

International Alliance for Cannabinoid Medicines (IACM)
Bahnhofsallee 9
D-32839 Steinheim
Germany
Phone: +49 (0)5233-9539213

E-mail: info@cannabis-med.org

#### To the

Chairman of Verkhovna Rada of Ukraine, Ruslan Stefanchuk (rstefanchuk-r@rada.gov.ua) Servant of the People, Sluha Narodu Davyd Arahamiia (arakhamiia@rada.gov.ua) Homeland, Batkivshchyna Yulia Tymoshenko (tymoshenko-y@rada.gov.ua) European Solidarity, Arthur Grasimov, (gerasymov@rada.gov.ua) European Solidarity, Iryna Gerashchenko, (gerashchenko.Iryna@rada.gov.ua) Voice, Golos Oleksandra Ustinova (ustinova@rada.gov.ua)

by E-Mail

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#### Medical use of cannabis

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Dear Sir or Madam.

Iryna Rachynska from Patients of Ukraine invited me to write you a letter on the possible benefits and risks of medical use of cannabis and cannabinoids, answering some questions.

I would very much like to comply with this request.

1. What differentiates medical cannabis from recreational cannabis in terms of their end users? There are mainly 3 differences.

First, the purpose or goal of taking them is different. This is also true for other drugs that can also be abused, such as benzodiazepines and opiates.

In addition, the quality of products that are used more medicinally is often much better than recreational cannabis, which can often contain undesirable substances, such as pesticides. And third, when cannabis is used medicinally, therapeutic guidance is provided by a physician.

- 2. For which diseases is medical cannabis commonly used as a treatment?
- I have treated about 4000 patients with cannabis medicines so far. These suffered over more than fifty different diseases. There are mainly 5 indication areas. These are:
- Chronic pain, such as pain due to nerve injury or migraine.
- Psychiatric disorders, such as post-traumatic stress disorder, depression and sleep disorders.
- Neurological disorders, such as epilepsy or spasticity due to paraplegia.

- Chronic inflammatory diseases, such as rheumatoid arthritis or ulcerative colitis.
- Nausea and loss of appetite due to various causes.

### 3. In what forms is medical cannabis used for PTSD treatment (e.g., oil, pills, etc.)?

Cannabis is primarily either inhaled or ingested in drop form. Inhalation is generally done with a vaporizer that allows inhalation without the ingestion of combustion products. Both oral cannabis extracts and inhaled cannabis flowers are generally standardized for their content of their main cannabinoids THC (delta-9-tetrahydrocannabinol) and CBD (cannabidiol), to which most of the effects are due.

#### 4. Are there any contraindications for medical cannabis treatment?

In medicine, a distinction is made between absolute contraindications, for which a particular drug should not be prescribed under any circumstances, and relative contraindications, for which a particularly careful risk-benefit assessment must be made.

Absolute contraindications to therapy with cannabis include known allergies to components of the drug and acute schizophrenic psychosis.

Relative contraindications include:

- Pregnancy and lactation, because exposure to THC in the womb can potentially lead to mild cognitive impairments. However, these are very mild and generally not measurable.
- Children and adolescents, because their brains are not yet mature, so externally supplied cannabinoids may interfere with normal brain development.
- Cardiovascular disease, as THC can alter blood pressure and increase heart rate. Therefore, special care is required here when dosing the drug. In principle, the therapy for other diseases always starts with very small cannabis doses, which are slowly increased to avoid strong effects.
- Some severe psychiatric disorders, such as severe personality disorder, with the exception of borderline-type personality disorder, because in the latter disorder cannabis may be beneficial.

#### 5. Can patients become addicted to medical cannabis?

In principle, THC-containing products can be addictive. The severity of withdrawal symptoms is similar to those experienced after discontinuation of nicotine/tobacco or tricyclic antidepressants. As with tobacco, withdrawal symptoms depend on the onset of use as well as the dose. In the therapeutic context, dependence is generally not a relevant problem, as most patients are adults and can be treated with comparatively low doses.

6. What would you like to tell Ukrainian society about the prospects of medical cannabis in a scientific and therapeutic sense?

To date, there are more than 235 controlled clinical trials with more than 16,000 patients. Here I present a table that has not yet been published. It is a table for a planned publication in a journal by the chair of the IACM, Professor Kirsten Müller-Vahl and me. The table needs to be revised before publication, so there may be small changes.

It is noticeable that some indications, such as pain disorders, spasticity in multiple sclerosis, nausea due to cancer chemotherapy are much better researched than many other indications. Thus, there is still a significant need for research. Not listed are open clinical trials, such as those conducted for postdramatic stress disorder.

The medical use of cannabis and cannabinoids is gaining acceptance worldwide. While initially only countries in North America and Western and Central Europe provided access to this therapeutic option for their citizens, in recent years governments of some countries in Latin America, Africa and Asia have also taken steps to provide their citizens with access to such medical preparations.

Please do not hesitate to contact me if you have any questions or comments.

## Yours sincerely

Dr. Franjo Grotenhermen Exekutive Director

# Number of studies and patients reviewed in the years 1975-2022 (Müller-Vahl, Franjo Grotenhermen, 2023)

Pathology	Number of studies	Total number of
	found	patients included
Cancer chemotherapy or radiotherapy induced	35	1746
nausea and vomiting		
Appetite and chemosensory perception in	12	1040
cancer or HIV/AIDS patients		
Neuropathic inflammatory or chronic pain	58	4485
Experimental or acute pain	17	663
Spasticity in multiple sclerosis	14	1740
Tremor in multiple sclerosis	2	22
Bladder dysfunction in multiple sclerosis	2	765
Disease progression, inflammation and cognition	3	610
in multiple sclerosis		
Spinal cord injury	3	10
Tourette syndrome	3	49
Epilepsy	8	1077
Glaucoma and other eye diseases	4	56
Dystonia	2	26
Intestinal dysfunction and irritable bowel	6	215
syndrome		
Inflammatory bowel disease	4	137
Pulmonary disease	1	21
Dependency	8	441
Anxiety and posttraumatic stress disorder	10	1465
Schizophrenia	7	265
Parkinson disease	5	90
Dementia and Alzheimer disease	3	127
Interaction between cannabinoids	2	58
Attention deficit/hyperactivity disorder	1	30
Aggression	1	61
Amyotrophic lateral sclerosis	1	59
Autism spectrum disorder	5	342
Psoriasis	1	51
Obsessive-compulsive disorder	1	50
Diabetes	1	62
Dermatomyositis	1	22
Obesity	1	65
COVID-19	1	91
Cancer	1	

Sleep disorders and sleep apnea	4	125
Huntington's disease	1	65
Healthy subjects	8	292
Total*	237*)	<b>16.410**)</b> +2 missing
		studies