

## Appendix 3

### Medicinal cannabis across the globe – overview of currently deployed modes of patient access and supply of medicinal cannabis

Source of medicinal cannabis within the country	Official medicinal cannabis dispersion to patients	Where applied	PROs	CONs	Adherence to international treaties
<b>1) No official source of medicinal cannabis (patients exempted from criminal procedures upon doctor's recommendation / certification (i.e. patient registry / cards)</b>	State-level tolerance to patient's own cannabis cultivation under medical certification expands to caregivers	U.S. - selected states (Alaska, Hawaii, Maryland), Canada	<ul style="list-style-type: none"> <li>– patients and caregivers not criminalised for medicinal cannabis use, own cultivation and cultivation / administration by a 3<sup>rd</sup> person</li> </ul>	<ul style="list-style-type: none"> <li>– not medicinal grade cannabis</li> <li>– treatment follow-up with the doctor not required</li> <li>– no control on cannabis diversion to the recreational market</li> </ul>	It is rightful not to proceed with use and personal possession of cannabis under the criminal law.
<b>2) Supply of medicinal cannabis tolerated upon doctor's recommendation</b>	Specific state or county level laws for medicinal cannabis dispensaries	U.S. - selected states (Arizona, California, Colorado, Delaware, District of Colombia, Maine, Michigan, Montana, Nevada, New Jersey, New Mexico, Oregon, Rhode Island, Vermont, Washington, Canada)	<ul style="list-style-type: none"> <li>– quality competition between producers</li> <li>– patients (caregivers) and suppliers not criminalised for medicinal cannabis use, own cultivation</li> </ul>	<ul style="list-style-type: none"> <li>– medicinal quality control dependent on state-level regulations</li> <li>– treatment follow-up with the doctor not required</li> <li>– low control over dispensaries and conflation with recreational users' market (prescription regime lacking due to federal laws)</li> </ul>	Non-adherence to 1961 U.N. treaty on medicinal cannabis - the U.S. federal scheduling doesn't recognise cannabis as a medicinal drug, and therefore dispensing is not controlled by a prescription regime. It is, however, rightful not to proceed with use and personal possession of cannabis under the criminal law, and such provision has been applied to cultivation for own use.

<b>3) Medicinal cannabis trial</b>	Certified small-scale provisions of federally- cultivated marijuana	U.S. National Institute of Drug Addiction (NIDA)– selected states (Therapeutic Research Program)	<ul style="list-style-type: none"> <li>- control over the number and conditions of patients</li> <li>- medicinal grade product</li> <li>- low chances for diversion into recreational market on the wholesale level due to single production point</li> <li>- low chances for diversion into recreational market due to restricted no. of patients</li> </ul>	<ul style="list-style-type: none"> <li>- limited patients' access</li> <li>- monopoly-originated product, patients complaints about quality</li> </ul>	In adherence with 1961 Single convention on medicinal provisions of controlled substances.
<b>4) Outsourcing herbal cannabis / pharmaceutical preparations from abroad (Option 1)</b>	Herbal cannabis: Individual imports based on prescription and further administrative approvals (herbal cannabis from the Netherlands, Sativex from the UK)	Finland, Denmark	<ul style="list-style-type: none"> <li>- no specific regulatory system needed, administratively managed by the substance control act authority</li> <li>- medicinal grade herbal product</li> <li>- treatment follow-up with the doctor required as with any other medication</li> <li>- low chances for diversion into recreational market given the restricted no. of patients and lack of domestic production</li> </ul>	<ul style="list-style-type: none"> <li>- individual imports are costly and a heavy administrative burden is imposed on the patient</li> </ul>	In adherence with 1961 Single convention on medicinal provisions of controlled substances.

<b>4) Outsourcing herbal cannabis / pharmaceutical preparations from abroad (Option 2)</b>	Pharmaceutical preparations: Prescription and pharmacy dispersion of synthetic cannabinoids	Dronabinol or marinol available in Austria, Canada, Germany, France, Spain, Switzerland, UK, U.S., Sativex available in Austria, Canada, New Zealand, UK, Australia	<ul style="list-style-type: none"> <li>- existing medicine regulatory system used</li> <li>- treatment follow-up with the doctor required as with any other medication</li> <li>- medicinal-grade product</li> <li>- low chances for diversion into recreational market (herbal cannabis not available)</li> </ul>	<ul style="list-style-type: none"> <li>- narrow range of available cannabis medication (lack of herbal products)</li> </ul>	In adherence with 1961 Single convention on medicinal provisions of controlled substances.
<b>5) Licensing of growers by an agency (Option 1)</b>	Agency that doesn't take possession of all domestically grown cannabis; herbal cannabis dispensed via an auxiliary system on doctor's recommendation	Israel, Canada	<ul style="list-style-type: none"> <li>- quality competition between producers (e.g. Canada has recently transferred from state-owned production to licensing system due to concerns of product quality under monopoly production)</li> <li>- low chances for diversion into recreational market on wholesale level given the control via agency</li> </ul>	<ul style="list-style-type: none"> <li>- costs of setting up an agency or of assigning its tasks to one of the existing agencies within the country</li> <li>- medicinal quality not guaranteed by the system</li> <li>- treatment follow-up with the doctor not required</li> <li>- chances for diversion into recreational market on consumer level given lack of control via prescription</li> </ul>	Partially in adherence with 1961 Single convention on medicinal provisions of controlled substances; control under prescription system is required by the treaty. The possession of cannabis by the agency is rather symbolic.

<b>5) Licensing of growers by an agency (Option 2)</b>	Agency that takes possession of all domestically grown cannabis ; herbal cannabis dispensed in pharmacies upon doctor’s prescription	The Czech Republic, The Netherlands, Uruguay, The United Kingdom (herbal production for Sativex)	<ul style="list-style-type: none"> <li>- quality competition between producers (e.g. Canada has recently transferred from state-owned production to licensing system due to concerns of product quality under monopoly production)</li> <li>- full adherence to medical and prescription system (herbal cannabis classified as a source substance to compounding pharmacists)</li> <li>- treatment follow-up with the doctor required as with any other medication</li> <li>- low chances of diversion into recreational market on wholesale level given the control via agency and on consumer level given the control via prescription.</li> </ul>	<ul style="list-style-type: none"> <li>- costs of setting up an agency or of assigning its tasks to one of the existing agencies within the country</li> </ul>	In adherence with 1961 Single convention on medicinal provisions of controlled substances.
--	--	--	--	--	--

Source: Drug Policy Modelling Program, National Drug and Alcohol Research Centre, UNSW, *Submission 19*, pp 15-18.