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# CANNABINOID CHRONICLES

## Medical Cannabis News and Information

### **No Relationship Between Moderate Adolescent Cannabis Use, Exam Results or IQ**

Contrary to the popular notion that cannabis use makes you stupid or dumber, a large UK study has found that occasional adolescent cannabis use does not lead to poorer educational and intellectual performance, but that heavy cannabis use is associated with slightly poorer exam results at age 16. The results come from the Avon Longitudinal Study of Parents and Children (ALSPAC), a long-term study that follows the health of children born in the Bristol area (UK) in 1991 and 1992. Final sample size was 2235 persons.

Two main points were found in the study:

- Cannabis use appeared to be associated with decreased intellectual performance. Cannabis use was, however, highly correlated with other risky behaviours such as alcohol, cigarette and other drug use. When the researchers took these other behaviours into account, they found there was no relationship between cannabis use and lower IQ at age 15.
- Heavier cannabis users (at least 50 times by age 15) however, did show marginally impaired educational abilities. These children tended to have poorer exam results (3% lower) on compulsory school exams taken at age 16, even after adjusting for childhood educational performance, as well as alcohol, cigarette and other drug use.

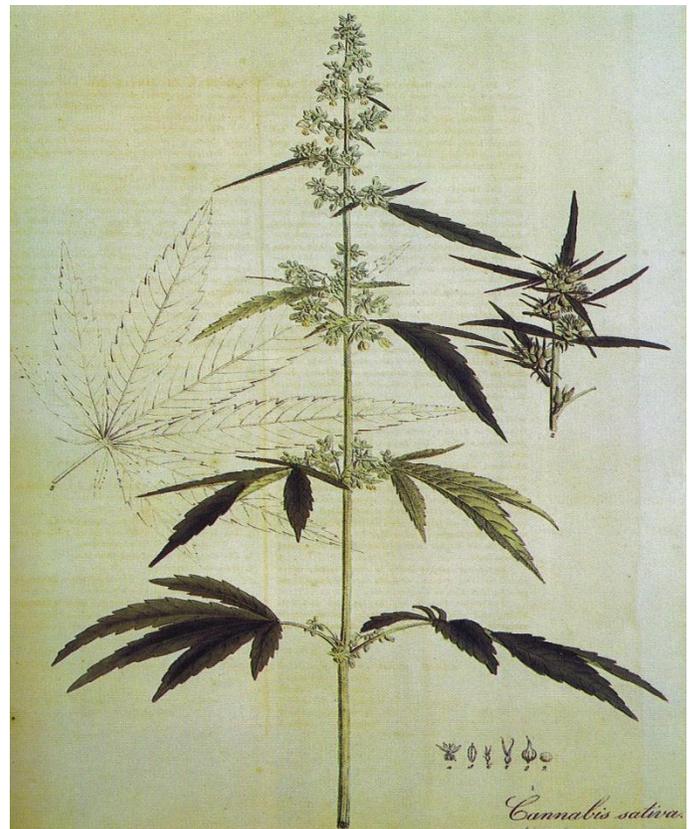
According to lead researcher, Claire Mokrysz (University College London):

“Our findings suggest cannabis may not have a detrimental effect on cognition, once we account for other related factors - particularly cigarette and alcohol use. This may suggest that previous research findings showing poorer cognitive performance in cannabis users may have resulted from the lifestyle, behaviour and

personal history typically associated with cannabis use, rather than cannabis use itself.... This study suggests it is not as simple as saying cannabis is the problem.”

The European College of Neuropsychopharmacology (ECNP) published the study on Oct. 20, 2014. Commenting ECNP Chair, Professor Guy Goodwin (Oxford), said “This is a potentially important study because it suggests that the current focus on the alleged harms of cannabis may be obscuring the fact that its use is often correlated with that of other even more freely available drugs and possibly lifestyle factors. These may be as or more important than cannabis itself.”

Sources: [www.sciencedaily.com/releases/2014/10/141020212410.htm](http://www.sciencedaily.com/releases/2014/10/141020212410.htm)



# **International Association for Cannabinoid Medicines (IACM) Bulletin**

## **Central and peripheral cannabinoid receptors are involved in the anti-inflammatory effects in colitis**

For the first time it was demonstrated that central and peripheral CB receptors are responsible for the protective and therapeutic action of cannabinoids in mouse models of inflammatory bowel diseases.

Snyder Institute for Chronic Disease, University of Calgary, Canada.

Source: <http://www.ncbi.nlm.nih.gov/pubmed/25275313>

## **Cannabinoid receptors determine metabolic responses to diet**

Animal research shows that CB1 receptors in a certain brain region (hypothalamic ventromedial nucleus) provide a molecular switch adapting the organism to change in diet. For example, under high-fat diet, a lack of the CB1 receptor in this region increases adiposity (quality or state of being fat).

Source: <http://www.ncbi.nlm.nih.gov/pubmed/25352999>

## **THC and CBD in combination with radiotherapy may be very effective in aggressive brain tumours**

When the natural cannabinoids THC (delta-9-tetrahydrocannabinol) and CBD (cannabidiol) are used to treat cancer alongside radiotherapy treatment the growths can virtually disappear. The new research by specialists at St George's, University of London, studied the treatment of brain cancer tumours in cancer cells and mice and discovered that the most effective treatment was to combine THC and CBD together with radiotherapy.

Results demonstrated a duration- and dose-dependent reduction in viability of cancer cells with each cannabinoid. The combination of the two cannabinoids was more than additive. Similarly, pre-treating cells with THC and CBD together for 4 hours before irradiation increased their sensitivity to radiotherapy when compared with pre-treating with either of the cannabinoids individually. These results with cancer cells were confirmed in mice with glioma, an aggressive brain tumour. They showed dramatic reductions in tumour volumes when both cannabinoids were used with irradiation. In the treated group of mice the mean volume was reduced by nearly 90% on day 21 of treatment compared with the non-treated group (5.5 cubic millimetres versus 48.7 cubic millimetres).

Researchers wrote that "our data highlight the possibility that these cannabinoids can prime glioma cells to respond better to ionizing radiation, and suggest a potential clinical benefit for glioma patients by using these two treatment modalities."

Source: <http://mct.aacrjournals.org/content/early/2014/11/12/1535-7163.MCT-14-0402.abstract>

## **Experiments on the vaporisation of THC and CBD**

Dutch and Australian researchers investigated availability of THC (40 mg) and CBD (100 mg) after vaporisation with the Volcano vaporizer. THC showed 55% availability when vaporised alone or with low dose CBD, while large variation in the availability of high dose CBD impacted upon the availability of THC when co-administered, with each compound affecting the vaporisation efficiency of the other in a dynamic and dose-dependent manner.

Source: <http://www.ncbi.nlm.nih.gov/pubmed/25319497>

## **CBD improves inflammation of the lung**

Animal research shows that CBD (cannabidiol) has a potent anti-inflammatory effect and also improves the lung function in mice submitted to acute lung injury. Authors wrote that "cannabidiol might become a useful therapeutic tool for the attenuation and treatment of inflammatory lung diseases."

Source: <http://www.ncbi.nlm.nih.gov/pubmed/25356537>

## **First diagnosed HIV patients, who use cannabis, have lower viral load**

At least daily cannabis use was associated with significant lower plasma HIV viral loads (pVL) in people first diagnosed to be HIV positive. This is the result of a study conducted by researchers of St. Paul's Hospital and the University of British Columbia in Vancouver, Canada. Scientists sought to investigate the possible effects of cannabis use on plasma HIV viral loads among recently seroconverted illicit drug users. They analysed the relationship between viral loads and high-intensity cannabis use among 88 participants who seroconverted following recruitment into the study between May 1996 and March 2012.

Researchers wrote that "consistent with the findings from recent in vitro and in vivo studies, including one conducted among lentiviral-infected primates, we observed a strong association between cannabis use and lower pVL following seroconversion among illicit drug-using participants. Our findings support the further investigation of the immunomodulatory or antiviral effects of cannabinoids among individuals living with HIV/AIDS."

Source: <http://www.ncbi.nlm.nih.gov/pubmed/25389027>

## **Government of Denmark funds medical cannabis research**

Danish government will support research into the medical benefits of cannabis by \$145,000,000 (USD).

Source: <http://www.thelocal.dk/20141031/denmark-funds-medical-cannabis-research>

**For more info visit: [www.cannabis-med.org/](http://www.cannabis-med.org/)**

## **Santé Cannabis, a Doctor-Staffed Clinic, Opens in Montreal**

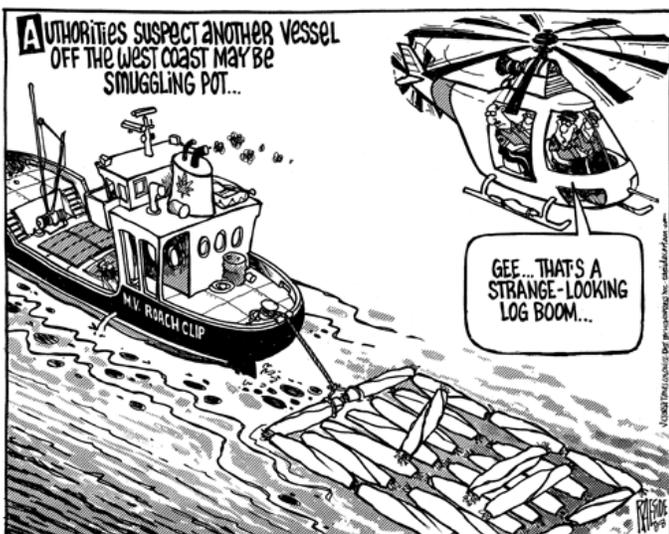
Santé Cannabis, a medical cannabis clinic staffed by medical doctors, has opened in Montreal, PQ. The company name is a play on words of Health Canada's name in French, Santé Canada.

The clinic is the brain child of business and life partners Erin Prosk and Adam Greenblatt, who until recently ran the Medical Cannabis Access Society that provided edible cannabis products for nearly 2,000 Quebec patients. The Society billed itself as a "dispensary" rather than a compassion club, Greenblatt says, because patients have a right to medication. The same principle applies in the new clinic, which will hold cooking workshops and help patients find the right strain of medical-grade cannabis for their particular condition.

Dressed casually in jeans, and a stethoscope draped over a black sweater, Dr. Dworkind is one of two physicians seeing patients unofficially every Monday at the clinic for the last three months (official opening was Nov. 11). Three other physicians have signed on and in February the clinic will have five doctors to evaluate patients and prescribe cannabis. Dworkind has learned from his patients that, while not a panacea, cannabis can work for the right patient. After giving recommendations for cannabis since 2000, Dworkind is now the medical director of Quebec's first medical cannabis-focused clinic.

The clinic is jumping the gun, according to Dr. Yves Robert, Collège des médecins du Québec secretary. The college is developing a protocol to be released in January; Santé Cannabis says it will enrol patients and use similar guidelines that are expected to merge with the Collège framework.

**Sources:** <http://montrealgazette.com/news/local-news/montreal-pot-clinic-opens-doors-to-patients>



Thanks yet again Raeside ([www.raesidecartoon.com](http://www.raesidecartoon.com))

## **Drug Legalization Policies Do Not Result In Wider Use**

An eight month UK government study, comparing the drug laws of 11 different countries, was published October 30, 2014. It represents the first official recognition since the 1971 Misuse of Drugs Act that there is no direct link between being "tough on drugs" and tackling the problem.

During 2013 and 2014, ministers and officials from the UK Home Office took part in fact-finding visits to, and discussions with, eleven countries: Canada, the Czech Republic, Denmark, Japan, New Zealand, Portugal, South Korea, Sweden, Switzerland, the United States of America and Uruguay.

The key finding of the report, written by Home Office civil servants, lies in a comparison of Portugal and the Czech Republic, both countries where personal use is decriminalized.

"We did not in our fact-finding observe any obvious relationship between the toughness of a country's enforcement against drug possession, and levels of drug use in that country," it says. "The Czech Republic and Portugal have similar approaches to possession, where possession of small amounts of any drug does not lead to criminal proceedings, but while levels of drug use in Portugal appear to be relatively low, reported levels of cannabis use in the Czech Republic are among the highest in Europe."

"Indicators of levels of drug use in Sweden, which has one of the toughest approaches we saw, point to relatively low levels of use, but not markedly lower than countries with different approaches."

The report, titled "*Drugs: International Comparators*", examines various harm reduction initiatives, including the use of drug consumption rooms, the prescription of heroin under medical supervision, and prison-based needle exchange programs. In particular it found evidence that heroin prescribing can be effective.

There is no overall conclusion to the report, but in its last paragraph the Home Office authors reflect that the lack of any clear correlation between "toughness" of approach and levels of drug use demonstrates the complexity of the issue: "Achieving better health outcomes for drug users cannot be shown to be a direct result of the enforcement approach."

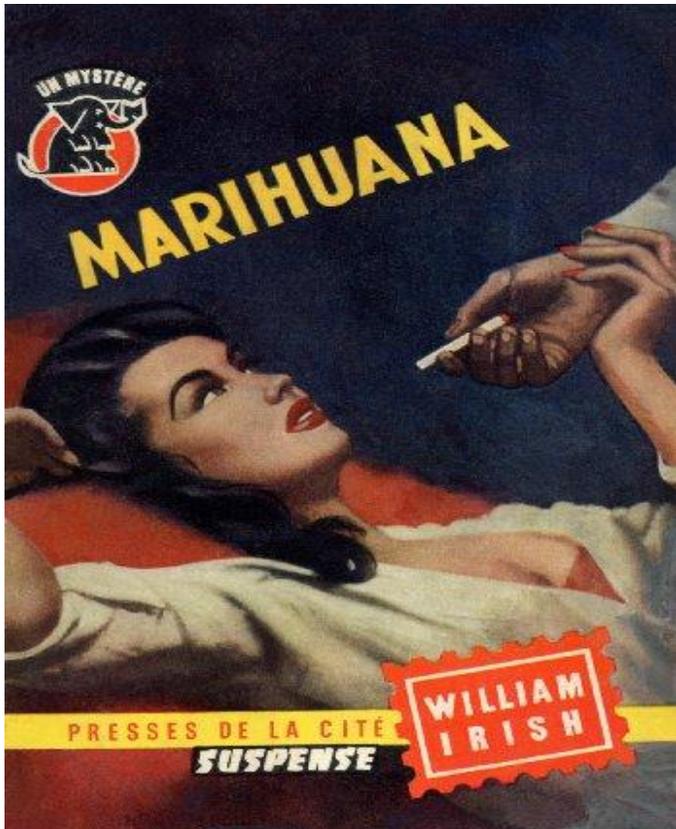
The report can be found here:

<https://www.gov.uk/government/publications/drugs-international-comparators>

**Sources:** [www.theguardian.com/society/2014/oct/30/drug-laws-international-study-tough-policy-use-problem](http://www.theguardian.com/society/2014/oct/30/drug-laws-international-study-tough-policy-use-problem) AND

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## Tilray To Sponsor BC PTSD Study

Tilray in Nanaimo, BC, one of the several Authorised Licensed Producers presently permitted to supply patients under the new MMPPR, has revealed that they plan to sponsor a \$350,000 medical cannabis study.

Tilray is seeking approval from Health Canada to fund the first study in Canada on the safety and effectiveness of cannabis for post-traumatic stress disorder (PTSD) among sexual assault victims, military veterans and first responder personnel.

Zach Walsh, a UBC psychology professor who will be the study's principal investigator, said cannabis is used by an unknown proportion of PTSD patients for symptoms including flashbacks, anxiety, depression, anger, irritability and changes in sleep and appetite. Yet there is a serious lack of scientific evidence about therapeutic benefits or risks of use.

"Physicians and patients are hungry for research on marijuana. Medical research is playing catch-up with cannabis use so we really need to do these kinds of controlled studies," said Walsh.

It's not known how many PTSD patients use cannabis but a 2008 Canadian study estimated that 9.2% of the population will suffer from the extreme anxiety disorder at some point in their lifetime. At any time, 2.4% of people have symptoms as a result of experiencing or witnessing major trauma. As with any whole plant cannabis treatment, matching strain type(s) to the individual is critical.

Philippe Lucas, vice-president of patient research at Tilray, said the value of the cannabis supplied by his firm will be about \$40,000 (or \$1,000 for each of the 40 study participants). The study is hoped to be conducted by UBC researchers at the Kelowna campus.

**Sources:** [www.vancouver.sun.com/health/medical+marijuana+producer+hopes+sponsor+PTSD+study/10375919/story.html](http://www.vancouver.sun.com/health/medical+marijuana+producer+hopes+sponsor+PTSD+study/10375919/story.html)

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**BC Coalition of People  
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1-800-663-1278

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

**Drug Policy Alliance**  
[www.drugpolicy.org](http://www.drugpolicy.org)

**Media Awareness Project**  
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***"The reasonable man adapts himself to the world; the unreasonable one persists in trying to adapt the world to himself. Therefore, all progress depends on the unreasonable man."***

***-- George Bernard Shaw (1856-1950)***