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CANNABINOID CHRONICLES

Medical Cannabis News and Information

Vancouver Outlines Dispensary Rules But Disallows Baked Goods

The City of Vancouver councillors voted on June 24 to put a two-tiered system in place to regulate medical cannabis dispensaries by way of a special licensing system. Vancouver is the first city in Canada to adopt such a measure; lack of direction by the federal government was quoted as a major reason for this untried route.

Dispensaries will have to meet a series of requirements: an annual licensing fee of \$30,000 (\$1,000 for non-profit operations), criminal record checks, age restrictions, and zoning requirements that will limit the proximity of a dispensary to a school, community centre or another dispensary. The rules will also create a system requiring consultation with the community before granting a licence. In addition, non-profit dispensaries would be given priority when dispensaries are found to be too close together. While criminal checks and high fees may be undesirable for some, the basic idea has been received favourably by dispensaries.

However, Vancouver is not permitting baked goods and candy-like products to be sold. Initially they were not going to allow any oral formulation to be sold (predominantly child welfare concerns) but they relaxed the requirements to allow edible oils, tinctures and capsules.

Most people are unhappy with this condition, especially considering that the Supreme Court of Canada has recently ruled on the unconstitutionality of denying patients the right to use any non-smoking form they find effective. The City's response is that the oils and tinctures can be used by patients to make whatever they need.

The City of Victoria is looking at a similar idea; regulations are to be presented in the fall.

Source: <http://www.mapinc.org/drugnews/v15/n353/a09.html?180>

Kimberley, BC, Grants Business License to Cannabis Dispensary

Kimberly, BC, is the first Canadian city to issue a business license to a medical cannabis dispensary. Unlike Vancouver's special licensing rules, Tamarack Dispensaries in Marysville is the beneficiary of Kimberly's new step.

"Staff was obligated to reject the business license application because it didn't meet the bylaw for complying with federal regulations," Mayor Don McCormick said. After a lengthy discussion, council overrode its own bylaw and then voted unanimously in favour of granting the license.

McCormick points out that many people are prescribed powerful, addictive narcotics to manage illness and pain, and if there is an alternative it only makes sense to explore it.

Source: http://www.dailybulletin.ca/breaking_news/309343831.html



International Association for Cannabinoid Medicines (IACM) Bulletin

Cannabis use improved the treatment outcome in patients, who were treated for opioid dependence

The severity of opioid withdrawal was reduced by THC (dronabinol) and patients using cannabis had better treatment outcomes. This is the result of a study with 60 opioid dependent patients conducted by scientists of Columbia University in New York. Participants were randomized to receive THC 30mg daily (n=40) or placebo (n=20), under double-blind conditions, while they underwent detoxification. THC or placebo was given while in the clinic and for 5 weeks afterwards.

The severity of opioid withdrawal during the phase in the clinic was lower in the THC group relative to placebo group. Rates of successful completion of treatment (THC 35%, placebo 35%) were not significantly different. An analysis showed that the 32% of participants who smoked cannabis regularly during the outpatient phase had significantly lower ratings of insomnia and anxiety and were more likely to complete the 8-week trial. Authors concluded that “dronabinol reduced the severity of opiate withdrawal during acute detoxification.” Participants who elected to smoke cannabis during the trial “were more likely to complete treatment...” Thus, cannabis was more effective than the THC dose.

Source: <http://www.ncbi.nlm.nih.gov/pubmed/26187456>

Laws, which allow the medical use of cannabis in the USA, do not increase the use in adolescents

Cannabis use did not increase among teenagers in the states of the USA in which medical cannabis has become legal, researchers of Columbia University in New York, USA, reported on 15 June 2015. The new analysis is the most comprehensive effort to date to answer a much-debated question: Does decriminalization of cannabis lead more adolescents to begin using it? The study found that states that had legalized medical use had higher prevailing rates of teenage cannabis use before enacting the laws, compared with states where the drug remains illegal. Those higher levels were unaffected by the changes in the law, the study found.

The report, published in *The Lancet Psychiatry*, covered a 24-year period and was based on surveys of more than one million adolescents in 48 states. A primary concern on both sides of the debate over medical cannabis has been that loosening cannabis restrictions might send the wrong message to young people, and make the drug both more available and more appealing. Teenagers who develop and sustain a heavy, daily habit increase their risk of having cognitive difficulties later on, several studies suggest.

Source: http://www.nytimes.com/2015/06/16/us/medical-use-of-marijuana-doesnt-increase-youths-use-study-finds.html?_r=1

Cannabidiol increases clobazam concentrations in children with epilepsy

Patients, who receive cannabidiol (CBD) in combination with clobazam (a well-known brand name is Frisium) may experience an increase in clobazam (CLB) levels. Doctors at the Massachusetts General Hospital, USA, treated 13 children with refractory epilepsy with CBD in addition to clobazam and found elevated blood levels of the latter. Both medications are degraded in the liver by the CYP2C19 enzyme and thus compete for the function of this protein.

The mean increase in clobazam levels after 4 weeks of treatment was 60% with great variation. Sometimes clobazam levels were increased much more. Nine of the 13 subjects had a greater than 50% decrease in seizures, corresponding to a responder rate of 70%. The increased clobazam levels and decreases in seizure frequency occurred even though, over the course of CBD treatment, clobazam doses were reduced for 10 (77%) of the 13 subjects. Side effects were reported in 10 (77%) of the 13 subjects, but were alleviated with clobazam dose reduction. Authors noted that monitoring of clobazam levels “is necessary for clinical care of patients concomitantly on CLB and CBD. Nonetheless, CBD is a safe and effective treatment of refractory epilepsy in patients receiving CLB treatment.”

Source: <http://www.ncbi.nlm.nih.gov/pubmed/26114620>

Stress influences endocannabinoid levels

A review on the effects of stress on the endocannabinoid system shows that stress evokes different changes in the two endocannabinoids, anandamide (AEA) and 2-arachidonoyl glycerol (2-AG), with stress exposure reducing AEA levels and increasing 2-AG levels. Additionally, in almost every brain region examined, exposure to chronic stress reliably causes a down-regulation or loss of CB1 receptors. Univ. of Calgary.

Source: <http://www.ncbi.nlm.nih.gov/pubmed/26068727>

THC and CBD reduce viability of myeloma cells

OWC Pharmaceutical Research, an Israeli company, announced that different combinations of THC and CBD decreased survival of multiple myeloma cells in a concentration-dependent manner. Multiple myeloma is a cancer of plasma cells, a type of white blood cells. The results present up to more than 60% malignant cell death. THC and CBD in different ratios were more effective than THC or CBD alone.

Source: <http://www.prnewswire.com/news-releases/owc-pharmaceutical-research-announces-the-promising-results-of-phase-lab-testing-for-multiple-myeloma-507849711.html>

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

Health Canada Changes Rules Due To Cannabis Derivatives Ruling

Health Canada has responded to the recent court ruling (*R v. Smith*, permitting all forms of cannabis for medical purposes) by issuing five Section 56 *Controlled Drugs and Substances Act* (CDSA) exemptions. One of the exemptions specifically targets Authorized Licensed Producers and allows them to sell cannabis oil and fresh cannabis leaves and buds in addition to dried cannabis.

According to Health Canada's website, " 'cannabis oil' means an oil, in liquid form, that contains cannabis or dried marihuana."

They go on to limit the strength of cannabis oil to 30mg per mL of THC. However, there is nothing to indicate where this particular number comes from. CBD, the only other cannabinoid specifically referred to, has no limit.

Oil produced by solvent extraction is expressly not permitted citing health and safety concerns.

Fresh cannabis leaves or buds are given a 5 to 1 weight ratio, meaning that a person who is authorized to possess cannabis legally can possess either 150 grams of dried cannabis (still the maximum) or 750 grams of fresh cannabis, or a combination of both that won't exceed guidelines, at a time.

Other provisions require child-resistant packaging, health warning messages, labels stating amounts of THC and CBD (only), prohibition from making therapeutic claims (unless approved under the *Food and Drugs Act*), and reporting of adverse reactions.

The four other Section 56 CDSA exemptions that Health Canada issued in response to the ruling are: MMAR patients with PPLs or DGLs, MMAR patients, Health Care Practitioners, and Hospitals.

The intent of all five exemptions is to ensure that people have reasonable access to non-dried forms of cannabis. The exemptions take effect immediately.

Source: <http://www.hc-sc.gc.ca/dhp-mps/marihuana/info/licencedproducer-producteurautorise/decision-r-v-smith-eng.php>

Nunavik Cannabis Users Are Slimmer and Less At Risk for Diabetes

A study by Quebec researchers found that among Inuit residents of Nunavik, in far north Quebec, use of cannabis was correlated with lower body-mass-index measurements, lower body-fat percentages and less insulin resistance. In other words, cannabis users in Nunavik are slimmer and less at risk for diabetes; however, the researchers could not cite a specific reason.

The study, published in the journal *Obesity*, analyzed health data for 786 adults collected in the Nunavik Inuit Health Survey of 2004, making it one of the rare examinations of the subject in a North American aboriginal population.

Overall, the findings of the Nunavik study run contrary to stereotypes about cannabis smokers binging on fattening junk food. Food insecurity is a reality in the Arctic, and it has been suggested that cannabis is used as a 'distraction' when preferred food is not available.

Sources: www.adn.com/article/20150714/study-arctic-canada-finds-cannabis-users-less-obese-and-less-risk-diabetes

African Tribe Using Cannabis to Prevent Gut Parasites

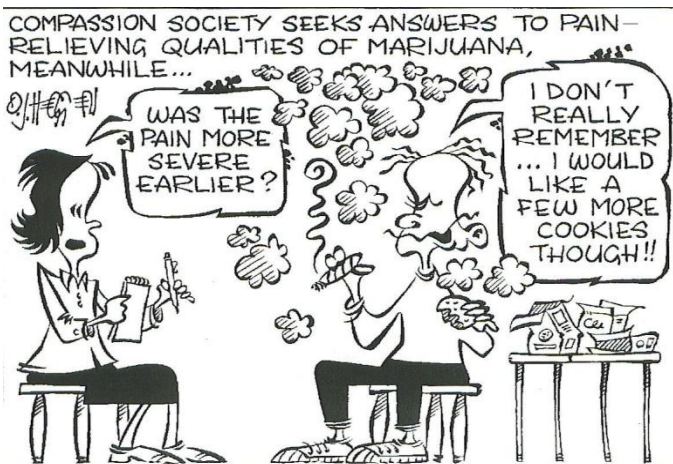
Washington State University (WSU) researchers investigated the correlation between cannabis use and infection with helminths, which are parasites in the bowel, in the Aka, a population of foragers of the Congo Basin. They found that the more hunter-gatherers smoke cannabis, the less they are infected by intestinal worms; this suggests that they may unconsciously be, in effect, smoking cannabis for medical purposes.

Ed Hagen, a WSU Vancouver anthropologist, explored cannabis use among the Aka foragers to see if people away from the cultural and media influences of Western civilization might use plant toxins medicinally. Roughly 70% of men used cannabis and "THCA levels were negatively correlated with parasite infection and re-infection, supporting the self-medication hypothesis," authors wrote. "If you look at non-human animals, they do the same thing, and what a lot of biologists think is they're doing it to kill parasites," said Hagen.

As one of the world's last groups of hunter-gatherers, the Aka offer anthropologists a window into a way of life accounting for some 99 percent of human history. They might also offer an alternative hypothesis to explain human drug use.

The issue is significant on at least two fronts, write Hagen and his colleagues, with substance abuse and intestinal helminth infection being "two of the developing world's great health problems."


Sources: <http://www.ncbi.nlm.nih.gov/pubmed/26031406>



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Allard Injunction Order Ruling Expected in Fall 2015

The Allard Injunction Order, which seeks to maintain personal and designated grower cannabis cultivation for medical purposes as set out in the old MMAR, finished arguments in June and a decision is expected in the fall. A motion to vary the injunction, which would allow MMAR patients to change production or other addresses due to unforeseen circumstances, was denied by Judge Phalen on July 15. There is also no change to the 150 grams maximum possession limit at this time.

According to John Conroy, this decision may be subject to appeal but it is suggested to finish the submissions on the relevance and impact of *R. v. Smith* this month and wait for the final Allard decision.

For a copy of Judge Phalen's decision, visit Conroy's website cited below.

Source: <http://www.johnconroy.com/mmar.htm>

Dalhousie University to Study Impact of Cannabis on Arthritis in 3-Year Study

Dalhousie University in Halifax, NS, has received a three-year research grant from The Arthritis Society to investigate the how cannabis can manage arthritic pain.

Dr. McDougall, one of the world's foremost pain researchers, will be heading the research and is hoping to find out if medical marijuana can help repair arthritic joints and relieve pain.

The society says the majority of patients authorized to use medical cannabis in Canada use it to manage arthritis pain. Based upon statistics from the Vancouver Island Compassion Society, arthritis is tied with chronic pain as the most common reason that physicians recommend cannabis for their patients.

Source: www.cbc.ca/news/canada/nova-scotia/dalhousie-researcher-investigates-use-of-marijuana-for-arthritis-pain-1.3142592

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

Drug Policy Alliance
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**"They who can give up essential liberty to obtain a little temporary safety
deserve neither liberty nor safety."**

-- Benjamin Franklin