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CANNABINOID CHRONICLES

Medical Cannabis News and Information

Can't See the Patients for the Taxes

For Canadian legal medical cannabis users, the cost of medicine is going up with a proposed federal excise tax on cannabis. The tax is part of upcoming cannabis legalization.

Before any sales tax is applied on legal recreational or legal medical cannabis, an excise tax of \$1 on purchases up to \$10, and 10% on amounts greater, is to be applied. For example, a \$5 dried flower gram will now cost \$6 before other taxes; in this situation, it's a 20% markup, before other taxes.

Legal medical cannabis in Canada is presently taxed at 5% GST and will remain so. So, for a legal medical cannabis user, there will now be a tax before a tax on their medicine.... WTF?

The GST and future excise tax punish people using a product that their physician has prescribed/recommended. According to the College of Physicians and Surgeons of Ontario (CPSO), a recommendation for medical cannabis through the ACMPR is considered a prescription. And, according to federal tax law, prescription drugs are zero-rated - they are considered taxable, but the tax rate is zero. So why are medical cannabis patients paying GST? In 2014, a Canadian tax court judge ruled that cannabis sold for medical purposes can be taxed. The judge concluded that cannabis was more akin to an over-the-counter drug, and should be taxed accordingly.

However, if it is written out as a prescription/recommendation that an MD has filled out, is it not an over-the-counter drug, but rather a behind-the-counter prescription drug, and therefore should not be taxed?

The federal government is arguing that it does not want to create a financial incentive for users to buy medical

cannabis for recreational purposes. And while it says that it is still supportive of a functioning medical cannabis system, MP (L) Bill Blair said, "...we do not want the taxation levels to be an incentive for people to utilize that system inappropriately, and so we propose that the taxation levels for both medical and non-medical will be aligned."

This suggests that the government's proposal presupposes that people will fake an illness in order to access medical cannabis.

BC lawyer Kirk Tousaw said the courts have defended the right of sick Canadians to affordable access to medical cannabis.

"This is adding a 10% burden to the existing cost, so it's new taxation aimed only at sick people. That is contrary to everything we know about how we should do medicine," he said.

"It's a double whammy. This is of great concern for Canadian patients," said Philippe Lucas, executive director of the Canadian Medical Cannabis Council. He said the federal government's rationale is flawed.

"It's a morally and ethically untenable position," he said. "We cannot punish the 99% of Canadians who are legally using medical cannabis ... in order to discourage the 1% who might be inclined to cheat the system."

Conservative health critic Marilyn Gladu said that medical marijuana should be exempt of any taxes.

"This is just another example of the government going after the vulnerable for taxes. These are people who have chronic pain conditions or PTSD in many cases," said the Conservative MP. "They should have applied the zero tax that was recommended to them. They say they consult, but they don't listen."

Due to the proposed excise tax, the estimated 300,000 Canadians using cannabis for medical purposes will see their average annual costs go up by at least \$300 per year.

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International Association for Cannabinoid Medicines (IACM) Bulletin

Human: THC may be effective in the treatment of sleep apnoea according to a clinical study

In a study conducted at the University of Illinois in Chicago THC was effective in reducing symptoms of patients suffering from obstructive sleep apnoea. Of 73 adults with moderate or severe sleep apnoea 25 received a placebo, 21 received 2.5 mg THC daily and 27 received 10 mg of THC one hour before bedtime for up to 6 weeks.

Subjects receiving 10mg/day of THC expressed the highest overall satisfaction with treatment. In comparison to placebo, THC dose-dependently reduced the apnoea index by 10.7 and 12.9 events per hour at doses of 2.5 and 10 mg/day, respectively. THC at 10 mg/day reduced a Sleepiness Scale score by -3.8 points from baseline and by -2.3 points in comparison to placebos. Authors concluded that "these findings support the therapeutic potential of cannabinoids in patients" with obstructive sleep apnoea.

Source: <http://www.ncbi.nlm.nih.gov/pubmed/29121334>

Human: Cannabis may be beneficial in Parkinson`s disease according to a survey

According to a survey conducted by scientists of Tel Aviv University and other Israeli institutions, patients suffering from Parkinson`s disease may profit from a treatment with cannabis. Forty-seven non-demented patients with Parkinson`s disease (40 men and 7 women) participated in a telephone interview with structured questions. Their mean age was 64 years and mean disease duration was 11 years. The main route of delivery was cannabis smoking. Effect size improvement was 0.89 for falls, 0.73 for pain relief, 0.64 for depression, 0.64 for tremor, 0.62 for muscle stiffness, and 0.60 for sleep. Authors concluded that "medical cannabis was found to improve symptoms of PD in the initial stages of treatment and did not cause major adverse effects in this pilot, 2-center, retrospective survey."

Source: <https://www.ncbi.nlm.nih.gov/pubmed/28954820>

Deaths due to opioids decreased in Colorado after the legalization of cannabis

Opioid-related deaths in Colorado fell by more than 6% since the state legalized cannabis for recreational use in 2014, new research has found.

According to a study published in the American Journal of Public Health, "Colorado's legalization of recreational cannabis sales and use resulted in a 0.7 deaths per month reduction in opioid-related deaths."

Source: http://www.upi.com/Top_News/US/2017/10/18/Study-Colorado-opioid-deaths-down-since-marijuana-legalized/9611508300236/

Human: The regular use of cannabis is linked to more sex

The first study to examine the relationship between cannabis use and frequency of sexual intercourse at the population level in the United States shows a positive correlation between the two. The study by investigators at the Stanford University School of Medicine, USA, indicates that, despite concerns among physicians and scientists that frequent cannabis use may impair sexual desire or performance, the opposite appears more likely to be the case.

The findings, published online on 27 October in the Journal of Sexual Medicine, are based on an analysis of more than 50,000 Americans ages 25-45. And they're unambiguous. "Frequent marijuana use doesn't seem to impair sexual motivation or performance. If anything, it's associated with increased coital frequency," said the study's senior author, Dr Michael Eisenberg, assistant professor of urology. The study does not establish a causal connection between cannabis use and sexual activity, Eisenberg noted. But the results hint at it, he added.

Source: <http://www.jsm.jsexmed.org/article/S1743-6095%2817%2931417-0/fulltext>

Human: Cannabis use protects against non-alcoholic fatty liver

In a national study by scientists of Stanford University School of Medicine, USA, with 14,080 participants with fatty liver in the NHANES study from 2005-2014 and 8,286 in the NHANES III study from 1988-1994 cannabis use was associated with a reduced risk for non-alcoholic fatty liver.

Compared to cannabis-naïve participants, cannabis users were less likely to have suspected non-alcoholic fatty liver. Past users had a reduced risk of 10%. Current users had a reduced risk of 32%. Researchers concluded that "in this nationally representative sample, active marijuana use provided a protective effect against NAFLD independent of known metabolic risk factors."

Source: <http://www.ncbi.nlm.nih.gov/pubmed/29049354>

Human: Cannabis may be beneficial in overactive bladder of patients with MS, observational study

In an observational study with 15 patients suffering from neurogenic overactive bladder due to multiple sclerosis, cannabis improved bladder function. Scientists of the Multiple Sclerosis Center "A Cardarelli" Hospital in Naples, Italy, evaluated several measures before and after a four week treatment with the cannabis extract Sativex.

Sources: <http://www.ncbi.nlm.nih.gov/pubmed/29052091>

More info: www.cannabis-med.org/

Five Top Causes of Cannabis-Related Emergency Visits

A new review published in the *American Journal of Health-System Pharmacy* determined the most common causes of cannabis-related emergency department (ED) visits. This analysis specifically looked at data from Colorado.

Cannabis legalization in Colorado has helped to solve several problems: it eases the toll of the opioid epidemic; it creates jobs; it generates tax revenue; and it keeps cannabis out of the hands of minors. However, there are nascent public health issues that must be solved in order to successfully implement legalization in Colorado and elsewhere.

The five concerns to prioritize are: accidental pediatric ingestion, acute intoxication, cannabinoid hyperemesis syndrome (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3576702/>), synthetic cannabinoids, and injuries related to production of butane hash oil (BHO).

1. Pediatric Ingestion

Legalization has not led to higher rates of underage use, but this review found an increase in accidental pediatric intoxication. “Children are at particular risk of cannabis toxicity because cannabis-containing food products, known as edibles, look extremely similar to regular candy,” the authors wrote. Improved packaging and labelling, and non-enticing forms of edibles has helped, but full responsibility falls in the hands of adults and parents. Treat an edible like a prescription - lock it away.

2. Acute Intoxication

Acute intoxication refers to those who simply consumed too much cannabis. “The number of marijuana-related ED visits has nearly doubled since the drug’s use was legalized in Colorado,” authors wrote, “and the rate is higher for non-Colorado residents who are visiting the state.”

They also mention that acute intoxication has historically gone unreported, which helps to account for the notable increase. Naturally, people are more inclined to seek help for intoxication by a legal drug than one that is illicit. Inexperienced users, with improper advice, can typically overdo it, especially with edible cannabis products. Education of the clients is critical, especially for new users.

3. Cannabinoid Hyperemesis Syndrome

Cannabinoid Hyperemesis Syndrome (CHS) is a condition that is coming to light in the medical field – though its characterization has been somewhat controversial and divisive among professionals. It’s primarily characterized by regular vomiting episodes, which is why it’s often assumed to be cyclical vomiting

syndrome (CVS). The cause of CHS, researchers speculate, has to do with heavy, regular cannabis consumption in some individuals – a speculation that is supported by the fact that symptoms tend to resolve after cannabis cessation. While more cannabis specialized doctors are coming to acknowledge this condition’s existence, there’s overwhelming agreement that more research needs to be conducted on CHS.

4. Synthetic cannabinoids

Synthetic cannabinoids – also called SCs, Spice, K2, Scooby Snax, etc. – are not cannabis. They are chemical analogues intended to mimic the effects of natural cannabis, but because of their clandestine production and high affinity for receptor sites, synthetic cannabinoids can cause a laundry list of severe symptoms and, in worst cases, death. Why even bother. Just avoid.

5. Home Extraction Injuries

Cooking off a batch of cannabis oil on the stove to create BHO has led to many injuries, and some deaths. Extracting oil by using flammable solvents is unwise, and illegal in certain jurisdictions.

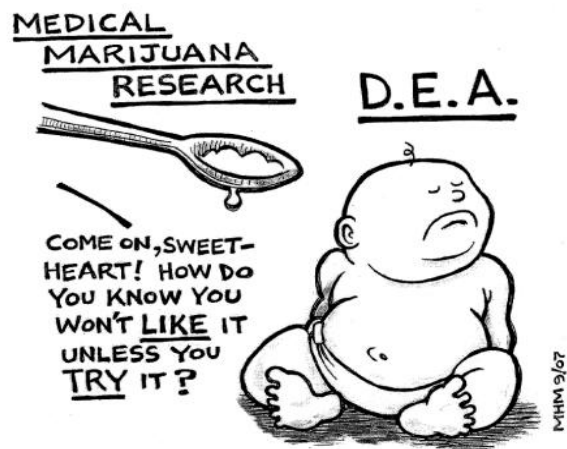
Explore alternative extraction techniques, such as CO₂, or infusing cannabis in food-grade oil (olive or coconut oil). Or one can use heat and pressure (hair straightener) to extract cannabinoids and create what is called rosin.

The report concludes with the sentence: “Marijuana legalization in Colorado has been associated with an increase in marijuana-related ED visits.”

Legalization may correlate with these increasing statistics, but it did not necessarily cause them; cannabis legalization empowers people to report their emergencies. It’s also impossible to say that legalization is to blame for increases in synthetic cannabinoid use. It’s true that legalization invites more citizens to partake, but it’s up to us to assume responsibility.

Source: <http://www.ajhp.org/content/early/2017/09/22/ajhp160715?sso-checked=true>

<https://www.leafly.com/news/health/study-finds-top-5-causes-of-cannabis-related-emergency-visits>



Can't See the Patients for the Taxes

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Canadians for Fair Access to Medical Marijuana (CFAMM) and the Arthritis Society said in a joint statement that medical cannabis should be treated the same way as most other prescription medications and applying the excise tax to medical cannabis unfairly disadvantages patients.

"The use of medical cannabis should be recognized in line with all other prescription medications and accordingly exempt from taxation," said Jonathan Zaid, the founder and executive director of CFAMM. "Patients have a fundamental right to have access to affordable medicine."

"Today, patients are forced to make treatment choices based on finances, including switching to less effective medications with severe side effects, such as opioids," he said.

A further tax will just drive patients (and non-patients) back to non-legal, or black market, cannabis suppliers. And criminal lawyers will get busier. And on it goes.

Sources: Globe and Mail, Nov. 11, 2017

<http://www.mapinc.org/drugnews/v17/n381/a05.html?180>

<http://www.cpsso.on.ca/Policies-Publications/Policy/Marijuana-for-Medical-Purposes>

<http://nationalpost.com/health/medical-marijuana-subject-to-federal-sales-tax-unlike-prescription-drugs-canadian-judge-rules>



Tousaw's Submission to BC Government Re: Cannabis Legalization

Kirk Tousaw of Tousaw Law Corporation has spent nearly 20 years practicing law, with the past 12 years spent in BC working exclusively with the cannabis industry. The majority of his current practice consists of defending those charged with cannabis offences and working with people and organizations in the medical cannabis industry.

The major points in his submission are:

- Cannabis consumers, farmers and distributors are people
- Legalization is not creating a new industry
- Privately owned dispensaries must be part of the future
- Consumers should be provided choice
- Consumption sites must be an option
- Home production is safe and should be encouraged
- The federal government should be urged to reduce red tape

View Tousaw's full submission here:

<http://www.tousawlaw.ca/2017/11/02/tousaw-law-corporations-submission-to-the-british-columbia-cannabis-legalization-and-regulation-secretariat/>

Consultation on the Proposed Approach to the Regulation of Cannabis

From now until January 20, 2018, the federal government is seeking feedback on cannabis regulation in the proposed Cannabis Act. Visit:

<https://www.canada.ca/en/health-canada/programs/consultation-proposed-approach-regulation->

Visit us at www.thevics.com

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Victoria Brain Injury Soc.

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(250) 598-9339

HepC BC

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2410 Lee Ave, Victoria
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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

"There is no folly of the beasts of the earth which is not infinitely outdone by the madness of men."

-- Herman Melville (1819 - 1891, American writer, poet)