



Vol. 6, Issue 1  
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# CANNABINOID CHRONICLES

## Medical Cannabis News and Information

### We're Back!!

It has been a while but we're back publishing again, at least for the foreseeable future. Since our last newsletter issue in 2008, the Vancouver Island Compassion Society (VICS) has grown from roughly 800 members to over 2000 members! We will be celebrating our 15<sup>th</sup> year in operation this fall.

We've updated our website to provide easier access to our registration form and information pamphlets, plus there are links to research, news and recipes.

We've recently published a paper at an international conference that looks at patterns of therapeutic cannabis use for over 900 patients (International Cannabinoid Research Society (ICRS) 2013 in Vancouver). See [www.thevics.com/vicsinthenews.html](http://www.thevics.com/vicsinthenews.html)

As a non-profit, we've also worked hard to bring prices down. And we will continue to serve our community as long as we are needed.

### Constitutional Challenge of New Federal Government Medical Cannabis Laws

Once again, Health Canada has come up with a medical cannabis program that does not adequately serve its constituents and is being challenged in the courts. In some respects, the new Marihuana for Medical Purposes Regulations (MMPR) is worse than the previous MMAR set to expire March 31, 2014.

On the plus side, the 33 page application has been replaced with an MD's note. However, in the name of "safety", all cultivation permits, either by the licensee or by a designated grower, are being removed. The only option now available to those people who wish to access medical cannabis legally is to purchase it, by mail or courier, from a licensed producer. Unlike the MMAR which has a single supplier selling cannabis at a taxpayer-subsidized price of \$5/gram, the new for-profit Health Canada licensed producers can charge what they wish.

Four producers are listed so far, with prices starting at \$7.50/gram, but when one considers that roughly 60 to 70% of licensees are on some form of disability pension, these prices are, for many, out of reach. Come April 1, when all personal gardens are to have been torn down, how many will go back underground because it is cheaper to produce? And possibly, once again, how many will become subject to criminal prosecution? Licensees have invested time and money and many have created affordable, and safe gardens that provide the high quality strain varieties they need. To this end, the decisions to remove cultivation licenses and limit ingestion to only dried cannabis are being challenged on constitutional grounds. Visit: [www.johnconroy.com/MMARlitigation.htm](http://www.johnconroy.com/MMARlitigation.htm). In conjunction, visit the MMAR PPL/DPL Coalition Against Repeal: [www.mmarcoalitionagainstrepeal.com](http://www.mmarcoalitionagainstrepeal.com)



**“Lack of Research” “Unproven as a Medicine”** These statements are some of the most common reasons given to **NOT prescribe cannabis for medical reasons**. These folks are simply not looking -- heck, in today's Internet age, they're not even trying. One site that is free and chock full of research references is the International Association for Cannabinoid Medicines (IACM). Subscribe to their bulletin or just explore at: <http://www.cannabis-med.org/>. Excerpts from their bi-weekly bulletin are found below. Another website that may be of value is the International Cannabinoid Research Society (ICRS), found at: <http://cannabinoidsociety.org/>. Or visit our website and check **LINKS** for more sites.

## International Association for Cannabinoid Medicines (IACM) Bulletin Excerpts

### **Cannabis improves cancer symptoms and reduces side effects of anti-cancer medications in an open clinical study**

In an open clinical study with cancer patients all symptoms improved significantly. Researchers of the Division of Oncology of the Rambam Health Care Campus, Haifa, and the Faculty of Medicine in Haifa, Israel, followed patients with a medicinal cannabis license to evaluate the advantages and side effects of using cannabis by cancer patients. The study included two interviews based on questionnaires regarding symptoms and side effects, the first held on the day the license was issued and the second 6-8 weeks later.

Of the 211 patients who had a first interview, only 131 had the second interview, 25 of whom stopped treatment after less than a week. All cancer or anticancer treatment-related symptoms showed significant improvement. No significant side effects except for memory lessening in patients with prolonged cannabis use were noted. Authors concluded that “the positive effects of cannabis on various cancer-related symptoms are tempered by reliance on self-reporting for many of the variables. Although studies with a control group are missing, the improvement in symptoms should push the use of cannabis in palliative treatment of oncology patients.”

**Source:** Bar-Sela G, Vorobeichik M, Drawshes S, Omer A, Goldberg V, Muller E. The medical necessity for medicinal cannabis: prospective, observational study evaluating the treatment in cancer patients on supportive or palliative care. *Evid Based Complement Alternat Med.* 2013;2013:510392. 2013 Jul 16.. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3730175/>

### **Beta-caryophyllene, which binds to the CB2 receptor, reduces pain**

In a study scientists observed analgesic effects of BCP (beta-caryophyllene) in mice suffering from inflammatory and neuropathic pain. BCP binds to the cannabinoid-2 receptor and is found in cannabis and spices including pepper and oregano. Researchers wrote that “the natural plant product BCP may be highly effective in the treatment of long lasting, debilitating pain states. Our results have important implications for the role of dietary factors in the development and modulation of chronic pain conditions.”

**Source:** Institute of Molecular Psychiatry, University of Bonn, Germany. Klauke AL, et al. *EUR Neuropsychopharmacol.* 2013 Oct 22. <http://www.ncbi.nlm.nih.gov/pubmed/24210682>

### **Many people suffering from hyperactivity (ADHD) self-medicate with cannabis**

A sub-group of people suffering from attention deficit/hyperactivity disorder (ADHD) self-medicate with cannabis. This is the result of a study conducted at the Department of Psychology of the University at Albany in New York, USA, which examined data of 2811 ADHD patients collected in 2012 from a national U.S. survey of cannabis users. Patients with ADHD may be subdivided into groups suffering more from hyperactivity and groups suffering more from attention deficit. When asked about the ADHD symptoms study participants have experienced when not using cannabis, a higher proportion of daily users met symptom criteria for ADHD diagnoses of the subtypes that include hyperactive-impulsive symptoms than the inattentive subtype. For non-daily users, the proportions of users meeting symptom criteria did not differ by subtype. Researchers wrote that “these results have implications for identifying which individuals with ADHD might be more likely to self-medicate using cannabis.”

**Source:** Loflin M, Earleywine M, De Leo J, Hobkirk A. Subtypes of Attention Deficit-Hyperactivity Disorder (ADHD) and Cannabis Use. *Subst Use Misuse.* 2013 Oct 4. <http://www.ncbi.nlm.nih.gov/pubmed/24093525>

### **Good results from clinical use of Sativex in MS spasticity**

At a hospital in Spain treatment results with Sativex in 50 patients with spasticity due to multiple sclerosis between April 2008 and March 2012 were analysed. The reason for prescribing the drug was spasticity in 44%, pain in 10% and both in 46%. The cannabis extract was effective in 80% of patients at a median dose of five sprays per day. Authors concluded that “THC/CBD appears to be a good alternative to standard treatments as it improves refractory spasticity in MS and has an acceptable toxicity profile.”

**Source:** Lorente Fernández L, et al. *Neurologia.* 2013 Sep 10 <http://www.ncbi.nlm.nih.gov/pubmed/24035293>

### **The Dalai Lama supports the medical use of cannabis**

The Tibetan spiritual leader, the Dalai Lama, speaking at an event hosted by former Mexican president Vicente Fox, said that “the exception” for smoking cannabis would be if it has pharmaceutical virtues.

### **Many patients with inflammatory bowel disease use cannabis to treat their symptoms**

Many patients with inflammatory bowel syndrome find cannabis very helpful for symptom control, including patients with ulcerative colitis, a survey conducted by scientists of the Department of Medicine at Brigham and Women's Hospital in Boston, USA, revealed. A total of 292 patients completed a survey, of whom 12.3% were active cannabis users, 39.0% were past users, and 48.6% were never users. Among current and past users, 16.4% of patients used cannabis for disease symptoms, the majority of whom felt that cannabis was "very helpful" for relief of abdominal pain, nausea, and diarrhea. Half of the never users expressed an interest in using cannabis, were it legally available. Authors concluded that "a significant number of patients with IBD currently use marijuana. Clinical trials are needed to determine marijuana's potential as an IBD therapy and to guide prescribing decisions."

**Source:** Ravikoff Allegretti J, Courtwright A, Lucci M, Korzenik JR, Levine J. Marijuana Use Patterns Among Patients with Inflammatory Bowel Disease. *Inflamm Bowel Dis*. 2013 Oct 31. [www.ncbi.nlm.nih.gov/pubmed/24185313](http://www.ncbi.nlm.nih.gov/pubmed/24185313)

### **Oral THC has similar psychoactive effects to smoked cannabis**

In pain patients oral THC (dronabinol) caused similar psychoactive effects to the intake of dronabinol by inhalation of cannabis. This is the result of a study at the Brigham and Women's Hospital and Harvard Medical School in Boston, USA. Scientists performed a randomized controlled trial of single dose placebo, 10 or 20 mg oral THC in 30 chronic non-cancer pain patients taking opioids and not using cannabis. Hourly, for 8 hours, subjects completed a standardised questionnaire, the Addiction Research Center Inventory (ARCI). Comparison sample was the ARCI ratings in a study with 20 subjects with no pain, monitored every 30 minutes after smoking a 2% THC (low) and a 3.5% (high strength) cannabis cigarette. The 10 and 20 mg THC doses had significantly elevated scores on 4 of 5 subscales of the ARCI compared to placebo. ARCI peak effects at 2 hours were similar to peak effects of smoked cannabis at 30 minutes. Authors concluded that "in pain patients, oral dronabinol has similar psychoactive effects to smoking marijuana." This result underscores the necessity to start a treatment with THC with low doses and slowly increase according to unwanted and therapeutic effects.

**Source:** Issa MA, Narang S, Jamison RN, Michna E, Edwards RR, Penetar DM, Wasan AD. The Subjective Psychoactive Effects of Oral Dronabinol Studied in a Randomized, Controlled Crossover Clinical Trial For Pain. *Clin J Pain*. 2013 Nov 25 [www.ncbi.nlm.nih.gov/pubmed/24281276](http://www.ncbi.nlm.nih.gov/pubmed/24281276)

### **Cannabis does not cause schizophrenia, study finds**

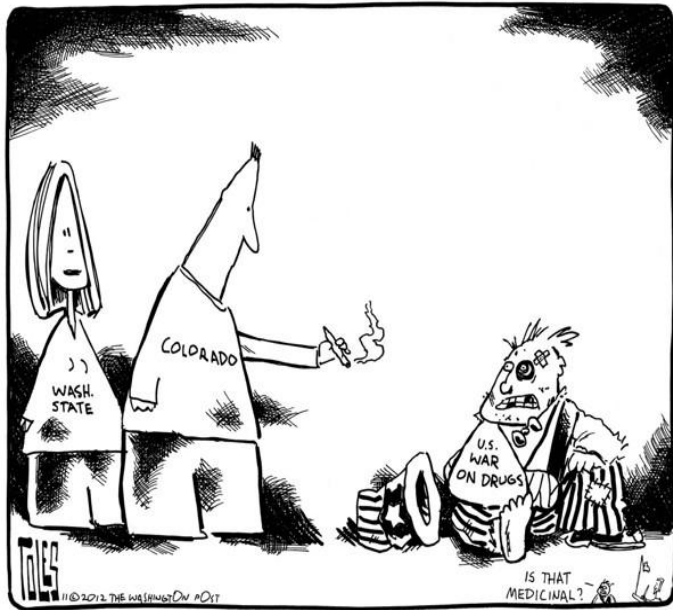
A new study from Harvard University may help dismiss concerns about the link between cannabis use and schizophrenia. While many still debate the potential for cannabis to cause schizophrenia, researchers at Harvard Medical School say there has "yet to be conclusive evidence that cannabis use may cause psychosis." Their latest study, published last week in the journal *Schizophrenia Research*, adds support to the role of genetic factors in schizophrenia, and that cannabis use alone does not increase the risk of developing the disorder. "In summary, we conclude that cannabis does not cause psychosis by itself. In genetically vulnerable individuals, while cannabis may modify the illness onset, severity and outcome, there is no evidence from this study that it can cause the psychosis." The team, led by Dr Lynn DeLisi, Professor of Psychiatry at Harvard Medical School, compared the family histories of 108 schizophrenia patients and 171 individuals without schizophrenia to determine whether cannabis use was a factor in developing the disorder. They found that a family history of schizophrenia increased the risk of developing schizophrenia, regardless of whether or not an individual used cannabis. The authors concluded that "the results of the current study suggest that having an increased familial morbid risk for schizophrenia may be the underlying basis for schizophrenia in cannabis users and not cannabis use by itself."

**Source:** Proal AC, Fleming J, Galvez-Buccollini JA, Delisi LE. A controlled family study of cannabis users with and without psychosis. *Schizophr Res*. 2013 Dec 2

### **Cannabis used substitute for alcohol & other drugs by many patients**

A large number of Canadian citizens, who use cannabis for medical reasons, use it as a substitute for alcohol, illegal substances and medicinal drugs. This is the result of a survey conducted by researchers of the Centre for Addictions Research in Victoria, Canada, and other institutes conducted at four medical cannabis dispensaries located in British Columbia. Over 41% of participants said that they use cannabis as a substitute for alcohol (n=158), 36.1% use cannabis as a substitute for illicit substances (n=137), and 67.8% use cannabis as a substitute for prescription drugs (n=259). The three main reasons cited for cannabis-related substitution are "less withdrawal", "fewer side-effects", and "better symptom management." "Randomized clinical trials on cannabis substitution for problematic substance use appear justified."

**Source:** Lucas P, Reiman A, Earleywine M, McGowan S, Oleson M, Coward M, Thomas B. Cannabis as a substitute for alcohol and other drugs *Addiction Res Theory* 2013;21(5):435-42



## Drug War Clock

By January 28, 2014, the U.S. feds and states had spent over \$3 billion since Jan. 1 fighting the drug war. Find the clock at: [www.drugsense.org/cms/wodclock](http://www.drugsense.org/cms/wodclock)



Visit our website at [www.thevics.com](http://www.thevics.com)

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## Cannabis Test Kits Available

Former Victoria Councillor Philippe Lucas's Victoria-based Compassionate Analytics has just launched two new products to test levels of tetrahydrocannabinol (THC) and cannabidiol (CBD) in cannabis. THC is the active ingredient that provides the psycho-active effect (the high) from marijuana. Recent research is showing that CBD has substantial medicinal qualities as well. CBD is being seen as promising in the treatment of conditions such as Crohn's disease, post-traumatic stress disorder and multiple sclerosis.

Lucas said the testing is particularly useful as CBD-rich cannabis would provide that substantive relief without the intoxication associated with high THC strains.

The kits are \$49.50 for 5 tests, and can be ordered from: [www.compassionateanalytics.com](http://www.compassionateanalytics.com)

Source: Tue, 24 Dec 2013, Victoria Times-Colonist

## Uruguay Legalizes Cannabis

Uruguay has become the first country in the world to make it legal to grow, sell and consume marijuana. The law allowing registered Uruguayans over 18 to buy up to 40g (1.4oz) of the drug a month is not expected to come into force before April. The government hopes it will help tackle drug cartels, but critics say it will expose more people to drugs.

Presenting the bill to fellow senators, Roberto Conde said it was an unavoidable response to reality, given that the "war" against drugs had failed.

A group of former presidents and influential social figures, including Brazil's Fernando Henrique Cardoso, Mexico's Ernesto Zedillo and Colombian ex-leader Cesar Gaviria, have called for marijuana to be legalised and regulated.

Source: [www.bbc.co.uk/news/world-latin-america-25328656](http://www.bbc.co.uk/news/world-latin-america-25328656)

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**BC Coalition of People  
With Disabilities**  
1-800-663-1278

**Health Canada**  
<http://www.hc-sc.gc.ca/dhp-mps/marihuana/index-eng.php>

**Drug Policy Alliance**  
[www.drugpolicy.org](http://www.drugpolicy.org)

**Media Awareness Project**  
[www.mapinc.org](http://www.mapinc.org)

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***“Education is the most powerful weapon which you can use to change the world.”***

**-- Nelson Mandela**