



Vol. 9, Issue 7
August 2017

CANNABINOID CHRONICLES

Medical Cannabis News and Information

Cannabis and Women's Health

The most ancient use of cannabis that has been archaeology confirmed was to ease labour distress during childbirth. Dysmenorrhea was commonly treated with cannabis in the 19th century. Many women have discovered that cannabis relieves menstrual cramps or dysmenorrhea, which may result from the cannabinoids' suppression of prostaglandins (natural chemicals in the body with hormone-like qualities). Endocannabinoids regulate fertility and aspects of endometriosis, and cannabis has been found to be useful treating the associated inflammation. Sadly, however, our knowledge is limited because there has been very little formal research into women's health issues and cannabis.

When Andrea Dobbs began experiencing perimenopausal symptoms (period in woman's life prior to menopause), she knew little about cannabis for health. Andrea's journey led her to use cannabis for her symptoms and to co-own a dispensary (<https://thevillagedispensary.ca/>).

People had initially suggested hormone therapy or a hysterectomy for her symptoms, but Dobbs says she was raised with a holistic approach to health and found the procedures too drastic. Although she had family members and friends who used cannabis to treat arthritis and back pain, it wasn't until Andrea discovered the relationship between progesterone and THC that she became curious about its applications for her own health.

Andrea's initial exposure to cannabis was not overly helpful from a health point-of-view; the dispensary staff seemed unfamiliar with her concerns, did not ask about previous experience, and suggested a cannabis-infused chocolate that resulted in an eight-hour drooling session while she lay incapacitated on the couch. However, as she was coming off the cannabis, Andrea noticed how her body felt relaxed and without pain. She wondered whether her experience could have been better had she taken the correct dose.

Those thoughts, combined with the insight gained after working in retail at a women-oriented adult store for 10 years, inspired a vision for a dispensary that made space for those with sensitive health issues who might be curious about cannabis but don't know where to begin. When it comes to treating symptoms related to PMS, menstruation, menopause, endometriosis, and other health issues with cannabis, Dobbs looks to a variety of remedies: cannabis-infused massage oil, locally made and imported creams, lotions, and salves formulated to target skin issues and pain relief. She also holds a number of cannabis-infused salt soaks and bath bombs in high regard and says most are mild enough for first-timers. After massage oils, Dobbs began to explore tinctures and found that sativa-infused formulations provided her with the wakefulness she needed to replace coffee.

For women suffering from endometriosis, Dobbs says many members sing the praises of THC-infused vaginal inserts and suppositories. As for restoring a lost or dwindling libido brought on by menopause, Dobbs says smoking is an option but nothing works as well, in her books, as THC-infused pleasure oil.

By working with members and learning their medical needs, Dobbs is able to guide them through the process of perfecting their dosages. Pending legalization, Dobbs hopes the dispensary model is upheld so that she can continue to provide cannabis to patients. *(Sources pg. 2)*



Image: <http://www.notey.com/blogs/menstrual-cramps>

International Association for Cannabinoid Medicines (IACM) Bulletin

Human: The use of cannabis improves performance during simulated night shift work

In a study with 10 experienced cannabis smokers, moderate cannabis use reversed some of the negative consequences of night shift work on performance, scientists of Columbia University in New York, USA, found. Over the 23-day study, participants smoked a single cannabis cigarette (0, 1.9 or 3.56% THC) one hour after waking for three consecutive days under two shift conditions, day shift and night shift. Shifts alternated three times during the study, and shift conditions were separated by an 'off' day.

When participants smoked placebo cigarettes, psychomotor performance and subjective-effect ratings were altered during the night shift. Cannabis attenuated some performance, mood, and sleep disruptions: participants performed better on vigilance tasks, reported being less tired and sleep longer. Authors concluded that “these data demonstrate that abrupt shift changes produce performance, mood, and sleep decrements during night shift work and that smoked marijuana containing low to moderate $\Delta(9)$ -THC concentrations can offset some of these effects in frequent marijuana smokers.”

Source: <http://www.ncbi.nlm.nih.gov/pubmed/28728115>

Human: Cannabidiol slowed progression of amyotrophic lateral sclerosis in a case report

Cannabidiol was able to improve symptoms in a patient with amyotrophic lateral sclerosis according to an article by an Austrian scientist. He wrote that “about eighteen months ago, the patient, a general practitioner at the beginning of his sixties, observed a painless weakness and impaired function of his right hand.” Despite of treatment with riluzole, symptoms progressed relatively fast. Therefore, the patient decided to take cannabidiol (CBD) 2 × 200 mg/day as co-medication, and increased to a daily dose of 2 × 300 mg. The author wrote, “Within 6 weeks, the impaired function of the right hand and foot reversed almost completely and dysphagia [impaired food intake] partially. Improvement was maintained for about 10 weeks, when again a slow progression” of symptoms was observed.

Source: <http://www.omicsonline.org/open-access/comedication-with-cannabidiol-may-slow-down-the-progression-of-motorneuron-disease-a-case-report-2329-9126-1000316.pdf>

Cannabis and Women's Health, from pg. 1

Sources: www.straight.com/marijuana/917001/bye-bye-cramps-cannabis-comes-rescue-women

Backes, Michael (2014). *Cannabis Pharmacy - The Practical Guide to Medical Marijuana*. NY, NY: Black Dog & Leventhal Publishers. pp 243
Gieringer, Dale., E. Rosenthal and G.T. Carter (2008). *Marijuana Medical Handbook*. Oakland, CA. Quick American. pp. 56

Human: Cannabis effective in migraine and cluster headache in a clinical study

An Italian study has determined that cannabis is as effective as current pharmaceutical therapies for migraine prophylaxis. In a phase 2 study, 79 patients with chronic migraine were given a daily dose of either 25mg of amitriptyline or 200mg of a cannabis extract containing THC and CBD for a period of three months. The extract was made from the cannabis strain Bedrocan with 19% THC and the strain Bedrolite with 9% CBD. Forty-eight cluster headache patients also received either the same dose of the cannabis extract or 480mg of verapamil daily. For acute pain, an additional 200mg of the extract were administered for both types of headaches.

While the cannabis extract and amitriptyline achieved similar reduction in attacks, the severity and number of cluster headache attacks only fell slightly. In the treatment of acute pain, cannabis reduced pain intensity among migraine patients by 43.5%. The same results were seen in cluster headache patients, but only in those who had experienced migraine in childhood.

Source: http://www.nutraingredients-asia.com/Research/Cannabinoids-as-effective-as-pharmaceutical-treatments-for-migraine-attacks/?utm_source=Newsletter_Subject&utm_medium=email&utm_campaign=Newsletter+Subject&c=PNxz5Aih0L3Pfawt2P0GzsvQ9/LKE1WC

Animal: Activation of the CB2 receptor may be helpful in the treatment of stomach ulcer

In two animal models of gastric ulcer, activation of the CB2 receptor by a synthetic cannabinoid (A836339) reduced the activity of mediators of inflammation (TNF-alpha and interleukin 1-beta) in gastric tissue and improved recovery from the ulcer.

Source: <http://www.ncbi.nlm.nih.gov/pubmed/28710683>

Human: Cannabis may be helpful in restless legs syndrome according to case reports

The use of cannabis may be helpful in the treatment of restless legs syndrome according to a report on six patients by scientists of the University of Bordeaux and other French institutions. Usually symptoms respond well to dopamine agonists, opiates, or anticonvulsants, used either alone or in combination. However, a subset of patients remains refractory to medical therapy or experience serious side effects.

Scientists wrote that after inhalation of cannabis, all six patients reported "total relief of RLS symptoms as well as complete improvement of sleep quality."

Source: <http://www.sleep-journal.com/article/S1389-9457%2817%2930222-8/abstract>

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

Study of Cannabis Dispensaries Finds High Satisfaction

With pending legal recreational cannabis in Canada in July 2018, are true medical cannabis dispensaries indispensable? Or will they be dispensed with?

Despite the fact that dispensaries have been a major access point for medical cannabis in Canada for two decades, nobody has looked at who is accessing cannabis from dispensaries and how it compares to other sources.

A new study from UBC, the first to look specifically at access from dispensaries in Canada, found that patients who use *cannabis for therapeutic purposes* (CTP) rate storefront dispensaries highly for quality, safety, availability and efficiency, but less highly for cost compared to some other cannabis sources.

Led by interdisciplinary studies PhD candidate Rielle Capler, the study compared sociodemographic characteristics, health related factors and patterns of cannabis use of 445 respondents, and compared patients' ratings of CTP for quality and availability of product, safety and efficiency of access, cost, and feeling respected while accessing.

"We know that about 80% of patients use dispensaries, even those who are authorized to buy cannabis legally. So, what is interesting is to get some understanding of why. What we found is that patients who use dispensaries are highly satisfied with the services and products that they are getting. There was less satisfaction with the cost at dispensaries as compared to some of the other sources...", Capler said in an interview.

Patients using dispensaries were older, more likely to have arthritis and HIV/AIDS, and less likely to have mental health conditions than those not using dispensaries. Those accessing dispensaries used larger quantities of cannabis, placed greater value on access to specific strains, and were more likely to have legal authorization for CTP. Dispensaries were rated equally to or more favourably than other sources of CTP for quality, safety, availability, efficiency and feeling respected, and less favourably than self-production and other producer for cost.

Given the high endorsement of dispensaries by patients, future regulations should consider including dispensaries as a source of CTP and address known barriers to access such as cost and health care provider support. Further research should assess the impact of the addition of licensed producers on the role and perceived value of dispensaries within the Canadian medical cannabis system.

Further from Capler: "Looking at other jurisdictions, dispensaries are typically part and parcel of any regulations regarding distribution. Provincial regulators

will be assessing storefront access, and I do think it would be instructive for them to look at the natural experiment that's been happening for the past 20 years in Canada with dispensaries and seeing how effective it is, and using that data to inform their decisions. Clearly dispensaries are already playing a big role in cannabis access in Canada."

Sources: <https://news.ubc.ca/2017/07/11/first-canadian-study-examining-patients-use-of-cannabis-dispensaries-finds-high-satisfaction/>
<http://www.sciencedirect.com/science/article/pii/S0955395917301500>

Researchers Recommend Two Cannabis Distribution Streams

Two Dalhousie researchers are lending their voices to the debate on keeping the medical and recreational streams of cannabis separate.

While the 2016 Task Force on Cannabis Legalization and Regulation suggested two separate streams, the Canadian Medical Association (CMA) came out in favour of only one. The task force noted patients felt a separate system was necessary to avoid losing their current access rights to cannabis.

Melanie Kelly, professor of pharmacology at Dalhousie University, and Elizabeth Cairns, a PHD candidate studying pharmacology, co-authored a commentary in the CMA Journal agreeing with the task force recommendations.

Cairns said the CMA stated there is not enough research and clinical evidence that supports medical use of cannabis. Although it might be true for major conditions like cancer and heart disease, Cairns said there is substantial evidence of the effectiveness of cannabis in the treatment of chronic pain, epilepsy, chemotherapy-induced nausea and MS symptoms.

"CMA doesn't feel that doctors need to be invested in medical cannabis because of the apparent lack of evidence for it," said Kelly.

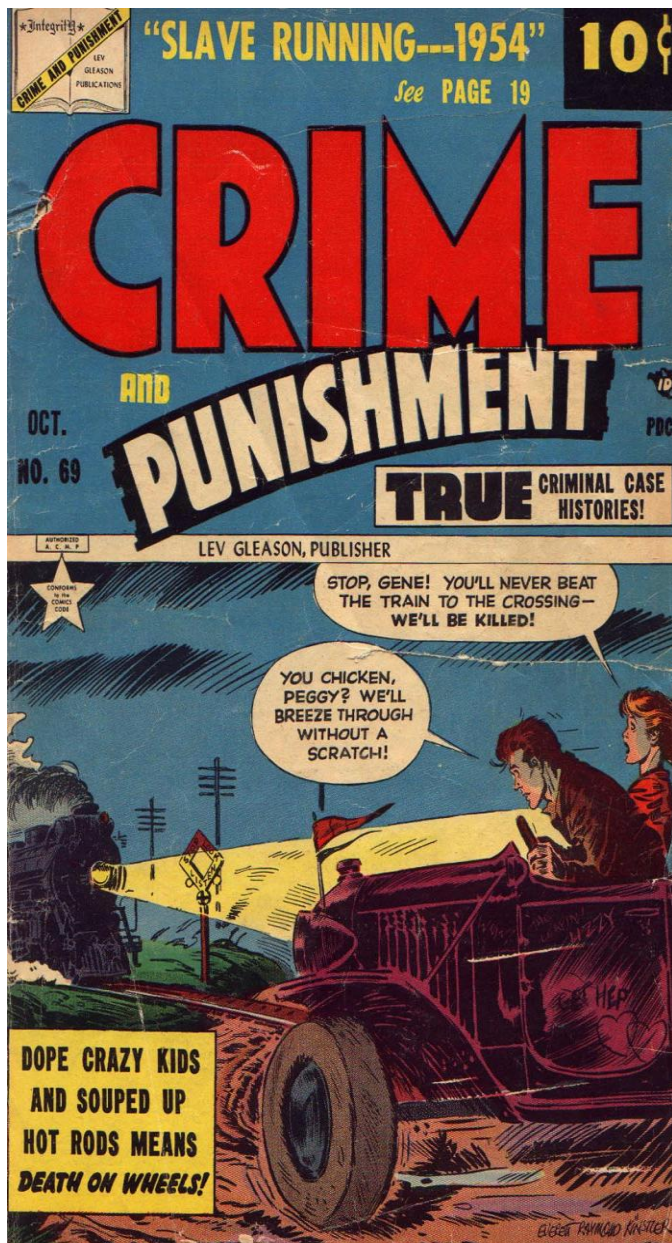
She said research in those fields is required in order to learn more about cannabis and its medical uses, and the single-stream approach might hinder that.

"If we see that there would only be one stream, which of course would be driven by the (consumer) market, then it would lean more towards the recreational," Kelly said.

"That would certainly drive the field, not just in terms of what's being produced but what research is being done or funded."

Kelly said there is research being done in the field, but it's more focussed on harm reduction stemming from recreational use instead of therapeutic use which would drive the medical use.

Source: <http://www.mapinc.org/drugnews/v17/n228/a08.html?180>



Visit us at www.thevics.com

Endocannabinoid System in Neurodegenerative Disorders

Most neurodegenerative disorders (NDDs) are characterized by cognitive impairment and other neurological defects. The definite cause of and pathways underlying the progression of these NDDs are not well defined. Several mechanisms have been proposed to contribute to the development of NDDs. These mechanisms may proceed concurrently or successively, and they differ among cell types at different developmental stages in distinct brain regions. The endocannabinoid system, which involves cannabinoid receptors type 1 (CB1R) and type 2 (CB2R), endogenous cannabinoids and the enzymes that catabolize these compounds, has been shown to contribute to the development of NDDs in several animal models and human studies. In this review, we discuss the functions of the endocannabinoid (EC) system in NDDs and converse the therapeutic efficacy of targeting the endocannabinoid system to rescue NDDs.

Several lines of evidence suggest a primary function of endocannabinoids, CBRs and other components of EC system in the degenerative process. Various investigators using a variety of preclinical models have discovered the therapeutic intervention strategies modulating EC system. Furthermore, current approaches to the development of novel therapeutic strategies for neurodegenerative diseases have focused not only on their neuroprotective properties but also on alleviating symptoms of the neurodegenerative diseases. These approaches are based on the well-characterized role of cannabinoids that have the ability to control both anti-inflammatory and neuroprotective functions. Therefore, the use of CB2R agonists and CB1R antagonists endeavor an interesting, unique and potential therapeutic advance for neurodegenerative disorders. Source: www.ncbi.nlm.nih.gov/pubmed/28608560

RESOURCE DIRECTORY:

AIDS Vancouver Island
3rd Fl- 713 Johnson St, Victoria
250-384-2366

VIPWA
101-1139 Yates Street, Victoria
250-382-7927

**The Action Committee of
People with Disabilities**
948 View Street, Victoria
250-383-4105

Victoria Brain Injury Soc.
830 Pembroke St., Victoria
(250) 598-9339

HepC BC
2642 Quadra Street, Victoria
250- 595-3892

BC Cancer Agency
2410 Lee Ave, Victoria
(250) 519-5500

Canadians for Safe Access
www.safeaccess.ca

John W. Conroy, Q.C.
1-877-852-5110 (toll free)
www.johnconroy.com

Kirk Tousaw, Barrister
604-836-1420
www.tousawlaw.ca

DrugSense
www.drugsense.org

**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

Media Awareness Project
www.mapinc.org

**Together Against Poverty
Society**
302-895 Fort Street, Victoria
250-361-3521

“Instead of being presented with stereotypes by age, sex, colour, class, or religion, children must have the opportunity to learn that within each range, some people are loathsome and some are delightful.”

-- Margaret Mead (cultural anthropologist, 1901 – 1978)