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Committee on the Environment, Public Health and Food Safety

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DRAFT MOTION FOR A RESOLUTION

further to Question for Oral Answer B8-0000/2018

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

on use of cannabis for medicinal purposes
(2018/0000(RSP))

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

B8-0000/2018

European Parliament resolution on Use of Cannabis for medicinal purposes (2018/0000(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-0000000/2018 – B8-0000/2018),

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

A. whereas the Cannabis plant is made of more than 480 compounds which include more than 100 cannabinoids. Many of the compounds constituting the Cannabis plant are unique to Cannabis;

B. whereas D9-tetrahydrocannabinol (THC) and cannabidiol (CBD) are the most known cannabinoids identified in cannabis. THC constitutes the main psychoactive constituent of cannabis, whilst CBD does not have intoxicating properties;

C. whereas Cannabis products that are used for medicinal purposes are broadly referred to as “medical cannabis”;

D. whereas UN conventions and international law do not prevent cannabis, or cannabis-based products, being used as a medicine to treat specific medical conditions;

E. whereas EU countries differ widely in their legislation with respect to cannabis for medicinal purposes, as well as allowed quantities of medicinal cannabis and maximum levels of THC and CBD concentrations;

F. whereas no country in the EU authorises the smoking of cannabis for medical purposes and no country in the EU permits home growing cannabis for medical purposes;

G. whereas the policy landscape for medical cannabis and general attitude to cannabis is evolving both in the EU and worldwide;

H. whereas as of June 2018, no cannabis-based medicine has been authorised via the centralised authorisation procedure of the European Medicines Agency and there is only one such product which is going through the centralised authorisation procedure;

I. whereas only one cannabis-based medicine was authorised through the mutual-recognition procedure and has received marketing authorisation in 17 EU Member States for the treatment of spasticity due to multiple sclerosis;

J. whereas a review of existing scientific literature on the subject of medical cannabis 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

diseases), as antiemetics in the treatment of chemotherapy-induced nausea and vomiting or for improving patient-reported multiple sclerosis spasticity symptoms;

K. whereas there is limited evidence that cannabis or cannabinoids are effective for increasing appetite and decreasing weight loss associated with HIV/AIDS, improving clinician-measured multiple sclerosis spasticity symptoms, improving symptoms of Tourette syndrome, improving symptoms of posttraumatic stress disorder;

L. whereas official data about research and research funding on medical cannabis remain scant. Research on medical cannabis has received no direct support during the current research programme in the EU and there is little coordination about research projects on medical cannabis in Member States;

M. 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 was noted by a wide range of stakeholders and represented one of the most frequent items raised when exploring whether there are any issues not covered by the Strategy;

N. whereas there is no uniform standardisation system for the labelling of the drugs that contain THC and CBD;

O. whereas there is little or no educational training on the impact of medical products containing THC and CBD in EU countries for medical staff - medical students, medical doctors and pharmacists, as well as social campaigns for young people and women who have motherhood in their perspective;

1. Stresses the need for the Commission and national authorities to draw a clear distinction between medical cannabis and other applications of cannabis;

2. Considers that research on medical cannabis has been underfunded and should be properly addressed under the next Framework Programme 9;

3. Calls on the Commission and Member States to address the regulatory and financial barriers which weigh on scientific research in the use of cannabis for medicinal purposes;

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

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

6. Calls on the Commission to establish a network which would bring together both EMA and the EMCDDA as well as responsible national authorities to ensure an effective implementation of the strategy for cannabis-based medicines;

7. Calls on Member States to encourage increased knowledge among medical professionals regarding the use of such cannabis-based medicine and consider allowing doctors to freely use their professional judgement to prescribe cannabis and cannabis-based medicines to patients with relevant conditions, and allow pharmacists to lawfully honour those prescriptions; highlights the need for training and access to literature for medical staff - medical students, medical doctors and pharmacists;

8. Calls on the Commission to work with Member States to improve equal access to medicinal cannabis and ensure that medical cannabis, where allowed, is covered by health insurance schemes as is the case for other medicinal products. Asks Member States to provide 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;

9. Calls on Member States to secure sufficient availability of safe and controlled cannabis for medicinal purposes to cater for the actual needs; be it by local production in Member States or by imports;

10. Underlines how a comprehensive regulation of medical cannabis would translate in additional resources for public authorities, would limit the black market for medical cannabis consumption, would help control points of sale, would limit the access of this substance to minors and would give a legal and safe access to patients for its medicinal use - with particular precautions for young people and pregnant women;

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