

From: Ricky Loftin

Sent: 1/18/2016 10:02:18 AM

To: Kathryn Richardson; Creighton Coleman;  
katrinashealy@scsenate.gov; Tommy Ruffin; Haley, Nikki; MaryGail Douglas;  
Tom Rice; Todd Rutherford; James Clyburn; Harris Pastides; Lindsey Graham;  
Cameron Runyan; marytinkler@schouse.gov; ronniesabb@scsenate.gov;  
robertwilliams@schouse.gov; robertbrown@schouse.gov; John W. Matthews;  
Kent M. Williams; Leah E. Holloway; Jr. Harry Ott;  
leolarobinsonsimpson@schouse.gov; lonniehosey@schouse.gov;  
sethwhipper@schouse.gov; Marvin Quattlebaum; Mick Mulvaney;  
mia@schouse.gov; mlk4usc@hotmail.com; Christopher Conklin; Poncie  
Westberry; Steve Benjamin; Teresa B. Wilson

Cc:

Subject: We have trade agreement with Israel....Opher Ovarian runs it in South  
Carolina!

Schmerz. <<http://www.ncbi.nlm.nih.gov/pubmed/26767992#>> 2016 Jan 14.

[Epub ahead of print]

## **Medical use of cannabis products : Lessons to be learned from Israel and Canada.**

Ablin J <[http://www.ncbi.nlm.nih.gov/pubmed/?term=Ablin%20J%5BAuthor%5D&cauthor=true&cauthor\\_uid=26767992](http://www.ncbi.nlm.nih.gov/pubmed/?term=Ablin%20J%5BAuthor%5D&cauthor=true&cauthor_uid=26767992)><sup>1</sup>, Ste-Marie PA  
<[http://www.ncbi.nlm.nih.gov/pubmed/?term=Ste-Marie%20PA%5BAuthor%5D&cauthor=true&cauthor\\_uid=26767992](http://www.ncbi.nlm.nih.gov/pubmed/?term=Ste-Marie%20PA%5BAuthor%5D&cauthor=true&cauthor_uid=26767992)><sup>2,3</sup>, Schäfer M  
<[http://www.ncbi.nlm.nih.gov/pubmed/?term=Sch%C3%A4fer%20M%5BAuthor%5D&cauthor=true&cauthor\\_uid=26767992](http://www.ncbi.nlm.nih.gov/pubmed/?term=Sch%C3%A4fer%20M%5BAuthor%5D&cauthor=true&cauthor_uid=26767992)><sup>4</sup>, Häuser W  
<[http://www.ncbi.nlm.nih.gov/pubmed/?term=H%C3%A4user%20W%5BAuthor%5D&cauthor=true&cauthor\\_uid=26767992](http://www.ncbi.nlm.nih.gov/pubmed/?term=H%C3%A4user%20W%5BAuthor%5D&cauthor=true&cauthor_uid=26767992)><sup>5,6</sup>, Fitzcharles MA  
<[http://www.ncbi.nlm.nih.gov/pubmed/?term=Fitzcharles%20MA%5BAuthor%5D&cauthor=true&cauthor\\_uid=26767992](http://www.ncbi.nlm.nih.gov/pubmed/?term=Fitzcharles%20MA%5BAuthor%5D&cauthor=true&cauthor_uid=26767992)><sup>2,3</sup>.

### **Author information**

**<<http://www.ncbi.nlm.nih.gov/pubmed/26767992#>>**

### **Abstract**

## **INTRODUCTION:**

The German government intends to reduce the barriers for the medical use of cannabis products. A discussion on the indications and contraindications of the medical use of cannabis and on the changes of the regulatory framework has already begun in Germany. It is useful to draw from the experiences of other countries with a more liberal medical use of cannabis.

## **METHODS:**

The Israeli and Canadian experience is outlined by physicians who have been charged with expertise on the medical use of cannabis by their jurisdiction.

## **RESULTS:**

In Israel, only the plant-based cannabinoid nabiximol (mixture of tetrahydrocannabinol/cannabidiol) can be prescribed for spasticity/chronic pain in multiple sclerosis and for cancer pain. The costs of nabiximole are reimbursed by some, but not by all health maintenance organizations. The medical use of marijuana is permitted; however, it is strictly regulated by the government. Selected companies are allowed to produce marijuana for medical use, and only certain physicians are licensed to prescribe marijuana as a therapeutic drug for specific indications such as chronic neuropathic, and cancer pain, inflammatory bowel diseases, or posttraumatic stress disorder if conventional treatments have failed. The costs of marijuana are not reimbursed by health insurance companies. In Canada, synthetic cannabinoids and the plant-based (nabiximol) are licensed for neuropathic and cancer pain, HIV-related anorexia and chemotherapy-associate nausea. The costs of these synthetic cannabinoids are covered by health insurance companies. The medical use of marijuana as a treatment option is allowed for individual patients suffering from any medical condition when authorized by a medical practitioner or nurse. Licensed producers are the only source for patients to newly access medical cannabis, although those with previous permission to grow may continue cultivation at the present time. The costs of marijuana are not reimbursed by health insurance companies. There are multiple contraindications for the medical use of cannabis products in both countries.

## **CONCLUSIONS:**

The use of standardized, synthetic, and plant-based cannabis products should be allowed in Germany for defined medical conditions when high-level evidence of efficacy and safety exists. The costs should be reimbursed by the health insurance companies. Contraindications for the medical use of cannabis should be defined. Growing marijuana by patients for their medical use should not be allowed.