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Statement submitted by the International Association for Hospice & Palliative Care, a non-governmental organization in consultative status with the Economic and Social Council**

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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Statement

Cannabis as Medicine: A Jamaican Experience

By Dr. Dingle Spence, IAHPC Board Member

Cannabis, marijuana, ganja, weed, pot – these are just a few names for this ubiquitous plant that is gaining in popularity for use as a medicine around the world. In this short submission, we examine a brief history of cannabis as medicine and the Jamaican experience with its use, in particular for cancer patients with palliative care needs.

Cannabis sativa is one of the most ancient psychotropic medicines known to humanity, and evidence for its use for medicinal and ceremonial purposes dates back at least 4,000 years.

Cannabis prescribed by doctors in the 1800s

Early evidence for its medicinal use is focused on applications for pain, insomnia, inflammatory conditions and digestive issues. Cannabis as medicine was first introduced to Europe in the mid-1800s and by the 1850s cannabis was listed in both British and American pharmacopoeia and could be prescribed by medical doctors. However, for a variety of complex reasons, cannabis was made illegal in both the United Kingdom of Great Britain and Northern Ireland and the United States of America in the 1920s and 30s, and was subsequently withdrawn from pharmacies.

Research continued despite ban

Despite these prohibitions, research into the plant continued, and in the 1980s the first cannabis receptor was discovered in humans. In 1992, the human endocannabinoid system was first described. The elucidation of the endocannabinoid system was paralleled by the discovery of the endogenous cannabinoid ligands, anandamide, very similar in structure to THC (tetrahydrocannabinol); and 2-arachydonoylglycerol, similar in structure to CBD (cannabidiol). THC and CBD are two of the principal components of the cannabis plant and of modern-day cannabis-containing medicines.

The whole-plant advantage

Over the past 30 years synthetic cannabinoids have been introduced to the market with varying reports of efficacy. There is now increasing evidence that whole plant extracts tend to be more clinically efficacious than both their synthetic counterparts and single molecule plant isolates. This may be due to the “entourage effect,” which posits that a variety of “inactive” metabolites in the whole plant may render its use more efficacious than isolated components.

Cannabis was first introduced to Jamaica in the 1850s by indentured servants brought from India during British rule of both nations. Cannabis has a long history of use as a medicine on the island, along with many other traditional herbal remedies, all part of our cultural pharmacopoeia. My father, who was a radiation oncologist, would often prescribe ganja tea to help patients with chemotherapy- and radiation-induced emesis, and would encourage those with poor appetite to use the tea as an appetite stimulant.

Cancer patients get relief from array of symptoms

In 2014, Jamaica’s “Dangerous Drug Act” of 1948 was amended to decriminalize cannabis use and make it legal for medicinal and sacramental purposes. Since then there has been a rapid rise in the use of, and demand for, cannabis-based medicines. Cancer patients in particular find THC and CBD containing medicines useful in relieving a variety of symptoms. These range from nausea and vomiting and anorexia, to relief of pain – particularly neuropathic-type pain – and for relief of anxiety and insomnia. In my own practice, I prescribe oil-based oral CBD and THC preparations for many of the above indications. A majority of my patients report clear improvement

of symptoms and very few adverse effects. We “start low and go slow,” increasing by one to two drops at a time depending on the formulation available.

Undoubtedly, we are in need of many more high-quality observational and randomized controlled studies to more clearly elucidate the place of cannabis as medicine in oncology and palliative care settings. However, based on my current experience and the increasing body of evidence available, it will only be a matter of time before cannabis whole-plant extracts will become part of palliative care formularies in countries where its legal use is recognized.