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Author: Don Mohoruk

The first part of the conference was devoted to the medicinal use of cannabis. Other subjects dealt with the historical use of cannabis and public activism, which eventually led to how best to have marijuana legalized in Canada.

Phillipe Lucas, Emily Kirkham and M-J Milloy, PhD made presentations regarding the cultivation of medicinal cannabis (MC); laboratory testing of cannabis products and studying the effect of medical cannabis of people with HIV/AIDS, respectively.

Lucas is a researcher at the University of Victoria and is vice-President of Patient Research at Tilray in Nanaimo, BC. The company is a federally authorized medicinal cannabis producer.

Kirkham is co-founder and Vice-President of laboratory operations at Signoto Corporation. The Canadian company focuses on analytical laboratory consulting for the medicinal cannabis industry.

Milloy is an infectious disease epidemiologist who studies the links between psychoactive drugs and HIV/AIDS. He led the first research in Canada to show a link between daily use of cannabis and lower levels of the virus in the bloodstream. He is a research scientist at the BC Centre for Excellence in HIV/AIDS.

In the 1999-2000 timeframe there was no medicinal cannabis program in Canada, Lucas noted. After a series of court challenges, access to medicinal cannabis was allowed in 2001. In those days, individuals had to wait 3-6 months after completing a 33-page Health Canada (HC) application.

Over the ensuing years, HC consulted with individuals, police, and the medical community on how best to regulate MC.

On April 1, 2014, HC introduced the Marihuana for Medical Purposes Regulations also known as MMPR. This program allows Canadians reasonable access to a legal source of medicinal cannabis when authorized to do so by a physician. It creates a regulated industry which is responsible and accountable for the production and distribution of MC. However, the personal production of MC was eliminated. This provision is now subject to a court challenge in BC with a decision expected in late August.

About 1 million Canadians use MC to treat their disease, Lucas said. In Canada 25 companies are producing MC which can be shipped to the patient or storefront outlets.

Tilray cost \$30 million to build and has 60,000 square feet of production room. The company is Nanaimo's sixth largest employer at 125 employees.

Lucas noted that Tilray is involved with MC research at the University of British Columbia (UBC). Recent studies have shown that 27 is the average age of people using MC. Smoking was the most popular form of use.

Some studies from the United States have shown that MC reduces crime and alcoholism, which benefits the health system as a whole, he commented.

Kirkham provided a testing overview of Signoto's work with MC companies across Canada.

"We need to know what products we are putting into our body," she noted, adding her company's key goal is to create safe products through testing. Potency is important as well as safety and liability to the distributor.

Microbiology testing screens for heavy metals such as cadmium, arsenic and mercury. Residual solvents testing ensure that extracts from the MC process are safe. Although not required under HC regulations, the presence of pesticides is checked as well as the level of trephines which provide health benefits.

Milloy provides insight into his research regarding the MC benefits for HIV/AIDS individuals.

In BC we looked at research drawn from 1,000 individuals living in Vancouver's downtown east side, he said. Of that total, 88 smoked marijuana. Medical records from ten individuals who smoked marijuana daily, from the group of 88, illustrated much lower levels of the HIV/AIDS virus in their blood compared to others in the group.

In Louisiana, 16 monkeys were infected with a disease similar to HIV/AIDS. Half of the monkeys were placed on a MC medication and the remaining eight were given a placebo. The monkeys which received the medication lived longer and had less disease in their bloodstream.

"Current HIV/AIDS medications put the disease in remission and stop the spread of the disease to others. MC will not replace these drugs but it is exciting what role cannabinoids can do having a positive impact on this or other diseases," he noted.

For a panel discussion and questions from the floor, Lucas was joined by Dieter MacPherson, Zack Walsh, Jamie Shaw and Dori Dempster. MacPherson is an executive director at Canada's oldest MC dispensary, Victoria Cannabis Buyers Clubs in BC's capital city. Walsh is a registered clinical psychologist and is an Associate Professor of Psychology at UBC's Therapeutic, Recreational and Problematic Substance Use lab.

Shaw is spokesperson for the BC Compassion Club Society and is President of the Canadian Association of Medical Cannabis Dispensaries. Dempster is the Executive Director of Vancouver's Medicinal Cannabis Dispensary since it opened in 2008. She is a cannabis patient and advocate.

Owen Smith, president of the Victoria Buyers Club and a writer for the Cannabis Digest Quarterly Journal was the panel moderator.

MacPherson said there has been a "shift in demographics" regarding the age of people using MC. Individuals age 55-years or older suffering from diseases such as colitis, cancer as well as stress are looking for alternatives to opioids.

They are looking for improvement in their quality of life and also in situations with palliative care. These individuals are looking for MC in a form they are familiar with such as a pill or capsule and do not choose smoking, he explained.

MacPherson termed the response from Federal Health Minister Rona Ambrose to MC as a "cop out" because she and the Conservatives are not supporting policy and research which shows the benefits of MC.

Walsh noted studies have shown that MC can be effective in helping people dealing with their disease. In the past, pharmaceutical companies have not been interested in MC but some are now motivated to undertake research.

Research involving a group of arthritis patients found that they would not consider MC because "smoking is bad for your health", MC is stigmatized by their doctor, and the drug can make you drowsy.

Lucas felt more detailed and acceptable research will be conducted over the next five years. About 80% of Canadians support the use of MC despite the objections of the federal government.

Smith then asked the panel how can a patient best overcome the objections of a doctor who will not prescribe MC stemming from a patient request.

Dempster felt doctors are hesitant to prescribe MC because of legality concerns. "I just had to keep going back...it took me 9 times to get the prescription," she noted.

Both MacPherson and Walsh felt detailed research and education was key to improving access to MC.

"I advise people to educate their doctor. You can't force a doctor to prescribe MC. It comes down to the question of legality and who is the gatekeeper," MacPherson commented.

"Criminals" is how HC treats patients using MC. A patient needs to legally register their use of cannabis as a medicine with HC to avoid criminal prosecution, he added.

It was noted doctors receive no MC training. At Tilray, Lucas says he has a group of doctors who prescribe MC, teaching other doctors about how to prescribe and the benefits of MC.

Walsh was concerned about infighting between different groups in the MC community. "If there is lots of infighting, the only ones that lose are the patients."