2019

European Parliament resolution on use of cannabis for medicinal purposes (2018/2775(RSP))

The European Parliament,

– having regard to Article 168 of the Treaty on the Functioning of the European Union (TFEU),

– having regard to the question to the Commission on use of cannabis for medicinal purposes (O-000122/2018 – B8-0001/2019),

– having regard to Rules 128(5) and 123(2) of its Rules of Procedure,

A. whereas the cannabis plant is made up of more than 480 compounds, including over 100 cannabinoids composed of both psychoactive and non-psychoactive compounds; whereas many of the compounds constituting the cannabis plant are unique to cannabis;

B. whereas D9-tetrahydrocannabinol (THC) and cannabidiol (CBD) are the best known cannabinoids identified in cannabis, with THC constituting the main psychoactive and addictive constituent of cannabis while CBD has no intoxicating or addictive properties;

C. whereas the numerous other cannabinoids which make up the cannabis plant, such as cannabichromene, cannabinol, cannabidiolic acid, cannabigerol and tetrahydrocannabivarin, can have neuroprotective effects, can help reduce certain symptoms affecting patients – such as chronic pain, inflammation or bacterial infections – and can stimulate bone growth;

D. whereas products derived from cannabis that are used for medicinal purposes are broadly referred to as ‘medical cannabis’; whereas this term is largely undefined from a legal point of view and it remains ambiguous and open to interpretation; whereas the term ‘medical cannabis’ should be distinguished from cannabis-based medicines which have undergone clinical trials and have received regulatory approval;

E. whereas UN conventions and international law do not prevent the medicinal use of cannabis or cannabis-based products for the treatment of specific medical conditions;

F. whereas EU Member States differ widely in their approach to cannabis legislation, including their legislation on cannabis for medical purposes, such as on the maximum allowed levels of THC and CBD concentrations, which can lead to difficulties for countries applying a more prudent approach;

G. whereas no EU Member State authorises the smoking of cannabis for medical purposes or permits the home-growing of cannabis for medical purposes;

H. whereas the policy landscape for medical cannabis is evolving in the EU and worldwide; whereas misunderstandings still exist even among national administrations regarding the different uses of cannabis, with the legalisation of cannabis for recreational use often being confused with the need to provide safe and legal access to

cannabis for medical purposes to all patients in need;

I. whereas the use of cannabis in general may have an addictive effect and is responsible for significant social and health problems; whereas, therefore, there is still a need for addiction prevention and the monitoring and control of illegal practices, especially if medical cannabis is to be used more widely;

J. whereas as of June 2018 no cannabis-based medicine had been authorised via the centralised authorisation procedure of the European Medicines Agency while only one such product was going through this procedure;

K. whereas only one cannabis-based medicine has been authorised through the mutual recognition procedure, receiving marketing authorisation in 17 EU Member States for the treatment of spasticity due to multiple sclerosis;

L. whereas a review of the existing scientific literature on the subject of cannabis used in a medical setting provides conclusive or substantial evidence that cannabis and cannabinoids have therapeutic effects, such as in the treatment of chronic pain in adults (e.g. in cancer disease cases), as anti-emetics for the treatment of chemotherapy-induced nausea and vomiting or for improving patient-reported multiple sclerosis spasticity symptoms, and are effective in the treatment of patients with anxiety disorders, PTSD and depression;

M. whereas there is evidence that cannabis or cannabinoids may be effective in increasing appetite and decreasing weight loss associated with HIV/AIDS, in alleviating symptoms of mental disorders such as psychosis or Tourette syndrome, and in alleviating symptoms of epilepsy, as well as Alzheimer's, arthritis, asthma, cancer, Crohn's disease and glaucoma, and that they also help to reduce the risk of obesity and diabetes and mitigate menstrual pain;

N. whereas official data on research and research funding concerning medical cannabis remain scant; whereas research on medical cannabis has received no direct support under the current research programme in the EU and there has been little coordination regarding research projects on medical cannabis in Member States;

O. whereas the evaluation of the implementation of the EU Drugs Strategy 2013-2020 recognised that the omission of a discussion on recent trends in cannabis policy had been noted by a wide range of stakeholders and was one of the items raised most frequently when looking into issues not covered by the strategy;

P. whereas there is no uniform standardisation system for the marking and labelling of drugs that contain THC and CBD and other cannabinoids found in the cannabis plant;

Q. whereas little or no reliable information is available in EU Member States for medical personnel – medical students, doctors and pharmacists, psychiatrists and so on – on the impact of medical products containing THC and CBD, and there is also a lack of information and alerts for young people and women considering motherhood;

R. whereas there is no intra-EU regulation concerning the placing of cannabis-based drugs on the market;

1. Calls on the Commission and national authorities to work together to provide a legal definition of medical cannabis, and to draw a clear distinction between cannabis-based medicines approved by the EMA or other regulatory agencies, medical cannabis not supported by clinical trials, and other applications of cannabis (e.g. recreational or industrial);

2. Considers that research on the potential benefits of medicines derived from cannabis and on cannabis in general has been underfunded and should be properly addressed under the forthcoming Ninth Framework Programme and under national research programmes, with a view to exploring, *inter alia*, the possible uses of THC, CBD and other cannabinoids for medical treatment, as well as their effects on the human body, including lessons drawn from the experience of off-label prescribing of cannabis;

3. Calls on the Commission and the Member States to address the regulatory, financial and cultural barriers which weigh on scientific research into the use of cannabis for medicinal purposes and on research into cannabis in general; further calls on the Commission and the Member States to define the conditions required to enable creditable, independent scientific research based on a wide range of material to be conducted into the use of cannabis for medicinal purposes;

4. Calls on the Commission to determine the priority areas for research into cannabis for medicinal purposes in agreement with the competent authorities, drawing on pioneering research in other countries and focusing on those areas which may bring the greatest added value;

5. Calls on the Commission and the Member States to embark on more research activity and to stimulate innovation with regard to projects related to the use of cannabis for medicinal purposes;

6. Calls on the Commission to develop a comprehensive strategy to ensure the highest standards for independent research, development, authorisation, marketing and pharmacovigilance and to avoid the abuse of products derived from cannabis; emphasises the need for the standardisation and unification of products containing cannabis-based medicines;

7. Stresses the importance of close cooperation and coordination with the World Health Organisation (WHO) in connection with further EU steps in the field of medical cannabis;

8. Calls on the Commission to establish a network which would bring together the EMA, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), responsible national authorities and patient organisations, civil society, social partners, consumer organisations, healthcare professionals and NGOs, along with other relevant stakeholders, in order to ensure effective implementation of the strategy for cannabis-based medicines;

9. Calls on Member States to provide medical professionals with proper medical training and to encourage increased knowledge on medical cannabis based on independent and wide-ranging research; further calls on Member States to allow doctors to make free use of their professional judgement in prescribing regulatory-approved cannabis-based

medicines to patients with relevant conditions, and to allow pharmacists to lawfully honour those prescriptions; highlights the need for training and access to literature for all medical personnel – such as medical students, medical doctors and pharmacists – on the results of independent scientific research;

10. Calls on the Commission to work with Member States to improve equal access to cannabis-based medicines and to ensure that, where allowed, medicines which are effective in treating specific conditions are covered by health insurance schemes in the same way as other medicines; asks Member States to provide a safe and equal choice for patients between different types of cannabis-based medicine, while ensuring that patients are accompanied by specialised medical professionals during their treatment;

11. Emphasises that, in order to ensure that patients have access to the right case-specific therapy that caters to their individual needs as patients with single or multiple disorders, it is essential that they be provided with comprehensive information about the full spectrum profiles of the plant strains used in the medication provided; points out that such information would empower patients and allow medical practitioners to prescribe medication that takes into consideration the holistic needs of the patient and the corresponding therapy;

12. Calls on the Member States to reconsider their relevant legislation on the use of cannabis-based medicines when scientific research proves that the same positive effect cannot be achieved by using ordinary medicines that do not have addictive effects;

13. Calls on Member States to ensure sufficient availability of cannabis-based medicines that cater for actual needs, either by means of production in accordance with their national medical standards or perhaps through imports that comply with their national requirements for cannabis-based medicines;

14. Calls on the Commission to work with Member States to ensure that safe and controlled cannabis used for medicinal purposes can only be in the form of cannabis-derived products that have gone through clinical trials, regulatory assessment and approval;

15. Urges the Commission to ensure that research into, and use of, medical cannabis in the Union does not in any way favour criminal drugs networks or lead to their expansion;

16. Underlines how the comprehensive and evidence-based regulation of cannabis-based medicines would translate into additional resources for public authorities, would limit the black market and ensure quality and accurate labelling to help control points of sale, would limit the access of this substance to minors, and would ensure legal certainty and safe access for patients for its medicinal use, with particular precautions being in place for young people and pregnant women;

17. Stresses that the strict prevention of addiction among minors and vulnerable groups must always form part of every regulatory framework;

18. Instructs its President to forward this resolution to the Commission.