

# The Guardian

## Keeping medical cannabis from children is callous, and foolish

*Ian Birrell*

Alfie Dingley, who has severe epilepsy, is suffering pointlessly. What will it take to make our government see sense?

Mon 19 Feb 2018 16.26 GMT



Medical cannabis treatment in Bangkok. 'Polls find that more than two-thirds of Britons and more than half of MPs back the use of medical marijuana.' Photograph: Rungroj Yongrit/EPA



The first medical marijuana dispensaries in Pennsylvania have opened their doors over the past few days. Thousands of patients with serious medical conditions have registered to access the drug, which comes in oils, patches and vaporisers, rather than smokable leaf form. The historic first purchase in the state was by Diana Briggs, the mother of a teenage son with severe epilepsy. "I am beyond thrilled," she said. "There's no more fear, no more stress for our family."

Briggs campaigned for this moment after seeing how the drug reduced her son's seizures from more than 400 a day to fewer than 50. As I know from my own daughter, who also has serious epilepsy, this is a miserable condition when poorly controlled by conventional medicine. Even after 24 years, I still find seizures distressing to watch - seeing the fear on her face when they start, holding her thrashing body tight for several minutes, then making her comfortable when she is left drained for hours. There is nagging fear in the knowledge that these episodes can kill.

Contrast the tears of joy for that mother in the US with the concern facing another mother in Britain. Hannah Deacon sees her six-year-old son, Alfie Dingley, endure up to 30 violent seizures a day. His type of epilepsy is so aggressive that he ended up in hospital 48 times in one year. Then he went to the Netherlands, and enjoyed 24 days without a single attack. The difference seems to have been made by a cannabis-based medication - just three small drops of oil - prescribed by a paediatric neurologist. "We've found something that makes him happy," said his mother.

But since returning to Britain, Alfie has had to return to injections of steroids that are less effective and might eventually cause his organs to fail. This child is another innocent victim of the global war on drugs - perhaps the most foolish aspect of this futile 50-year fight has been the ban on medical marijuana. Now, Pennsylvania has become the 29th state in America to permit its use, while Italy and Germany are among European nations considering this shift.

Slowly, however, things are changing. But there seems still to be befuddled stupor in Whitehall. This is perhaps unsurprising, under a prime minister whose policy record on drugs during her time as home secretary showed clear disdain for evidence. Yet it is callous and morally confused to stop patients accessing a cheap, safe and readily available drug that could improve life so dramatically. It is also irresponsible to ignore its fiscal potential, given the importance of the pharmaceutical sector to our economy. Among those planning to dispense the drug in Pennsylvania is a firm run by a former British policeman, Michael Abbott. His company, Columbia Care, has won licences in 12 states, and its boss would love nothing more than to be able to offer the drug to his home country. At one of his New York dispensaries I met his chief pharmacist. She explained she was at first embarrassed to be linked to the cannabis trade, and became a convinced advocate only after seeing changes in patients using the drug, especially for chronic pain, late-stage cancer and complex child epilepsy.

This does not have to be a Trojan horse for wider drug reform. And yes, much of the



evidence is anecdotal since cannabis research has been hampered by illegality - although it is worth noting that Big Pharma seems resistant to an emerging industry that has reduced opioid deaths in American states where it is permitted to operate. Besides, why are families with epilepsy allowed to routinely use stronger, more addictive drugs such as barbiturates and benzodiazepines in their homes but not cannabis?

Polls find that more than two-thirds of Britons and more than half of MPs back the use of medical marijuana. Perhaps we will see a revolt on Friday, when the Labour MP Paul Flynn tries to reschedule cannabis for medical purposes in a private bill. For where is the compassion or sense in letting children such as Alfie needlessly suffer?

. Ian Birrell is a former deputy editor of the Independent and worked as a speechwriter for David Cameron during the 2010 election campaign

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BRUNO M.  
FONSECA

## OPINIÃO

# *Cannabis* para fins medicinais, uma perspectiva científica

Embora não existam evidências que suportem a sua recomendação,  
há evidências que suportam a permissão.

16 de Janeiro de 2018, 6:30

A utilização médica da *Cannabis sativa* ou dos seus principais componentes ativos, denominados canabinóides, visa tratar ou aliviar determinados sintomas de algumas doenças. A planta *Cannabis sativa* é quimicamente rica, estando descritos mais de 500 compostos, dos quais cerca de 100 canabinóides, incluindo o tetrahidrocanabinol (THC) e o canabidiol (CBD). Embora as propriedades analgésicas, antieméticas e anticonvulsivantes da *Cannabis sativa* sejam conhecidas há muitos anos, o estigma das drogas de abuso atrasou a sua investigação. A caracterização dos recetores canabinóides e posterior descoberta de que o nosso organismo produz endocanabinóides representou um marco da investigação na área, permitindo compreender, ainda que parcialmente, os mecanismos subjacentes às propriedades terapêuticas da *cannabis*. Além disso, abriu as portas a um mundo novo na investigação

Princípios ativos  
TETRAHIDROCANABINOL  
CANABIDIOL



farmacológica para situações tão díspares como obesidade, doenças neurológicas ou cancro. No entanto, a maioria destas potenciais utilizações baseia-se em ensaios pré-clínicos e, por isso, requerem cuidado na sua interpretação.

Atualmente, os ensaios clínicos suportam a utilização da *cannabis*, particularmente o THC e o CBD puros, para a dor crónica e para melhorar os sintomas relacionados com a rigidez muscular na esclerose múltipla. Existem também evidências, ainda que moderadas, de que estes canabinóides previnem as náuseas e os vómitos induzidos pela quimioterapia e estimulam o apetite em doentes com HIV. A eficácia e segurança demonstradas permitiram a comercialização, por alguns países, de medicamentos com THC e/ou CBD. Embora controversa, a utilização do CBD na epilepsia revelou-se, também, eficaz como tratamento adjuvante, particularmente na epilepsia infantil refratária aos tratamentos convencionais. Um extrato enriquecido em CBD (Epidiolex®) é alvo de um programa especial de prescrição enquanto aguarda a aprovação pela FDA. A prescrição de medicamentos contendo canabinóides não representa nada de novo, até porque o mercado de medicamentos já inclui outros com potencial efeito aditivo, nomeadamente a morfina e as benzodiazepinas. Acrescentar o THC ou o CBD à farmacopeia não seria por isso

*Indicações  
e evidência*



uma medida excecional. Aliás, diversos países, inclusive Portugal (Sativex®, aprovado em 2012), já permitem a prescrição de medicamentos contendo canabinóides.

Por outro lado, a utilização da planta *Cannabis sativa*, para fins medicinais, apresenta desafios próprios, não só porque os ensaios clínicos incidem, na sua maioria, sobre o efeito do THC e/ou CBD puros, o que dificulta a extrapolação para os efeitos de toda a planta, mas também pelas limitações relativas à via de administração e dosagem. A questão é, pois, perceber se estamos na posse de conhecimento científico suficiente que nos permita, com rigor, recomendar a utilização da planta *cannabis* para fins terapêuticos. De momento, não existem dados científicos suficientes que suportem esta recomendação. Os canabinóides devem, como qualquer outro medicamento, obedecer a critérios rigorosos de qualidade, segurança e eficácia para estarem disponíveis no mercado.

Ec. substância

planta

No entanto, alguns países, embora não recomendando a utilização terapêutica da planta *cannabis*, permitem-na, estabelecendo programas que minimizam algumas das suas limitações. Embora sejam necessários ensaios clínicos mais robustos, existem ensaios que suportam a utilização da planta *cannabis* e estão descritas vias de administração que

reduzem os efeitos nefastos associados ao seu consumo na forma "fumada". Aliado ao perfil de segurança da *cannabis* pode justificar-se o estabelecimento de um programa específico, tal como se verifica em outros países, onde doentes em situações clínicas pré-estabelecidas, sob adequado acompanhamento médico, podem aceder a extratos de *cannabis*, em condições controladas, de forma a garantir a qualidade e teor dos compostos canabinóides.

programa específico

Assim, embora, do ponto de vista estritamente científico, não existam evidências que suportem a sua recomendação, existem evidências que suportam a permissão, ainda que controlada, do uso da *cannabis* para fins terapêuticos. A questão fundamental é, pois, saber se a riqueza farmacológica da planta *Cannabis sativa* justifica um programa excecional que permita o seu uso para fins terapêuticos.

*O autor escreve segundo o novo Acordo Ortográfico*

