

# The Transition Process of Cannabis from An Illegal Drug to A Medicine in The Aspect of Health Policy

Ziv Barak<sup>1,2\*</sup>, Nofar Shir-Barak<sup>3</sup>, Michael Dor<sup>1</sup> and Rachel Nissanholtz-Gannot<sup>1</sup>

<sup>1</sup>Department of Health Systems Management, School of Health Sciences, Ariel University, Ariel, Israel

<sup>2</sup>Netanya Academic College, Netanya Israel

<sup>3</sup>Ruppin Academic Center, Ruppin Israel

## \*Corresponding author:

Ziv Barak,  
Department of Health Systems Management, School  
of Health Sciences, Ariel University, Ariel, Israel

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## 1. Abstract

### 1.1. Introduction

In Israel, the medical cannabis reform, from 2016, changed the situation to which cannabis products will be issued in pharmacies instead of purchased directly from the growers. These changes affect many patients who use medical cannabis and are exposed to difficulties in obtaining the drug, its price and quality. The purpose of the study was to examine the transition process of cannabis from an illegal drug to a medicine in the aspect of health policy.

### 1.2. Methods

In the study, six senior attorneys, who deal in the field of cannabis, as well as six physicians who have a certification known as “administrator” and have the authority to approve the use of medical cannabis, took part in the study. These physicians hold senior positions in the IMCA (Medical Cannabis Unit) and in medical centers in Israel. The research tools were qualitative and included in-depth interviews on how decisions were made in the cannabis reform process in Israel.

### 1.3. Results and Conclusions

A qualitative analysis of the interviews with the attorneys and the physicians brought up the advantages and disadvantages of the decision-making process and the implementation of the medical cannabis reform in Israel and ways of solving the problems that were raised. The main problems raised by the interviewees were the lack of transparency and lack of participation in the decision-making of the IMCA, and the physicians’ conflict regarding the treatment of medical cannabis. The solutions to the problems that

were raised will be presented in the paper.

## 2. Introduction

The IMCA (Medical Cannabis Unit) of the Ministry of Health chose the biomedical approach regarding cannabis, which perceives it as a biological substance that should enter medical use, even though there is uncertainty regarding varieties, doses, and forms of administration [1-16]. This is a process called the medicalization of cannabis, that is, turning it from an illicit drug into a medicine with therapeutic indications. In 2016, the Israeli government decided to carry out a legal reform in the medical cannabis market. In accordance with the medical cannabis reform, the Ministry of Health established a quality standard, according to the active ingredients found in the plants, to ensure that the cannabis being marketed is of high quality and demanded that the marketing be transferred to licensed pharmacies, instead of direct purchase by the patients from the growers. Also, the reform gave pharmacists the authority to change the cannabis treatment plan prescribed by the physician for the patient as well as to provide training to patients. These changes affected many patients. Following the reform, medical cannabis patients were exposed to difficulties both in obtaining the medicine or its price and its quality - the amount of the active substance was different from what they were used to. After the reform, the pricing of medical cannabis changed and underwent “capitalization”. So instead of paying a uniform price for the medicine, some patients are required to pay thousands of shekels today, (equivalent to 550 USD) depending on the dose they consume, to receive the same medicine. In conclusion, it can be said that there are problems concerning the applications

of the cannabis reform and its consequences. For these reasons the need arose for this study which examined what were the advantages and disadvantages of the decision-making process and the implementation of the medical cannabis reform in Israel and ways to solve the disadvantages raised.

### **3. Research Participants and Research Tools**

In this study, six senior attorneys, who deal in the field of medical cannabis, as well as six physicians who have a certification known as “administrator” and have the authority to approve the use of medical cannabis, took part in the study. These physicians hold senior positions in the management of the Ministry of Health, the IMCA (Medical Cannabis Unit, in medical centers, health insurance funds and academic institutions in Israel. The qualitative research tools included an in-depth interview guide in relation to the cannabis reform in the aspect of health policy (the interview guide is detailed in Appendix 1). The interviews were conducted after an in-depth interview with Dr. Michael Dor, the chief medical advisor of the IMCA in the past. The interview was semi-structured and included examples, experiences, personal stories related to the way decisions were made in the cannabis reform process in Israel. In this way, from the interview it was possible to understand the difficulties alongside the benefits of the reform and its implementation methods. At the same time, the interview allowed brainstorming to find the professionals who can participate in the targeted interviews, analyze the way decisions were made and the methods of implementation of the reform in the aspect of the health policy and in this way explore in more depth the difficulties that accompany the process and ways to solve them. The in-depth interview was transcribed and analyzed using a qualitative method for content analysis that included searching for common characteristics and recurring ideas in each question [14]. The in-depth interviews were recorded, analyzed, and then subjected to a qualitative analysis [9]. The interviews were divided into interview segments (sentences) and classified into common categories. In each category, they were classified according to their content into positive or negative statements regarding the cannabis reform in Israel and its treatment.

## **4. Results**

### **4.1. Advantages and Disadvantages in The Decision-Making Process and The Implementation of The Medical Cannabis Reform in Israel**

The interviewees were required to refer to the following two categories: the Ministry of Health (including the physicians), and the patients.

#### **4.2. The Ministry of Health (Including the Physicians)**

The interviewees brought up the advantages of the cannabis reform to the medical system in terms of the orderly and clear framework that includes orderly principles for treatment with the ability to change it and adjust to it in the future. A senior official

at the Ministry of Health 3206 explains with an example: “If you want any physician to be able to prescribe medical cannabis in the future, these are regulations and therefore it is easier, the Minister of Health submits to the Knesset, and it approves yes or no.” The disadvantages that were brought up were the cumbersome and problematic supervision of the IMCA on the granting of licenses for the use of cannabis, the inability to audit the IMCA and the consequences of this in the field related to the conflict between physicians regarding the treatment of medical cannabis such as: lack of participation in the decision-making process in the cannabis reform, lack of receiving feedback from the field, a limitation in the options for issuing licenses for medical cannabis only through private medicine. A senior physician 3650 explains the problem: “There is a group of physicians that is subject to the good will of the IMCA because these are people who receive 1000 NIS for each license, they are financially dependent and don’t have an independent position so they will do as the IMCA says”.

Other disadvantages raised by the interviewees were related to the professionalism of the registration of medical cannabis such as: insufficiently accurate registration of the active substances in cannabis on the one hand and lack of registration of other active substances that are important on the other hand. A senior physician 2062 describes the problem: “The products that are currently produced in Israel are unbalanced - the product contains 16-20 THC and contains almost no CBD, and it is still called THC-20 CBD-4 because it meets the criteria of 20/4”. Most of the disadvantages related to the problematic relationship between the IMCA and the physicians in the field. The physicians’ conflict regarding the treatment of medical cannabis stems from their conservatism on the subject so that there is really a shortage of physicians qualified to approve medical cannabis and/or who deal with the treatment of medical cannabis. The conservatism of some physicians has led to the fact that many physicians who have passed the certification course of the IMCA and can approve medical cannabis do not actually practice it. A senior physician 4141 best describes the situation: There are some physicians who, despite receiving the certification, didn’t want to approve medical cannabis. The lack of scientific basis, caused many physicians to shy away from the subject. In addition to this, some specialist physicians refer to medical cannabis as a last line of treatment even in cases where the conventional treatments don’t improve the patient’s condition.

### **5. The Patients**

The interviewees brought up the advantages of the cannabis reform in terms of quality control and supervision of medical cannabis. The patient can buy medical cannabis from any company that is interested. The disadvantages raised by the interviewees were the lack of patient guidance on medical cannabis, lack of control and documentation of the effect of medical cannabis on patients as well as reference to the issue of the high price of medical cannabis. A senior physician 1107 explains: “Cannabis treatment is complex.

We need to monitor how the treatment is particularly advanced, where you don't know exactly the dosage and what exactly is in it. Disadvantages that refer to more specific aspect for treatment such as the accessibility to medical cannabis were problems in matching the strain of cannabis to the patient, and the lack of types of cannabis in pharmacies. A senior official at the Ministry of Health 3206 explains: "Certain strains are missing because it is not profitable for companies to produce them, it's not that the Ministry of Health forbids producing them.

## 6. Discussion

### 6.1. Ways To Solve the Problems Raised for The Medical Cannabis Reform and Ways of Implementing It in Israel

Our study found several prominent challenges in the situation after the cannabis reform but offers solutions to them. The solution to the problem of the lack of supervision of the IMCA and the regulation raised by the interviewees is to transfer the supervision in an orderly manner to a specific ministry (the Ministry of Health or the Ministry of Labor). Such an office will supervise in an orderly and apolitical manner the pharmacies, physicians, and pharmacists. The interviewees suggested consulting physicians and managers who are the experts in the field. The goal of this solution is to create a clear mechanism of joint decision-making between experts in the field and people who are the policy guidelines of the IMCA. Such a mechanism will prevent economic dependence between the policy guidelines/regulators and the license issuers/physicians in the field and the people who are the policy guidelines won't represent foreign interests. The solution to the problem of the cumbersome bureaucracy of the IMCA in issuing the licenses for medical cannabis raised by the interviewees is to transfer the issuing of the licenses to the physicians themselves. Any physician in his field will be able to issue prescriptions for medical cannabis and report to the IMCA without the need for an 'administrator' certification. This solution could also provide an adequate solution to the problem of the lack of physicians who can issue a license for the use of medical cannabis and will also resolve situations where there is a lack of agreement on the issue of approval of medical cannabis for the patient between a physician of the IMCA and the specialist physician who knows his patient. This solution is implemented in practice in other countries [9, 15]. Solutions to the problems related to the physicians' conflict regarding the treatment of medical cannabis raised by the interviewees referred to the conservatism of the physicians and the lack of physicians treating with medical cannabis. The conflict arises from the fact that physicians stand in the middle between the patients' pressure to accept medical cannabis treatment and the lack of medical research regarding the effectiveness of medical cannabis in treatment [4,6,16-18]. Despite the relative lack of quality studies for scientific substantiation, clinical experience shows that cannabis treatment is of significant benefit for certain patients [5]. The proposed solutions are to encourage them to study the subject through the opening

of medical cannabis training courses. Other studies indicate that many physicians don't have a full understanding of the scientific evidence on medical cannabis and, in general, there is a lack of knowledge among the medical population regarding the beneficial and negative effects of medical cannabis [12,13]. Therefore, it is important to deepen the knowledge on medical cannabis treatment among the medical population through various training courses. Other solutions put forward to other aspects of the conflict were to encourage research through the Ministry of Health providing grants to companies so that they could conduct quality clinical research on medical cannabis. The studies will encourage the companies to compare different strains in terms of indications for patients and in terms of different ways of administering medical cannabis, thus contributing to the expansion of knowledge on the treatment of medical cannabis and helping physicians deal with the conflict on this issue. Studies show that there is a gap between the common perceptions among patients and therapists alike regarding the effectiveness and safety of cannabis treatment and between the scientific evidence on the subject. It is possible that the discrepancy is since that the beneficial effect experienced by patients isn't measured by the tools used in research to measure the effectiveness of pain treatment and its associated symptoms [5,8]. Therefore, the research tool is important in terms of the consequences of medical cannabis treatment and dealing more effectively with the gap between the perceptions of patients and the perceptions of physicians.

There are major factors that must be considered in resolving the physicians' conflict regarding the treatment of medical cannabis: the medical indication, other alternatives to the treatment, contraindications, the assessment of the benefit versus the harm of the treatment, to refer to the treatment as experimental and to perform a new evaluation (13). It is likely that the conflict between physicians on the issue of medical cannabis is deep and therefore there is no magic solution but a long process that needs to be carried out on several levels at the same time. In this context, the interviewees proposed to solve the problem of reluctance to approve high doses of cannabis by switching to listing the doses of the active substances in cannabis THC and CBD in milligrams per dose instead of grams per month. They also recommended switching to other forms of administration that are no less good than smoking such as inhalers or oils. There is a negative connotation in relation to smoking, therefore as soon as medical cannabis is separated from the world of smoking and moves to an alternative administration, this will help physicians deal with the conflict in relation to medical cannabis treatment because such treatment will be closer, according to their perception, to medical treatment. There is an agreement that smoking cannabis isn't recommended as a way of treating pain due to the negative consequences of smoking. The recommendation is to use inhalation using a vaporizer or a preparation based on oil extraction [2,4]. In addition,

the interviewees offered solutions to the problem of insufficiently accurate listing of the active substances in cannabis, THC, CBD. The solutions are to require companies to accurately list on each design the values of CBD versus THC, giving instructions to the patient which product to purchase in terms of their doses, to list additional important active substances such as Flavenoids & Terpenes. These substances have effects that moderate or regulate the clinical effect of cannabis and thus produce a difference in the effect of cannabinoids of plant origin compared to synthetic cannabinoids. This phenomenon is called the entourage effect [3]. In this way it will be possible to know what the general effect of each strain is on the patient and thus a better answer to the problem of the irreproducibility of the cannabis strains will be achieved. The interviewees proposed a solution to the problem of a lack of a patient training system, which is the establishment of a system of monitoring medical cannabis patients to create cross-sections between patients with similar characteristics. In this way it will be possible to know the type of medical cannabis and the exact dosage suitable for each patient. The medical cannabis patient database will contain documentation of patient history and monitor dosage issues, which strains are consumed, the method of administration, maximum dosage stipulation, etc. Such systems exist in other clinical fields and can be applied to the treatment of medical cannabis. The importance of establishing a comprehensive data system and patient follow-up regarding medical cannabis is more significant than other drugs because cannabis as a medical substance went through a process unlike any other drug. In most new drugs, the drug is first researched and tested, and when it is put on the market, the side effects, drug interactions, contraindications, etc. are already known. The use of cannabis began for recreational purposes and from the recreational use people reported that it helped them with one disease or another. A solution to the problem of a lack of adequate guidance for medical cannabis patients suggested by the interviewees is the establishment of multi-purpose and holistic centers where patients will come for a stay of several hours with attendants to guide them. These centers will have multi-professional and multi-disciplinary teams that will be able to examine the patient from different aspects and give him a holistic answer. The attendants will undergo training under the guidance of patients on controlled consumption and use of medical cannabis. Some of the interviewees stated that it would be desirable for such attendants to be close to the field such as nurses specializing in pain management. Such a treatment model exists in oncology institutes such as the Oncology Institute at Sheba Hospital and is also reported in other studies (1,10). This model can be adopted and implemented in these holistic centers for the treatment of medical cannabis. Also, the establishment of the centers should be Close to the pharmacies both in terms of patients' accessibility to medical cannabis and as a step to encourage more pharmacies especially in the peripheral areas to sell medical cannabis. A solution to the

issue of the high price offered by the interviewees is to introduce medical cannabis in a controlled manner into the subsidy of the health insurance funds with partial indications or according to certain and very clear criteria, for example chronic pain. Other criteria that can be preferred in subsidizing medical cannabis is the degree of severity of the disease, that is to initially subsidize seriously ill patients who consume high doses and thus the profits received from patients who consume low doses will allow subsidizing patients who consume high doses. It is also desirable to give significant discounts to patients who receive a high dose, to encourage patients to switch to other forms of administration of medical cannabis that are more economical in the long term and have a higher chance of receiving a subsidy from the health insurance funds. A solution to the problem of the expensive price of the cost of the visit and consultation with the physician proposed by the interviewees is also solved by means of a subsidy. If a patient with a medical prescription for medical cannabis receives a subsidy from the state, it would still be worthwhile for him to go to the physician and consult with him to receive the subsidy even if cannabis is legalized. In other countries (Netherlands, Canada, Washington) the subsidy of medical cannabis for patients comes from taxes they charge because of recreational cannabis use [9,15].

## **6.2. Limitations of The Study**

First, as with any qualitative study, this study also does not pretend to statistical generalization but to a unique and deep recognition of the advantages and disadvantages of the decision-making process and the implementation of the medical cannabis reform in Israel and suggesting ways to solve the disadvantages raised. Second, the limitations of the corona period in which the study was conducted, which forced interviews to be held on Zoom rather than face-to-face.

## **7. Appendix 1: The Focused Interview Guide**

### **7.1. Information Sheet for The Research Participant**

You are intended to participate in research on the subject: the transition process of cannabis from an illegal drug to a medicine. Past, present, and future trends. The purpose of the research is to examine the transition process of cannabis from an illegal drug to a medicine in the legal aspect and in the aspect of health policy. You are asked to participate in an interview focused on these issues. The interview will be recorded and recorded by the secondary researcher. By signing this form, you are expressing your consent to this. If you feel any discomfort during the interview, you can stop answering the interview at any moment and you will not be harmed.

## **8. Questions**

1. Name the factors that influenced the way decisions were made in the cannabis reform in Israel?
2. State what are the factors that influenced the ways of implementing the reform in Israel?

3. What are the advantages and disadvantages of the decision-making process and the implementation of the reform in Israel (refer to the following categories: Ministry of Health, patients, physicians, and breeders)?
4. What are the possible solutions to these problems/shortcomings (refer to the following categories: the Ministry of Health, the patients, the physicians, and the breeders)?

## References

1. Abdulaziz AM, Zahid AM. Palliative care: time for action. *Oman Medical Journal*. 2016; 31(3): 161-163.
2. Aviram J, Lewitus GM, Vysotski Y. The Effectiveness and Safety of Medical Cannabis for Treating Cancer Related Symptoms in Oncology Patients. *Frontiers in Pain Research*. 2020; 70.
3. Ben-Shabat S, Fride E. An entourage effect: inactive endogenous fatty acid glycerol esters enhance 2-arachidonoyl- glycerol cannabinoid activity. *Eur J Pharmacol*. 1998; 353: 23-31.
4. Ebert T, Zolotov Y. Assessment of Israeli physicians' knowledge, experience, and attitudes towards. medical cannabis: a pilot study. *Israel Medical Association Journal*. 2015; 17: 437-41.
5. Eisenberg A, Brill Silvio. Use of cannabis for pain management, clinical guidelines. *The Israeli Pain Association*. 2020.
6. Glickman A, Sisti D. Prescribing medical cannabis: ethical considerations for primary care providers. *J. of Medical Ethics*. 2019; 46 (4).
7. Gustafson E, Cole P. Study Shows Lack of Uniformity Among States' Cannabis Testing Laws Could Lead to Public Health Risks. *Cannabis Legal Highlights*. 2022; 20: 411-420.
8. Moore RA, Fisher E, Finn D P. Cannabinoids, cannabis, and cannabis-based medicines for pain management: an overview of systematic reviews. *Pain*, Publish Ahead of Print. 2020.
9. Lancione S, Wade K, Windle SB. Non-medical cannabis in North America: an overview of regulatory approaches. *Public Health*. 2020; 178: 7-14.
10. Peleg E, Brenner Y, Shimonov M. Treatment that combines body and mind in cancer patients receiving chemical treatment. In *Oncology Nursing Town in Israel*. 2010; 19 (1): 34-40.
11. Oscar JLP. Technological surveillance of medical cannabis horticultural production. *Journal of management*. 2022; 38: 11245-11271.
12. Ronne S, Rosenbæk F. Physicians' experiences, attitudes, and beliefs towards medical cannabis: a systematic literature review. *BMC Family Practice*. 2021; 22 (212).
13. Schauer GL, Njai R, Grant AM. Clinician Beliefs and Practices Related to Cannabis. *Cannabis and Cannabinoid Research*. 2022; 7(4): 508-515.
14. Shkedi A. *Words trying to touch, qualitative research theory and application*, Ramot Publishing, Tel Aviv University. 2007.
15. Tomiyama KI, Funada M. Present Conditions of Marijuana Regulation in USA: Medical and Recreational Use. *The Pharmaceutical Society of Japan*. 2020; 140: 179-192.
16. Zarhin D, Negev M, Vulfsons S. Rhetorical and regulatory boundary-work: the case of medical cannabis policy - making in Israel. *Social Science Medicine*. 2018; 217: 1-9.
17. Zolotov Y, Vulfsons S, Sznitman S. Predicting physicians' intentions to recommend medical cannabis. *Journal of Pain Symptom Manage*. 2019; 58: 400-407.
18. Zolotov Y, Vulfsons S, Zarhin D, Sznitman S. Medical cannabis: an oxymoron? Physicians' perceptions of Cannabis Pain Treatment Rambam Maimonides. *Medical Journal*. 2020; 11(1): 4-10.