

# ***MSSP Presents*** **An Educational** **Medical Marijuana Guide**

April 6, 2014

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Welcome to the MSSP Guide to Medical Marijuana. For years now research suggests that MS sufferers and those with chronic pain issues have benefitted from the use of medical marijuana. As Oregon embarks on its new law allowing for medical marijuana dispensaries, the MS Society of Portland, Oregon, Inc. (MSSP) and others have collected articles pertaining to the medical benefits of cannabis, laws in Oregon and how patients can be safe and legal participants on Oregon's Medical Marijuana program.

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See your medical professional for advice.

# CANNABINOID CHEAT SHEET



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## What is a Cannabinoid?

Cannabinoids are groups of chemical compounds present in the cannabis plant that affect body and mind through their interaction with special receptors. Perhaps the most exciting medicinal discovery are all the different effects of cannabinoids other than THC. Below we have described the medical uses for the six primary cannabinoids.

### CBN

CBN is somewhat psychoactive at roughly 10% the activity of THC. CBN is a breakdown product that occurs when THC is exposed to light or heat. CBN causes drowsiness and reduces spasms.

### CBG

CBG, which is more commonly found in the non-psychoactive hemp plant, has shown significant ability to counteract and prevent tumor formation.

### CBD

CBD is not psychoactive; studies have shown it to have anti-inflammatory, anti-anxiety, anti-nausea, neuroprotective, blood pressure lowering and pain-killing properties, among many others.

### THC

The most well-known cannabinoid and the most psychoactive, THC has the ability to alter behavior, mood perception, and consciousness. THC is responsible for the euphoric feeling some people consider as being "high".

### THCV

THCV is a psychoactive cannabinoid that may help treat diabetes and is being investigated as an anti-obesity drug.

### CBC

CBC has analgesic, anti-inflammatory, and very promising antibiotic properties.

## MEDICINAL USEFULNESS

By CANNABINOID

protects against cancer				
reduces nausea				
pain reliever				
causes drowsiness				
increases appetite				
decreases appetite				
relieves spasms				
decreases seizures				
reduces anxiety				
muscle relaxant				
antimicrobial				
antibacterial				
antifungal				
protects nervous system				
anti-diabetic				
improves blood circulation				
lowers blood pressure				
relieves psoriasis				
relieves Crohn's disease				
anti-inflammatory				
bone stimulant				
relieves rheumatoid arthritis				
antioxidant				

**LEGEND**

CBN

THC

CBG

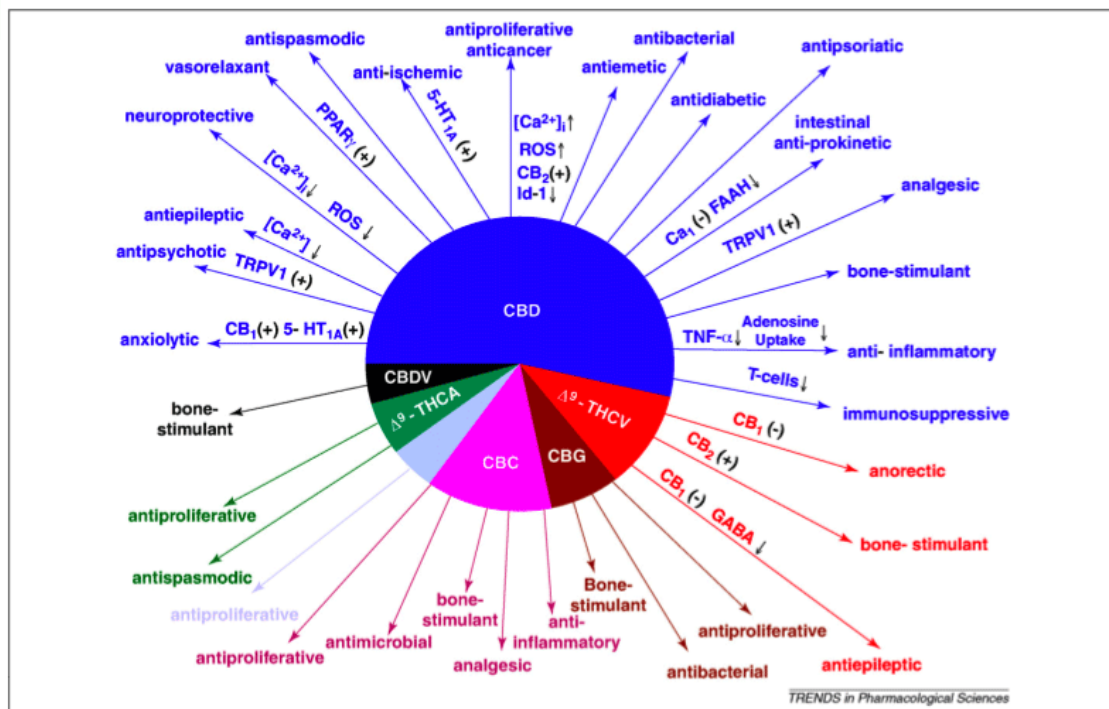
THCV

CBD

CBC

## A NOTE ABOUT PSYCHOACTIVITY

Even if a compound is not psychoactive, it may still have tremendous beneficial effects. Cannabinoids have numerous synergistic interactions with one another. These interactions within the body are not fully understood and do not take place with the sole administration of THC.



**Figure 1.** Pharmacological actions of non-psychoactive cannabinoids (with the indication of the proposed mechanisms of action).  
Abbreviations:  $\Delta^9$ -THC,  $\Delta^9$ -tetrahydrocannabinol;  $\Delta^8$ -THC,  $\Delta^8$ -tetrahydrocannabinol; CBN, cannabiniol; CBD, cannabidiol;  $\Delta^9$ -THCV,  $\Delta^9$ -tetrahydrocannabivarin; CBC, cannabichromene; CBG, cannabigerol;  $\Delta^9$ -THCA,  $\Delta^9$ -tetrahydrocannabinolic acid; CBDA, cannabidiolic acid; TRPV1, transient receptor potential vanilloid type 1; PPAR $\gamma$ , peroxisome proliferator-activated receptor  $\gamma$ ; ROS, reactive oxygen species; 5-HT $_{1A}$ , 5-hydroxytryptamine receptor subtype 1A; FAAH, fatty acid amide hydrolase.  
(+), direct or indirect activation;  $\uparrow$ , increase;  $\downarrow$ , decrease.





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**OG Analytical is a strong supporter of the MSSP and CAMS for MS.**

## Summary Opinion of Deputy Attorney General

The U.S. Department of Justice issued guidance regarding marijuana. The department enforces marijuana under the Controlled Substances Act. In this letter, the Attorney General states that one of the main objectives of law enforcement is to protect minors, prevent "the diversion of marijuana from states where it is legal..." to other states, violence prevention, among other goals.

To view the complete letter please click here:

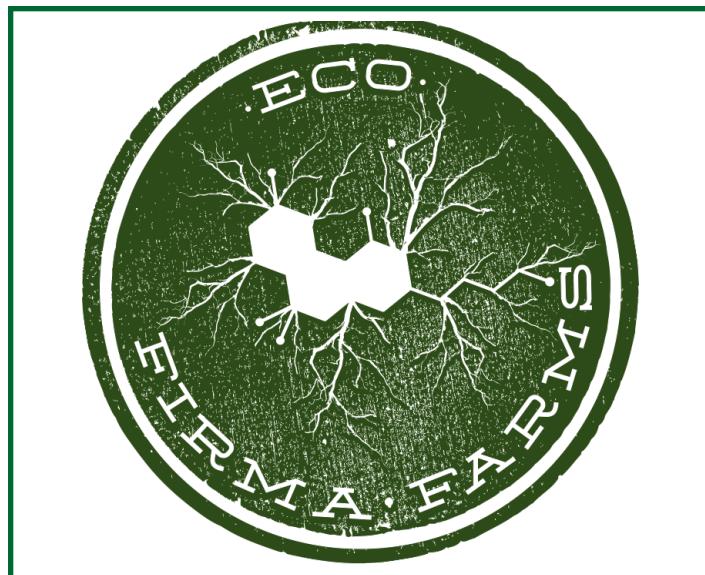
<http://www.justice.gov/iso/opa/resources/3052013829132756857467.pdf>



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COALITION

**The National Cannabis Coalition supports sensible cannabis policies based upon science and not upon fear and propaganda. We work with groups and cannabis activists across the country who are striving to improve cannabis laws and policies.**

**See more at: <http://nationalcannabiscoalition.com/>**



## OHSU: Edible pot could help ease certain multiple sclerosis symptoms

An Oregon Health & Science University researcher has found that orally ingested cannabis could help ease certain multiple sclerosis symptoms.

The symptoms, which might be tempered by medical marijuana pills and oral medical marijuana spray, include spasticity, pain related to spasticity and frequent urination.

**Andy Giegerich**

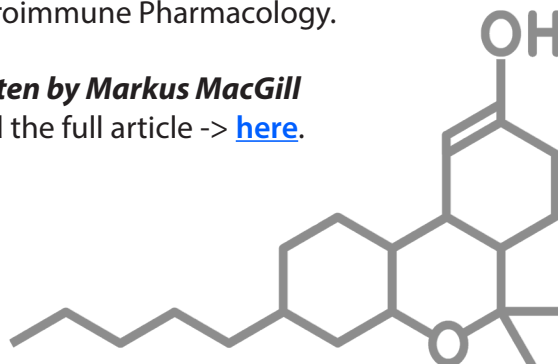
Read the full article -> [here](#).

## Chemicals in marijuana 'protect nervous system' against MS

Chemical compounds found in marijuana can help treat multiple sclerosis-like diseases in mice by preventing inflammation in the brain and spinal cord, according to a study reported in the Journal of Neuroimmune Pharmacology.

**Written by Markus MacGill**

Read the full article -> [here](#).



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## **The endocannabinoid system and multiple sclerosis.**

### **Abstract**

Multiple sclerosis (MS) is a neurodegenerative disease that is characterised by repeated inflammatory/demyelinating events within the central nervous system (CNS). In addition to relapsing-remitting neurological insults, leading to loss of function, patients are often left with residual, troublesome symptoms such as spasticity and pain. These greatly diminish “quality of life” and have prompted some patients to self-medicate with and perceive benefit from cannabis. Recent advances in cannabinoid biology are beginning to support these anecdotal observations, notably the demonstration that spasticity is tonically regulated by the endogenous cannabinoid system. Recent clinical trials may indeed suggest that cannabis has some potential to relieve, pain, spasms and spasticity in MS. However, because the CB(1) cannabinoid receptor mediates both the positive and adverse effects of cannabis, therapy will invariably be associated with some unwanted, psychoactive effects. In an experimental model of MS, and in MS tissue, there are local perturbations of the endocannabinoid system in lesional areas. Stimulation of endocannabinoid activity in these areas either through increase of synthesis or inhibition of endocannabinoid degradation offers the positive therapeutic potential of the cannabinoid system whilst limiting adverse events by locally targeting the lesion. In addition, CB(1) and CB(2) cannabinoid receptor stimulation may also have anti-inflammatory and neuroprotective potential as the endocannabinoid system controls the level of neurodegeneration that occurs as a result of the inflammatory insults. Therefore cannabinoids may not only offer symptom control but may also slow the neurodegenerative disease progression that ultimately leads to the accumulation of disability.

## **Position of the National Multiple Sclerosis Society**

The question of whether marijuana — produced from the flowering top of the hemp plant, *Cannabis sativa* — should be used for symptom management in multiple sclerosis (MS) is a complex one. It is generally agreed that better therapies are needed for distressing symptoms of MS — including pain, tremor and spasticity — that may not be sufficiently relieved by available treatments. Development of more treatments for MS symptoms is a priority for the National Society in its 2011-2015 strategic response. Still, there are uncertainties about the benefits of marijuana relative to its side effects. The fact that marijuana is an illegal drug in many states and by federal statute (see Supreme Court ruling below) further complicates the issue.

Read the full article -> [here](#).

## WHAT IS MS?

A disease of the central nervous system, Multiple Sclerosis (MS) primarily strikes young adults ages 20-40. With MS, the patient's white blood cells attack the myelin, which insulates and conducts messages between the brain, spinal cord and the rest of the body, causing inflammation, eventual scarring and possible nerve destruction. The message is either partially or totally interrupted, resulting in one or more of these symptoms: Numbness, tingling, pain, loss of balance/coordination, problems with memory and cognition, depression, inability to function in heat, vision problems, choking and swallowing, hearing difficulties and bowel and bladder weaknesses.

Until a cure is found, more than 7,500 local patients and family members need help. They need information and tools to cope with the day-to-day challenges of life with MS. MSSP meets these challenges through a myriad of free and sliding base programs and services.

## HISTORY of MSSP

Since 1949 the MSSP has worked one-on-one to improve the quality of life for those affected by Multiple Sclerosis (MS). MSSP continues to review, and when needed, to modify its programs and activities to meet

the changing needs of MS clients and their support systems. Now in it's 65th year, the MSSP is a local, independant non-profit that serves those with MS, their families and caregivers in Oregon and SW Washington.



**1949** Founded by the Columbia Lions Club to provide social activities for homebound MS persons and their families.

**1953** "Homecare Program" began offering personal care, bath/shower assistance, toileting, dressing and range-of-motion exercises in the privacy of individuals homes.

**1977** "Medical Equipment Lending Program" was established. Equipment is donated, refurbished and returned to the community, free of charge.

**1987** "Sunshine Committee," a peer support program was formed to offer emotional support to the newly diagnosed by telephone.

**1994** In-home support was increased to include respite care, housekeeping, and errands. "MS Good Neighbors," a volunteer driven visitation program was initiated.

**1996** An 8-week education class was developed to educate caregivers about the specific needs of caring for chronically ill individuals.

**1997** MSSP started offering intensive one-on-one care management services and advocacy to MS families with private, state and religious organizations.

**1998** "Summer Comfort", an air conditioning program began. Through this program, low-income MS persons receive respite from seasonal heat exhaustion.

**2000** With the support of a grant from the Employees Community Fund of Boeing

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## **HISTORY of MSSP** *continued*

Portland, Inc., a "Client Emergency Fund" was established to help MS clients with one-time emergency needs.

**2001** "Project Connect" Helping to relieve isolation, MS persons are provided with internet-ready computers.

**2002** "Project Helping Hands" MS persons are paired with Licensed Massage Therapists to receive up to 12 free massages.

**2004** Caregiver Class changed to a half-day class voluntarily taught by a Registered Nurse.

**2006** From the generous donation from the Sheila Converse Estate, "Sheila's Gift" was established to benefit Southern Oregon families affected by MS.

**2007** The MSSP house was established from the charitable donation of the Delmer L. Skillings.

**2008** Educational workshops offered to MS persons, their family members and medical professionals.

**2009** Caregiver Recognition Contest initiated.

**2010** MSSP Annex remodeled to provide handicap accessible meeting space.

**2010** Acupuncture therapy offered at the MSSP Annex building.

**2011** Blues4MS musical concerts were formed to increase awareness about MS and MSSP while featuring local and regional blues performers.



Multiple Sclerosis Society  
of Portland, Oregon, Inc.  
[www.msoregon.org](http://www.msoregon.org)

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improve the quality of life  
for those with Multiple  
Sclerosis and their families*





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