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CANNABINOID CHRONICLES

Medical Cannabis News and Information

Medical cannabis legalization may be related to reductions in certain types of violent crime

In response to repeated claims that medical cannabis legalization in the US poses a danger to public health in terms of exposure to violent crime and property crime, a team from UT Dallas has conducted a study that found that legalization of medical cannabis is not an indicator of increased crime.

“It actually may be related to reductions in certain types of crime,” said Dr. Robert Morris, associate professor of criminology and lead author of the study published in the journal *PLOS ONE*.

“We’re cautious about saying, ‘Medical marijuana laws definitely reduce homicide.’ That’s not what we’re saying,” Morris said. “The main finding is that we found no increase in crime rates resulting from medical marijuana legalization. In fact, we found some evidence of decreasing rates of some types of violent crime, namely homicide and assault.”

The study tracked crime rates across all 50 states between 1990 and 2006, when 11 states legalized marijuana for medical use: Alaska, California, Colorado, Hawaii, Maine, Montana, Nevada, Oregon, Rhode Island, Vermont and Washington. Since the

time period the study covered, 20 states and Washington, D.C., have legalized cannabis for medical use. Using crime data from the FBI’s Uniform Crime Report, the researchers studied rates for homicide, rape, robbery, assault, burglary, larceny and auto theft, teasing out an effect for the passing of medical cannabis laws. None of the seven crime types increased with the legalization of medical cannabis.

Robbery and burglary rates were unaffected by legalization, according to the study. These findings run counter to the claim that marijuana dispensaries and grow houses lead to an increase in victimization because of the opportunities for crime linked to the amount of drugs and cash that are present.

While it’s too soon to say if there are definitive drawbacks to legalizing cannabis for medical purposes, Morris said, the study shows that legalization does not pose a serious crime problem, at least at the state level.

Once data are available, the researchers plan to investigate the relationship between recreational cannabis legalization and crime in Washington and Colorado, where the legalized cannabis marketplace is taking shape.

Source: www.sciencedaily.com/releases/2014/03/140326182049.htm



VICS MEMBERS:

A reminder that we are a non-profit organization that has *NOTHING* to do with Health Canada, the MMPR or Authorized Licensed Producers. Like other dispensaries, we’re serving a need that is not being met by the existing system.

PAR FOR THE COURSE: Health Canada to appeal medical cannabis cultivation

Surprise, surprise, surprise. Days after an injunction was granted by Federal Court Justice Manson that will allow existing cultivation licenses under the now defunct MMAR to continue until a constitutional challenge is heard in court, Health Canada is asking the Federal Court of Appeal to overturn the injunction.

Source: www.theglobeandmail.com/news/national/ottawa-to-appeal-ruling-that-gives-medical-marijuana-growers-reprieve/article17737595/

Fasting and exercise increased THC-COOH levels in rats

Rats given THC for 5 days followed by a 4-day washout showed elevated blood plasma THC-COOH levels when fasted for 24 h relative to non-fasted animals. Rats pre-treated with THC and exercised 20 h later also showed elevated plasma THC-COOH. Authors concluded that their results “confirm that fasting and exercise can increase plasma cannabinoid levels”. The University of Sydney, Australia.

Source: <http://www.ncbi.nlm.nih.gov/pubmed/24696079>

Fasting and exercise did not increase THC-COOH levels in humans

Six daily cannabis users (with a mean body mass index of 20.8 as a sign of low body fat) were exposed to a 45-min. moderate-intensity workout and a 24-hr period of food deprivation. There were no major differences in the measured THC-COOH levels in serum or urine before and after physical exercise or food deprivation. Authors concluded “that exercise and/or food deprivation are unlikely to cause sufficient cannabinoid concentration changes to hamper correct interpretations in drug testing programmes.”

Department of Clinical Pharmacology, St. Olav University Hospital, Trondheim, Norway.

Source: <http://www.ncbi.nlm.nih.gov/pubmed/24674455>

Certain variants of the CB1 receptor are associated with increased happiness

Individuals with high subjective happiness level, rate their current affective states more positively when they experience positive events. In one experiment, 198 healthy volunteers were used to compare the subjective happiness level between two variants of the cannabinoid 1 receptor, cytosine allele carriers and thymine-thymine carriers. The positive mood after watching a positive film was significantly higher for the cytosine allele carriers compared to the thymine-thymine carriers. Positive emotion-related brain region such as the medial prefrontal cortex was significantly activated when the cytosine allele carriers watched the positive film compared to the thymine-thymine carriers. Thus, the human cannabinoid receptor 1 genotypes are closely related to two aspects of happiness. Compared to thymine-thymine carriers, the cytosine allele carriers of the human cannabinoid receptor 1 gene, who are sensitive to positive emotional stimuli, exhibited greater magnitude positive emotions when they experienced positive events and had a higher subjective happiness level.

Source: www.plosone.org/article/info:doi/10.1371/journal.pone.0093771

Abstinence from cannabis associated with increases in alcohol and tobacco use

During a two-week voluntary cannabis abstinence and at one-month follow-up in 45 cannabis users abstaining from cannabis was associated with increases in alcohol and tobacco use that decreased with resumption of cannabis use; however there were no increases in individuals who remained abstinent from cannabis at one-month follow-up. Tobacco use did not increase in those experiencing milder cannabis withdrawal symptoms. University of Sydney, Australia.

Source: <http://www.ncbi.nlm.nih.gov/pubmed/24613633>

Antidepressants change concentrations of endocannabinoids in the brain

Chronic administration of different antidepressants (imipramine, escitalopram, tianeptine) all increased the levels of the endocannabinoid anandamide in a certain brain region (hippocampus) and also increased both anandamide and 2-AG levels in the dorsal striatum. Authors wrote that the endocannabinoid system “appears to play a significant role in the mechanism of action of clinically effective and potential antidepressants and may serve as a target for drug design and discovery.” Department of Toxicology, Faculty of Pharmacy, Jagiellonian University, Poland.

Source: <http://www.ncbi.nlm.nih.gov/pubmed/24652522>

Cannabis use did not reduce cognitive performance in adolescents

33 adolescents, who had quit cannabis use, did not differ in IQ, attention, memory, or executive functions compared to non-users. Authors concluded that “previously reported neurocognitive deficits may be related to other factors, including residual drug effects, pre-existing cognitive deficits, concurrent use of other substances (e.g., nicotine), or psychopathology.” Adolescents “may not be vulnerable to THC neuropsychological deficits once they achieve remission from all drugs for at least 30 days.”

Source: <http://www.ncbi.nlm.nih.gov/pubmed/24619597>

Extract of the plant *Melilotus* exerts anti-inflammatory effects by increasing CB2 receptor activity

In rats with lung inflammation, an extract of *Melilotus suaveolens* Ledeb reduced inflammation and this effect was associated with an up-regulating of CB2 receptors. *Melilotus*, aka Sweet Clover, is a plant belonging to the Fabaceae family; it is a legume known as a common grassland plant from Europe and Asia, now found worldwide.

Source: <http://www.ncbi.nlm.nih.gov/pubmed/24612782>

UK announces drug driving limits for fall 2014

According to plans of the British government, drivers will be permitted to drive with low levels of illegal drugs in their blood from late 2014 on. The new system recommends different blood-content limits for 16 different drugs on a micrograms-per-litre basis, or $\mu\text{g/L}$, allowing drivers to have small amounts of illegal drugs in their bodies, including cocaine, cannabis, MDMA and LSD. The limits for each individual drug reflect the speed at which they are broken down by the body, and are designed to prevent people being prosecuted for taking medically approved quantities of prescribed drugs or having tiny traces of illegal substances in their body.

The new limits, set by the government following a consultation on advice of doctors, include 10 micrograms of cocaine, 5 micrograms of heroin, two micrograms of cannabis and one microgram of LSD per litre of blood. For prescription drugs, limits include 80 micrograms of morphine, 500 micrograms of methadone, 100 micrograms of lorazepam and 550 micrograms of diazepam per litre. In comparison, the legal limit for alcohol is 80 milligrams of alcohol per 100ml of blood – the equivalent of 800,000 micrograms per litre.

Source: www.motoring.com.au/news/uk-announces-drug-driving-limits-42611, and <http://www.telegraph.co.uk/news/uknews/road-and-rail-transport/10727542/Drug-driving-limits-announced.html>

Cannabis reduces symptoms of post-traumatic stress disorder in an open study

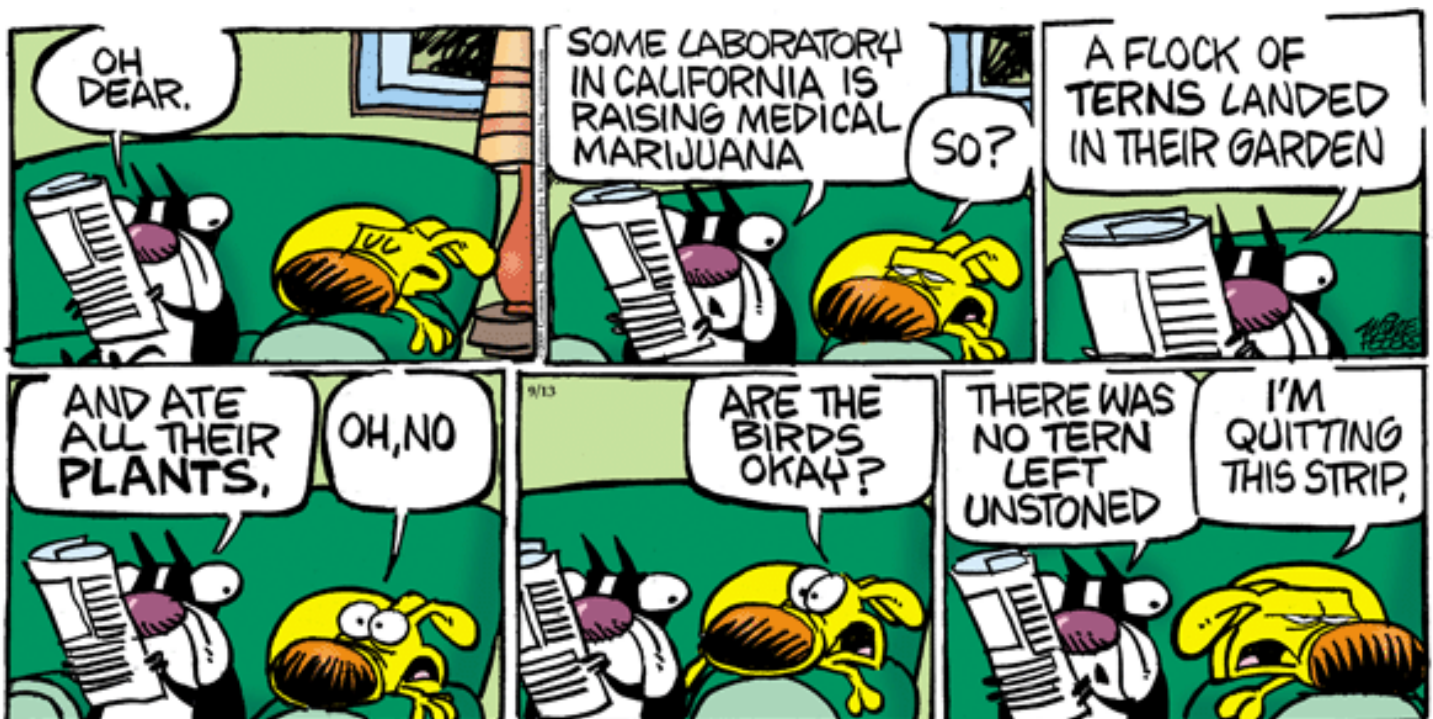
Cannabis is associated with reductions in symptoms of post-traumatic stress disorder (PTSD) in some patients. This is the result of a chart review of 80 patients with PTSD using cannabis according to the medical cannabis law of New Mexico. This analysis is published in the Journal of Psychoactive Drugs by Dr. George Greer from Santa Fe and colleagues from the University of California in Los Angeles and San Diego. New Mexico was the first state to accept PTSD as a condition for the use of medical cannabis. The purpose of the study was to statistically analyze data on PTSD symptoms in patients applying to the New Mexico Medical Cannabis Program from 2009 to 2011. The Clinician Administered Posttraumatic Scale for DSM-IV (CAPS) was administered. Greater than 75% reduction in CAPS symptom scores were reported when patients were using cannabis compared to when they were not

Source: www.tandfonline.com/doi/full/10.1080/02791072.2013.873843#.U1awPqJ7REN

President intends to legalize production of cannabis and opium

Guatemala could present a plan to legalize production of cannabis and opium poppies towards the end of 2014 as it seeks ways to curb the power of organized crime, President Otto Perez said on April 2.


Source: www.reuters.com/article/2014/04/03/guatemala-drugs-idUSL1N0MU2FP20140403



** With apologies to Mike Peters (<http://www.grimmy.com>) - we couldn't resist!




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Authorised Licensed Producer recalls cannabis

In what is believed to be the first medical cannabis recall in Canada, Greenleaf Medicinals of North Cowichan, BC is telling its clients not to smoke their Purple Kush. A Health Canada (HC) press release from April 18 states that Greenleaf is voluntarily recalling one batch of marijuana (Purple Kush, Batch PK-10-20-13) produced for medical purposes.

“The recall is due to issues with the company’s production practices which were identified during an inspection by Health Canada and may impact the product.”

“Greenleaf Medicinals is instructing clients to immediately discontinue use of any marijuana from this shipment which they may still have remaining in their possession,” reads the release.

Health Canada said that it has removed Greenleaf Medicinals from its list of licensed producers until the company corrects an unspecified issue with the strain of marijuana it had been selling to patients. They won’t restore Greenleaf to the list until the company’s Nanaimo, B.C. facilities are re-inspected. “This includes potential residues from use of unregistered pesticides, unsanitary production conditions, concerns with testing standards and/or control of plant materials,” said Health Canada spokesman Sean Upton.

Health Canada did not offer further detail on what prompted the recall. Customers were being asked to stop using cannabis from this shipment, but HC said anyone who already used it is not in danger.

Which begs the question: if people are not in danger, why the recall? ****NOTE**** There are many producers of the Purple Kush strain and the recall is for Greenleaf Medicinals’ version only.

Source: www.vancouversun.com/health/Nanaimo+grower+issues+recall+medical+marijuana+Canadian+first/9760824/story.html; and www.huffingtonpost.ca/2014/04/22/greenleaf-medicinals-recall_n_5192969.html

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www.drugsense.org

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

Drug Policy Alliance
www.drugpolicy.org

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“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it’s the only thing that ever has.”

– Margaret Mead