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CANNABINOID CHRONICLES

Medical Cannabis News and Information

Oral Cannabis Could Aid Addicts

A Vancouver Downtown Eastside activist and a local entrepreneur are hoping to spearhead the first nonprofit organization of its kind with support from the local cannabis community.

The vocal support of Sarah Blyth, the founder of the Overdose Prevention Society for grassroots, peer-led harm reduction led to the establishment of several safe-consumption sites in Vancouver and beyond.

Fatal overdoses have increased from last year - when Blyth, who doesn't use cannabis, came across an American study that found that states with legal cannabis saw a 33% reduction in overdose deaths, she decided to explore the concept further.

"I've had lots of people come to me with all kinds of different alternatives [to hard drugs], and at no point did I ever set out saying, 'Wahoo, cannabis!' " Blyth told the Georgia Straight one recent July morning. "But with the evidence and the proof that I'm seeing, you can't really deny it."

"If you can provide a cheap medicinal option, like one of these muffins for \$2 instead of crack or cocaine, there's a lot of people down here who will take it because it gives them enough of a body high to hold off on other drugs for a while."

Mutual friends connected Blyth with the namesake of a local cannabis-lifestyle brand, Miss Envy Botanicals, and together the two have been baking infused edibles to distribute daily at the Downtown Eastside Street Market.

Envy donates her line's THC-infused coconut and olive oils to make muffins, granola bars, frittatas, bannock, and other snacks and meal replacements as alternatives to hard drugs for users at the market. By picking healthy ingredients, they're also able to help addicts who may not be preoccupied with the idea of food to get some much-needed nutrition into their bodies.

Beyond providing users with edibles and pre-rolled joints donated by local dispensaries, Blyth and Envy are also offering access to alternatives like kratom, a herb with opioid-like properties, and coca-leaf tea, which can take the edge off for users in the throes of a crack binge.

Their plan to "saturate the market" with natural options for users is just the beginning of what they hope will come to be known as the High Hopes Foundation.

"Patient care is our company's main priority," Envy said.

The duo is planning to implement mobile cannabis-dispensing units throughout the city, and they hope to recruit doctors who can help users transition off opioids and other hard drugs by using cannabis.

"Ideally, what we're trying to do is set up a program with 10 people [hard-drug users] and give them as much as they need for the day [in order] to get some data and then come up with some evidence to support what we're doing," Blyth said.

In her search for support, Envy said, representatives at local cannabis brands and dispensaries "didn't even bat an eye" when she asked them to participate, with many offering to donate products on the spot. City bylaws prohibit dispensaries in Vancouver from selling edibles, but Blyth is confident in the precedent she has set as an innovator.

Source: www.straight.com/cannabis/941071/cannabis-edibles-offer-alternative-hard-drugs-downtown-eastside



Image: <http://www.bakeryandsnacks.com/Manufacturers/Cannabis-edibles-industry-s-big-profit-margins-are-yet-to-be-seen>

International Association for Cannabinoid Medicines (IACM) Bulletin

Human: Cannabis may be helpful in Parkinson's disease according to a survey

Cannabis may be beneficial in Parkinson's disease according to a survey conducted by scientists of Colorado State University. An anonymous survey was hosted on the Michael J. Fox Foundation and the National Multiple Sclerosis (MS) Society website (www.michaeljfox.org/) from 15 February to 15 October 2016. The survey was completed by 595 participants, of whom 76% suffered from Parkinson's disease (PD) and 24% from MS.

Current users reported high efficacy of cannabis of 6.4 on a scale from 0 to 7, and 59% reported reducing prescription medication since beginning cannabis use. Current cannabis users were younger and reported lower levels of disability, specifically in domains of mood, memory, and fatigue. Authors concluded that "cannabis may have positive impacts on mood, memory, fatigue, and obesity status in people with PD and MS."

Source: <http://www.ncbi.nlm.nih.gov/pubmed/28735833>

Human: Cannabis use may decrease mortality in trauma patients

In a large study with 28,813 patients of the Arizona State Trauma Registry, who were admitted to an intensive care unit due to a trauma, screening positive for cannabis use was associated with improved survival. Of these 2,678 patients were included in an analysis, of whom 1,339 were cannabis positive and 1,339 were cannabis negative.

Mean age was 31 years. There was no difference between the two groups in hospital (6.4 versus 5.4 days) or days in the intensive care unit (3 versus 4 days). 55.3% of the cannabis positive and 32% of cannabis negative patients received mechanical ventilation. Of patients who received mechanical ventilation, cannabis positive patients had a higher number of ventilator days (2 versus 1 day) and a lower mortality rate (7.3% versus 16.1%) than those who were cannabis negative. Authors concluded that "a positive marijuana screen is associated with decreased mortality in adult trauma patients admitted to the ICU [intensive care unit]."

Source: <http://www.ncbi.nlm.nih.gov/pubmed/28787375>

Cells: Endocannabinoids may improve survival of nerve cells in HIV

The endocannabinoids anandamide and 2-AG protected nerve cells of the brain, which were exposed to the damaging effects of tat (transactivator of transcription). Tat is a protein produced by the HIV-1 virus, which enhances the production of the virus. Authors wrote that the endocannabinoid system "possesses promising targets for treatment of neurodegenerative disorders associated with HIV-1 infection."

Source: <http://www.ncbi.nlm.nih.gov/pubmed/28733129>

Human: A study, which links cannabis use to hypertension, may be flawed

A review of U.S. health survey data found that cannabis users were three times more likely to die from causes related to high blood pressure, said lead researcher Barbara Yankey, a doctoral student at the Georgia State University School of Public Health in Atlanta. The researchers tracked 1213 participants. Participants were asked whether they had ever used cannabis. Those who answered yes were considered cannabis users. However, the researchers found no association between cannabis use and death from either heart disease or stroke. And they found no proof that cannabis caused deaths attributed to high blood pressure.

However, a cardiologist said the study was flawed, mainly because it relied on survey data that failed to answer key questions about the possible link between cannabis and high blood pressure. "If there's any value in it, it's that it is thought-provoking," said American Heart Association spokesman Dr Willie Lawrence. "It's hard to believe they've added much to our understanding, other than to suggest there may be some increase in mortality and that mortality may be related to hypertension," Lawrence said. And he added that this study has too many problems to effectively prove an association.

Source: <http://journals.sagepub.com/doi/full/10.1177/2047487317723212>

http://www.upi.com/Health_News/2017/08/10/Study-links-pot-use-to-hypertension-but-doctor-say-study-is-flawed/2001502398017/

Human: The number of cannabinoid receptors and the concentration of endocannabinoids vary with age

In both rats and humans the levels of the endocannabinoids anandamide and 2-AG (2-arachidonoylglycerol) and the expression of the GPR55 receptor varied according to age in brain regions, which are relevant for pain perception.

Source: <http://www.ncbi.nlm.nih.gov/pubmed/28767505>

Human: CBD interacts with other anti-epileptic drugs

In an open study with 39 adults and 42 children an epilepsy treatment with CBD increased blood levels of topiramate, rufinamide, and N-desmethyloclobazam and decreased the levels of clobazam. The effect depended on CBD dose. Increases in serum levels of zonisamide and eslicarbazepine with increasing CBD dose were seen in adults. Except for clobazam and desmethylclobazam, all noted mean level changes were within the accepted therapeutic range. Department of Neurology, University of Alabama at Birmingham, USA.

<http://www.ncbi.nlm.nih.gov/pubmed/28782097>

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

Mary Ann Liebert Publications:

A partner journal to the IACM (see previous page), titled “*Cannabis and Cannabinoid Research*” has published new articles available online (www.liebertpub.com/overview/cannabis-and-cannabinoid-research/633/).

Below are two examples:

Cannabis as a Substitute for Opioid-Based Pain Medication: Patient Self-Report

Introduction: Prescription drug overdoses are the leading cause of accidental death in the United States.

Alternatives to opioids for the treatment of pain are necessary to address this issue. Cannabis can be an effective treatment for pain, greatly reduces the chance of dependence, and eliminates the risk of fatal overdose compared to opioid-based medications. Medical cannabis patients report that cannabis is just as effective, if not more, than opioid-based medications for pain.

Materials and Methods: The current study examined the use of cannabis as a substitute for opioid-based pain medication by collecting survey data from 2897 medical cannabis patients.

Discussion: Thirty-four percent of the sample reported using opioid-based pain medication in the past 6 months. Respondents overwhelmingly reported that cannabis provided relief on par with their other medications, but without the unwanted side effects. Ninety-seven percent of the sample “strongly agreed/agreed” that they are able to decrease the amount of opiates they consume when they also use cannabis, and 81% “strongly agreed/agreed” that taking cannabis by itself was more effective at treating their condition than taking cannabis with opioids. Results were similar for those using cannabis with nonopioid-based pain medications.

Conclusion: The results of this study provide implications from both a micro and macro level. First, from the macro level, there have been three previously published indicators of public health changes in states that permit medical cannabis: decreases in opioid related mortality, decreases in spending on opioids, and a decrease in traffic fatalities. While none of these studies shows a cause and effect relationship, they do suggest public health related population based changes in localities where cannabis can be accessed to treat pain. Given that the participants in this study reported a greater likelihood of using cannabis as a substitute in a less stigmatized and easily accessible environment, it makes sense why we would see these changes in locations where medical cannabis is sanctioned versus places where it is illegal.

Source: <http://online.liebertpub.com/doi/full/10.1089/can.2017.0012>

An Update on Safety and Side Effects of Cannabidiol: A Review of Clinical Data and Relevant Animal Studies

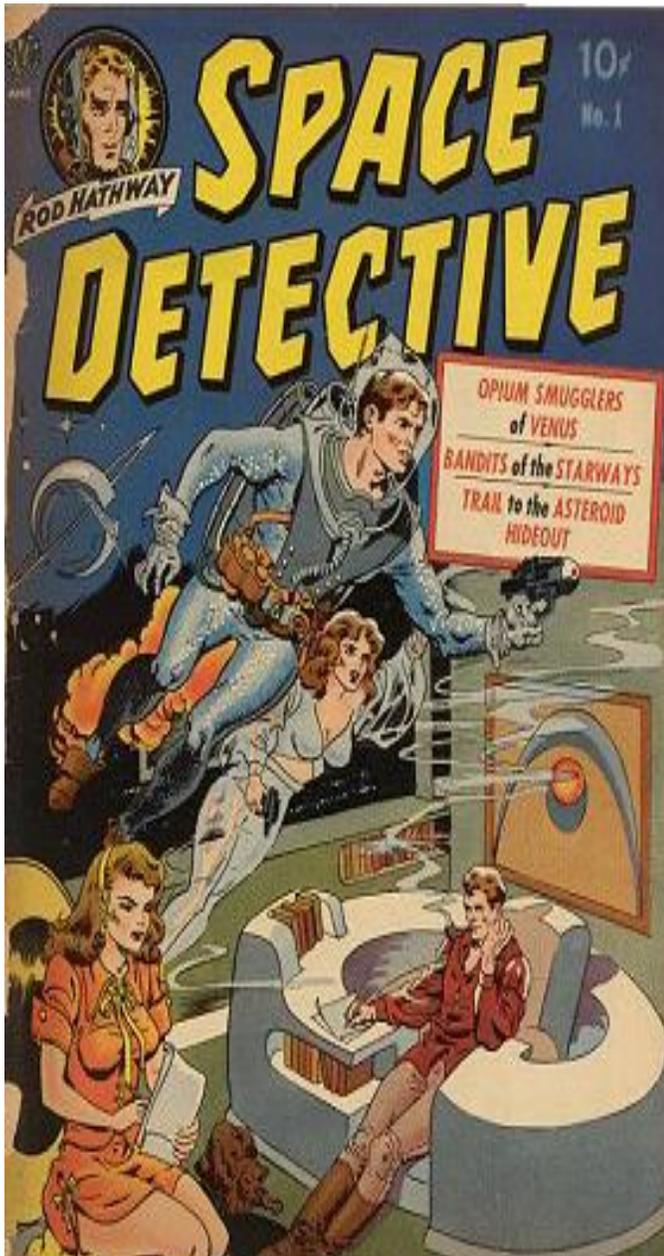
Introduction: This literature survey aims to extend the comprehensive survey performed by Bergamaschi et al. in 2011 on cannabidiol (CBD) safety and side effects. Apart from updating the literature, this article focuses on clinical studies and CBD potential interactions with other drugs.

Results: In general, the often described favorable safety profile of CBD in humans was confirmed and extended by the reviewed research. The majority of studies were performed for treatment of epilepsy and psychotic disorders. Here, the most commonly reported side effects were tiredness, diarrhea, and changes of appetite/weight. In comparison with other drugs, used for the treatment of these medical conditions, CBD has a better side effect profile. This could improve patients' compliance and adherence to treatment. CBD is often used as adjunct therapy. Therefore, more clinical research is warranted on CBD action on hepatic enzymes, drug transporters, and interactions with other drugs and to see if this mainly leads to positive or negative effects, for example, reducing the needed clobazam doses in epilepsy and therefore clobazam's side effects.

Conclusion: This review could substantiate and expand the findings of Bergamaschi et al. about CBD favorable safety profile.¹ Nonetheless, various areas of CBD research should be extended. First, more studies researching CBD side effects after real chronic administration need to be conducted. Many so-called chronic administration studies, cited here were only a couple of weeks long. Second, many trials were conducted with a small number of individuals only. To perform a thorough general safety evaluation, more individuals have to be recruited into future clinical trials. Third, several aspects of a toxicological evaluation of a compound such as genotoxicity studies and research evaluating CBD effect on hormones are still scarce. Especially, chronic studies on CBD effect on, for example, genotoxicity and the immune system are still missing. Last, studies that evaluate whether CBD-drug interactions occur in clinical trials have to be performed. In conclusion, CBD safety profile is already established in a plethora of ways. However, some knowledge gaps detailed above should be closed by additional clinical trials to have a completely well-tested pharmaceutical compound.

Source: <http://online.liebertpub.com/doi/full/10.1089/can.2016.0034>

[Note: In collaboration with *International Cannabinoid Research Society* (icrs.co/) and *IACM* (<http://www.cannabis-med.org/>)]



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Medical Cannabis Can Reduce Opioid Use

A Nanaimo-based researcher has found medicinal cannabis can reduce or prevent opioid use and can even offer addicts an exit strategy.

In an academic paper (see below) published this month in the *Harm Reduction Journal*, Philippe Lucas concluded that governments and health care providers should immediately implement “cannabis-based interventions” in the opioid overdose crisis that has gripped N. America. For Lucas, years of research have rebutted government lines that cannabis is a “gateway drug”, and have instead shown that it can be an “exit drug” for problematic substance use. When Lucas started working with medical cannabis patients in the late 1990s, many of those he saw had contracted HIV, AIDS, or hepatitis C through injection drug use.

Patients admitted to using cannabis to reduce drug cravings, which in turn led Lucas to start researching cannabis substitution. Unlike opioids, cannabis has “no chance of (fatal) overdose, far less of a chance of developing dependence, and you don’t have a lot of the similar side effects you do with opioids,” Lucas said.

Among other recommendations, Lucas said doctors should consider prescribing cannabis rather than opioids as a treatment option for chronic pain. “We’re right now in the throes of an opioid overdose epidemic and we need novel interventions,” he said.

Separately, Lucas recently received ethics approval for a study on the use of cannabis as an adjunct treatment for methadone and suboxone. Half of the participants in the study will take the opioid medications without cannabis, the other half will take them with a prescription for medical cannabis, and the researchers will examine the groups’ success rates. Results are expected by next fall.

Sources: www.theprovince.com/news/local+news/medical+marijuana+reduce+opioid+study/14334756/story.html
<https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-017-0183-9>

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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

Media Awareness Project
www.mapinc.org

Together Against Poverty Society
 302-895 Fort Street, Victoria
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“There’s nowt so queer as folk.”

-- informal saying from Yorkshire, UK