

# WHITE PAPER

---

An Overview of  
Medical Cannabis in Europe

October 2025

**SAM** Smart  
Approaches to  
Marijuana  
preventing another big tobacco

[www.learnaboutsam.org](http://www.learnaboutsam.org)

# WHITE PAPER OUTLINE

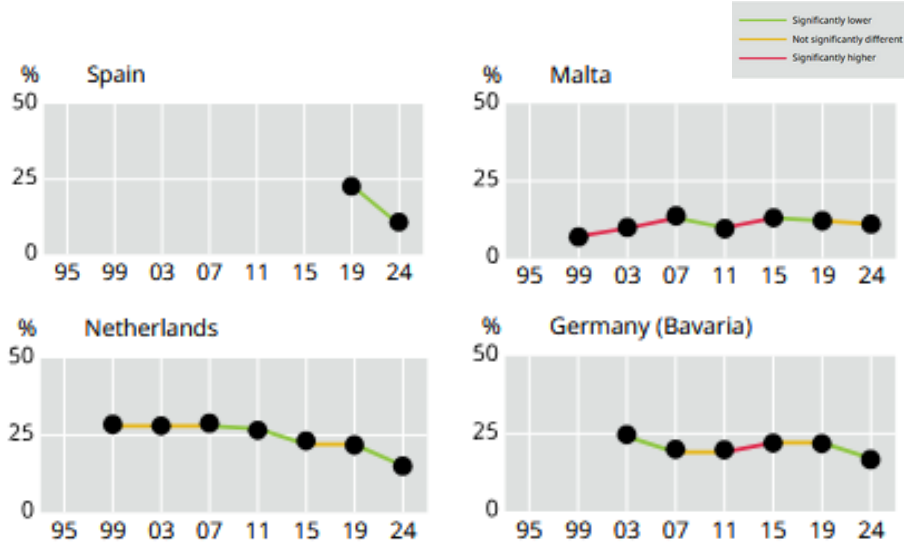
---

<b>I. Marijuana Use Trends in the EU</b>	<b>1</b>
<b>II. Medical Cannabis Snapshots</b>	
a. The Netherlands	3
b. Spain	4
c. Malta	5
d. Germany	6
<b>III. Policy Background in the EU</b>	<b>7</b>
<b>IV. Country Review</b>	
a. The Netherlands	9
b. Spain	11
c. Malta	13
d. Germany	15
<b>IV. Concluding Remarks</b>	<b>17</b>
<b>V. Policy Recommendations</b>	<b>18</b>

*This report is a summary based on the report on Medical Cannabis in Europe to be released by Narkotikapolitisktcenter (NPC) in December 2025*

# Marijuana Use Trends in the EU

## Lifetime use of cannabis by country: 1995–2024 (percentage) - Youth aged 15-16

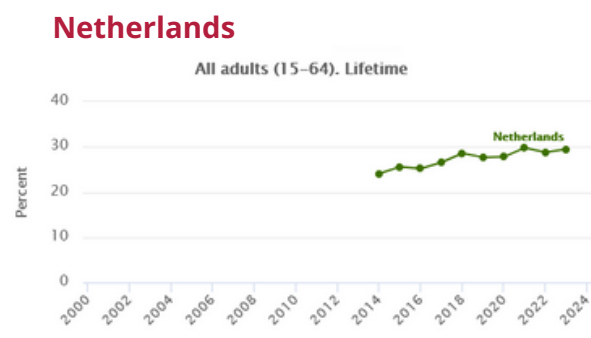
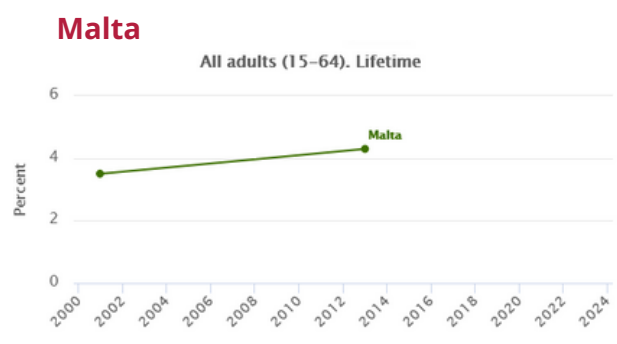
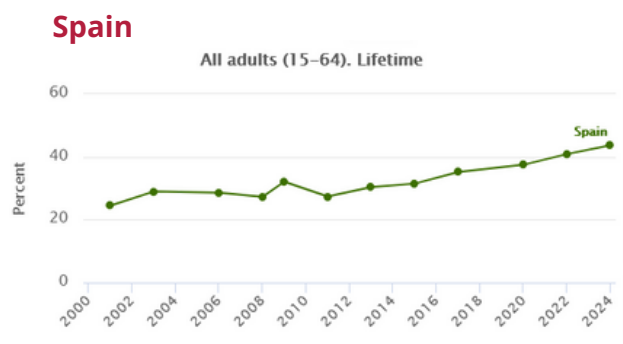


Available Data by ESPAD (2024) show a general declining trend of lifetime and recent cannabis[1] use among youth (15-16 years of age) since 2019. Only Malta, Cyprus, Ukraine, Montenegro, and Kosovo show a [slight] increase in use. Nevertheless, “the gender gap has decreased with 14% of boys and 12% of girls, on average, reporting lifetime cannabis use in 2024”. Other illicit drug use, however, seems to be on the rise in various EU countries.

It should be noted that Germany's data is limited to one state and does not include the period after cannabis legalization.

## Lifetime use of cannabis by country: 1995–2024 (percentage) - 15-64 years

Over the last two decades, lifetime use has increased in most European countries. Among lifetime users between 15-64, ‘around three quarters [...] are male and the majority (52%) are under 35’ (EUDA, 2025). The data does not, however, reflect use since legalisation in Malta and Germany in 2022 and 2024, respectively.



Source: European Drug Report 2025, Prevalence of cannabis use in Europe

[1] Although SAM uses “marijuana,” the term “cannabis” is used in this report because of its widespread use and acceptance in Europe, the context of this paper.

## Correlation Medical Cannabis Regulation and Lifetime Use Prevalence

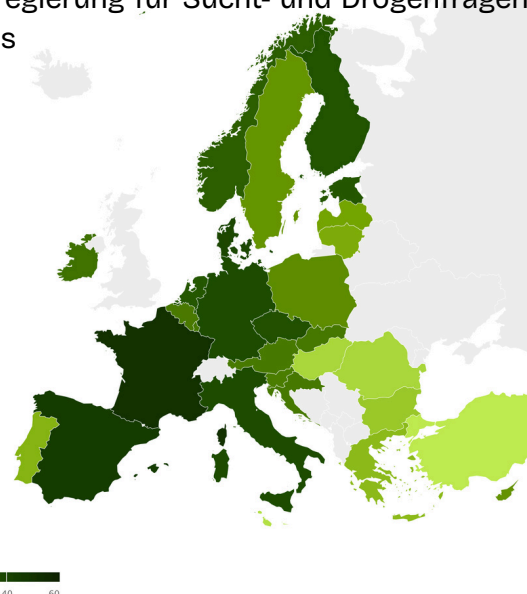
Several EU and neighbouring states, including Bulgaria, Hungary, Serbia, and Slovakia, have not adopted official frameworks for either cannabinoid-based medicines or medical cannabis. Others, such as Austria, Belgium, Estonia, Latvia, Lithuania, Norway, and Sweden, regulated cannabinoid-based medicines (e.g. Sativex, Epidiolex). France and Denmark remain in transition, with pilot programmes ongoing and legal frameworks in preparation, while Spain announced forthcoming regulation in October 2025.

The impact of medical cannabis regulation does not appear directly linked to a higher prevalence of non-medical cannabis use, though a potential association cannot be entirely excluded. Available data show no consistent trend across Europe. France, Spain, and Denmark, where medical cannabis has been introduced or is under development, already report among the highest lifetime use rates. While Germany has seen an increase since 2018, the year it introduced one of the most liberal medical frameworks. Italy also recorded an upward trend since 2010, followed by its 2013 legalization of medical cannabis. In contrast, Latvia, Lithuania, Bulgaria, and Hungary show some of the lowest prevalence rates, reflecting stricter frameworks limited to authorized cannabinoid-based medicines. Some exceptions exist: Portugal, which decriminalized non-medical possession and regulated medical cannabis in 2018, and Malta, which recently legalized non-medical cannabis, both report relatively low lifetime prevalence, although Malta's data remain incomplete (EUDA, 2025).

Treatment data are available primarily from the Netherlands, Italy, Spain, France, and Germany. In Germany, the number of first-time treatment entrants for cannabis has remained the highest and stable since 2018 (around 15,800). Other countries saw temporary declines during the COVID-19 pandemic, with figures returning to pre-pandemic levels after 2022. Monitoring continuity, however, was disrupted between 2020 and 2023 (EUDA, 2025).

Data on prevention spending are similarly limited, making it difficult to determine whether lower use rates stem from prevention efforts or policy restrictions. The Netherlands dedicated approximately €1 billion to drug use prevention and treatment in 2023 (time frame unspecified) (de Nederlandse GGZ, 2023). Germany allocated roughly €4 million in 2022 for drug misuse prevention (Der Beauftragte der Bundesregierung für Sucht- und Drogenfragen, 2022), and Belgium €8.5 million in 2021 for programmes addressing illicit drugs, alcohol, and psychoactive medicines (Algemene Cel Drugsbeleid, 2024). Although outdated, Hungary's 2007 data show approximately €3.9 million each for prevention and treatment (EMCDDA, 2017). Considering its population size and recent legalization, Germany's prevention budget appears comparatively low.

Overall, the scarcity of reliable, harmonised data across Europe underscores the need for a unified monitoring framework to assess the long-term effects of medical cannabis regulation on non-medical use, prevention, and public health outcomes.



Source: European Drug Report 2025, Prevalence of cannabis use in Europe

EUDA (data) | Highcharts (chart tool) | Natural Earth

# Medical Cannabis Snapshots



## The Netherlands

### Developments

**1976**

Tolerated non-medical cannabis use  
Centre for Public Impact, 2016

**2003**

First EU country to regulate medical cannabis  
Wallage and Bertens, 2023

**2026**

Medical cannabis cultivation and export will no longer be conducted in the Netherlands  
Picavet, 2025

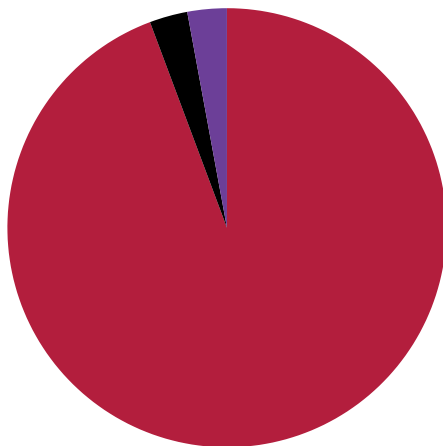
**2027**

A predicted change in medical cannabis regulation  
Jansen, 2025

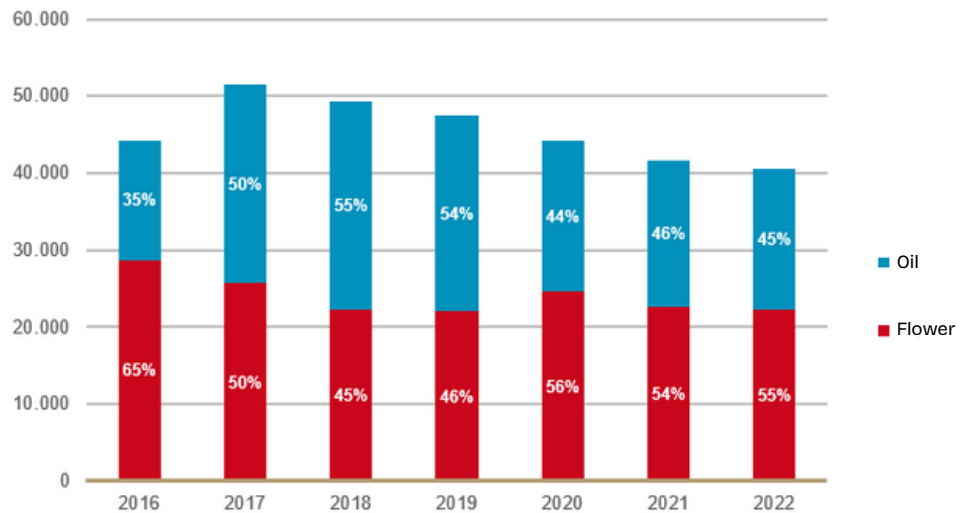
Cannabis prescriptions have seen a decline since

**2017**  
SFK, 2023

With and Without Prescription



Without Prescription  
94.3%



Yet, in 2022, 17.6% of cannabis users reported medicinal use, out of which 94.3% obtained their cannabis without prescription

SFK, 2023



## Cannabis has been decriminalised since 1982

Gamella & Rodrigo, 2004

## Medical cannabis regulation is to be approved by the Parliament

Ministerio De Sanidad, 2025

10% out of male and 50% out of female cannabis users (via tolerated Cannabis Social Clubs) indicate self-medication

SMC Spain, 2024



## 36 tonnes in 2024

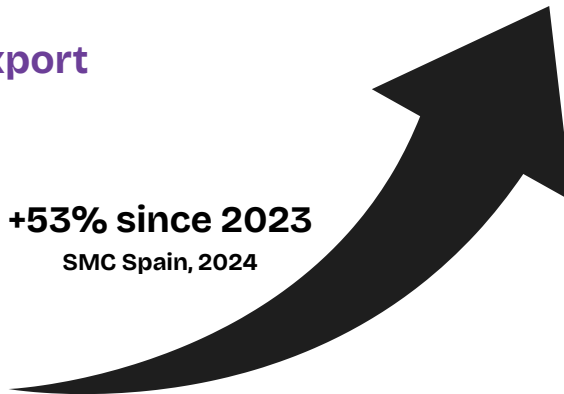
SMC Spain, 2024

## Medical Cannabis Export

SMC Spain, 2024

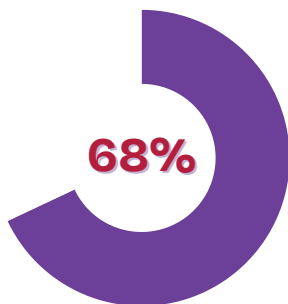
+53% since 2023

SMC Spain, 2024



## Spain accounted for the majority of total cannabis seizures in the EU

EUDA, 2025



cannabis resin



herbal cannabis



cannabis plant



# Malta

**2018**

**Formally legalized medical cannabis**  
Farrugia, 2019

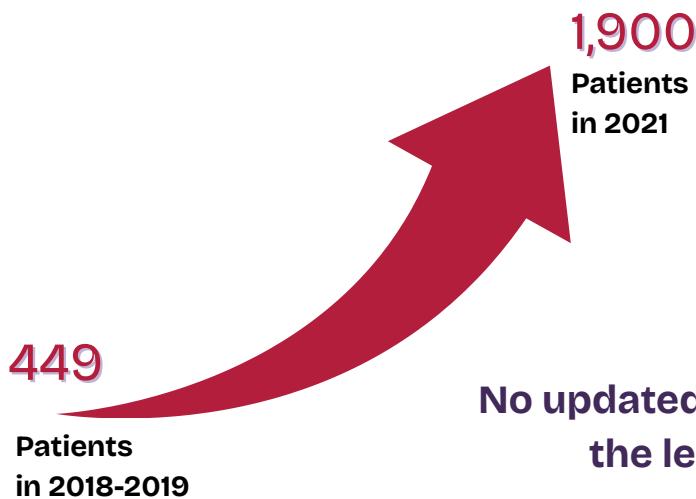


**2021**

**Legalized non-medical cannabis**  
Grima, 2025

## Number of Patients increased extensively between 2018-2021

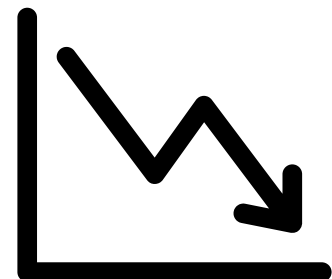
Buhagiar, Vella, Serracino Inglott, and Gauci, n.d.; Balzan 2021



No updated figures have been published since the legalization of cannabis in 2021

The government positioned itself as a hub for cannabis investments in 2018, projecting €153 million in capital inflows. In 2022, 'only' €20 had been invested - showcasing the ambitions are falling short

Vasallo, 2018; Camilleri, 2022





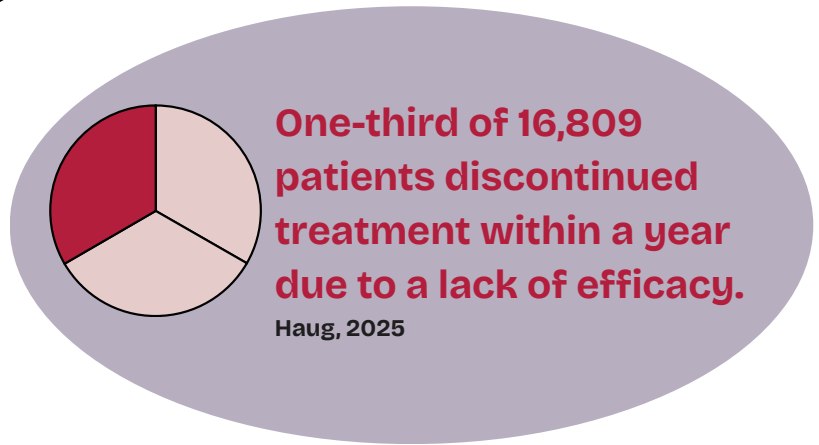
# Germany

Vague definitions of “serious illness” and “treatment failure” leaves wide room for interpretation, leading to inconsistent enforcement.

## 2017

### Legalized medical cannabis

Bundesministerium für Gesundheit, 2025a



## 2024

### Semi-legalized cannabis

Grima, 2025



Rise of online platforms for self-prescriptions and home-delivery



## 50,000

have already used such platforms

Kowollik, 2025



Physicians, Medical Cannabis producers, and patients urge Germany to ban prescriptions without personal consultation

Haug, 2025; Die Spur, 2025; Bedrocan, 2024



## 2024-2025

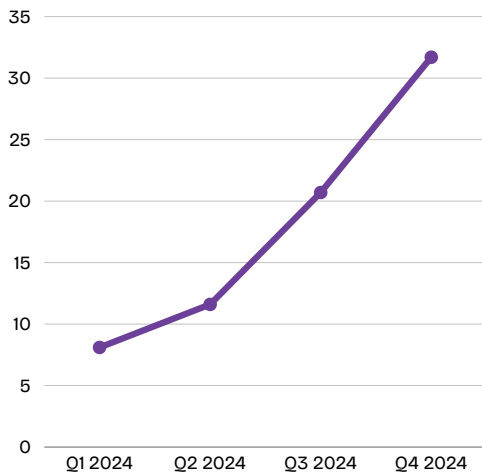
## October 2025

The Federal Cabinet approved a ban on mail-order sales and mandated in-person prescriptions, which is still to be adopted by the German Parliament

Bundesministerium für Gesundheit, 2025b

Since its semi-legalization in April 2024, import of medical cannabis rose from 8.1 tonnes in Q1 to 31.7 tonnes in Q4

rbb24, 2025



# Policy Background in the EU

**The term "medical cannabis" lacks a universally agreed-upon definition in the European Union.**

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)[2] notes that the term is often used inconsistently to cover a wide range of products, preparations, and delivery methods (EMCDDA, 2023). Generally, the EU is bound by the 1961 UN Single Convention on Narcotic Drugs, under which cannabis was rescheduled as a Schedule I substance in 2020, acknowledging its medical potential while prohibiting non-medical use (United Nations, 2020). Within the European Union (EU), a harmonised framework has not been established. Therefore, Member States retain autonomy in interpreting and implementing cannabis-related policies, which leads to fragmented policies and creates legal grey zones across the Union (Kohut, 2021). Similarly, cultivation of medical cannabis is not regulated at the EU level, which has led to Member States establishing their own regulatory systems (Lipnik-Štangelj & Razingar, 2020).

At the EU level, a distinction exists between magistral or officinal preparations (prepared by pharmacists under national regulations) and cannabinoid-based medicines, which undergo approval by the European Medicines Agency (EMA) under Directive 2001/83/EC. Several cannabinoid-based medicines, also classified as medicinal cannabis, have received EMA authorization and may be prescribed across Member States once approved nationally (Lipnik-Štangelj & Razingar, 2020). These include (EMCDDA, 2018).

- Marinol and Syndros (active ingredient: dronabinol)
- Cesamet and Canemet (active ingredient: nabilone)
- Epidiolex

Additional products may be authorized through decentralised procedures, leading to a growing number of countries allowing access to medical cannabis, including herbal cannabis.

[2] In 2024, the EMCDDA was relaunched as the European Union Drug Agency (EUDA).

## RECENT DEVELOPMENTS

---

In 2019, the European Parliament adopted the resolution 2018/2775(RSP) on the use of cannabis for medicinal purposes, calling for a legal definition of medical cannabis, clearer distinctions between EMA-approved medicines and other non-evidence-based medicines, increased research, improved availability, comprehensive evidence-based regulations, etc. It also acknowledged that UN Conventions and International Law do not prevent “the medical use of cannabis or cannabis-derived products for the treatment of specific medical conditions”. (European Parliament, 2019).

Since then, more EU countries have started regulating medical cannabis, following a wider global trend (EMCDDA, 2018). At the same time, commercial interest in cannabis derivatives, especially cannabidiol (CBD) (which is not scheduled under international drug control), has increased significantly. This has resulted in products containing cannabis extracts across multiple commercial sectors, each governed by distinct regulatory frameworks, including food safety, cosmetic regulations, and pharmaceutical laws. These overlapping frameworks have created legal grey zones and tensions with drug control regulations, particularly when products contain trace THC levels and are sold outside of controlled supply chains (EMCDDA, 2023).

These regulatory developments highlight two competing governance models: one follows a vertically integrated cannabis industry model, in which a single entity controls cultivation through distribution, while the other mirrors the pharmaceutical industry model, with specialised entities responsible for different stages of the supply chain (Ferreira de Oliveira e Silva & Nabas Figueiredo, 2023).



# The Netherlands

The Netherlands was the first European country, and second globally, to regulate medical cannabis in 2003 (Wallage & Bertens, 2023), already having tolerated non-medical cannabis use since 1976 (Centre for Public Impact, 2016). Rather than registering cannabis as a medicine, it is governed under the Dutch Opium Act through exemptions (Article 8(2), 8h and 8i) (Ministerie van Volksgezondheid, Welzijn en Sport, 2024). To oversee this system, the Office for Medical Cannabis (BMC) was created by the Ministry of Health, Welfare, and Sports (VWS). The BMC holds exclusive rights to import, export, possess, and distribute medical cannabis and is responsible for adequate availability for medical and scientific purposes (Bureau voor Medicinale Cannabis, n.d.).

## **SUPPLY CHAIN AND PRODUCERS**

Since its establishment, the BMC has contracted a single producer, through the European tender programme, Bedrocan, which operates under an Opium Act exemption. Cultivation volumes are set strictly according to BMC orders, and products must undergo irradiation, laboratory testing, and pharmaceutical packaging before distribution. These steps are conducted by third parties (Bedrocan, 2021). Bedrocan has publicly distanced itself from the commercial cannabis sector, declining to participate in the commercial cultivation pilot currently underway, emphasising that cannabis should only be prescribed and dispensed through pharmacies (Bedrocan, 2020).

## **HEALTH INSURANCE**

The Dutch national health insurance system does not cover medical cannabis, as the National Health Institute concluded that the scientific evidence is insufficient to support reimbursement (Zorginstituut Nederland, 2017). An exception was introduced in 2022 for patients with Lennox-Gastaut or Dravet syndromes, who may receive reimbursement for an Epidiolex-clobazam combination (Zorginstituut Nederland, 2022).

## DOMESTIC MARKET

---

Despite a considerably clear regulatory structure, prescription uptake has remained limited. Between 2003 and 2016, the number of prescriptions rose from 6.4 to 24.6 per 100,000 inhabitants, but declined since 2017 (Zaami, Di Luca, & Montanari Vergallo, 2018). Surveys indicate that the majority of people using cannabis for medicinal purposes obtain it outside the medical system, primarily through coffeeshops or home cultivation, both of which remain technically illegal but are tolerated under Dutch policy. Nevertheless, home cultivation for medicinal purposes remains illegal, considering that the quality of the plants cannot be controlled, nor can they be correctly dosed due to changing harvest quality and ingredients (Trimbos Instituut, 2025). In 2022, 17.6% of cannabis users reported medicinal use, yet 94.3% obtained their cannabis without a prescription. 2.8% received their cannabis with a prescription, and 2.9% received their cannabis with and without a prescription. Among the medicinal users (around 40,000 patients), 83% used the flower, 16.3% used CBD oil, and 8.1% used THC oil. Most prescriptions were provided by general practitioners (65%). The decline of prescriptions is particularly noted among specialists (-7.5%) (SFK, 2023).

## LATEST DEVELOPMENTS

---

A policy shift seems to have occurred in recent years. In an open letter on February 21, 2025, the Health Minister, Ms. Agema, announced that the BMC will stop contracting cultivators, even the longstanding supplier Bedrocan, from January 1<sup>st</sup>, 2026. BMC will no longer export medical cannabis and, once the contract with the current contractor ends, cannabis will be supplied to Dutch patients from the existing stock (Picavet, 2025). In response to parliamentary questions on June 3<sup>rd</sup>, 2025, the new Minister of Health, Ms. Jansen, predicted a change in legislation in 2027 (Jansen, 2025). Due to political uncertainty following early elections in 2025, the direction of the upcoming change remains unclear.



# Spain

Medical cannabis remains restricted in Spain. A few cannabinoid-based medicines, which are also approved at the European level, have been authorized nationally: Sativex since 2010, Epidiolex since 2021, and Nabilone in exceptional cases (SMC Spain, 2024). In 2022, the Spanish Parliament supported an initiative to “explore” medical cannabis programmes, followed in 2024 by a draft Royal Decree submitted to the European Union for review. When approved, this would establish a framework allowing compounded preparations dispensed exclusively through hospital pharmacies for specific cases (Science Media Centre, 2024).

## **CULTIVATION AND EXPORTS**

While the consumption of medical cannabis is restricted, Spain has become one of Europe’s largest producers and exporters of medical cannabis. Domestic cultivation for medical consumption is prohibited, yet the State has authority over cannabis-related activities for research, scientific, and export purposes (AgroPharm, n.d.). The designated body responsible for overseeing these processes and licences is the Spanish Agency for Medicines and Health (AEMPS) (Bautista & Espinosa, 2024).

Spain’s production [for export] has grown rapidly: in 2024, output was estimated at 36 tons, which is an increase of 53% compared to 2023. This places Spain among the world’s top seven producers by volume (SMC Spain, 2024). The sector has drawn over €115 million in investment, particularly from Canadian and US companies partnering with Spanish license-holders, in anticipation of future regulatory changes (Cannabis Trades Association, 2025). By 2024, Spain counted around seven licensed producers and over a dozen research-focused entities, cultivating more than 4,300 kg of cannabis for research in 2023 (Stevens, 2024).

## **CANNABIS SOCIAL CLUBS**

In parallel, Spain has tolerated the growth of Cannabis Social Clubs (CSCs), also known as associations, operating in a legal grey zone. Cannabis remains classified as a narcotic, but since its decriminalisation in 1982, private consumption and cultivation for personal use have not been criminally prosecuted (Gamella & Rodrigo, 2004). This interpretation extended to “shared consumption”, enabling the first CSCs in 2001. Most CSCs are in Catalonia and the Basque Country (Murkin, 2015). There are 500 CSCs in Catalonia, with 200 registered in Barcelona.

While the Barcelona City Council attempted to pass a law to regulate cannabis clubs, this was rejected by the Catalonia's High Court because "the city did not have the authority to implement it and instead ruled that criminal authorities and police should have control over the clubs" (Folch, 2022).

A study of Barcelona Associations, published in the Journal of Drug Issues, indicated that 70% of the users are male, out of whom 10% cited medicinal use. 50% of female members have said to use cannabis to ease their menstrual cramps, illustrating the wide range of self-medication practices that occur outside medical oversight (Burgen, 2020).

## **GREY ZONES AND CONTRADICTIONS**

Spain's cannabis policy illustrates existing contradictions. While they have regulated cannabinoid-based medicines and not legalized other medical cannabis, they facilitate large-scale production and have become Europe's largest exporter. Furthermore, they tolerate cannabis consumption through CSCs, opening doors to 'self-medication'. These inconsistencies blur the boundaries between the medical and the illegal market of cannabis, weakening enforcement.

The issue is further compounded by the reality that Spain seems to have become a hub for illegal cannabis cultivation. In 2023, Spain was responsible for 68% of cannabis resin, 30% of herbal cannabis, and 73% of cannabis plant seizures in the European Union (EUDA, 2025). Data from the High Court of Justice in Andalusia suggests that production is increasingly tied to organised crime, which exploits undocumented labor and launders money through cannabis operations (Finch, n.d.).

## **LATEST DEVELOPMENTS**

On October 7, 2025, the Council of Ministers approved the Royal Decree to regulate medicinal cannabis, allowing physicians working in hospitals to prescribe individualised cannabis preparations. The AEMPS has yet to publish a defined list of medical conditions for which cannabis may be prescribed. Additionally, the Spanish parliament is required to approve the Royal Decree (Ministerio De Sanidad, 2025).



# Malta

Malta introduced medical cannabis regulation in 2015, with prescriptions limited to doctors approved by the Malta Medical Council. In 2018, the “Production of Cannabis for Medicinal and Research Purposes Act”, together with amendments to the Drug Dependence (Treatment not Imprisonment) Act, formally legalized medical cannabis, overseen by the Malta Medicines Authorities (MMA). Since then, domestic and international firms can apply for a license to cultivate, process, or distribute medical cannabis (Farrugia, 2019). Applicants must first obtain a Letter of Intent from Malta Enterprise, proving “strategic economic value” to the country (BDO, n.d.). Applicants are subjected to application and renewal fees, e.g. manufacturing license costs €25,000 annually, while research-only license costs €8,000 per year (Malta, 2018).

## **PRODUCT REGULATION AND DISTRIBUTION**

Dispensing medical cannabis is limited to pharmacies, on prescription only, and preparations are not meant to be smoked. Permitted products include dried cannabis, oils, plants, seeds, and derivatives (excluding synthetics). As of 2025, 33 varieties were approved for medicinal use (Medicines Authority, 2025).

Patients require approval from the Superintendent of Public Health and must obtain a Drug Control Card, following assessment by a medical specialist and documentation of treatment failure with conventional therapies. Approval takes around three weeks, and prescriptions must be renewed every six to twelve months, depending on the case (the PainClinic, n.d.). Patients may be prescribed up to 90 grams per month, primarily in the form of dried flower (for vaporisation) and cannabis oils (Grima, 2025).

## **USE IN PRACTICE**

The data on use remains limited and outdated. Between July 2018 and October 2019, 34 prescribers issued cannabis-based treatments to 449 patients for a wide range of medical conditions, including “anxiety, insomnia, depression, fibromyalgia, pain, migraine, cancer, post-traumatic stress disorder and multiple sclerosis” (Buhagiar, Vella, Serracino Inglott, & Gauci, n.d.). By 2021, prescriptions had been issued to around 1,900 patients (Balzan, 2021). However, no updated figures are available, making it difficult to assess whether medical cannabis use has expanded, especially after the 2021 legalization of non-medical cannabis.

## **INDUSTRIAL ACTIVITY AND INVESTMENTS**

---

Malta has publicly positioned itself as a hub for medical cannabis investments, aiming to attract international companies from, e.g. Canada, Israel, and Australia. When the first cannabis license was distributed, the Minister for Energy, Enterprise, and Sustainable Development, Miriam Dalli, highlighted that “the Government had the vision to establish this emerging vertical as a new economic niche for Malta” (Vassallo, 2018). Early projections in 2018 suggested a potential of €153 million in capital inflows. However, by 2022, ‘only’ seven out of 26 licensed companies were operational, employing 79 people and representing around €20 million in investment (Camilleri, 2022).

Nevertheless, some international firms remain active, e.g. Aphria, Zenabis/HEXO, and Techfor CannEU (The Malta Business Weekly, 2021), with Malta’s EU membership and capped license fees cited as advantages (Farrugia, 2019). Still, activity has fallen short of initial government ambitions.

## **GREY ZONES AND OVERLAP WITH RECREATIONAL CANNABIS**

---

In 2021, Malta legalized non-medical cannabis, which created a parallel route to the medical cannabis framework. While the two systems are legally distinct, they, in practice, overlap and compete. Residents can access cannabis products outside the medical model by joining Cannabis Associations (Morris, 2023; Grima, 2025).

This has been considered a more attractive alternative since it would be faster and less strict, particularly considering that some would want smokeable products which are not prescribed by pharmacies (Morris, 2023). Malta recently introduced new amendments to Bill 128, adding a fine for “public consumption of non-medical cannabis” (Araujo, 2025). Nevertheless, considering the limited data transparency (for both medical and non-medical cannabis) and the access route to non-medical cannabis remaining the same, it risks undermining the medical framework.



# Germany

Germany is considered to be one of the most liberal European countries regarding medical cannabis, following its legalization in 2017. This allows any physician to prescribe cannabis-based medicines, including dried flowers, standardized extracts, and synthetic cannabinoids, such as Dronabinol and Nabilone, without requiring a special license. Medical cannabis is covered by public health insurance under specific conditions, such as patients with serious illnesses and where conventional treatments have failed (Bundesministerium für Gesundheit, 2025). However, vague definitions of “serious illness” and “treatment failure” left wide room for interpretation, leading to inconsistent enforcement.

A five-year observational study by the Federal Institute for Drugs and Medical Devices (BfArM), published in 2022 and based on data from 16,809, found that (Haug, 2025):

- 76.4% of prescriptions were for chronic pain
- Other conditions included spasticity (9.6%), anorexia (5.1%), and nausea (2.2%)
- 14.5% of patients had a cancer diagnosis, while 5.6% had multiple sclerosis.
- Around one-third of patients discontinued treatment within a year due to a lack of efficacy.

## **REGULATORY CHANGES AND BLURRED BOUNDARIES**

In April 2024, Germany introduced a new legal framework that removed medical cannabis from the Narcotics Act (BtMG) and placed it under the standalone Medizinal-Cannabisgesetz (MedCanG). This shift coincided with the semi-legalization of non-medical cannabis and was officially intended to separate the two domains. The MedCanG also replaced the tender-based cultivation model with a licensing scheme, aimed at enhancing competition and domestic supply (Bundesministerium für Gesundheit, 2025a).

Not only is this a public health risk, with results showing that the damage of cannabis legalization is “approximately nineteen times greater than the health gains from reduced contamination-related harm” (Gandjour, 2025), but these reforms also created blurred boundaries between medical and non-medical cannabis. With cannabis no longer classified as a narcotic and the EU telemedicine regulations, several online platforms emerged that provide prescriptions based on minimal self-reporting, often without any direct contact with a physician (BfArM, n.d.). Even doctors outside of Germany can now provide prescriptions via such platforms. This allows for a system where individuals can obtain a cannabis prescription within minutes.

Some platforms advertise with slogans like “Become a cannabis patient in 3 minutes”. It is estimated that over 50,000 people have already used such services since its inception. The order can either be delivered or picked up at the pharmacy (Kowollik, 2025). This process effectively bypasses medical due diligence, reducing access thresholds to little more than self-reported symptoms and creating a de facto backdoor to adult-use access.

The consequences are reflected in import data. In 2021, before the semi-legalization, Germany imported around 20.6 tonnes of medical cannabis (BfArM, 2022). After the 2024 changes, imports rose sharply: 8.1 tonnes in the first quarter, 11.6 tonnes in the second, 20.7 tonnes in the third, and 31.7 tonnes in the fourth (rbb24, 2025).

## **PUSHBACK AND CRITICISM**

The new framework faces broad criticism. Physicians point out that cannabis flowers, mostly sold on online platforms, are “rarely medically necessary, perhaps in palliative care” (Haug, 2025). Patients with severe or chronic illnesses report that their access to medically necessary cannabis has actually worsened, due to supply shortages and unchanged insurance hurdles (Die Spur, 2025). Meanwhile, the medical cannabis industry itself has warned against widespread abuse for non-medical purposes. In December 2024, producers published an open letter to the German Bundestag, political parties, and medical associations, urging a ban on prescriptions issued without in-person consultations (Bedrocan, 2024).

## **PUSHBACK AND PROPOSED POLICY REVISION**

In response, Health Minister Nina Warlen (CDU), appointed in 2025, introduced a legislative draft to curb what she describes as an “inflationary increase in prescriptions” (Suliak, 2025). The amendments, presented in June 2025 and approved by the Federal Cabinet in October 2025, include the following key changes (Bundesministerium für Gesundheit, 2025b):

- Mandatory in-person consultations for first-time prescription of cannabis flowers
- Follow-up consultation required at least once every four quarters, within the same medical practice
- A ban on mail-order delivery obliges patients to collect prescriptions at pharmacies, where counselling must be provided.

The amendments are, however, still to be approved by the German Parliament. Whereas the Federal Cabinet, consisting of CDU and SPD, enjoys a majority, the SPD is divided on the issue and could cause a delay in the adoption of the amendment. The date of the vote is yet to be announced (Heim, 2025).

# Conclusion

Due to the absence of a clear definition and regulatory framework, the current landscape of medical cannabis in the European Union is fragmented. The EU does distinguish between EMA-approved cannabinoid medicines and magistral or official preparations, including herbal cannabis, which can be authorized via decentralised procedures. While the European Parliament's 2018 resolution (2018/2775 RSO) does call for a clear legal definition and harmonised regulation, it also acknowledges that UN Conventions and International Law do not prevent "the medical use of cannabis or cannabis-derived products for the treatment of specific medical conditions".

Since then, more EU Member States have moved to regulate medical cannabis domestically, despite limited and inconclusive evidence of therapeutic benefits. This has created a patchwork of rules and blurred boundaries, especially with non-medical cannabis:

- The Netherlands was the first EU country to legalize medical cannabis. Officially, the government has full control over the cultivation and dissemination processes of medical cannabis. However, they are also widely known for tolerating cannabis, with easy access through so-called coffeeshops and homegrown.
- Spain is expected to regulate medical cannabis in the next year. However, they have already established themselves to become the largest EU exporter of medical cannabis over the years. Self-medication is rather common through tolerated Social Cannabis Clubs.
- Malta first legalized medical cannabis, and soon after, legalized non-medical cannabis, while publicly aiming to become a production hub for medical cannabis.
- Germany is considered the most liberal towards medical cannabis, with broad access rules. Since the semi-legalization of cannabis and limited availability, non-medical cannabis users have seemed to turn to medical cannabis due to the emergence of accessible online platforms for self-prescription.

These examples demonstrate that grey zones have emerged due to vague and conflicting definitions and regulations. In practice, this results in large numbers of adults 'self-medicating' outside of controlled medical channels, leading to public health concerns. Especially since official patient data seems to be lacking. Additionally, the role of economic incentives in shaping national strategies cannot be overlooked.

# Policy Recommendations

Based on the findings of this report, namely the rising lifetime prevalence of cannabis use among young adults, the introduction of medical and non-medical cannabis frameworks that blur regulatory boundaries, and the lack of coordinated EU responses, the following actions are recommended:

- **Harmonize definitions and legal categories at the EU level.**
  - Authorized cannabinoid medicines: finished pharmaceutical products with marketing authorization following clinical trials.
  - Medical cannabis (herbal/flower and magistral preparations): unlicensed plant-based or compounded products for prescription use..
- **Mandate EU-wide, standardized patient-level reporting** on prescriptions, medical indications, treatment outcomes, adverse events, and supply data to enable transparent public analysis.
- **Increase the collection and publication of prevention and treatment expenditure** data across Europe to support evidence-based policymaking.
- **Tighten and unify prescribing safeguards** for unlicensed herbal products in countries where such use is permitted.
- **Require transparency in industry influence**, including lobbying disclosures, conflict-of-interest declarations for advisory committee members, and stricter procurement safeguards for state contracts with producers.
- **Avoid policies that primarily incentivize export-oriented economic growth** over public health priorities.
- **Establish and enforce a clear distinction between medical and non-medical cannabis markets**, including explicit prohibitions on cross-promotion, co-branding, and shared supply chains.
- **Maintain institutional and commercial boundaries** to protect medical integrity and prevent medical access schemes from serving as a backdoor to adult-use markets.
- **Develop an EU monitoring and evaluation framework** to systematically assess the social, health, and economic impacts of medical and non-medical cannabis policies.
- **Prioritize independent, clinically driven research** on the efficacy and safety of medical cannabis products to guide regulation, reducing reliance on industry-generated data.

# References

- AgroPharm. (n.d.). Cultivation of Medicinal Cannabis in Spain: licences and legality. From AgroPharm: <https://agropharm.com/blog/cultivation-of-medicinal-cannabis-in-spain-licences-and-legality/>
- Araujo, F. N. (2025, 07 15). Malta Rolls Back Historic Cannabis Legalization, Calls Odor a "Nuisance". From Filter: <https://filtermag.org/malta-cannabis-law/>
- Balzan, J. (2021, 09 25). 1,900 people are prescribed medicinal cannabis in Malta. From NewsBook Malta: <https://newsbook.com.mt/en/1900-people-are-prescribed-medicinal-cannabis-in-malta/>
- Bautista, M., & Espinosa, P. (2024, 06 18). Cannabis Law and Legislation in Spain. From CMS: <https://cms.law/en/int/expert-guides/cms-expert-guide-to-a-legal-roadmap-to-cannabis/spain>
- BDO. (n.d.). A Guide To Malta's Medical Cannabis Laws. From BDO Malta: <https://www.bdo.com.mt/en-gb/industries/medical-cannabis>
- Bedrocan. (2020, 07 17). Bedrocan en het 'wietexperiment'. From Bedrocan: <https://bedrocan.com/nl/bedrocan-en-het-wietexperiment>
- Bedrocan. (2021, 01 08). Wie leveren medicinale cannabis in Nederland? From Bedrocan: <https://bedrocan.com/nl/wie-leveren-medicinale-cannabis-in-nederland/>
- Bedrocan. (2024, 12 30). Firm letter to German government: 'Better enforcement needed'. From LinkedIn: <https://www.linkedin.com/pulse/firm-letter-german-government-better-enforcement-needed-bedrocan-gklse/>
- BfArM. (2022, 03 04). Medizinalcannabis: Importmengen steigen weiter an. From Bundesinstitut für Arzneimittel und Medizinprodukte: <https://www.bfarm.de/DE/Bundesopiumstelle/News/Medizinisches-Cannabis/medizinalcannabis-importmengen.html>
- BfArM. (n.d.). Medizinisches Cannabis. From Bundesinstitut für Arzneimittel und Medizinprodukte: [https://www.bfarm.de/DE/Bundesopiumstelle/Medizinisches-Cannabis/\\_node.html](https://www.bfarm.de/DE/Bundesopiumstelle/Medizinisches-Cannabis/_node.html)
- Buhagiar, L. M., Vella, K., Serracino Inglott, A., & Gauci, C. (n.d.). Cannabis for Medicinal Purposes: Legislative, Regulatory and Clinical Implications. University of Malta. From University of Malta: <https://www.um.edu.mt/library/oar/bitstream/123456789/65742/1/Cannabis%20for%20Medicinal%20Purposes%20-%20Legislative%20Regulatory%20and%20Clinical%20Implications.pdf>
- Bundesministerium für Gesundheit. (2025a, 04 16). "Cannabis als Medizin" - Fragen und Antworten zum Gesetz. From Bundesministerium für Gesundheit: <https://www.bundesgesundheitsministerium.de/service/begriffe-von-a-z/c/cannabis/faq-cannabis-als-medizin.html>

Bundesministerium für Gesundheit. (2025b, 10 07). Kabinett beschließt Änderung des Medizinal-Cannabisgesetzes . Retrieved from Bundesministerium für Gesundheit: <https://www.bundesgesundheitsministerium.de/presse/pressemitteilungen/medizinal-cannabisgesetz-kabinett-pm-08-10-25.html>

Bureau voor Medicinale Cannabis. (n.d.). Uitleg gesloten productieketen Medicinale Cannabis. From Bureau voor Medicinale Cannabis: <https://www.cannabisbureau.nl/pers/uitleg-gesloten-productieketen-bmc>

Burgen, S. (2020, 10 11). Spain becomes cannabis hub as criminals fill tourism void. From The Guardian: <https://www.theguardian.com/society/2020/oct/11/spain-becomes-cannabis-hub-as-criminals-fill-tourism-void>

Camilleri, M. P. (2022, 11 10). Medicinal cannabis: Only a quarter of approved companies open their doors in Malta. From NewsBook: <https://newsbook.com.mt/en/medicinal-cannabis-only-a-quarter-of-approved-companies-open-their-doors-in-malta/>

Cannabis Trades Association. (2025, 03 11). Spain vs. the UK: Comparing Medical Cannabis Regulations. From Cannabis Trades Association: <https://www.cannabistrades.org/stories/spain-vs-the-uk>

Centre for Public Impact. (2016, 11 22). The Dutch policy on marijuana use – continuity and change. From Centre for Public Impact: <https://centreforpublicimpact.org/public-impact-fundamentals/the-dutch-policy-on-marijuana-use-continuity-and-change/>

de Nederlandse GGZ. (2023, 03 30). Kamer spreekt over drugspreventie en verslavingszorg. From de Nederlandse GGZ: <https://www.denederlandseggz.nl/nieuws/2023/kamer-spreekt-over-drugspreventie-en-verslavingszorg>

Der Beauftragte der Bundesregierung für Sucht- und Drogenfragen. (2022, 06 03). Bundeshaushalt 2022: Mehr Geld für die Suchtprävention . From Presse: <https://www.bundesdrogenbeauftragter.de/presse/detail/bundeshaushalt-2022-mehr-geld-fuer-die-suchtpraevention/>

Die Spur. (2025, 02 4). Onlineshop statt Dealer: Das dubiose Cannabusiness | Die Spur . From YouTube: <https://www.youtube.com/watch?v=PRGMvAsD65o>

Drugsbeleid, A. C. (2024). Monitoring van de Overheidsuitgaven inzake het Drugsbeleid 2016-2021. Algemene Cel Drugsbeleid. From [https://overlegorganen.gezondheid.belgie.be/sites/default/files/documents/20240503\\_public\\_expenditure\\_on\\_drugs\\_2016-2021\\_nl\\_0.pdf](https://overlegorganen.gezondheid.belgie.be/sites/default/files/documents/20240503_public_expenditure_on_drugs_2016-2021_nl_0.pdf)

EMCDDA, Drog Fókuszpont. (2017). Hungary - Country Drug Report 2017. EMCDDA. From <https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://www.euda.europa.eu/system/files/media/publications/documents/4521/TD0616148ENN.pdf&ved=2ahUKEwjD8eGZ0cmQAxUwGxAIHQxEJIYQFnoECBkQAQ&usg=AOvVaw3x3ONZVJOayRNVucjBERJe>

EMCDDA. (2018, 12 04). Medical use of cannabis and cannabinoids: questions and answers for policymaking. From EUDA Publications: [https://www.euda.europa.eu/publications/rapid-communications/medical-use-of-cannabis-and-cannabinoids-questions-and-answers-for-policymaking\\_en](https://www.euda.europa.eu/publications/rapid-communications/medical-use-of-cannabis-and-cannabinoids-questions-and-answers-for-policymaking_en)

EMCDDA. (2023). Cannabis – the current situation in Europe (European Drug Report 2023) . From EUDA: [https://www.euda.europa.eu/publications/european-drug-report/2023/cannabis\\_en](https://www.euda.europa.eu/publications/european-drug-report/2023/cannabis_en)

ESPAD. (2025). ESPAD Report 2024. Luxembourg: Publications Office of the European Union. From <https://www.espad.org/sites/default/files/espad-report-2024.pdf>

EUDA. (2025, 06 05). Cannabis – the current situation in Europe (European Drug Report 2025). From EUDA: [https://www.euda.europa.eu/publications/european-drug-report/2025/cannabis\\_en](https://www.euda.europa.eu/publications/european-drug-report/2025/cannabis_en)

EUDA. (2025, 06 11). Prevalence of cannabis use in Europe, 2023 or most recent data . From EUDA: [https://www.euda.europa.eu/media-library/prevalence-cannabis-use-europe-2023-or-most-recent-data\\_en](https://www.euda.europa.eu/media-library/prevalence-cannabis-use-europe-2023-or-most-recent-data_en)

EUDA. (2025, 06 05). Cannabis – the current situation in Europe (European Drug Report 2025) . From EUDA: [https://www.euda.europa.eu/publications/european-drug-report/2025/cannabis\\_en#0-level-2](https://www.euda.europa.eu/publications/european-drug-report/2025/cannabis_en#0-level-2)

European Parliament. (2019). Use of cannabis for medicinal purposes: European Parliament resolution of 13 February 2019 on use of cannabis for medicinal purposes (2018/2775(RSP)). Brussels: European Parliament. From [https://www.europarl.europa.eu/doceo/document/TA-8-2019-0113\\_EN.pdf](https://www.europarl.europa.eu/doceo/document/TA-8-2019-0113_EN.pdf)

Farrugia, M. (2019). Cultivating Medical Marijuana in Malta. From elsa: <https://mt.elsa.org/legal-corner/legal-articles/cultivating-medical-marijuana-in-malta>

Farrugia, M. (2019). Cultivating Medical Marijuana in Malta. From elsa: <https://mt.elsa.org/legal-corner/legal-articles/cultivating-medical-marijuana-in-malta>

Ferreira de Oliveira e Silva, R., & Nabas Figueiredo, E. (2023). Current legislation on medical cannabis in the European Union: historical background, movements, trends, and counter-trends lessons for Brazil. *BrJP. São Paulo*, 6(2), 90-94. From <https://www.scielo.br/j/brjp/a/h58wmKqMxZWsmYjZBJTlSns/?format=pdf&lang=en>

Finch, W. (n.d.). Spain becomes Europe's number one producer of cannabis. From *The European Correspondent*: <https://www.europeancorrespondent.com/r/spain-becomes-europes-number-one-producer-of-cannabis>

Folch, G. E. (2022, 02 27). Cannabis clubs in Catalonia, permitted places for an illegal drug. From *Catalan News*: <https://www.catalannews.com/society-science/item/cannabis-clubs-in-catalonia-permitted-places-for-an-illegal-drug>

Gamella, J. F., & Rodrigo, M. L. (2004). A Brief History of Cannabis Policies in Spain (1968–2003). *Journal of Drug Issues* , 34(3), 623-659.

Gandjour, A. (2025). A quantitative projection of the net health effects of cannabis legalization in Germany. *PLOS ONE*, 20(9). From <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0330879>

Grima, T. (2025, 05 26). Introduction: Medical Cannabis in Malta Today. From *Cannabis Clinics Malta*: <https://cannabisclinicsmalta.com/blogs/news/guide-access-medical-cannabis>

Haug, C. (2025, 06 11). Warum Cannabis bei Senioren beliebter wird. From Tagesschau24: <https://www.tagesschau.de/wissen/gesundheit/cannabis-bei-senioren-beliebt-100.html>

Heim, M. (2025, 10 14). Schärfere Regeln für Cannabis-Rezepte: "Nicht zustimmungsfähig". Retrieved from BR24: <https://www.br.de/nachrichten/deutschland-welt/schaerfere-regeln-fuer-cannabis-rezepte-nicht-zustimmungsfaehig,UzaZy7p>

Jansen, D. (2025, 07 07). Antwoord op vragen van de leden Paulusma en Sneller over medicinale cannabis. From Tweede Kamer der Staten Generaal: <https://www.tweedekamer.nl/kamerstukken/kamervragen/detail?id=2025Z11229&did=2025D32740>

Kohut, P. (2021, 02 03). Medical cannabis and regulatory framework in Europe. From DDW: <https://www.ddw-online.com/medical-cannabis-and-regulatory-framework-in-europe-what-you-need-to-know-9601-202102/>

Kowollik, J. (2025, 06 19). Medizinisches Cannabis auf Rezept – zwischen Therapie und Grauzone. From rbb24: <https://www.rbb24.de/panorama/beitrag/2025/06/medizinisches-cannabis-auf-rezept-berlin-therapie-und-grauzone.html>

Lipnik-Štangelj, M., & Razinger, B. (2020). A Regulatory Take on Cannabis and Cannabinoids for Medicinal use in the European Union. *Arh Hig Rada Toksikol*, 71(1), 12–18. From [https://pmc.ncbi.nlm.nih.gov/articles/PMC7837236/#j\\_aiht-2020-71-3302\\_tab\\_001](https://pmc.ncbi.nlm.nih.gov/articles/PMC7837236/#j_aiht-2020-71-3302_tab_001)

Medicines Authority. (2025). Medicinal cannabis-based products. San Ġwann: Malta Medicines Authority.

Menendez-Roche, M. (2025, 02 25). Spain's cannabis revolution: Is this the high we've been waiting for? From EuroWeekly News: <https://euroweeklynews.com/2025/01/25/spains-medical-cannabis-revolution-is-this-the-high-weve-been-waiting-for/>

Ministerie van Volksgezondheid, Welzijn en Sport. (2024, 09 23). Beleidsregel van de Minister van Volksgezondheid, Welzijn en Sport van 13 september 2024, kenmerk 3964698-1070668-GMT, over de verlening van opiumontheffingen (Beleidsregel opiumontheffing) . From Staatscourant van het Koninkrijk der Nederlanden: <https://zoek.officielebekendmakingen.nl/stcrt-2024-30463.html>

Ministerio De Sanidad. (2025, 10 07). The Council of Ministers approves the Royal Decree regulating the medicinal use of cannabis in standardised preparations. Retrieved from Ministerio De Sanidad: <https://www.sanidad.gob.es/gabinete/notasPrensa.do?id=6761>

Morris, M. (2023, 08 07). Is Marijuana Legal in Malta? From Leafwell: <https://leafwell.com/blog/is-marijuana-legal-in-malta>

Murkin, G. (2015). Cannabis social clubs in Spain: legalization without commercialisation. *Transform*. From <https://transformdrugs.org/assets/files/PDFs/cannabis-in-spain-briefing-2018.pdf>

Pace, M. (2018, 03 27). Malta has officially legalized medical cannabis. From Malta Today: [https://www.maltatoday.com.mt/news/national/85616/malta\\_has\\_officially\\_legalized\\_medical\\_cannabis](https://www.maltatoday.com.mt/news/national/85616/malta_has_officially_legalized_medical_cannabis)

Picavet, M. (2025, 05 06). Aanbesteding voor twee medicinale teeltlicenties beëindigd – zonder resultaat – update. From CannabisIndustrie.nl: <https://cannabisindustrie.nl/aanbesteding-medicinale-cannabis-stopgezet/>

rbb24. (2025, 02 27). Cannabis-Importe sind 2024 sprunghaft angestiegen. From rbb24: <https://www.rbb24.de/wirtschaft/beitrag/2025/02/cannabis-import-2024-sprunghafter-anstieg-medizinische-zwecke.html>

Science Media Centre. (2024, 02 16). What do we know about the use of medical cannabis? . From Science Media Centre: <https://sciencemediacentre.es/en/what-do-we-know-about-use-medical-cannabis-questions-and-answers-about-its-regulation-spain>

SFK. (2023, 03 30). Lichte daling verstrekkingen van medicinale cannabis. From SFK: <https://www.sfk.nl/publicatie/2023/pw-artikel/lichte-daling-verstrekkingen-van-medicinale-cannabis#:~:text=Openbare%20apotheken%20verstrekten%20in%202022,week%20in%20het%20Pharmaceutisch%20Weekblad>

SMC Spain. (2024, 02 16). What do we know about the use of medical cannabis? Questions and answers about its regulation in Spain. From SMC ES: <https://sciencemediacentre.es/en/what-do-we-know-about-use-medical-cannabis-questions-and-answers-about-its-regulation-spain#:~:text=Two%20medicines%20containing%20cannabis%20extracts,2010%2C%20in%20its%20information%20leaflet>

Stevens, B. (2024, 11 08). Where is Spain's Long Awaited Medical Cannabis Market? From Business of Cannabis: <https://businessofcannabis.com/where-is-spains-long-awaited-medical-cannabis-market/>

Suliak, H. (2025, 07 14). Bundesregierung will Verschreibung von Cannabis bremsen. From LTO: <https://www.lto.de/recht/hintergruende/h/bmg-gesetztentwurf-medizinal-cannabis-verschreibung-arztbesucht>

The Malta Business Weekly. (2021, 05 15). Zenpharm receives Malta license for medical cannabis production. From The Malta Business Weekly: <https://maltabusinessweekly.com/zenpharm-receives-malta-license-for-medical-cannabis-production/14130/>

The PainClinic. (n.d.). Cannabis as Medicine. From the PainClinic: <https://painclinic.com/mt/cannabis-as-medicine/>

Trimbos Instituut. (2025, 03 25). 2.1.4 Medicinaal middelengebruik. From Nationale Drug Monitor: <https://www.nationaledrugmonitor.nl/wetgeving-en-beleid-medicinale-cannabis/>

United Nations. (2020, 12 02). UN commission reclassifies cannabis, yet still considered harmful . From UN News: <https://news.un.org/en/story/2020/12/1079132>

Vassallo, A. (2018, 11 20). Malta could become European hub for medicinal cannabis – Deo Debattista. From TVM News: <https://tvmnews.com/en/news/malta-could-become-european-hub-for-medicinal-cannabis-deo-debattista/>

Wallage, B., & Bertens, R. (2023, 11 01). From VB&K: <https://www.vbk.nl/en/articles/legal-framework-medical-cannabis-netherlands-november-2023>

Zaami, S., Di Luca, A., & Montanari Vergallo, G. (2018). Medical use of cannabis: Italian and European legislation. European Review for Medical and Pharmacological Sciences, 22, 1161-1167. From <https://www.europeanreview.org/wp/wp-content/uploads/1161-1167-1.pdf>

Zorginstituut Nederland. (2017, 11 10).  
Medicinale cannabis niet in basispakket.  
From Zorginstituut Nederland: [https://  
www.zorginstituutnederland.nl/actueel/  
nieuws/2017/11/10/medicinale-cannabis-niet-  
in-basispakket](https://www.zorginstituutnederland.nl/actueel/nieuws/2017/11/10/medicinale-cannabis-niet-in-basispakket)

Zorginstituut Nederland. (2022, 07 04). GVS-  
advies cannabidiol (Epidyolex®) als  
aanvullende behandeling bij 2 ernstige  
epileptische aandoeningen. From  
Zorginstituut Nederland: [https://  
www.zorginstituutnederland.nl/  
documenten/2022/07/04/gvs-advies-  
cannabidiol-epidyolex](https://www.zorginstituutnederland.nl/documenten/2022/07/04/gvs-advies-cannabidiol-epidyolex)