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# CANNABINOID CHRONICLES

## Medical Cannabis News and Information

### Constitutional Challenge Launched Against Illegality of Medical Cannabis Dispensaries

Two B.C. men are launching a constitutional challenge against the law that bans medical cannabis dispensaries. This challenge is based on a violation of rights – including the life, liberty and security of patients – by denying them access to reliable products sold by cannabis dispensaries. Although dispensaries vary in organizational structure and size across Canada, they provide access to a range of medical cannabis products to individuals with a diagnosed medical condition.

Even before the Supreme Court-ordered Health Canada program to provide medical marijuana in 2001, dispensaries provided patient-centered care, alternative access and a source of knowledge about medicating with cannabis to many individuals. Health Canada's new regulations do not allow for onsite pick up, offering mail or courier delivery only, and also do not allow for non-smoking cannabis by-products to be sold to patients – two important services typically provided by dispensaries in Canada. Patients are provided no alternative administration options, and most importantly, this denies patients the empowerment to individualize their treatment choices, including alternatives to smoking.

Operating out of necessity and/or as an act of civil disobedience, enforcement has generally tolerated best-practice cannabis dispensaries that limit their access to only those with verified medical conditions; some argue that cannabis dispensaries should be considered one of the most successful outcomes in the wider drug policy reform movement in Canada.

**Source:** [www.theglobeandmail.com/globe-debate/why-medical-marijuana-users-are-watching-a-bc-court-challenge-closely/article16970210/](http://www.theglobeandmail.com/globe-debate/why-medical-marijuana-users-are-watching-a-bc-court-challenge-closely/article16970210/)

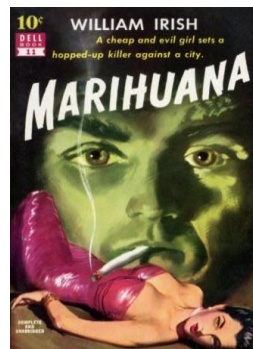
### Federal Court Injunction Exempts Existing Health Canada Licenses From New Program

On March 21, Federal Court Justice Manson essentially grandfathered all existing MMAR Authorizations to Possess with Personal Production Licences and/or Designated Growers while the constitutional challenge goes to trial. The temporary injunction means that those with a valid license, including those issued after September 30, 2013, are exempt from the repeal of the MMAR and can continue to possess and cultivate cannabis at least until the challenge is heard; the possession limit has been set at 150 grams.

The judge concluded some patients will not be able to afford cannabis if prices increase as expected under the new MMAR. "...this group will be irreparably harmed by the effects of the MMAR," wrote Justice Manson. "I find that the nature of the irreparable harm that the applicants will suffer under the MMAR constitutes a 'clear case,' which outweighs the public interest in wholly maintaining the enacted regulations..."

The trial is expected to begin within a year. Read the decision at: [www.mmarcoalitionagainstrepeal.com/](http://www.mmarcoalitionagainstrepeal.com/)

**Source:** John Conroy, Q.C., [www.johnconroy.com](http://www.johnconroy.com);  
[www.theglobeandmail.com/news/national/federal-court-grants-injunction-to-allow-patients-to-grow-medical-pot/article17618124/](http://www.theglobeandmail.com/news/national/federal-court-grants-injunction-to-allow-patients-to-grow-medical-pot/article17618124/)



**Sorry, but it's not an April fool's joke: Health Canada's new regulations are in effect. However, all is not lost - see above article. For more info visit: [www.johnconroy.com/](http://www.johnconroy.com) [MMARlitigation.htm](http://MMARlitigation.htm) and [www.mmarcoalitionagainstrepeal.com](http://www.mmarcoalitionagainstrepeal.com).**

### **Cannabis use reduces symptoms of Parkinson's disease in an open clinical study**

Several symptoms may be improved in patients with Parkinson's disease (PD) by the inhalation of cannabis. This is the result of an open clinical study with 22 patients at the Department of Neurology of the Beilinson Hospital in Petach Tikva and the Sackler Faculty of Medicine of Tel Aviv University, Israel. Patients attending a medical centre in 2011 to 2012 were evaluated at baseline and 30 minutes after smoking cannabis.

The mean total score on the motor Unified Parkinson Disease Rating Scale improved significantly from 33.1 at baseline to 23.2 after cannabis consumption. Analysis of specific motor symptoms revealed significant improvement after treatment in tremor, rigidity, and bradykinesia. There was also significant improvement of sleep and pain scores. No significant adverse effects of the drug were observed. Authors concluded that "the study suggests that cannabis might have a place in the therapeutic armamentarium of PD."

**Source:** <http://www.ncbi.nlm.nih.gov/pubmed/24614667>

### **The activation of CB1 receptors protects against glutamate toxicity in a model of multiple sclerosis**

New research provide further evidence that the CB1 receptor is involved in EAE (experimental autoimmune encephalomyelitis), an animal model of multiple sclerosis. Activation of this cannabinoid receptor reduces the damage caused by the neurotransmitter glutamate in this disease.

**Source:** <http://www.ncbi.nlm.nih.gov/pubmed/24440366>

### **Endocannabinoid system involved in sleep-wake cycle**

Researchers demonstrated that the endocannabinoid anandamide increased activity in the thalamus by activation of CB1 receptors. They concluded that "our study infers that endocannabinoids could have a role in processes controlling the sleep-wake cycle and level of arousal."

**Source:** <http://www.ncbi.nlm.nih.gov/pubmed/24508153>

### **Endocannabinoids reduce pain**

The treatment of rats with a substance (URB597), which inhibits the activity of the enzyme fatty acid amide hydrolase (FAAH) responsible for the degradation of the endocannabinoid anandamide reduces pain. Such inhibitors increase the concentration of endocannabinoids. Authors concluded that "these results suggest that URB597 produces antinociception."

**Source:** <http://www.ncbi.nlm.nih.gov/pubmed/24583930>

### **Cannabis study in veterans suffering from post-traumatic stress disorder gets approval by the government**

The US federal government has signed off on a long-delayed study looking at cannabis as a treatment for veterans with post-traumatic stress disorder. The Department of Health and Human Services' decision surprised cannabis advocates who have struggled for decades to secure federal approval for research into the drug's medical uses.

The proposal from the University of Arizona was long ago cleared by the Food and Drug Administration, but researchers had been unable to purchase cannabis from the National Institute on Drug Abuse. The agency's research farm at the University of Mississippi is the only federally-sanctioned source of the drug. In a letter last week, the Health Ministry cleared the purchase of medical cannabis by the studies' chief financial backer, the Multidisciplinary Association for Psychedelic Studies, which supports medical research and legalization of cannabis and other drugs.

**Source:** [http://hosted.ap.org/dynamic/stories/U/US\\_MEDICAL\\_MARIJUANA\\_FEDERAL\\_RESEARCH?SITE=AP&SECTION=HOME&TEMPLATE=DEFAULT](http://hosted.ap.org/dynamic/stories/U/US_MEDICAL_MARIJUANA_FEDERAL_RESEARCH?SITE=AP&SECTION=HOME&TEMPLATE=DEFAULT)

### **Cannabinoids may be used in bladder inflammation**

A synthetic cannabinoid, which selectively binds to the CB2 receptor (JWH015) reduced symptoms in interstitial cystitis, a debilitating bladder inflammation disorder, while a cannabinoid (ACEA), which binds to the CB1 receptor was not effective. Authors wrote that "these findings strongly suggest that modulation of the cannabinoid CB2 receptors might be a promising therapeutic strategy for the treatment of bladder diseases and conditions characterized by inflammation, such as interstitial cystitis."

**Source:** <http://www.ncbi.nlm.nih.gov/pubmed/24561047>

### **Cannabis use did not reduce cognitive performance in adolescents**

33 adolescents, who had quitted cannabis use, did not differ in IQ, attention, memory, or executive functions compared to non-users. Authors concluded that "previously reported neurocognitive deficits may be related to other factors, including residual drug effects, pre-existing cognitive deficits, concurrent use of other substances (e.g., nicotine), or psychopathology." Adolescents "may not be vulnerable to THC neuropsychological deficits once they achieve remission from all drugs for at least 30 days."

**Source:** <http://www.ncbi.nlm.nih.gov/pubmed/24619597>

### **The endocannabinoid system may be involved in Alzheimer's disease**

At 6 and 12 months of age of mice, which are genetically modified to quickly develop Alzheimer's disease (AD), the level of CB1 receptors was changed in several brain regions compared to normal mice. The scientists suggest "an involvement of the endocannabinoid system in AD pathology and supporting the ECS as a potential novel therapeutic target for treatment of AD."

**Source:** <http://www.ncbi.nlm.nih.gov/pubmed/24496074>

### **Anxiety is reduced by omega-3 fatty acids and cannabinoid receptors are involved in this effect**

Several studies have suggested benefits of omega-3 long-chain fatty acids for patients with anxiety disorders. In studies with mice it was demonstrated that this action was reduced by a CB1 receptor antagonist suggesting an involvement of CB1 receptors. Authors wrote that these results "suggest that the ratio of n-3 to n-6 PUFA is a factor regulating fear memory via cannabinoid CB1 receptors."

**Source:** <http://www.ncbi.nlm.nih.gov/pubmed/24518289>

### **CBD enhances phagocytosis by immune cells in brain**

The non-psychotropic cannabinoid cannabidiol (CBD) enhances phagocytosis by microglia cells through the activation of vanilloid receptors (TRPV). Microglial cells are macrophages (certain immune cells) of the brain and spinal cord. Authors concluded that "the TRPV-dependent phagocytosis-enhancing effect of CBD suggests that pharmacological modification of TRPV channel activity could be a rational approach to treating neuroinflammatory disorders involving changes in microglial function."

**Source:** <http://www.ncbi.nlm.nih.gov/pubmed/24641282>

### **Cannabinoid increases anti-epileptic effects of other medications for epilepsy**

New research indicates that the synthetic cannabinoid WIN55,212-2, which acts similar to THC, significantly enhanced the anticonvulsant action of other medications used for the treatment of epilepsy, such as clonazepam, phenobarbital and valproate, in a mouse model of epilepsy. Department of Public Health, Institute of Rural Health, Lublin, Poland.

**Source:** [www.ncbi.nlm.nih.gov/pubmed/24549572](http://www.ncbi.nlm.nih.gov/pubmed/24549572)

### **Endocannabinoids are beneficial in experimental colitis**

An inhibitor of the degradation of the endocannabinoid anandamide (FAAH, fatty acid amide hydrolase) reduced colitis induced by a chemical in mice and its anti-inflammatory action is associated with altering the levels of selected endocannabinoids. Authors write that their results "highlight and promote therapeutic strategy based on targeting FAAH-dependent metabolic pathways in order to alleviate intestinal inflammation." Department of Biomolecular Chemistry, Faculty of Medicine, Medical University of Lodz, Poland.

**Source:** <http://www.ncbi.nlm.nih.gov/pubmed/24530133>

### **Some cannabinoids reduce inflammation of endothelial cells**

Endothelial cells form the thin layer of cells that lines the interior surface of blood vessels. The synthetic cannabinoid WIN55,212-2 and the endocannabinoid NADA reduced inflammation of these cells, while the endocannabinoids anandamide and 2-AG were ineffective. The effects of NADA were mediated by cannabinoid receptors, but not those of WIN55,212-2. University of California, San Francisco, USA.

**Source:** <http://www.ncbi.nlm.nih.gov/pubmed/24644287>

## **Health Canada Warns To Destroy Cannabis**

Health Canada has changed its mind regarding revealing the addresses of MMAR cultivation licences, that are set to expire on March 31, to local police. As per their website on March 14:

"Recently, the Government of Canada amended the *Marihuana for Medical Purposes Regulations* to require participants of the Marihuana Medical Access Program to provide written notice to Health Canada by April 30, 2014, stating that they no longer possess marijuana (dried marijuana, plants or seeds) obtained under the old program. Those that were authorized to grow marijuana must also attest that they have

discontinued production. ... Participants are also required to confirm the amount of marijuana and number of plants destroyed, if any. If participants do not comply with the requirement to notify Health Canada, the Department will notify law enforcement."


Defence lawyer Paul Lewin, who's worked on many cases involving marijuana offences, says "it is unconstitutional for the health care branch of government to give health records over to the law enforcement branch of government."

Apparently Health Canada is relying on people to be truthful about their cannabis disposal. Hmm...right.

**Source:** [www.mapinc.org/drugnews/v14/n265/a09.html](http://www.mapinc.org/drugnews/v14/n265/a09.html)





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## Couple Suing Ottawa for Projected Medical Cannabis Costs Under MMRP

An Ottawa couple who uses medical marijuana is suing the federal government for a combined \$6.5 million, a projected figure of what it will cost them to stay medicated for the next 40 years when Health Canada changes the rules to the Marihuana Medical Purposes Regulations (MMPR) on April 1.

Russell Barth and his wife, Christine Lowe, say they have a designated grower, an arrangement they say allows them to stay medicated for far less than it will cost under the new rules. The changes will also force Barth to destroy all his stocked-up cannabis.

The couple's statement of claim gives Ottawa three options: remove cannabis from the Controlled Drugs and Substance Act; grant him and his wife a blanket exemption from the CDSA under its section 56, or pay the couple the money so they can afford to medicate.

Source: [www.mapinc.org/drugnews/v14/n238/a08.html](http://www.mapinc.org/drugnews/v14/n238/a08.html)

## Health Canada Approves 'Volcano' Vaporizer

Health Canada has apparently put their support behind vaporization as a technique to reduce harm when ingesting dried cannabis. The 'Volcano Medic', manufactured by Storz & Bickel and distributed through a subsidiary Vapormed, is an approved medical device (class 2) in Canada and the product safety is approved according to DIN EN ISO 60 601. The major differences between the 'Medic' version and the standard digital Volcano vaporizer are two-fold: the 'Medic' has an internal fuse (perhaps they all should) and the mouthpiece incorporates a check valve to prevent contamination by blowing back into the vapour collection bag.

Hopefully we'll see them in hospitals soon(?).

Source: [www.vapormed.com](http://www.vapormed.com),  
[www.storz-bickel.com/vaporizer/plenty-volcano-vaporizer.html](http://www.storz-bickel.com/vaporizer/plenty-volcano-vaporizer.html)

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**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**  
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***"In any civilized society, it is every citizen's responsibility to obey just laws.  
But at the same time, it is every citizen's responsibility to disobey unjust laws."***

**-- Martin Luther King Jr.**