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CANNABINOID CHRONICLES

Medical Cannabis News and Information

Veterans' Medical Cannabis Access Curtailed Due to Doctor's Concerns

Veterans who use medical cannabis to treat post-traumatic stress disorder (PTSD) have to go outside the network of clinics sanctioned by Veterans Affairs to get the drug due to concerns by doctors at the clinics about its effectiveness.

The last operational stress injury clinic (OSI) to prescribe medical cannabis to former soldiers stopped doing so in January 2017, citing a lack of research and concerns it might even be doing more harm than good.

The decision by the clinic to stop prescribing medical cannabis is mentioned in an undated briefing note prepared for the deputy minister of Veterans Affairs and obtained by CBC News under access to information.

The department has struggled with its policy on medical cannabis for veterans. In May, the department lowered the daily limit for medical cannabis prescriptions covered by veterans' benefits to three grams a day, down from 10 grams, after an internal review found reimbursements to veterans for medical cannabis had shot up over the past decade. However, whether conveniently overlooked or not, other drugs used for PTSD have declined in use.

The new policy allowed for higher amounts if the patient obtained authorization from a medical specialist. But with the OSI clinics no longer prescribing cannabis, veterans with mental illnesses have one less place to turn to get a psychiatrist's approval.

OSI clinics provide assessments, treatment, prevention and support to serving Canadian Forces members and veterans with mental illnesses. The department of Veterans Affairs provides guidance to these clinics but does not get involved in operational issues. They are operated by local or provincial health authorities.

Veterans Affairs, along with the Canadian Forces, are undertaking a clinical trial to evaluate the safety and

efficacy of medical cannabis in treating PTSD.

But for now, the research and evidence is scant, said Dr. Anthony Njoku of the OSI clinic in Fredericton.

That reason isn't good enough for veteran Fabian Henry. Henry served in the Canadian Forces for 12 years and was medically released after being diagnosed with post traumatic stress disorder in 2012. He uses cannabis to relieve his PTSD symptoms. Now he's the founder of *Marijuana for Trauma*, a company with 15 locations to help veterans access medical cannabis across the country.

Henry said now that the clinic in Fredericton no longer writes prescriptions or fills special requests of veterans for amounts beyond the limit of three grams of dried cannabis per day, it's next to impossible for him to get the seven grams of cannabis he said he requires to cope with his symptoms.

"When they cut my medicine back, I started to fear for my health, those around me, my community, because before all of this I was not a good person.... I didn't want to go down that road again," he said.

Veterans are able to access medical cannabis for mental-health illnesses from physicians outside of the Veterans Affairs network. Henry said that if someone does not need more than three grams, access is getting better because of groups like his.

Source: www.cbc.ca/news/politics/veterans-medical-marijuana-osi-clinics-1.4267592



Image: <http://www.notey.com/blogs/canadian-veterans>

International Association for Cannabinoid Medicines (IACM) Bulletin

Human: Cannabis users had less severe symptoms in alcoholic pancreatitis

According to a review of patients with acute alcoholic pancreatitis at a large hospital, cannabis users presented with less severe symptoms. Researchers of Mercer University School of Medicine in Macon, USA, analysed data of patients discharged with principle or secondary diagnosis of alcoholic pancreatitis between January 2006 and December 2015.

There were 38 patients with a history of cannabis use and 76 patients who tested negative for THC. The study shows that a smaller percentage of cannabis positive patients had a so-called systemic inflammatory response syndrome (SIRS) and had a lower BISAP score, which is a measure for pancreatitis mortality. There was also a significantly lower level of blood urea nitrogen, which is a measure for kidney or liver damage. Authors concluded, "...that cannabis could modulate the inflammatory effect of alcohol on the pancreas."

Source: <https://www.ncbi.nlm.nih.gov/pubmed/28815220>

Human: About 40% of American war veterans, who use cannabis, use it for medical purposes

Approximately 9% of Veterans in the USA reported past year cannabis use. This is the result of research by scientists of the Addiction Center of the University of Michigan, USA. In states where medical cannabis was legal in 2014, approximately 41% of Veterans who used cannabis in the past year used medically. Those who used medically were older and less likely to engage in recent heavy episodic drinking or to meet criteria for alcohol abuse/dependence, compared to Veterans using non-medically.

Authors concluded that "compared to non-Veterans in the US general population, recent cannabis use was similar or slightly lower among Veterans. However, among those with past year use, the proportion of those using medically was more than double that of the general population. Because only non-medical cannabis use was associated with higher rates of heavy episodic alcohol use and alcohol use disorder, it may be important to address problematic alcohol consumption among this high-risk group.

Source: <https://www.ncbi.nlm.nih.gov/pubmed/28858694>

Animal: Cannabinoid treatment may reduce development of tolerance to morphine

In mice with cancer pain, which were treated with a cannabinoid that only activates the CB2 receptor (AM1241) together with morphine, the development of tolerance to morphine was reduced.

Cancer Hospital of Harbin Medical University, China.

Source: <https://www.ncbi.nlm.nih.gov/pubmed/28901432>

Human: Trauma patients find relief from a treatment with cannabis according to a survey

Patients with musculoskeletal trauma profit from a treatment with cannabis according to survey data. Harvard Medical School investigators asked 500 patients at two trauma centres. The majority of patients felt that cannabis could be used to treat pain (78%) and anxiety (62%). Most patients (60%) had used cannabis at least once previously, while only 14% reported using cannabis following their injury.

Of those who used cannabis during their recovery, 90% (63 of 70) said that it reduced symptoms of pain, and 81% (57 of 70) said that it reduced the amount of opioid pain medication they used. Authors concluded that "the majority of patients in this study believed that medical marijuana is a valid treatment and that it does have a role in reducing post-injury and post-operative pain. Those patients who used marijuana during their recovery felt that it alleviated symptoms of pain and reduced their opioid intake."

Source: http://journals.lww.com/jorthotrauma/Abstract/publishahead/Patient_perceptions_of_the_use_of_medical.98730.aspx

Human: Legal access to cannabis may reduce the treatment with other medicinal drugs

Of 83 chronic pain patients, who were enrolled in a medical cannabis program, 28 ceased the use of all other medications within 6 months. In comparison only 1 of 42 patients not in the program stopped the other medications. Authors concluded that "legal access to cannabis may reduce the use of multiple classes of dangerous prescription medications in certain patient populations."

Source: <https://www.ncbi.nlm.nih.gov/pubmed/28899660>

Human: Cannabis has no negative effect on the immune system in patients with HIV

Researchers investigated the lymphocyte count among 70 patients, whose urine drug tested negative for THC and 25 patients, who tested positive for THC. THC-positive patients had significantly higher CD4+ and CD8+ counts than their THC-negative counterparts. Authors concluded that THC use does not reduce immune function.

Source: <https://www.ncbi.nlm.nih.gov/pubmed/28850903>

Animal: Terpene tingenone activates the CB2 receptor

Tingenone, a pentacyclic triterpene, was shown to activate the CB2 receptor. This is another terpene with activity at the CB2 receptor, of which the best known is beta-caryophyllene.

Source: <https://www.ncbi.nlm.nih.gov/pubmed/28889355>

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

Medical Cannabis Usage by Canadian Patients

A recent study performed by licensed producer Tilray is shedding more light on how patients access medical cannabis, in what form, and how it impacts their quality of life.

The Tilray Patient Survey 2017, led by Philippe Lucas, Vice-President of Patient Research & Access for Tilray, and Nick Jikomes, PhD, from Leafly (both are subsidiaries of Privateer Holdings, Inc.) teamed up with academics and researchers from the Cleveland Clinic, McMaster University, the University of British Columbia, and the University of Victoria to conduct the largest survey of Canadian medical cannabis patients so far.

Of the 2,032 patients across Canada who responded to the survey, the median age was 40 years, and men outnumbered women two-to-one. About one in five respondents (22%) had private insurance, but just 3% got financial assistance.

Nearly 70% of users reported that they substituted medical cannabis for a previously prescribed medication. The leading substance that medical cannabis replaced was opioids (36%), with antidepressants (21%) and other pain medications following close behind.

“In 610 mentions of opioid medication, 59% of patients stopped using these painkillers completely, and another 18% cut their consumption to a quarter or less,” said Lucas. “This suggests that cannabis may already be playing a harm-reduction role in the current opioid crisis.”

These findings are consistent with US-based research by Bachhuber et al. (2014) showing a nearly 25% reduction in opioid overdose deaths in medical cannabis states compared to neighboring states that did not allow the medical use of cannabis.

Nearly a third of participants (31%) reported that using medical cannabis had helped them cut their tobacco use, and half of those respondents had quit using tobacco altogether. In addition, 44% of those surveyed reported that medical cannabis helped them consume less alcohol, and 26% said that cannabis products served as a substitute for illicit drugs.

The study also found that the two main conditions that drive patients to seek medical cannabis were chronic pain (38%) and mental health issues (40%), including anxiety and insomnia.

With so many ways to work medical cannabis into a healthcare plan, researchers asked participants how they prefer to get their daily dose.

Although cannabis use for medical purposes is gaining acceptance as patients choose it for a variety of health

challenges, it doesn't fit the traditional “take two and call me in the morning” format of other prescriptions.

Despite the variety of delivery methods now available for medical cannabis, respondents tended to stick with a classic: dried flower was far and away the most popular choice for patients. Most patients (74%) used cannabis on a daily basis, and average consumption was about a gram and a half every day, translating to just over 19 ounces a year. A lot of that was consumed as joints, the most popular method of smoking medical cannabis.

But while traditional flower was the most popular form of cannabis among Canadian patients, new ways of ingesting it are growing in popularity. Almost half (47%) of participants reported that their main cannabis delivery method was non-smoking. Vaporizers, including gear like e-nails and vape pens, were the favored method for 31% of respondents.

Bringing up the rear, juicing was the least popular method of consuming cannabis, with just 0.2% of survey takers calling it their primary method of use. Topicals like oils and salves just edged it out as the most popular forms of cannabis consumption among 0.3% of patients.

The data patients shared with researchers demonstrates that the long-held promise medical cannabis holds for treating a broad array of conditions is starting to be realized. In particular, the initial findings of this study highlight the potential of medical cannabis to help address North America's opioid crisis by providing a safer substitute in the treatment of chronic pain. Now, authors of the study are drafting the data into a number of academic publications that will help to better understand and contextualize the results.

Source: <https://www.leafly.com/news/canada/canadian-patients-using-medical-cannabis?> (Sponsored by Tilray)



Medical Cannabis Associated With Fewer Premature Deaths in the United States

Background: Adverse effects of moderate cannabis use on physical health are subtle and rarely fatal, while cannabis use is associated with decreased rates of obesity, diabetes mellitus, mortality from traumatic brain injury, use of alcohol and prescription drugs, driving fatalities, and opioid overdose deaths. These data suggest that cannabis use may decrease premature deaths. To date, no studies have attempted to estimate impacts of cannabis use on premature death that include both adverse and beneficial effects on physical health.

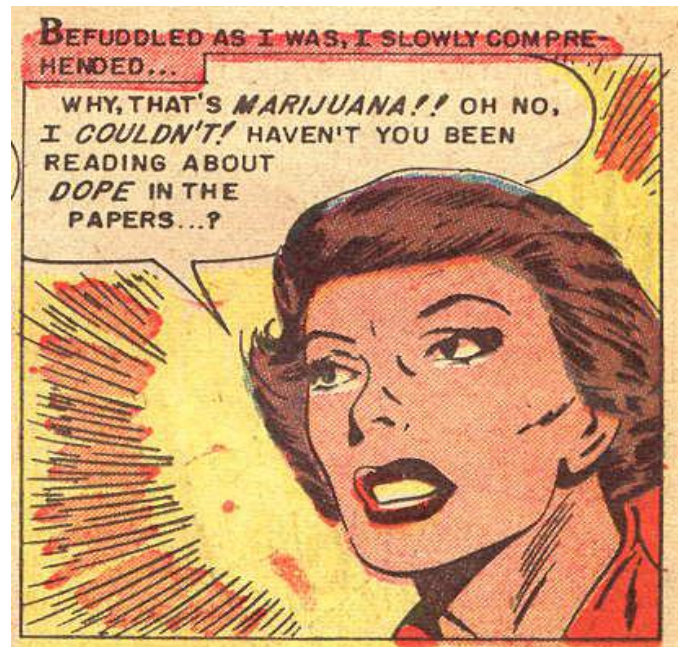
Methods: A systematic review, meta-analysis, and narrative summary of effects of cannabis use on mortality are performed. Studies addressing the impact of cannabis use on physiological systems and metabolism, and fatality rates following brain injury, are used with reported numbers of deaths from these causes and the proportion of the population using cannabis to obtain an initial estimate of the effects of cannabis use on premature death. Changes in death rates and alcohol consumption following legalization of medical marijuana are used with census data from states with legal access to estimate the impact of legalization of medical marijuana.

Results: Marijuana use is estimated to reduce premature deaths from diabetes mellitus, cancer, and traumatic brain injury by 989 to 2,511 deaths for each 1% of the population using cannabis. Using a monthly user rate of 12.2% in the analysis, this results in an estimated 12,100 to 30,600 deaths from these causes prevented annually due to marijuana consumption. Including MMJ, Cannabis use appears to prevent approximately 17,400 to 38,500 premature deaths annually under current policies. The analysis predicts an estimated 23,500 to 47,500 deaths prevented annually if medical marijuana were legal nationwide. A number of other potential causes of reduced mortality due to cannabis use were revealed,

but were excluded from the analysis because quantitative data were lacking. These estimates thus substantially underestimate the actual impact of cannabis use on premature death. Including states with legal access as of 2015, prohibition is responsible for an estimated minimum of 6,100 to 9,000 deaths annually due to lack of access to medical marijuana, in addition to the increased deaths from cancer, diabetes mellitus, and TBI arising from a decrease in the numbers of people using marijuana. Overall, prohibition is estimated to lead to similar numbers of premature deaths as drunk driving, homicide, or fatal opioid overdose.

Conclusions: Cannabis use prevents thousands of premature deaths each year, and cannabis prohibition is revealed as a major cause of premature death in the U.S.

Source: <https://scholarworks.iu.edu/dspace/handle/2022/21632>



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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

***"Honesty may be the best policy, but it's important to remember that apparently,
by elimination, dishonesty is the second-best policy"***

-- George Carlin (stand-up comedian, author, 1937 to 2008)