OFFICIAL APPEAL

Patients' Right to Access CBD and Transparent Decision-Making

An appeal CBD is a Human Right of the international patient coalition

A patient-community call for transparency in government decision-making, and a warning against a covert administrative restriction of CBD justified by the "CBD-as-precursor" argument — a claim that is not supported by the currently available evidence.

In brief: what the coalition asks

This appeal makes six requests of the governments of EU Member States — in particular the Government of the Czech Republic — the United Nations drug-control bodies, and the institutions of the European Union:

1. **Publish the evidence.** Any restriction of CBD must be preceded by a transparent, published assessment of the scientific and legal evidence — including the INCB's own concession that the precursor evidence is "limited".
2. **No covert or administrative restrictions.** Measures affecting patients' access must not be introduced without open public debate, a test of proportionality, and an assessment of the impact on patients.
3. **Regulate proportionately — we do not ask for deregulation.** We support proportionate regulation: clear quality standards, testing for contaminants, accurate labelling, and age restrictions where relevant.
4. **Act on the real risk.** Direct enforcement at the synthetic and semi-synthetic cannabinoids sold as "collector's items", which are made from other starting materials — not at the tested CBD products patients rely on.
5. **Respect patients' rights.** Honour the rights affirmed in the Oviedo Convention: informed consent, access to appropriate care, and autonomous decision-making about one's own treatment.
6. **Give patients a voice.** Consult patient organisations formally in decisions that affect access to treatment.

Who is issuing this call and to whom it is addressed

This call is issued by an international coalition of patient organisations, comprising:

- Aube (France);
- Dosemociones (Spain);
- KOPAC — Patient Association for Cannabis Treatment (Czech Republic).

The following patient organisations have confirmed that they are joining this open call: **Verein Medcan (Switzerland)** and **PatientsCann (United Kingdom)**. *[Full official names and the names of organisational representatives to be confirmed in writing and inserted here.]*

Additional patient organisations and patient representatives from France, Spain, Canada, and Germany are joining the coalition. This is an open call; further patient organisations and individuals may join as signatories.

We address this call to: the governments of EU Member States, in particular the Government of the Czech Republic; the United Nations Commission on Narcotic Drugs (CND) and the International Narcotics Control Board (INCB); the bodies and institutions of the European Union (EU); journalists and the media; and the patient community and the general public.

Why we are issuing this call now

On 24 February 2026, the International Narcotics Control Board (INCB) issued an internal notification, PP Notice No. 1/2026 "Observations concerning cannabidiol (CBD)", marked "For Official Use Only". The document follows on from China's designation of CBD as a drug precursor in September 2024 and reports that, since October 2024, China has voluntarily pre-notified CBD exports: as of 16 February 2026 there had been 211 pre-notifications to 25 countries (15 of them in Europe), for a total offered volume of nearly 450 tonnes and 33,660 litres of CBD[1].

Against the backdrop of this document, since the beginning of March, increasingly pointed public statements about the "danger of CBD as a precursor of synthetic drugs" have been voiced in some states, including the Czech Republic. The patient coalition views these statements with concern, because they are not supported by what the INCB document itself actually says.

What the INCB document actually contains

- **CBD is not a controlled substance.** The INCB document itself notes that CBD is not controlled under the international drug control conventions. It is approved for the treatment of seizures and certain other medical conditions. CBD is a non-psychoactive cannabinoid.
- **The evidence for its role as a "precursor" is limited.** The document expressly concedes that the "evidence … is limited" regarding the use of CBD as an actual starting material[1].
- **The single documented case did not use CBD as a starting material.** In the case of a criminal network in Romania (2022–2023) producing hexahydrocannabinol (HHC), the document states that the actual starting material there was apparently industrial hemp, not CBD itself[2].

In other words, the internal INCB document itself does not support the argument used by some governments to publicly justify measures against CBD products. There is a fundamental difference, which must not be obscured, between an evidentially limited hypothesis and a claim that the "danger of CBD as a precursor" has been proven. Synthetic cannabinoids, which are widely available in the grey-market zone of "collector's items" and pose serious and often unknown risks to individual and public health, are manufactured from other starting materials. This information is publicly available and can be deduced even with basic knowledge of chemistry, since many synthetic cannabinoids have molecular structures substantially different from that of CBD.

What is at stake for patients

CBD and complex cannabis-derived preparations are used to maintain a tolerable quality of life by patients, often of advanced age, suffering from chronic pain, sleep disorders, anxiety, depression, and post-traumatic stress disorder. A covert prohibition, introduced administratively, without open public debate and without a firm evidentiary basis, would deprive these patients of the treatment they have chosen and that helps them.

We wish to be unambiguous on one point: we are not asking for CBD to be left unregulated. We ask only that any restriction be introduced transparently — on the basis of a published assessment of the evidence, a test of proportionality, and an assessment of its impact on patients — rather than covertly or by administrative measure.

We recall the rights of patients enshrined in the Convention on Human Rights and Biomedicine (Oviedo Convention)[3]: the right to informed consent, to access appropriate healthcare, and to autonomous decision-making about one's own treatment. Restricting the availability of a recognized treatment option on the basis of claims that are not adequately evidenced endangers these rights.

The expert rationale for patients' preference for complex preparations containing CBD in a mixture with other bioactive substances produced in cannabis resin lies in the so-called

entourage effect: the mutual action of the natural mixture of cannabinoids on the mammalian endocannabinoid system, which participates in maintaining and restoring the body's internal balance (homeostasis). Patients therefore seek the complex natural mixture, not merely isolated substances. (This mechanism is the subject of growing scientific interest; we present it as an expert-supported hypothesis, not as settled fact.)

Claims about CBD as a precursor that are not adequately evidenced further reinforce the stigmatisation of cannabis patients. CBD patients often use it precisely in full-spectrum extracts, in order to benefit from the entourage effect. CBD is moreover commonly contained in medical cannabis (MC), which many patients use on prescription. The stigma that these people "possess an alleged precursor" for the manufacture of substantially more dangerous synthetic cannabinoids therefore also has a negative impact on registered cannabis patients — that is, on persons to whom treatment has been duly prescribed and who use it in accordance with the law.

We urgently draw attention to a further serious concern: a restriction of CBD as an alleged precursor, pushed through in a non-transparent manner and supported by claims that are not adequately evidenced, will lead only to patients — for whom CBD products manufactured mostly by local suppliers within the EU help to manage their illnesses — being driven to the black market. The collapse of the legal market and of the availability of CBD products, brought about by a prohibition promoted in such a non-transparent and unevidenced way, would be very readily and very rapidly filled by the black market. Patients would thereby be exposed to all the harms that black-market products present, including health-hazardous and carcinogenic contamination with heavy metals, polycyclic aromatic hydrocarbons (PAHs), pesticides, and herbicides. A restriction resting on an unsubstantiated argument would thus, paradoxically, not protect patients but on the contrary expose them to a substantially higher health risk than a rationally regulated legal market. Such a restriction would, of course, also fail to protect children from the risks of synthetic cannabinoids, as its proponents claim it would, because it would change nothing about the wide availability and continual production of ever-new synthetic-cannabinoid molecules in the grey-market zone — they are made from molecules other than CBD.

Cannabis — and the CBD contained in its resin — is moreover not a novelty without tradition; for centuries it was part of pharmacopoeias. The absence of a "domestic tradition" does not mean that documented experience and evidence from elsewhere cannot be used in a globally interconnected world. Anyone who publicly comments on the health of others should first verify the basic facts before publishing their claims.

What we propose instead: proportionate regulation

To avoid any misunderstanding, this coalition does not call for CBD to be left unregulated. We call for proportionate, transparent regulation that protects patients and the public, including:

- clear quality standards and good-manufacturing requirements for CBD products;
- mandatory testing for contaminants — heavy metals, pesticides, residual solvents, and microbial contamination;
- clear and accurate labelling of content and concentration;
- age restrictions where relevant; and
- above all, effective enforcement directed at the genuine risk — the synthetic and semi-synthetic cannabinoids sold in the grey market as "collector's items", which are manufactured from other starting materials and pose serious, often unknown risks.

Regulation of this kind protects patients. A covert prohibition of CBD does not; it removes tested products from a regulated market while leaving the genuinely dangerous products untouched. The constructive path is to regulate the legal market well and to enforce against the illegal one — not to restrict the substance patients depend on.

A warning against an unevidenced precursor argument

The international effort to classify CBD among precursors has long been promoted at the CND chiefly by China and Russia; the European Union has so far resisted it. The patient coalition is concerned that if the Czech Republic — which has long advocated and supported a rational addiction policy at both the national and international levels — creates a precedent of restrictions based on a precursor argument that is not adequately evidenced, it may trigger a "domino effect": within a short time CBD could, on the basis of an unsubstantiated argument, be restricted or banned across the entire EU and possibly globally. This is the coalition's assessment and concern, which we submit for public and expert discussion.

The evidentiary basis: real-world evidence and the totality of evidence

It is often objected, against the availability of cannabis and CBD treatment, that there is "a lack of sufficient randomised controlled trials (RCTs)" confirming efficacy and safety. This objection should not be overstated. Over roughly 30 years during which products containing CBD and other natural cannabinoids have been widely available in EU and global markets, state and care providers have had ample real-world evidence (RWE) from patients' clinical practice at their disposal. Real-world evidence is highly valuable — particularly for safety, tolerability, quality of life, and effectiveness in complex patients — and forms an essential part of the totality of evidence. It should not be dismissed simply because it is not derived from randomised controlled trials[5].

Systematic reviews that disparage their own positive findings (reverse spin bias)

The study by O'Leary, La Rosa, and Polosa (2026) introduces the concept of "reverse spin bias", that is, the opposite of the usual bias. It occurs when the authors of systematic reviews disparage or cast doubt on evidence of benefit, even though their own data show a statistically significant effect. Out of 29 recent reviews of cannabis for pain, this phenomenon was exhibited by more than a third (10 reviews)[4].

The authors describe specific mechanisms: disparaging their own evidence base as "inconsistent" or "insufficient regardless of the actual number of studies"; labelling a statistically significant benefit as "small or limited"; appealing to fear by pointing to hypothetical future risks; and omitting favourable findings from the conclusions. They state that the assumption "that cannabis use has only harms", held by a number of journals, limits the dissemination of contradictory evidence[4].

RCTs do not stand alone at the top of the hierarchy; the totality of evidence is decisive

Schlag, Nutt, et al. (2022) argue that RCTs have been placed on an undeserved pedestal: "Randomised controlled trials, long considered the 'gold standard' of evidence, have been put on an undeserved pedestal. Their appearance at the top of 'hierarchies' of evidence is inappropriate, and the hierarchies themselves are illusory tools for assessing evidence. They should be replaced by a diversity of approaches that analyse the totality of the evidence base."[5]

RCTs measure efficacy under artificial, controlled conditions, not real-world effectiveness in practice, and they often exclude patients with comorbidities and concomitant medication — that is, precisely those who actually use cannabis treatment[5]. Real-world evidence and randomised trials are therefore complementary: each answers questions the other cannot, and a sound assessment weighs the totality of the evidence rather than any single source.

Our demands: transparency in decision-making

As a patient community, we assert a legitimate claim to information about the decision-making processes that directly affect us. We call on the relevant governments to answer the following questions transparently and publicly:

Who, and for how long? Which authorities (national precursor focal points) received the INCB PP Notice 1/2026, when did they receive it, and how did they handle it?

What measures, and in what conformity with patients' rights? What conclusions and proposed measures have governments arrived at, and how will those measures withstand the test of patients' rights and the Oviedo Convention (informed consent, access to care, autonomous decision-making)[3]?

What evidence of a precursor exists? What specific evidence of CBD as a precursor of synthetic and semi-synthetic cannabinoids (SSCs) do the governments have that use this argument to intervene against CBD products on the EU market, given that the INCB itself describes this evidence as limited[1]?

What evidence exists regarding the production chain of SSCs? What documented information about the actual production chain of SSCs and synthetic cannabinoids do governments have at their disposal, and where exactly does the dividing line run between proven risk and hypothesis? What measures have governments adopted to protect the public health of children, adolescents, adults, and seniors against the sale of these substances as "collector's items"?

Explanation of public statements. We request an explanation of the public statements about the "danger of CBD as a precursor of synthetic drugs"; what specific data do they rely on?

A call to the European Union

We call on the bodies and institutions of the European Union to examine whether the public claims about CBD as a "precursor" made in the Member States are supported by verified evidence, and to protect both the single internal market and patients against administrative restrictions that have no basis in such evidence. We request an assessment of whether the measures under consideration against CBD correspond to the actual content of the INCB materials or to a distortion thereof.

We further recall that the Court of Justice of the European Union has already ruled, in the *Kanavape* case (C-663/18, judgment of 19 November 2020), that CBD is not a narcotic and that a Member State may not prohibit the marketing of CBD lawfully produced in another Member State, holding that public-health restrictions on the free movement of goods "cannot be based on purely hypothetical considerations"[6]. The CBD at issue in that case was lawfully produced in the Czech Republic. A restriction founded on an evidentially limited precursor hypothesis would sit uneasily with this established case-law.

Questions for the media

We call on journalists to fulfil their watchdog role and to put specific questions to those responsible:

- What exactly is meant by the claim about the "danger of CBD as a precursor of synthetics", and on what data does it rely?
- How is this claim reconciled with the text of the INCB document, which itself states that the evidence of CBD as a starting material is limited?
- What impact will the measures under consideration have on seniors and chronic patients who use CBD and cannabis preparations to maintain their quality of life?
- Is there a risk that the Czech Republic will become the trigger of a chain of restrictions in further EU countries?

Conclusion and a call to join

We call for a rational, transparent, and evidence-based policy that respects patients' right to accessible and effective treatment and to autonomous decisions about their own health. We do not ask for CBD to be left unregulated; we ask that it be regulated proportionately and

transparently, and that enforcement be directed at the genuine risk. We reject a covert prohibition of CBD founded on a precursor argument that is not supported by the currently available evidence. We call on governments, the CND, the INCB, and the EU institutions to be open, and we call on patient organisations and individuals to join this appeal.

CBD is a Human Right

https://cbdhumanright.org/

International coalition of patient organisations: Aube (France), Dosemociones (Spain), KOPAC (Czech Republic), Verein Medcan (Switzerland), PatientsCann (United Kingdom), and partner patient organisations from Canada and Germany.

References

References are given in the citation style of the American Medical Association (AMA). Each source has a single unique number; a repeated reference in the text always uses the same number.

1. International Narcotics Control Board. PP Notice No. 1/2026: Observations concerning cannabidiol (CBD). Vienna: INCB Secretariat, Precursors Control Section (Project Prism); February 24, 2026. (For Official Use Only.)

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3. Council of Europe. Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine (Oviedo Convention). ETS No. 164. Oviedo: Council of Europe; 1997. coe.int

4. O'Leary R, La Rosa GRM, Polosa R. Reverse spin bias: preliminary observations of reporting bias in medical systematic reviews. Res Integr Peer Rev. 2026;11(1):1. doi:10.1186/s41073-025-00185-9.

5. Schlag AK, Zafar RR, Lynskey MT, Athanasiou-Fragkouli A, Phillips LD, Nutt DJ. The value of real world evidence: the case of medical cannabis. Front Psychiatry. 2022;13:1027159. doi:10.3389/fpsyt.2022.1027159.

6. Court of Justice of the European Union. Case C-663/18, B S and C A ("Kanavape"). Judgment of 19 November 2020. ECLI:EU:C:2020:938.