

10 years of legal cannabis, a disaster for Dutch patients.

Sales of Bedrocan at the pharmacy further collapse.

Legalizing cannabis for medicinal use, the first of September 2003, meant a 90% decrease in the number of pharmacy provisions. Juggling with numbers is suggesting a rise that in reality does not exist. In the Evaluation rapport Medicinal Cannabis * from 2005, the accompanying commission speaks of a separation between policy and the execution there of since the exchange of political power in 2003. This 'separation in policy' concerned among others the forced replacement from the in practice by patient's used and already available MGM cannabis from Maripharm, by, for many patients ineffective and twice as expensive Bedrocan products. Before the replacement in September 2003, ten to fifteen thousand patients were known that used cannabis for medicinal purposes. From the 10% of patients that were left in 2004, there are only approximately 140 left in 2013. This is only 1% of the earlier existing patient population whom received their cannabis through the pharmacy.

The SFK reports that 10 years ago, doctors could legally prescribe cannabis for medicinal use and that public pharmacies could supply this legally on prescription, this is a theoretic half-truth, that in practice is turning out to be a whole lie. Truth and the patient are being violated. *[Pharmaceutical Magazine Sept 2013, SFK, Pharmacies supply more cannabis]

Cannabis 10 years at the pharmacy. Legally yes, but tolerated much longer! 18 years!

Doctors started prescribing cannabis and Maripharm MGM cannabis for medicinal use from 1995, it was supplied by the pharmacy, coffeeshops and a patient foundation. This situation was illegal but was tolerated due to the importance of the patient. The then Minister of Health Dr. E. Borst, now Minister of State wanted to legalize this situation for the patient, partly due to her own experiences, **Tolerated** prescribing became **legal** prescribing.

Many patients didn't use the coffeeshop between 1995 and September 2003 for their cannabis for medicinal use, instead they went to the pharmacy. Costs were 5 euro a gram. Or they grew cannabis themselves.

The cannabis product MGM from Maripharm, available at the pharmacy till September 2003, satisfied the needs of patients and would be made available for both research and treatment purposes. *[NVTG 'On course to a responsible use of cannabis']

In reality, the Maripharm MGM cannabis was only used for research purposes from then on and no longer made available as medication to the patient.

Because of this forced exchange at the pharmacy of the MGM cannabis [5 euro a gram]* by the for most patients ineffective Bedrocan Flos [10 euro a gram] many patients were denied the possibility to obtain his/hers effective cannabis for medicinal use through the pharmacy. Since September 2003 many among which the authors of this article have been forced back to the coffeeshop and home growing. Sales of medicinal cannabis through the pharmacy then completely collapsed.

Pre and peri period suppressed

The Bureau Medical Cannabis is making utmost attempts to suppress and cloak the period before and during 2004, before Bedrocan became the only official state cannabis grower.

The SFK based themselves on incomplete records and groundlessly assumed them as truth. Any further investigations if the figures handed to them by the BMC, concerned the right period and gave an accurate picture, were not done. Again only legal figures were used. Figures and records were available from before September 2003. They could have known better.

In the article in the Pharmaceutical magazine* June 2003 'Government comes toward patient' Director/pharmacist W Scholten from the BMC makes the impression that pharmacists even buy cannabis for their patients in the coffeeshop as he talks about the cannabis products Maripharm and Simm 18 that were both intended for research purposes. So according to the BMC no cannabis was available in the pharmacy before September 2003, at least they want to make that impression.

Then the Pharmaceutical Magazine nr 43*, releases a month after legalization on the 1st of September 2003 the article 'Wrong specifications official cannabis' which states that the BMC is trying to push Maripharm [that supplied to pharmacies from 1995 to 2003] from the market.

With that the BMC acknowledges the fact that Maripharm MGM cannabis was regularly available before September 2003. At that time not every pharmacist wanted to supply to the patient in this illegal situation, not even Rudolf's own pharmacist. They were scaredy-cats, afraid to stick out their necks for the patient! Rudolf found himself a pharmacist in 2000 whom put the interest of the patient upfront and received since then till September 2003 Maripharm cannabis through the pharmacy.

Besides that the article reports that the BMC can't guarantee the quality of their own products, does not have the necessary expertise and that the suddenly appeared Bedrocan Flos needs to be taken off the market because of dosage problems. What DIDN'T happen, it is still being sold to this day. All effective cannabis varieties which patients had experience with vanished within a year from the pharmacy. [Maripharm and Simm 18]

The BMC seems to have an interest to produce a non-effective cannabis product for the patient.

Patients don't have to go to the coffeeshop anymore?

On the contrary, patients like us were forced back to the coffeeshop and home growing from September 2003 by the replacement of Maripharm MGM cannabis by Bedrocan. Figures support this.

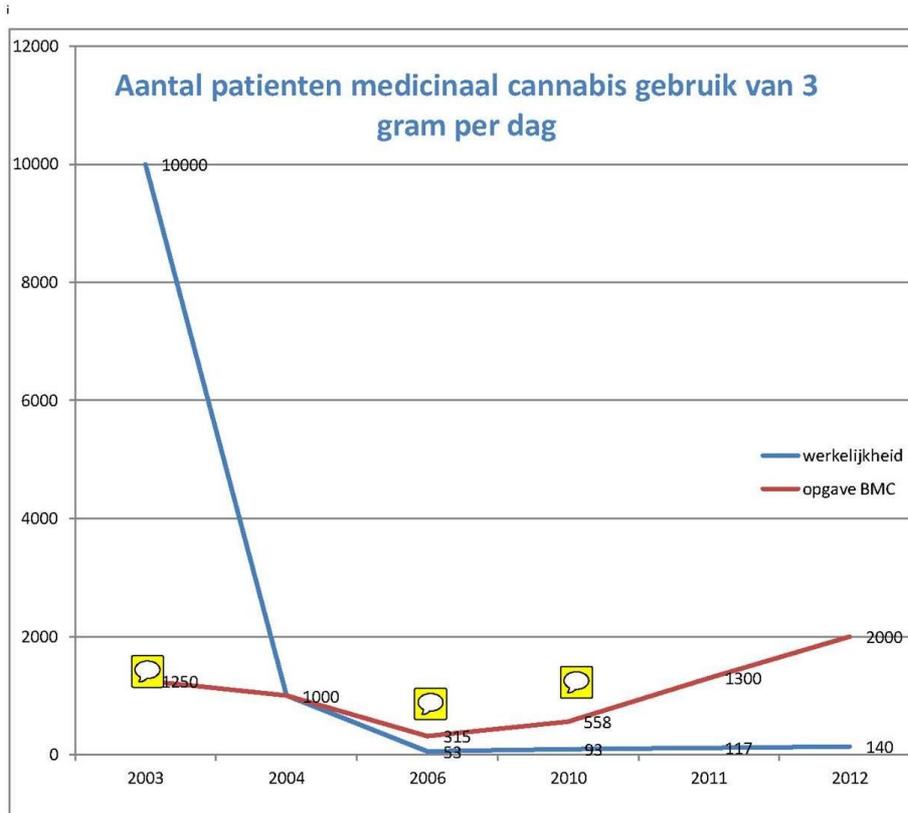
Numbers of patients

They juggle with numbers, zero line and pharmacy provisions/versus patients. This in order to be able to sketch a positive picture of the sales of medical cannabis at the pharmacy. Before September 2003, the number of patients that used medical cannabis was estimated to be around ten fifteen thousand. Maripharm supplied around a thousand pharmacies.

After legalizing medical cannabis September 2003 and the prohibition on Maripharm supplying pharmacies plus criminalizing patient organisations, like the Foundation Patients Interest Medicinal Marihuana from Ger de Zwaan, patients stayed away from the pharmacies en masse.

The Volkskrant* reports on 11 December 2004 that 90% of the number of expected customers, stayed away.

The graphic that the SFK published is incomplete. The zero-line starts Spring 2004. That's 9 and a half years. This is not accurate! The starting point should have been in September 2003. That would be 10 years. That would have given a more honest and accurate picture. Now there's an empty space between the graphic-line and the zero-line. The BSEMC has been so kind to make an adapted accurate version of the graphic.



Let's assume that there were 10.000 patients that were using cannabis medically and that the used dose remained the same all those years. Those patients according to the SFK were using 5 and half pharmacy provisions a year. For 10.000 patients that would be 55.000 pharmacy provisions. The number of 6000 pharmacy provisions in 2004 is equal to 1200 patients. 90% stayed away. Instead the graphic showed a strong descent from about 55.000 in 2003 to 6000 in 2004 to a prognosis of 14.000 in 2013. We don't call that an increase in the use of medical cannabis but a Knock-out...

It might seem that the BMC is crawling back up but is still not even close to the levels before legalization. Stronger, if you would take the average dose of 3 grams a day, there would only be 140 patients left.

Amount of cannabis used a patient.

The used amount of cannabis per patient is inaccurate. According to the I.A.C.M. the average dose per patient is 3 grams a day. There are patients that get up to 30 grams a day prescribed from their doctor. Minister of Health E.Schippers reported in previous years that looking at the figures, patients were using 0,5 grams a day. *[Answer Schippers/van der Ham; 102 kg cannabis= 558patients].

That is already an almost homeopathic dose.

According to the SFK the use per patient is getting even lower now namely 0.2 gram a day, 5.5 times 14 gram=77 grams a year! This is not very realistic. The employed arithmetic method is not right.

If 2000 patients use 77 grams of cannabis a year that would be a total of 154 kg cannabis. With 0.5 grams [182.5 gram a year] that would be enough for 844 patients. If the average dose would be 3 gram a day [1095 gram a year] then these 154 kg won't be sufficient for 2000 or 884 but only for about 140 patients. The number of patients has even declined sharper. If there were 1200 patients in 2004 in 2013 that would only be 140.

Again a decline of 90%

The SFK allows the user dose per patient to go down, to be able to come to the required number of patients, so a rising line in the graphic can be penciled in.

To supply 2000 patients of 3 gram a day, you will need 2190 kg cannabis. That is far above the production capacity of Bedrocan in the Netherlands. In 2008 Bedrocans production was 400 kg a year of which only 25% [100kg] was used.*[interview T. Erkelens, grower Bedrocan, Essensie magazine November 2008]

The suggestion is being made that health insurers compensate!

Health insurers know all kinds of compensation/reimbursement rules. This is true, but again not the whole truth. These reimbursements are very restricted and the rules change every year. As a result the patient fishes behind the net in practice. Like only the non-effective cannabis is reimbursed and then only with a compensation maximum. Medical insurer de Friesland also reimbursed coffeeshop cannabis till last year, the maximal amount was 840 euro a year. So if you need 3 grams a day that amount will last you a month and you will have to figure it out for yourself the rest of the year. Compensation of home growing is unmentionable. Jackie Woerlee has been receiving special benefit compensation, from the government itself since 2000. It is up to the individual insurer to compensate, but when it comes down to paying, Rudolf Hillebrand insurers the IZZ drive a very hard bargain indeed. In IZZ advertisement campaigns the patient is upfront but the IZZ had no space for a reasonable arrangement for Rudolf. Despite his medical intolerable situation, pleas from his specialists and several court cases, it was all to no avail *[LJN BU 9487]. Cassation at the High Court was deemed impossible. No change for a last stalk of straw. The patient has to accept the unacceptable so says the civil court judge.

No compensation because of insufficient evidence of the effectiveness of cannabis.

Minister of Health E. Schippers knows how to manipulate people's minds. About compensation in medical emergencies she reports in a radio broadcast 'When you have a horrible disease and there's a medicine that's effective, then that has to be compensated. No discussion. But it has to be effective'.

Then it's strange indeed that the BMC reports that the effectiveness of cannabis has been proven enough with the mentioned indications and that at the same time cannabis is not allowed to be a formally registered medicine? This rejection is based on, according to Minister of Health E.Schippers, on the alleged absence of proof. This is *Contradictus Interminus*. Those that finance healthcare and the pharmaceutical companies want it to remain that way. Subsequent Ministers of Health have facilitated this.

So we are acquainted with a Healthcare law that should reimburse medical essential costs while at the same time a judge orders that patients should accept the unacceptable, despite the fact that these patients are in a recognized medical emergency.

Again this a great picture on paper and to the outside world, but apparently there hasn't been a scientist that looked at the practice. Talking about scientists! Scientists like the former director and pharmacist of the BMC, W. Scholten and also dr. A. Hazenkamp, head research Bedrocan have admitted that cannabis is a ground substance, a magisterial preparation, that should fall under the base compensation. It is rational pharmacotherapy and should be compensated.

Minister of Health E.Schippers the boss of the BMC, the same BMC that claims there's enough evidence for the medical effectiveness of cannabis, then denies compensation rights. At the same time she and her predecessors have applied all kinds of stalling techniques to facilitate the pharmaceutical industry, giving them the time and financial possibilities to develop a medicine OUT of cannabis.

Cannabis Simplex versus mono therapy in a pill.

'Cannabis must be in a pill'! But the patient has no need for that. Patients benefit from the whole plant; cannabis simplex and not a handful of pills that synergetic don't have the same effect like the whole plant has; cannabis simplex. That handful of pills is more expensive, they have many side effects and are an extra stress on compliance of the patient, liver, kidneys, brains etc. Patients also have no need for standardized cannabis.

But the pharmaceutical industry will earn heavily from that handful of pills. Jackie and Rudolf's use of cannabis means they have no need for anti emetics and analgesics. Therefore saving hundreds of euro a month on medication that would otherwise be paid for by medical insurers. Which means no profit can be made over that either.

That is why no effective cannabis simplex is allowed to be available at the pharmacy! Then the pharmaceutical industry won't be able to sell their anti-emetics, painkillers, and psychofarmaca etc. any more.

The exchange of political power in 2003 and 2010 brought us the market working of the VVD political party, the Ministers Hoogervorst and Schippers who put the interest of the pharmaceutical industry on top of the list of interested parties, the patient ended up at the bottom together with the doctors. *[ZonMw rapport page 15]

Apparently the patient will have to accept what those who stand above her/him say what is good for them.... legal cannabis

Legal cannabis? Legal cannabis does not exist!

NCSM, Dutch association for **legal** cannabis and her raw materials as medication, ceased to be on the first of January 2014.

The NCSM used to exist out of people, volunteers, that professionally occupied themselves with cannabis and her raw materials and then only the legal cannabis. Of those varieties 99% of patients didn't want. This also means that these same people were making a living out of legal cannabis, therefore independency was lost.

Founder and secretary of this foundation was A.Hazenkamp, head research at Bedrocan, the only official state grower. One of the sponsors was Fagron, distributor of the BMC cannabis. Clearly this shows the conflict of interests.

Patients were described on their website as 'laymen' and the doctor/researcher as 'authority' The information for patients was adapted and represented for the 'patient' to be shorter and simpler.

This is so patronizing, like only dumb people get sick. Highly educated people also get sick!

Legal cannabis... doesn't exist. Whether something is legal or illegal is decided culturally, politically and in the criminal court [here's the minister again] and is definitely not decided scientifically. This is totally inconsistent with patient interests. The patient should decide which cannabis should be legally available. Now the BMC decides that. So they first declared the tolerated Maripharm MGM cannabis illegal and then after a disagreement with the BMC the first legal Simm18 became illegal too. Illegality doesn't make cannabis less effective.

The founder of this now disbanded foundation A. Hazenkamp, declared at Jackie Woerlee's Central court of Appeal hearing*[LJN BR 3948] that the real actual knowledge lies with the patient. They by 'trial and error' have tried out and grown many different varieties. They are much more advanced than current scientists. He also declared that the 4 varieties available at the pharmacy didn't cover the whole scale of medical effectiveness *[LJN BR 3948] Even the former Minister of Health Ab Klink declared in de Tweede Kamer [Dutch House of Representatives] that the 3 types available at the pharmacy are of the wrong variety. So that is **legal** cannabis.

The patient prefers and needs good quality ripe indica hybrid varieties, the patient needs cannabis oil, tinctures, suppositories and transdermal patches. These have been denied to us for over 10 years now! Former Minister of Health Ab Klink promised to introduce Maripharm1004 at the pharmacy. Unfortunately there was yet another political change of power in 2010 and Klink's successor E. Schippers made sure that Maripharm was again kept outside the pharmacy door by introducing the also ineffective for us, Bedica cannabis from Bedrocan.

Again! The patient should decide what effective cannabis for medicinal use is, not the BMC.

The Minister of Health decides together with the College of Care insurers [CVZ] what should be allowed in the base package. For the provision of medical cannabis the CVZ based themselves on a judgment of the Health Advisory Council from 1996 that was pushed aside by Minister E. Borst. 'Insufficient evidence for the effectiveness of cannabis'. The proof of that evidence will not be allowed to surface. The BMC supplied the placebo cannabis in 2003 which contained active ingredients to the VUMC rendering that study useless* [Evaluation rapport 2005 page 37] The Minister of Health will keep making sure that no evidence will present itself, she also doesn't feel responsible for scientific studies. *[Answer Schippers/ van der Ham]. The BMC supplies legal ineffective cannabis, the NCSM and Bedrocan take care of the promotion.

Ineffective cannabis products in the pharmacy, forced 99% of patients into the illegal circuit, with all the health and criminal consequences involved with that.

As a patient you become entangled in a web of conflicting interests and favoritism. Everything turns around in a vicious circle of lines that are connected with the Minister as a spider in the web. It is immoral and torture to deny and keep a potential medicine from seriously ill people that are in despair. It is inhumane to criminally prosecute patients for that too.

The patient is being kept as an economic means of production in the web of the Minister and the pharmaceutical industry. Patients remain in a live threatening situation and besides that they are physically, financially, emotionally and psychologically squeezed dry. All this is being sold under the cloak of evidence based medicine.

10 years of legal cannabis is no reason for the patient to celebrate, on the contrary!

10 years of legal cannabis have been a disaster for Dutch patients.

For 10 years patients have been consciously ignored, his/her interests have been made subordinate to the financial interests of everybody, except those of the patient.

Truth and patients have been and are being violated. The reality has and is been manipulated.

We, the patients demand immediate release from prosecution, claiming the right to medicate and growing effective cannabis ourselves.

BSEMC.nl Public Interest Foundation for Effective Medical Cannabis.

November 4 2013 / February 4 2014

Jackie Woerlee

Rudolf Hillebrand

Quotation of sources:

- [Evaluation rapport medicinal cannabis 2005 page 41 5.1 interview with the Supervisory commission.](#)
- [Evaluation rapport medicinal cannabis 2005 page 37 footnote 39](#)
- [Receipts from pharmacy de Castro](#)
- [Pharmaceutical magazine 50/51 Dec 2013, Condemned to home growing.](#)
- [Pharmaceutical magazine Sept 2013, SFK pharmacies supplying more cannabis](#)
- [Pharmaceutical magazine June 2003, 'Government approaches the patient'](#)
- [Pharmaceutical magazine nr 43 Oct. 2003, 'Wrong specifications official cannabis' van der Sluis Rapport University of Utrecht.](#)
- [De Volkskrant 11 Dec 2004, 'Low market sales, financial set back for the Ministry](#)
- [Zon Mw rapport 2003 'Exploration Medicinal Cannabis.](#)
- [Answer Schippers on questions from van der Ham](#)
- [Court rulings LJN numbers, BL3224, BR3948, BC7938 and BU9487](#)
- [Essensie magazine Nov 2008 Mediwiet from Groningen soil.](#)