



**Medical vs 'Recreational' Use of Cannabis**

**11<sup>th</sup> December 2017**

## Defining Cannabis and Chemical Constituents

Cannabis is a plant species. Two main Cannabis sub-species are Cannabis Sativa and Cannabis Indica. To date, more than 104 different cannabinoids have been identified in cannabis (ElSohly and Gul, 2014 cited in NAP, 2017). Cannabinoids are a group of psychoactive chemical compounds found in the cannabis plant. Among these,  $\Delta$ -9-tetrahydrocannabinol (THC) has received the most attention for being responsible for the intoxicated state sought after by 'recreational' cannabis users. Another important constituent within the cannabis sativa plant is cannabidiol (CBD). CBD lacks the cannabis-like intoxicating properties of THC. There is evidence that CBD could potentially be exploited in the treatment and symptom relief of various neurological disorders (NAP, 2017).

## Medical vs 'Recreational' Use – Some Clarifications

**Caritas Malta commends the fact that the legal amendments to facilitate access to cannabis based medication for particular conditions has been completely separated from the discussion on its so called 'recreational use'.**

Indeed for clarity's sake the arguments for and against 'recreational' use need to be separated from those around medical use. *Caritas Malta would like to state our serious concern about any form of legislation of the so called 'recreational' use of cannabis. We have numerous testimonies, more than thirty years of experience in the field, together with a sound base of scientific arguments and lessons learned from other countries to conclude that facilitating the use or sale of cannabis will have serious detrimental effects on our communities. Whilst we acknowledge potential benefits such as the separation of markets and income generation, Caritas believes that any projected positive impacts of such a policy will be heavily outweighed by its disadvantages.*

On the other hand, Caritas fully **supports** the use of cannabis to alleviate pain and suffering and contribute to improved health. Medical use must not be confused with so called 'recreational' use. When used for medicinal purposes the advantages of cannabis outweigh its disadvantages in-particular medical conditions. It is important to state that Caritas has ample experience and knowledge in drug rehabilitation and supporting persons recovering from drug abuse and dependence. However, it is not a medical institution and therefore relies on medical experts for an opinion about the medical use of cannabis.

Caritas supports the government in bringing together medical experts to propose a way forward toward making the medicine more accessible to persons who need it. On these lines Malta already has an initial legislation about Cannabis Use for Medical Purposes, Article 10 of the Drug Dependence Act (Treatment not Imprisonment<sup>1</sup>). The current mechanism of how

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<sup>1</sup> Chapter 537 aiming to provide for the treatment of persons in possession of small quantities of prohibited drugs for personal use and for other measures for the rehabilitation of persons suffering from drug dependence.

this is being operated has proven difficult to access such medication. For instance persons whose relatives suffer from indicated neurological disorders have reported to us that the prescribed medication in vapour form is difficult to acquire and prohibitively expensive. On the other hand the medication in the form of oil and pills does not appear to be readily available for those who need it as part of their medical treatment. The need for increased and improved accessibility is strongly felt for conditions where cannabinoids have been established as a medication for specific conditions.

In this light we **welcome** the latest ACT “to widen the scope of article 10 of the Drug Dependence (Treatment not Imprisonment) Act so as to allow prescription of Synthetic cannabinoids, cannabis products produced under Good Manufacturing Practice and to allow prescribing by all licenced medical practitioners who are duly registered in accordance with the Health Care Professions Act”.

## A Word of Caution

We have been approached by some medical practitioners sharing a concern that patients have presented to their clinics enquiring or stating that they had started to smoke cannabis to self-medicate for a range of medical ailments or conditions. **The concern of these medical practitioners is that cannabis is being perceived as a panacea (cure-all/magic bullet) for a myriad of medical conditions.** This can be even more dangerous when one neglects prescribed medication and when one develops a false hope of healing. Clarity needs to be established as to how medical cannabis is defined. Cannabis for medical purposes can be prepared from plant extracts or in synthetic form in the shape of oils, pills and vapour.

## Therapeutic Effects of Cannabis and Cannabinoids

The most thorough systematic review of literature related to the health effects of cannabis can be found in the following report:

[\*The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research \(2017\).\*](#)

The information below has been extracted from this document. This a 487 page 2017, US Government funded review of literature published by the National Academies Press. It can be downloaded for free from [www.nap.edu](http://www.nap.edu). Pages 13 to 22 summarise the results.

**Quoting the document “There is conclusive or substantial evidence that cannabis or cannabinoids are effective:**

1. For the treatment of chronic pain in adults (cannabis)
2. In the treatment of chemotherapy-induced nausea and vomiting (oral cannabinoids)

3. For improving patient-reported multiple sclerosis spasticity symptoms (oral cannabinoids)

For further information refer to Appendix A illustrating a summary from the NAS (2017) document that classifies studies about medical use of cannabis according to how robust evidence is for medicating a particular condition.

## Conclusion

In summary Caritas Malta welcomes the separation between the discussion on the 'recreational' and the medical use of cannabis. For patients with indicated conditions cannabis based medication needs to be more easily accessible and affordable. However, legislation that will improve access to medical use of cannabis, needs to consider evidence based treatments and also consider the provision for public education to address any possible misinformation.

## APPENDIX A:

Table 1. Summary of findings of systematic review related to the medical use of cannabis from National Academies Press (2017).

<p><b><u>There is conclusive or substantial evidence that cannabis or cannabinoids are effective:</u></b></p>	<p><b><u>There is moderate evidence that cannabis or cannabinoids are effective for:</u></b></p>	<p><b><u>There is limited evidence that cannabis or cannabinoids are effective</u></b></p>	<p><b><u>There is no or insufficient evidence to support or refute the conclusion that cannabis or cannabinoids are an effective treatment for:</u></b></p>
<ul style="list-style-type: none"> <li>• For the treatment of chronic pain in adults (cannabis)</li> <li>• In the treatment of chemotherapy-induced nausea and vomiting (oral cannabinoids)</li> <li>• For improving patient-reported multiple sclerosis spasticity symptoms (oral cannabinoids)</li> </ul>	<ul style="list-style-type: none"> <li>• Improving short-term sleep outcomes in individuals with sleep disturbance associated with obstructive sleep apnea syndrome, fibromyalgia, chronic pain, and multiple sclerosis (cannabinoids, primarily nabiximols)</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing appetite and decreasing weight loss associated with HIV/AIDS (cannabis and oral cannabinoids)</li> <li>• Improving clinician-measured multiple sclerosis spasticity symptoms (oral cannabinoids)</li> <li>• Improving symptoms of Tourette syndrome (THC capsules)</li> <li>• Improving anxiety symptoms, as assessed by a public speaking test, in individuals with social anxiety disorders (cannabidiol)</li> <li>• Improving symptoms of posttraumatic stress disorder (nabilone)</li> </ul>	<ul style="list-style-type: none"> <li>• Cancers, including glioma (cannabinoids)</li> <li>• Cancer-associated anorexia cachexia syndrome and anorexia nervosa (cannabinoids)</li> <li>• Symptoms of irritable bowel syndrome (dronabinol)</li> <li>• Epilepsy (cannabinoids)</li> <li>• Spasticity in patients with paralysis due to spinal cord injury (cannabinoids)</li> <li>• Symptoms associated with amyotrophic lateral sclerosis (cannabinoids)</li> <li>• Chorea and certain neuropsychiatric symptoms associated with Huntington's disease (oral cannabinoids)</li> <li>• Motor system symptoms associated with Parkinson's disease or the levodopa-induced dyskinesia (cannabinoids)</li> <li>• Dystonia (nabilone and dronabinol)</li> <li>• Achieving abstinence in the use of addictive substances (cannabinoids)</li> <li>• Mental health outcomes in individuals with schizophrenia or schizophreniform psychosis (cannabidiol)</li> </ul>

