



SUPPORTING EVIDENCE-INFORMED POLICYMAKING FOR MEDICAL CANNABIS IN COLOMBIA

STORY OF CHANGE

Contributors: David Garcia, Daniel Patiño, and Pamela Velásquez

Starting in 2020, regulations in Colombia required that any finished product for human use containing a THC concentration greater than 0.2% be regulated by the country's drug enforcement agency. (THC is the psychoactive component (alteration of perception and modification of mood) of the cannabis plant). Since then, the medical cannabis industry in Colombia requested that this percentage be increased to 1%, arguing that other countries were using the 1% threshold and that the change would increase competitiveness in the medical cannabis market. For the Ministry of Health and Social Protection, this was a challenging issue because the country's existing limit aligned with World Health Organization guidelines but pressure from the industry necessitated a timely response.

Using Evidence to Inform Policy

The Unit of Evidence and Deliberation for Decision Making (UNED) at the University of Antioquia provided support to the ministry's Direction of Medicines and Health Technologies to inform its medical cannabis policy with the best available evidence. This document provides the UNED team's account of how this process was conducted.

UNED initiated an evidence-informed policymaking (EIP) process in which decision-makers played a key role in defining the problem and the questions to guide the search for evidence. UNED and ministry representatives held a series of meetings to define the scope of the work and agreed to focus in three areas: 1) defining the THC limit for commercializing cannabis-based medicines, 2) assessing the effectiveness and safety of medical cannabis for treating different health conditions, and 3) educating and communicating with health professionals, patients, and the wider community on medical cannabis.

After identifying the problem and the priority issues for decision-makers, we began to search

"It is like curating the information and the literature that exists in one place to take it for discussion with the actors, because the actors cannot go through the whole process because they do not have the capacity and the time. So bringing to discussion that evidence that is already kind of curated and organized in a specific way is an important value and it becomes a very good support for the decisions to be made."

—Policymaker

for and synthesize the best available evidence from around the world and created an evidence brief. We created a shorter document using nontechnical language to inform a citizens' panel, which met virtually to deliberate and weigh in on the information presented. The panel's feedback was then integrated into a revised evidence brief, which was used in a deliberative meeting with key stakeholders and decision-makers. The meeting covered the synthesized evidence, citizen preferences, and key aspects of formulating and implementing policies on the use of medical cannabis. The conclusions reached at this meeting were captured in a written document that was delivered to the Ministry of Health and Social Protection, together with the evidence brief.

Results of the EIP Process

The evidence brief revealed that the control threshold for medical cannabis varied by jurisdiction and was often between 0.2% and 1%. Regarding effectiveness and safety, UNED found evidence to support the use of medical cannabis for chronic pain; as an adjuvant therapy for refractory epilepsy; and for controlling nausea and vomiting induced by chemotherapy, despite adverse events to medical cannabis being more frequent compared with other therapies and placebo. The effectiveness and safety of medical cannabis for many other conditions was uncertain, due to the low quality of the available evidence. The citizens' panel identified the lack of clear and understandable information as the main barrier to making informed decisions. Its members also highlighted the importance of training health professionals, the need for evidence-based guidelines and protocols, and the need to monitor access to medical cannabis and the effects of cannabis control policy.

"This report became central to the ministry's decision, to say we are not going to leave the control cut-off point there, because here is the evidence that this is what is best for the population, and the ministry has to make decisions in favor of the population."

—Policymaker

This EIP process was helpful for the decision-makers at the ministry and helped inform Resolution 227 of 2022, in which the ministers of justice and law, agriculture and rural development, and health and social protection retained the previously established control threshold.

The decision-makers at the Ministry of Health and Social Protection were willing to use scientific evidence to formulate policy while also taking into account the values and preferences of different actors. We learned that decision-makers value EIP but that the necessary evidence is usually not available to them. This highlights the need for systematic efforts to increase their ability to confidently contribute to the debates that lead to policy formulation, especially given political concerns. Because decision-makers do not always have technical staff that can synthesize scientific evidence in a transparent, systematic, and rigorous way, teams within other institutions (in this case, a university) can

"The way it was [decided] was important because surely having said 0.2 because it is 0.2 would have generated another level of confrontation that would have been difficult; that is, it would have been changing one problem for another."

—Policymaker

help perform this function for them. The findings from this exercise allowed the ministry to settle the controversy over cannabis control by presenting a clear justification for the existing control threshold.

Acknowledgments

The development of the project "*Development, implementation, and evaluation of a knowledge transfer strategy to support evidence-informed political decision-making at the national level in Colombia*", Contract 394-2020, was founded by Colombia's Ministry of Science, Technology, and Innovation – Minciencias. This project contributes research in Colombia on how to inform policies with the best evidence.

Commented [AT1]: I don't understand how this acknowledgement is connected to the SOC?

Commented [AT2]: was founded?