



Weekly Briefing

Lithuania Social briefing:

**Keen on public health Lithuania becomes the next country in Europe
to legalize cannabis for medical uses**

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On 11 October the Lithuanian Parliament almost unanimously voted for the amendment of the Law on the Control of Narcotic and Psychotropic Substances (after one year since initiating this motion), which legalized the use of cannabis for medical purposes with the effect of 1 May next year. Thus, Lithuania has joined the group of the EU countries (including Denmark, Finland, Germany, Greece, Italy, Malta, Poland and Romania) where medical cannabis has become legal over the last 15 years, starting with the Netherlands in 2003. In addition to these countries, six other EU Member States (namely, Austria, Belgium, Croatia, Cyprus, France and the United Kingdom) allowed the use of medical cannabis too, though to a limited extent: only some cannabinoid-based medications are available on prescription in those countries. Among the Central and Eastern European (CEE) countries the Czech Republic and Romania were the first to legalize the medical use of cannabis (in 2013) followed by Croatia in 2015 and Poland in 2017.

Unlike in some other CEE countries where public and political debates on this issue have been contentious (as in Macedonia in 2016 or in Slovenia in 2017-2018), thus creating the barriers for the unopposed adoption of the respective legislations, the approval of medical cannabis in Lithuania received a bi-partisan support. Such a cross-party support for the approval of medical cannabis, opening the possibility of covering the costs of cannabis-consisting drugs through the national health insurance system, raises a question: what made this issue into a non-issue for the national politics (especially, when the timing coincides with the preparations for the election season next year)? And what does it tell about the status of the public health Lithuania is in?

The analysis below will try to explain why the adoption of medical cannabis (or cannabis, as no such thing as medical cannabis exists), which is a psychotropic

substance listed among the prohibited drugs in all EU countries (and tolerated only in few) received such a unanimous support in Lithuania. And this happened at the time when the Government in Lithuania is making a sustained effort to decrease the level of harmful uses or misuses of other substances such as alcohol and tobacco directed by the Department of the Drug, Tobacco and Alcohol Control of the Ministry of Health which is led by the Minister driving the anti-alcohol campaign.

The fact that Lithuania was rather quick to adopt the medical cannabis legislation comes at a surprise also because Lithuania was the last of the EU Member States to legalize the growing of industrial hemp in 2013. Until then the Law on the Control of Narcotic and Psychotic Substances (adopted in 1998) strictly prohibited the cultivation of industrial hemp (*Cannabis sativa L.*) which made any use of medical cannabis impossible.

Two factors came into effect, which shaped the field of policy actions in relation to this issue in favour of the adoption of the medical cannabis legislation.

First, the need to generate additional surpluses from the arable land, which within the first decade of the country's membership of the EU attracted the generous financial support as part of the EU's Common Agricultural Policy. During the period 2012-2016 the share of GDP of the agricultural sector (where the land-cultivating sector comprises more than 60%) dropped by 25%. Further, the compensations of farmers for the arable land from the European Union has been further minimized creating pressure on landowners to come up with a more effective use of land. Second, the external push by international investors from the emerging cannabis industry sector (originating in North America) seizing on the business opportunity of benefiting from both supply and demand. The opportunity presented itself for the cannabis growth on a wide swath of arable land across Europe but especially in the CEE countries matched well with the potential demand from patients and the health system stakeholders, the public health insurance funds of the EU Member States, which, as is expected, would provide the compensation for the cannabis-containing drugs.

The first step was made with the legalization of industrial hemp, which took place in Lithuania five years ago, opening up the possibility for the national agricultural sector to start adopting industrial hemp for cultivation and developing hemp-derived products. The investments slowly poured into the emerging hemp-growing sector (with a major IT company investing in the hemp business), which saw the new demand for hemp-derived fibre materials for textiles, automotive industry and food. The authorities from the start introduced stringent controls of hemp producers, making regular checks and conducting the laboratory tests to ensure that the permitted level of the psychotropic substance tetrahydrocannabinol (THC), which is responsible for most of cannabis-induced psychological affects, would not be exceeded (0,2% of THC) in the cannabis plants.

In parallel with the process of creating the market for supply of raw materials for industrial hemp-derived products, the governments around Europe have been endorsing the creation of the market for the demand for the use of cannabis-derived products for the health sector. The legalization of medical cannabis opened doors to two types of products: the products containing cannabidiol (CBD) oil which is one of many naturally occurring constituents of cannabis without the psychotropic effects (accounting for up to 40% of the plant's extract) offered in hemp oil admixtures and available over the counter in the EU countries which legalized medical cannabis. The second type of product is the THC-containing medical cannabis (having psychotropic effects) which is available only on prescription for the use of oncological patients undergoing chemotherapy.

The sweeping change in the attitude towards medical cannabis came in March 2017 when Germany, which has demonstrated a very strict approach to the control of psychotropic substances, including cannabis, legalized both the use and the cultivation of cannabis for medical uses. The European authorities have been quick to draw a clear red line between the use of medical cannabis and the recreational use of cannabis. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) states on its website: “no national government in

Europe supports legalisation of cannabis sale for recreational use, and all countries have prison sentences for illegal supply”. EMCDDA has emphasized that several draft laws proposed to national parliaments in the last few years, as well as some initiatives in regions or cities were rejected at national level.

However, the advocates of the cannabis industry are of the opinion that the legalization of medical cannabis is just the first step towards the legalization of cannabis for the recreational use as it was the case in North America. Thus, in 1996 California by popular vote approved the use of cannabis for treating the symptoms of chronic pain and, 20 years later, by another popular vote approved the use of cannabis for recreational uses.

The London-based consultancy company Prohibition Partners conducting the market research in Europe on behalf of the international cannabis industry has put it bluntly in the European Cannabis Report (July 2018): “This is not to say that cannabis will not be legalised for recreational use in the next three years but that it is simply much further down the agenda”.

“As medical cannabis has the ability to treat well over 52 conditions, this is quickly becoming the most important healthcare development of the past 20 year. Europe is gearing up to experience a 'Green Rush' of economic growth, with cannabis set to become the dot-com boom of the early 21st Century”, - declared one the partners of Prohibition Partners in the above report.

The legislative initiative to legalize the medical use of cannabis in Lithuania was tabled by the Member of Parliament Mykolas Majauskas who chairs the Committee for Suicide and Violence Preventions. In public appearances, Mr Majauskas emphasized the benefits of medical cannabis for oncology patients. The director of the National Cancer Institute fully endorsed this opinion and, further, made a point that medical cannabis is not used cancer treatment but could be of use for the palliative care of the patients suffering from cancer.

The reason why the public opinion stood firmly behind this position is very straightforward. Lithuania has one of the shortest life expectancy in the EU and among the OECD countries (74,5 years while the EU average is 80,6 years; in

comparison life expectancy in Japan is 83,9 years, in South Korea – 82,1 years). In 45 years, life expectancy at birth has increased by four years only and is now lower than anywhere in the OECD. The OECD report (OECD Review of Health Systems: Lithuania 2018) states that the main causes of mortality are non-communicable diseases (NCD), which include cardiovascular diseases, cancers, chronic respiratory diseases and diabetes. According to the OECD statistics, Lithuania is the first among the countries in Europe with the highest level of avoidable deaths in the EU. OECD indicates that preventive cancer screening (which is not sufficiently extensive) can be one of the measures to tackle this gruesome statistics.

In the country with the dwindling population (largely due to out-migration) which was reduced from 3.5 million inhabitants in the 1990s to 2.8 million (as reported this year), any health-care improving measures have an all-out support. The OECD report states that Lithuania's spending on health is modest but broadly aligned with resources and that Lithuania has more human resources for health than many, yet there is a need to increase efficiency and quality of health care, especially as related to the treatment of NCDs. „The system could deliver more value for money“, - concludes the OECD report. It is apparent that Lithuanian politicians took heed of this message and the medical cannabis issue came to be seen as one that could deliver more value for money – if not directly to the health systems than at least to the stakeholders bringing together the unlikely allies together: international cannabis companies, local farmers and oncology patients.