

the compassionate VOICE



Newsletter of the BCCCS

July, August, September 2014

Dispensaries, Privacy and Vending Machines

Members have been asking us about the vast number of dispensaries around Vancouver, their practices and privacy.

We want to underline that we are not affiliated with any other dispensary and cannot even speak for the standards and practices of any of these other than those that are part of the Canadian Association of Medical Cannabis Dispensaries (CAMCD).

Particularly in terms of privacy, we cannot vouch for what happens once a patient gives information to one of the many new dispensaries that have opened up in town. We have a condition in our *Rights and Responsibilities* that no

personal information will be given out without the prior written consent of the member.

Members have also been asking about the quality of medicine dispensed through vending machines. The reason we do not provide such machines is because our mandate is to provide high quality medicine with expertise rather than low-grade marijuana at the touch of a button.

We believe in the importance of one-on-one interactions and in providing strain, dose and product information to members as needed. We ask our members to support us, and also to ask other dispensaries to follow our members-before-profit model.



2014 AGM

On 5 May we had our Annual General Meeting (AGM). There were 42 members in attendance, packing our wait-room, to elect two new Board members and hear a number of annual reports. A big thanks to the staff that did setup, made food, helped with registration and facilitation, and the crew that did clean-up afterwards.

We also celebrated our birthday on 1 May, marking 17 years in Vancouver. A big thanks to all the members that came to our celebration. Thanks also to our Member of Parliament Libby Davies (in the photo) who came to visit, and shortly thereafter also celebrated 17 years as MP for East Van.



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Cannabinoids, Terpenes and Whole Plant Use

There has been a lot of talk about CBD and THC strains, as well as a surge in those asking for such strains.

Referenced in Dr. Sanjay Gupta's documentary on medical cannabis is a term "the entourage effect." This term goes alongside what the BCCCS has advocated with regard to whole plant use: our stance that cannabinoids and other compounds work best in conjunction and interaction with one another.

One of the first cannabinoid researchers Dr. Raphael Mechoulam noted that THC works better in the presence of CBD. A recent study published in the *Journal of Clinical Psychopharmacol* by the Netherland Institute of Mental Health and Addiction further underlined this idea.

Researcher and BCCCS ally Ethan Russo discovered in

2011 that terpenes, which are compounds associated with cannabis scent and flavour, also contribute to the entourage effect.

The recent legislative call to legalize just CBD hence does not work because this compound is actually psychoactive since it affects the brain. Additionally, there is actually no such thing as CBD-only strains (although there are strains that are rich in CBD).

The existence of the entourage effect also means that cannabis strains should not just have one compound such as CBD. This is why researchers at organizations such as Americans for Safe Access (ASA) grow and test with strains that are rich in all cannabinoids and also terpenes, in order to get the full therapeutic effects.

A Major Barrier to Cannabis Science

A report by the Drug Policy Alliance (DPA) and Multidisciplinary Association for Psychedelic Studies (MAPS) recently blasted the US Drug Enforcement Administration (DEA) for not just ignoring but also impeding science on cannabis.

The two organizations released a report in early June showing how the DEA classed cannabis along with the "most dangerous" drugs as Schedule I, which means that it cannot receive federal funding for research.

When it came to rescheduling the drug, the DEA took years to make a decision and was sued multiple times for its indolence.

The report also called out the DEA for overruling its own officials and only funding cannabis research focusing on the potential negative effects of the substance.

In this sort of climate, very little vital cannabis research is being done in the US. Even with patients wanting to see clinical trials with different types of cannabis, the DEA is dragging its feet.

Cannabis and Psychosis

This newsletter has previously looked at reports that have stated negative correlation between cannabis and psychosis, or at least shown a more complicated relationship.

A new report has added to this research. Scientists from the Universities of Calgary, North Carolina and Yale looked at the effects of substance use (alcohol, tobacco and cannabis) on those with clinical high risk of developing psychosis.

170 people participated in the study, which was published in *Schizophrenia Research* magazine, and cited widely.

The results of the survey showed that neither cannabis nor tobacco use contributed to prediction of psychosis in the sample of people with clinical high risk.

However, the results did show that even low use of alcohol contributed to prediction of psychosis.

Introducing the Compassion Oil: made using a similar but safer extraction method as Phoenix Tears

Over the past few years we have been asked to carry Phoenix Tears. We will not because:

- Claims about the oil are unsubstantiated by peer-reviewed medical research
- We cannot without evidence endorse claims that something can cure cancer
- The majority of people making Phoenix Tears have not given sufficient evidence that all solvents are removed from the final product
- The price and quantities needed to make the product do not make it financially accessible

In order to address the above concerns we are introducing our own Compassion Oil which is:

- Made using a similar extraction method, but instead using organic medicinal food grade ingredients and whole-plant extraction of multiple organic cannabis strains
 - Not a cure-all but has been shown during testing to provide: quick relief of pain, increased appetite and alertness, and have a calming but uplifting effect
 - Made using medical-grade organic alcohol which can be taken orally, topically or smoked
 - Far more affordable and does not have to be taken in large doses
 - Made in a closed system so it retains terpenoids which would otherwise be lost during other extraction methods
- Note: This is highly concentrated medicine. Start with an extremely small dose.



Left photo: Our new Compassion Oil, as featured on a 3 June CTV News Vancouver piece on high concentration oils and access issues.

Staff Changes

This season we are saying farewell to Elsa: one of our brightest stars. Elsa was a constant face at the BCCCS, working front-line as well as in several other departments and committees. She already misses the members. Also leaving is nutritionist Vanessa. We wish them both luck as they pursue new ventures.

We would also like to greet our new staff Dylan, Jenna and Cheryl as well our new volunteer practitioner Wendy. A big welcome back to returning staff Earl.

MMAR Growers Court Case

Big news for MMAR personal and designated producers: the injunction by MMAR holders will be tried in Federal Court on 23 February 2015. This will decide whether MMAR holders can continue to possess or grow their own cannabis.

The temporary injunction will stay in place until that case is decided.

For more information on the case go to the website of the MMAR holders' lawyer John Conroy:

www.johnconroy.com/MMARlitigation.htm



Foods that are Great for Getting Sleep, and Ones to Avoid

Indica cannabis strains are excellent sleep aids. However, there are other ways to make sure you get a good night's sleep.

There are a few foods that should be avoided before bedtime. Food high in sugar and caffeine are things you ideally do not want to have before trying to get to bed. Since caffeine is a stimulant, it is best to avoid beverages like coffee, black tea and cola, as well as food like chocolate. Foods like cookies that are high in sugar disrupt blood sugar levels, which are a key part of sleep regulation. For this reason, avoid these at night.

In terms of foods that help with sleep, try eating more leafy green vegetables. These are excellent sources of magnesium, a lack of which leads to stress and insomnia.

Whole grains also provide magnesium, while also carrying B vitamins such as B6 and B12. These B vitamins are cofactors in producing melatonin, which in turn assists the healthy functioning of the adrenal glands (that modulate stress response).

There are other foods that contain melatonin itself such as walnuts and cherries. Of course a lack of melatonin in the body can also signal stress. It's important to find and address where this stress is coming from.

One final recommendation that is already known to people during festive seasons is turkey. Turkey contains L-tryptophan which is a nutrient that both increases sleepiness and also decreases the time it takes to fall asleep.



Saying Bye to Practitioner Meredith

Last season we said bye to Meredith (pictured to the left at our 15th anniversary party): one of our Wellness Centre practitioners, and someone who was a core part of the BCCCS for more than a decade.

Meredith played a key role in running the Society: she was on several committees such as Revenue Generation and Strategic Planning. Over the years, she worked in a number of other departments such as New Membering. She was also a regular at weekly staff meetings, providing important historical and policy information about the BCCCS.

Being such a key part of the Society, as well as an herbalist that supported so many members, she will be greatly missed.