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CANNABINOID CHRONICLES

Medical Cannabis News and Information

Doctors Suggest Prescribing Cannabis Rather Than Opioids

Vancouver-based HIV/AIDS researchers argue in a newly published editorial that Canadian doctors should use medical cannabis instead of frequently abused opioids to treat patients with neuropathic pain and a host of other conditions cannabis has been proven to combat.

Dr. Thomas Kerr, Dr. Julio Montaner, and Stephanie Lake of the BC Centre for Excellence in HIV/AIDS argue that the Canadian Medical Association (CMA) is holding cannabis to a higher standard than other pain-relieving pharmaceutical drugs and is ignoring high-quality, peer-reviewed studies on the use of cannabis. The editorial was published in *Journal of the Canadian Public Health Association*.

“We believe the anti-cannabis position taken by CMA and other commentators is not entirely evidence-based.”

Dr. Kerr said five recent randomized control trials and two systemic reviews have found cannabis helps relieve neuropathic pain. He said it has also been proven to relieve spasticity and “wasting” associated with HIV/AIDS, as well as nausea and vomiting caused by chemotherapy.

“The evidence supporting the therapeutic use of cannabis is actually much stronger than the use of other drugs that are used to treat the same conditions and it also seems, in many cases, that cannabis has a more favourable side-effect profile,” he said.

Dr. Kerr said opioids, such as oxycodone, morphine and hydromorphone, are increasingly being prescribed and have contributed to nearly half of all overdose deaths in the country. Globally, Canadians are the second highest users per capita of opioids. In the US, opioid-induced deaths quadrupled between 1999 and 2010.

“Opioids are killing people right now,” said Dr. Kerr. “There is no association with cannabis and mortality,

and yet North America is in the midst of, really, what is a public-health emergency associated to opioid overdose deaths.”

If doctors prescribed more cannabis to those with chronic pain, they may cut down on these deaths, said Dr. Kerr, citing research in the US that showed such fatal overdoses dropped by 25% in states that enacted medical cannabis laws. (See *Cannabinoid Chronicles*, Vol. 6, Issue 9, October 2014)

Even if you can get Canadian doctors to agree that cannabinoid-based medicines have medical value or get them to acknowledge that there are enough peer-reviewed studies to proceed in certain instances, many, it appears, are hesitant to prescribe cannabis and any of its various by-products until Health Canada comes out with guidelines on dosage, concentration and best practices for administering the drug.

Adding insult to injury, legal medical cannabis is only available through the mail.

“Really, people should have access to experts who can counsel them on appropriate dosing, potential side effects and their management and who can also provide other options and clinical follow-up,” said Kerr.

Source: <http://journal.cpha.ca/index.php/cjph/article/view/4926>
www.mapinc.org/drugnews/v15/n575/a04.html?180

Image: <http://medicalmarijuana.com/experts/expert/title.cfm?artID=140>



International Association for Cannabinoid Medicines (IACM) Bulletin

Human: Cannabidiol may be effective in the treatment of schizophrenia

CBD (cannabidiol), a non-psychoactive plant cannabinoid, was effective in the treatment of schizophrenia in patients who had previously failed to respond adequately to anti-psychotic medications. The British company GW Pharmaceuticals announced positive results from an exploratory clinical Phase 2 trial in 88 patients with schizophrenia. In the trial, patients remained on their anti-psychotic medication and were randomized to receive CBD or placebo as adjunct therapy.

CBD was consistently superior to placebo in relevant aspects of the disease, for example for the Clinical Global Impression of Severity and for the Clinical Global Impression of Improvement. The proportion of responders on CBD was nearly three times higher than that of participants on placebo (Odds Ratio of 2.65). There were no serious adverse events and an overall frequency of adverse events very similar to placebo.

Source: <http://www.gwpharm.com/news.aspx>

Human: THC metabolites in hair do not prove THC consumption

THC and its metabolite THC-COOH “can be present in hair of non-consuming individuals because of transfer through cannabis consumers, via their hands, their sebum/sweat, or cannabis smoke” according to new research.

Source: <http://www.ncbi.nlm.nih.gov/pubmed/26443501>

Human: Patients with inflammatory bowel disease use higher doses of cannabis

In a study with 2,084,895 subjects with inflammatory bowel disease and 2,013,901 control subjects, participants with the bowel disease had a higher incidence of ever having used cannabis. Patients with the disease were more likely to use a heavier amount per day.

Source: <http://www.ncbi.nlm.nih.gov/pubmed/26422462>

Human: Cannabis and alcohol use were associated with different styles of music

Listening to energetic music (rap, hip-hop, soul or funk genres) was associated with higher cannabis use, while country music was associated with higher alcohol use.

Source: <http://www.ncbi.nlm.nih.gov/pubmed/26400900>

Dr. Mark Ware Named IACM Chairperson

Congratulations to Canadian physician Dr. Mark Ware who was named IACM Chairperson at latest conference.

Source: <http://cannabis-med.org/index.php?tpl=page&id=72&lng=en>

Human: Successful therapy of treatment resistant adult ADHD with cannabis

Adult ADHD patients, who are treatment-resistant to conventional pharmacological therapies may experience an improvement of a variety of symptoms by cannabis flowers, including improved concentration and sleep, and reduced impulsivity.

All patients were granted approval to use cannabis flowers between 2012 and 2014. In Germany, patients independent of medical condition may apply for an approval to use cannabis flowers from the pharmacy if standard therapies of a certain disease or symptom are not efficient or associated with severe side effects. Mean age of patients (28 male, 2 female) at first visit was 30 years (range: 21 to 51). In 63% of cases ADHD was diagnosed only during adulthood. All patients diagnosed in childhood (between 6 and 13 years of age) had previously been treated with methylphenidate. Further pharmacological treatment was atomoxetine, deexamphetamine, lisdexamphetamine and amphetamine juice. Medication was usually discontinued due to side effects and often due to ineffectiveness. Eight patients continued to take stimulants and combined them with cannabis, but 22 patients used cannabis alone.

Source: <http://cannabis-med.org/nis/data/file/abstractbook.pdf>

Animal: Euphoria caused by endurance exercise, the runner's high, significantly caused by endocannabinoids

The high reported by runners, generally ascribed to endorphins, was found by researchers in Germany to be caused by endocannabinoids, suggesting it is similar to the high people experience after consuming cannabis. Endorphins, natural chemicals produced by the body, have pain relief properties similar to morphine. During intense exercise, the stretching and tearing of muscles causes the body to increase the production of beta-endorphin and anandamide (an endocannabinoid). To find out which of the chemicals is responsible for runner's high, researchers at the University of Heidelberg ran three experiments with mice.

They demonstrated that cannabinoid receptors mediate reduction of anxiety and pain after running. “A runner's high is a subjective sense of well-being some humans experience after prolonged exercise,” researchers wrote in the study. “For decades, it was hypothesized that exercise-induced endorphin release is solely responsible for a runner's high, but recent evidence has suggested that endocannabinoids also may play a role.”

Source: <http://www.ncbi.nlm.nih.gov/pubmed/26438875>

This Issue Is Dedicated To Those We've Lost

For more info visit: www.cannabis-med.org/

Substituting Cannabis for Other Drugs: A Canadian Survey

Investigators from the University of Victoria in British Columbia assessed the influence of medical cannabis access on other drug-taking behaviors among 473 Canadian adults licensed to engage in cannabis therapy.

“Substituting cannabis for one or more of alcohol, illicit drugs or prescription drugs was reported by 87% of respondents, with 80.3% reporting substitution for prescription drugs, 51.7% for alcohol, and 32.6% for illicit substances,” they reported.

Rates of substitution were highest among respondents between the ages of 18 and 40. Patients using cannabis for pain were most likely to use cannabis as a substitute for prescription drugs.

Authors concluded, “The finding that cannabis was substituted for alcohol and illicit substances suggests that the medical use of cannabis may play a harm reduction role in the context of use of these substances, and could have implications for substance use treatment approaches requiring abstinence from cannabis in the process of reducing the use of other substances.”

Evaluations of patients enrolled in state-specific medical cannabis programs, including those in Arizona, California, and Rhode Island, yield similar results finding that patients are particularly likely to substitute cannabis for opioids. According to a recently published US National Bureau of Economic Research report¹, states that permit qualified patients to access medical cannabis via dispensaries possess lower rates of opioid addiction and overdose deaths as compared to states that do not.

The study was published online in the journal *Drug and Alcohol Review*. An abstract is available at: <http://onlinelibrary.wiley.com/doi/10.1111/dar.12323/abstract>

1. <http://norml.org/news/2015/07/16/study-medical-cannabis-access-associated-with-reduced-opioid-abuse>

Source: www.ncbi.nlm.nih.gov/pubmed/26364922
www.beyondthc.com/cannabis-can-be-a-substitute-for-alcohol-news-flash/

Cannabis Found to Be Safe For The Treatment of Chronic Pain

A Canadian research team led by Dr. Mark Ware from the Research Institute of the McGill University Health Centre (RI-MUHC) in Montréal has completed a national multicentre study looking at the safety of medical cannabis use among patients suffering from chronic pain. They found that patients with chronic pain who used cannabis daily for one year, when carefully monitored, did not have an increase in serious adverse events compared to pain patients who did not use cannabis.

The study has been published online in *The Journal of Pain*.

“This is the first and largest study of the long term safety of medical cannabis use by patients suffering from chronic pain ever conducted,” says lead author, Dr. Ware, pain specialist at the Montreal General Hospital of the MUHC and associate professor in Family Medicine and Anesthesia at McGill University. “We found that medical cannabis, when used by patients who are experienced users, and as part of a monitored treatment program for chronic pain over one year, appears to have a reasonable safety profile.”

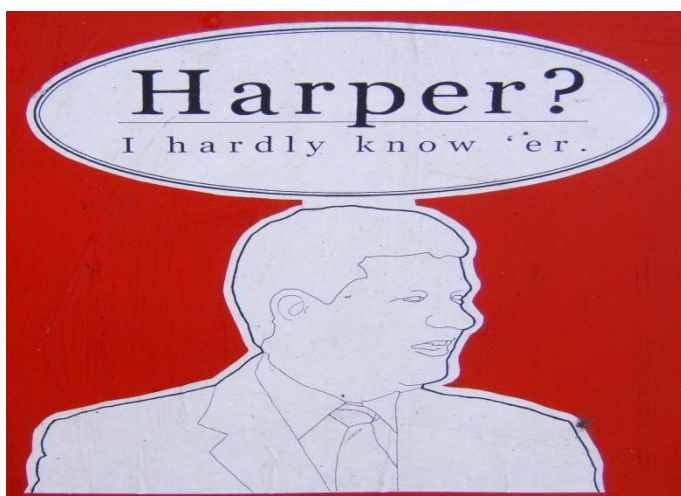
As part of the Cannabis for the Management of Pain: Assessment of Safety Study (COMPASS), that started in 2004, the researchers followed 215 adult patients, with chronic non-cancer pain, who used medical cannabis, and compared them to a control group of 216 chronic pain sufferers who were not cannabis users. The study involved seven centres with pain management expertise across Canada.

“Our data show that daily cannabis users had no greater risk than non-users (control group) to experience serious adverse events,” said Dr. Ware who is also a researcher from the Brain Repair and Integrative Neuroscience Program at the RI-MUHC. “We found no evidence of harmful effects on cognitive function, or blood tests among cannabis consumers and we observed a significant improvement in their levels of pain, symptom distress, mood and quality of life compared to controls.”

However, the researchers did report an increased risk of non-serious adverse events in medical cannabis consumers such as headache, nausea, dizziness, somnolence, and respiratory problems associated with smoking.

“It is important to note the limitations of the study,” adds Dr. Ware. “Patients were self-selected, not randomized, and most were experienced users. So what we are seeing is that it appears to be a relatively safe drug when used by people who have already determined that it helps them. We cannot draw conclusions about safety issues of new cannabis users.”

Source: www.sciencedaily.com/releases/2015/09/150929112036.htm



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Cannabidiol Markedly Enhances Fracture Healing Process

A new study published in the *Journal of Bone and Mineral Research* by Tel Aviv University and Hebrew University researchers has discovered that cannabidiol (CBD), a non-psychoactive cannabinoid, significantly helps heal bone fractures.

The study, conducted on rats with mid-femoral fractures, found that CBD -- even when isolated from psychoactive tetrahydrocannabinol (THC) -- markedly enhanced the healing process of the femora after just eight weeks.

The same team, in earlier research, discovered that cannabinoid receptors within our bodies stimulated bone formation and inhibited bone loss. This may lead to future use of cannabinoid drugs to combat osteoporosis and other bone-related diseases.

"The clinical potential of cannabinoid-related compounds is simply undeniable at this point," said Dr. Gabet.

"We found that CBD alone makes bones stronger during healing, enhancing the maturation of the collagenous matrix, which provides the basis for new mineralization of bone tissue," said Dr. Gabet. "After being treated with CBD, the healed bone will be harder to break in the future."

Source: www.sciencedaily.com/releases/2015/07/150716124359.htm

BC Municipalities Vote to Regulate Medical Cannabis

Municipal governments in BC have voted in favour of a resolution stating that they have the power, not the federal government, to regulate medical cannabis dispensaries.

Municipalities in BC have the power to regulate land use through bylaws, but the resolution marks a symbolic strike against the federal government's handling of medical cannabis.

Source: <http://www.mapinc.org/drugnews/v15/n543/a08.html?1159>

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"If you're going through hell, keep going."

-- Winston Churchill, statesperson (1874 - 1965)