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# CANNABINOID CHRONICLES

## Medical Cannabis News and Information

### Canadian Veterans Opioid Requests Down, Cannabis Requests Up

Is there a correlation between reduced opioid and tranquilizer use and increased cannabis use by Canadian military veterans? Trends suggest there are similarities to US veterans and states with medical cannabis laws.

Over the last four years, Veterans Affairs Canada data shows that benzodiazepine prescriptions shrank nearly 30% and opioid prescriptions dropped by almost 17%. It's not clear on the number of prescriptions for medical cannabis, but the number of veterans seeking reimbursement has grown from less than a hundred people four years ago to nearly 1700 persons, for a total of \$20-million claimed last fiscal year.

This set of statistics is too small and unrefined to prove any concrete links between the uses of the three drugs. But US research showing significant declines in opioid overdoses where medical cannabis has been legalized suggests that people may be substituting these oft-abused medicines with cannabis, according to Thomas Kerr, a researcher with the BC Centre for Excellence in HIV/AIDS.

On average, last year's cannabis prescriptions cost Veterans Affairs much more per patient (\$11,656) than opioids (\$316) or benzodiazepines (\$73). Costs are offset by former soldiers regaining their sex drive and ditching erectile dysfunction prescriptions - also covered by Ottawa - as well as a myriad of other benefits that come from using only medical cannabis.

James Grant, a 79-year-old veteran living in PEI, said he has been able to get at least six hours of uninterrupted sleep and play a full game of golf since he got a prescription for cannabis. Grant said his life has become immeasurably better since using cannabis, no longer "gobbling extra-strength Tylenols".

Source: [www.mapinc.org/drugnews/v16/n401/a04.html?180](http://www.mapinc.org/drugnews/v16/n401/a04.html?180)

### Two Canadian Insurers Change View on Medical Cannabis

To the benefit of Canadians using cannabis for medical purposes, two major life insurance companies will be treating cannabis users as non-smokers and will be offering many of them less costly premiums.

Like their competitors, Sun Life and BMO Insurance have for years classified anyone who disclosed using cannabis – either recreationally or medically – as a smoker, saddling them with charges that could be triple those of non-smokers. But the companies say the latest research on the drug's health impacts convinced them to change that approach.

Sun Life's new policy applies to all marijuana consumers who do not also smoke tobacco; BMO's is more limited, benefiting recreational dabblers who smoke up to two "marijuana cigarettes" per week.

"...people who use marijuana are now assessed ... at non-smoker rates, unless they also use tobacco," Sun Life said in a statement May 27<sup>th</sup>.

The head of a patient advocacy organization hailed Sun Life's new policy as an important breakthrough, saying the insurance issue has been a "huge concern."

Source: [http://news.nationalpost.com/health/sun-life-first-insurer-to-stop-treating-pot-users-as-smokers-as-marijuana-increasingly-accepted-as-a-medicine?\\_lsa=9e0c-5137](http://news.nationalpost.com/health/sun-life-first-insurer-to-stop-treating-pot-users-as-smokers-as-marijuana-increasingly-accepted-as-a-medicine?_lsa=9e0c-5137)



Image: <http://wearechange.org/critical-analysis-cannabis-opioid-dependency/>

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

## ***Science: Most patients using cannabis benefit from it***

The first study on the characteristics of patients with the Israeli Health Ministry permission for treatment with medical cannabis was revealed on May 25<sup>th</sup>. The study set out to observe new patients using the drug for two years. The patients were observed at three pain clinics and were interviewed by phone during the first three months of their treatment and then every four months for two years.

321 non-cancer patients and 78 cancer patients were included. The mean age of the non-cancer patients was 50.1 years, and of cancer patients 57.5 years. 99.6% applied for cannabis treatment after conventional medications were not effective. Nearly 56% said they wanted it because the previous drugs caused side effects.

Three-quarters of patients smoked the cannabis, while nearly 21% used concentrations in oil and the rest via vaporization. Most of the users reported that their pain, nausea, anxiety, appetite and general feeling had improved. Fewer than one in 10 stopped taking the drug after the first interview and 6% after the second interview because of side effects and because the treatment was not effective.

**Sources:** <http://www.jpost.com/Business-and-Innovation/Health-and-Science/Most-medical-marijuana-users-benefit-from-treatment-finds-Ben-Gurion-University-study-455072>

## ***Science: Most paediatric oncologists support access to medical cannabis***

According to a survey, most paediatric oncology providers support patients' access to cannabis therapy. Results were presented at the 2016 annual meeting of the American Society of Clinical Oncology. Investigators from various US cancer treatment centres surveyed 654 paediatric oncology providers, including physicians and nurses, at three cancer centres in Illinois, Massachusetts, and Washington.

Over 300 providers (46%) completed the survey. Of those, 92% said that they were "willing to help paediatric cancer patients access medical marijuana," and just over one-third (34%) acknowledged that cannabis therapy "is appropriate in the early stages of cancer treatment."

**Source:** <http://meetinglibrary.asco.org/content/170798-176>

## ***Animal: Cannabidiol may enhance the efficacy of the chemotherapy drug doxorubicin***

In studies with mice, activation of TRPV2 (vanilloid type-2 receptors) by cannabidiol (CBD) significantly increased doxorubicin uptake and apoptosis (programmed cell death) in triple negative breast cancer cells. TRPV2 activation could be a novel therapeutic strategy to enhance the uptake and efficacy of chemotherapy.

**Source:** <http://www.ncbi.nlm.nih.gov/pubmed/27248470>

## ***Human: Cannabis showed beneficial effects in bipolar disorder in clinical study***

For some bipolar patients, cannabis may result in partial alleviation of clinical symptoms in bipolar disorders, scientists of McLean Hospital in Belmont, of Harvard Medical School in Boston and Tufts University in Medford, USA, said. Twelve patients with bipolar disorder who smoke cannabis, 18 bipolar patients who do not smoke, 23 healthy cannabis smokers and 21 healthy controls completed a neuropsychological battery. Further, they rated their mood three times daily as well as after each instance of cannabis use over a four-week period.

Results revealed that although cannabis and bipolar disorder was associated with some degree of cognitive impairment, no significant differences between the two groups suffering from bipolar disorder were apparent, providing no evidence of an additive negative impact of bipolar disorder and cannabis use on cognition. Additionally, patients with bipolar disorders, who used cannabis, experienced a substantial mood improvement.

**Source:** <http://www.ncbi.nlm.nih.gov/pubmed/27275781>

## ***Human: Cannabis use not associated with significant adverse outcomes in pregnancy***

In a study with 12,069 pregnant women, cannabis exposure alone was not associated with significant adverse outcomes before, during, and after birth, including pre-term birth and birth weight. Baylor College of Medicine, Houston, USA.

**Source:** <http://www.ncbi.nlm.nih.gov/pubmed/27263998>

## ***Animal: The endocannabinoid system may be neuroprotective in Alzheimer's disease***

Research in mice support the hypothesis that the endocannabinoid system may be neuroprotective in Alzheimer's disease, and this effect was established prior to the onset of clear clinical cognitive symptoms of the disease.

**Source:** <http://www.ncbi.nlm.nih.gov/pubmed/27223629>

## ***Science: Nutmeg inhibits endocannabinoid degradation***

Nutmeg extracts inhibited the activity of the enzymes FAAH (fatty acid amide hydrolase) and MAGL (monoacylglycerol lipase), which are responsible for the degradation of the endocannabinoids anandamide and 2-AG. Thus, nutmeg extracts may increase endocannabinoid concentrations, which may be responsible for their psychoactive effects.

College of Pharmacy, Chicago State University, USA.

**Source:** <http://www.ncbi.nlm.nih.gov/pubmed/27296774>

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

# **Motion Fails, People Still Being Charged for Cannabis Possession**

It's understandably frustrating, perplexing, illogical, and damaging to Canadians, but the federal government won't step in to protect Canadian citizens from criminal charges related to simple cannabis possession.

When the federal government stated their intent to legalize cannabis back on April 20, the horse left the barn. So the "tough on crime" (or rather, a fear of being "soft on crime") attitude and another year, or more, of cannabis possession charges is confusing.

NDP justice critic Murray Rankin introduced a motion on June 13th to decriminalize possession of personal amounts of cannabis before it's made legal.

"You can't have the prime minister announcing it's going to be legalized and then stand up and prosecute it," Rankin said in the House of Commons. "It's a ludicrous situation, ludicrous."

The motion failed, with Attorney General Jody Wilson-Raybould stating that the government will not decriminalize cannabis prior to legalization.

***Decriminalizing possession of marijuana without ensuring the appropriate controls are in place would be giving a green light to dealers and criminal organizations to sell marijuana to Canadians*** (emphasis added), especially children and youth, she argued.

Right... Now does anybody wish to tell her that that is what is happening already? The intent of the motion is to prevent future charges being laid for possession of a substance that will, to our understanding, be legalized. Such a motion will free up legal and crime-fighting resources. It also doesn't prevent the justice system from going after the major dealers and illegal producers.

The government's lead man on legalization, Mr. Blair, stated that the NDP's motion was "reckless in the

extreme" and could "create much greater risk for our communities to remove all control from cannabis.

"It would create opportunities for organized crime," Blair argued, "and put our children at risk."

How does not charging people for possession remove all controls on cannabis, especially since there are none at present? Children are already at risk. This is the root of the confusion. The NDP motion will not make it worse, but it may help a few Canadians avoid a criminal charge for something about to be legalized.

It's contradictory for the prime minister to promise during the election to immediately fix cannabis laws in Canada and then do nothing for eight months, Rankin said in a phone interview.

He said a new law could take up to two years to come into effect, leaving many Canadians at risk of a criminal record for something the government has said it doesn't believe should be a crime. Rankin said mothers have complained to him that their children are unable to easily get employment or travel because they have a criminal record for cannabis possession.

Rankin pointed out in the House of Commons that the attorney general has the ability, under the Director of Public Prosecutions Act, to issue a directive that it is no longer in the public interest for small quantities of cannabis to be the subject of prosecutions.

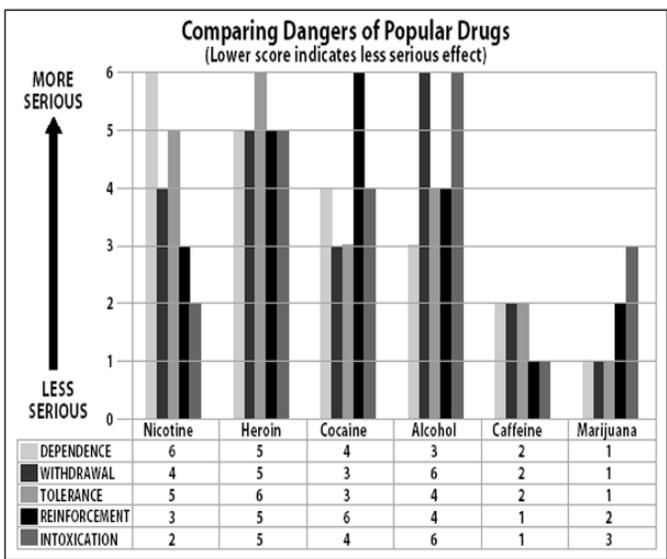
Tens of thousands of Canadians are charged with cannabis possession each year. Over a million Canadians have been arrested for cannabis possession since criminalization began. As the gypsy punk band Gogol Bordello sang in *Not a Crime*, "Drop the charges!".

**Sources:** [www.timescolonist.com/news/local/attorney-general-rejects-victoria-mp-s-motion-to-decriminalize-pot-1.2277471](http://www.timescolonist.com/news/local/attorney-general-rejects-victoria-mp-s-motion-to-decriminalize-pot-1.2277471)  
[www.mapinc.org/newstcl/v16/n413/a02.html?176](http://www.mapinc.org/newstcl/v16/n413/a02.html?176)

## **89% of Americans Now Support Medical Cannabis**

Nearly 90% of Americans support allowing medical cannabis use if prescribed by a doctor, according to the latest findings from a Quinnipiac University National poll released June 7. Among those surveyed, 54% also support the full legalization of cannabis use in the United States. This poll is the latest to demonstrate that the majority of US politicians are behind the times with their position on cannabis. While vast majorities of Americans support medical cannabis despite federal classification of cannabis as a Schedule I substance, there remains an overall reluctance in the federal government to loosen cannabis laws on a national level.

**Source:** <https://www.medicaljane.com/2016/06/07/89-of-americans-now-support-medical-marijuana-new-poll-finds/>



## **Cannabis Used Regularly By Sufferers to Ease Back Pain**

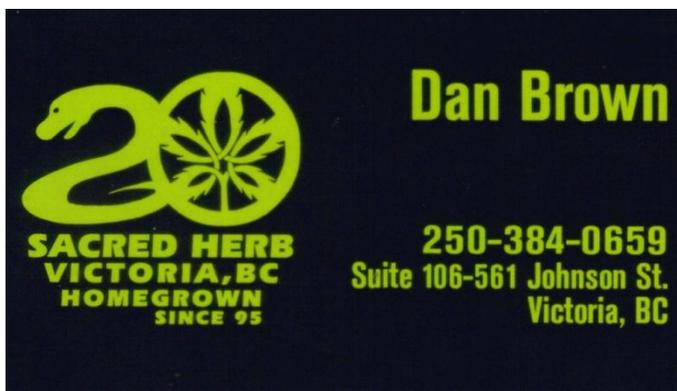
Use of cannabis to ease back pain was common among patients at a university spine clinic in Colorado where cannabis has been legal for medical purposes since 2000. However, most of the users did not have a prescription according to research.

Among 184 patients at a Colorado spine center, 19% said they used cannabis for pain relief, but less than half, 46%, actually had a prescription for the drug, according to study co-author Michael Finn, MD, an assistant professor of neurosurgery at the University of Colorado in Denver.

The typical user in the study used cannabis no more than one or two times a day, and 83% also were taking other medications, mostly narcotic painkillers. Side effects were reported by 14% of the users, including depressed mood, difficulty concentrating, memory problems, weight gain, and paranoia.

The most common way to use the drug was smoking it, 90%, followed by oral ingestion, 45%, and vaporization, 29%. A total of 89% said it greatly or moderately relieved their pain, and 81% said it worked as well as or better than narcotic painkillers.

Source: [www.medpagetoday.com/MeetingCoverage/AdditionalMeetings/42228](http://www.medpagetoday.com/MeetingCoverage/AdditionalMeetings/42228)



## **Phytochemicals As Adjunctive With Conventional Anti-cancer Therapies**

Cancer is defined as the abnormal proliferations of cells which could occur in any tissue and can cause life-threatening malignancies with high financial costs for both patients and health care system. Plant-derived secondary metabolites are shown to have positive role in various diseases and conditions. A study was set up to summarize clinical evidences on the benefits of phytochemicals as adjuvant therapy along with conventional anti-cancer therapies.

The findings showed that positive effects of phytochemicals are due to their direct anti-carcinogenic activity, induction of relief in cancer complications, as well as their protective role against side effects of conventional chemotherapeutic agents.

Results obtained from current review demonstrated that numerous phytochemical agents from different chemical categories including alkaloid, benzopyran, coumarin, carotenoid, diarylheptanoid, flavonoid, indole, polysaccharide, protein, stilbene, terpene, and xanthonoid possess therapeutic effect in patients with different types of cancer. Polyphenols are the most studied components. Curcumin, ginsenosides, lycopene, homoharringtonine, aviscumine, and resveratrol are amongst the major components with remarkable volumes of clinical evidence indicating their direct anticancer activities in different types of cancer including hepatocellular carcinoma (type of liver cancer), prostate cancer, leukemia and lymphoma, breast and ovarian cancer, and gastrointestinal cancers.

Cannabinoids, cumarin, curcumin, ginsenosides, epigallocatechin gallate, vitexin, and salidroside are phytochemicals with significant alleviative effect on synthetic chemotherapy-induced toxicities.

Further human clinical trials are needed.

Source: <http://www.ncbi.nlm.nih.gov/pubmed/27262332>

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**AIDS Vancouver Island**  
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**VIPWA**  
101-1139 Yates Street, Victoria  
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**The Action Committee of People with Disabilities**  
948 View Street, Victoria  
250-383-4105

**MS Society of Canada**  
1004 North Park Street, Victoria  
(250) 388-6496

**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](http://www.safeaccess.ca)

**John W. Conroy, Q.C.**  
1-877-852-5110 (toll free)  
[www.johnconroy.com](http://www.johnconroy.com)

**Kirk Tousaw, Barrister**  
604-836-1420  
[www.tousawlaw.ca](http://www.tousawlaw.ca)

**DrugSense**  
[www.drugsense.org](http://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](http://www.drugpolicy.org)

**Media Awareness Project**  
[www.mapinc.org](http://www.mapinc.org)

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

***"This vice brings in 100 million francs each year. I will certainly forbid it at once - as soon as you can name a virtue that brings in as much revenue."***

**-- Napoleon Bonaparte**