



M.A.C.R.O.S.

Mobile Access Compassionate Resources Organization Society

4121 118Ave Edmonton, AB, Ph: 780-457-6824 F: 780-756-7601 E: admin@macros.ca

Attention All Family Physicians and Specialists

Date: December 18, 2013

RE: Medical Marijuana

To Whom It May Concern:

We are a not-for-profit compassion group located in Edmonton. **We are a non-profit society** seeking to fill a vacuum by assisting Canadians to exercise "Informed Consent" in choosing Cannabis / Marijuana as medicine to treat their illness and/or symptoms.

We seek to help our members firstly by providing the medicine for their choice while at the same time assisting members to obtain the Health Canada Permits to possess and grow Cannabis or to have their Cannabis grown by others.

Since the new Parliament has passed a law to change the way Medical Marijuana is dispensed, this puts a large amount of worry for the compassion clubs nation-wide and the farms we collect or trusted, medical marijuana strains. The government is planning to end the MMPR (Marihuana For Medical Purposes Regulations) so that medical marijuana would not be able to be grown locally. Patients from all over depend on the Medical Marijuana strains, and the suppliers. Some even deliver to their patient's homes! Including M.A.C.R.O.S. in Edmonton, Alberta.

Our main goal and focus is to become an accredited, legal provider who is approved by the government. At this time, we have less than 750 members, and in order to be considered for accreditation, we will at least have to have a minimum of 1000. This is to happen by April 1, 2014, or our doors will be shut and people would not know where to turn to, other than the streets as the costs will rise.

The government was growing and supplying medical marijuana via mail to many of its' patients, but this medical marijuana was not even the strength of the other many choices a compassion club would have. So the quality was a concern. Now they advised all of the patients who got the letter that their medical marijuana will be only available through licensed providers. The licensed providers the Canada website has are all pharmaceuticals located out of the United States..... Wait, our own government outsourcing??????

In November 2013, the government sent out a letter to 40,000 patients and did not take the FOIP Laws into consideration as these letters of notice sent by the government were not discretely disclosed.. There are plenty of angry individuals as their privacy was exposed with their name attached to the same letter heading as (MMPR/MMAR). There are now a few class action law suits against the government now because of this. Tens of thousands of people are also signing the petition to have marijuana legalized.

Because our clients are still requiring a prescription for their medical marijuana usage, we are seeking good hearted doctors in and around our area and hoping to expand this amongst Canada, to make this topic well-known and that Medical Marijuana isn't, and shouldn't be a "Taboo" topic. Please help us help our clients by becoming a doctor who will be able to give that one simple signature. There is a lot of information that this medicine helps people, just think of it, how many overdoses and deaths are attributed to Opioid pain medications vs marijuana. Another thought... would you rather have a drunk living next door, or a peaceful couple who mind their own business and not disturb the peace? I think we all know that answer.

Please review this information in regards to Medical Marijuana and we hope that you will join us in this battle and help us legalize this excellent natural gift from our planet. At the end of this letter is an exclusive access username and password, this will allow you to check out our products on our site and see what our members would see when they are making an order.

The Marijuana Medical Access Regulations (MMAR) came into effect in 2001 to enable compassionate access to marijuana for medical purposes for seriously ill Canadians

Category 1

Applications to obtain an Authorization to Possess marijuana legally and to obtain a License to Produce marijuana for medical purposes require that the physician complete Form B1 for Category 1 applicants, or B2 for Category 2 applicants. Currently, Category 1 of the MMAR includes the following medical conditions and related symptoms:

MEDICAL CONDITIONS	SYMPTOMS
<ul style="list-style-type: none"> • Cancer, AIDS, HiV infections 	<ul style="list-style-type: none"> • Severe pain, cachexia (wasting) • Anorexia (appetite loss) weight loss • Severe nausea
<ul style="list-style-type: none"> • Multiple Sclerosis; Spinal Cord Injury 	<ul style="list-style-type: none"> • Severe Pain, persistent muscle spasms
<ul style="list-style-type: none"> • Severe Arthritis 	<ul style="list-style-type: none"> • Severe Pain
<ul style="list-style-type: none"> • Epilepsy 	<ul style="list-style-type: none"> • Seizures
<ul style="list-style-type: none"> • Compassionate End of Life Care (Palliative Care) 	

People with symptoms related to a condition other than those stated above fall under Category 2 of the MMAR:

Category 2:

This category is for applicants who have debilitating symptom(s) of medical condition(s), other than those described in Category 1.

Under Category 2, persons with debilitating symptoms can apply to obtain an Authorization to Possess dried marijuana for medical purposes, if a specialist confirms the diagnosis and that conventional treatments have failed or judged inappropriate to relieve symptoms of the medical condition. While an assessment of the applicant's case by a specialist is required, the treating physician, whether or not a specialist, can sign the medical declaration.

Amendments to the Marijuana Medical Access Regulations
In June 2005, the MMAR were amended, allowing family physicians to sign all applications. For Category 2, the family physician must consult a specialist.

The wording of the applicant's declaration and the medical declaration were changed to shift of responsibility from the physician to the patient. The new MMAR no longer require physicians to "recommend" the daily dosage of marijuana, the form, nor the route of administration, though physicians must still indicate the daily amount, form and route of administration the patient intends to use.

Physicians are no longer required to state that the benefits of marijuana use outweigh the risks, though the applicant must declare that he or she has discussed the risks with a physician. The physician must declare that conventional treatment(s) for the Category 1 symptom(s) have been tried or considered and have been found to be ineffective or medically inappropriate for the treatment of the applicant.

Concerns Expressed by the Canadian Medical Protective Association:

In response to concerns regarding medical liability, the CMPA has made available a "Release Form for Medical Practitioners". The CMPA recommends that physicians ask their patient to sign this release and that physicians keep a copy on file. This form is available at www.cmpa-acpm.ca.

Practical Information about Marijuana and Marijuana Use

Potency

Cannabis contains over 60 active compounds known as cannabinoids. The main cannabinoid is delta-9-tetrahydrocannabinol (THC). There are hundreds of varieties or "strains" of cannabis, each with different cannabinoid profiles. Anecdotal reports claim that some strains are more efficacious than others at relieving symptoms. Potency refers to the amount of THC found in cannabis. Health Canada's cannabis is a standardized and tested source of supply produced under contract. It contains 12.5% + 1.5% THC. According to the RCMP's data, based on 3,160 THC analyses of street samples requested by Canadian police forces, the average potency of "street" cannabis is 5.7%. Of these samples, 133 tested over 15 percent, while eight reached over 20 percent.

Forms

Cannabis can be consumed in its herbal form, in tinctures, oils, capsules, sprays and concentrates such as hashish. However, the MMAR do not apply to any derivatives of cannabis such as hashish or hash oil.

Routes of Administration

The route of administration of cannabis determines the speed of onset of clinical effects. Each patient will determine the route of administration that works best for them.

Inhalation has the most rapid onset, with clinical effects within seconds, and a peak effect after a few minutes. Smoking is the most widely used method and it allows for effective dosage titration as patients can quickly determine when they have consumed enough cannabis to relieve their symptoms. An interesting and promising alternative route is inhalation through a vaporizer. Vaporization consists of heating the cannabis just below the point of combustion, thereby vaporizing the cannabinoids without producing combustion by-products. Vaporizers are widely available wherever cannabis-smoking devices are sold.

Baking or cooking with cannabis is a good way to reduce the amount smoked. However, bioavailability through ingestion is complex. The onset of the therapeutic effects can take from 30 minutes to 2 hours. In addition, ingesting THC orally is subject to the first pass effect of hepatic metabolism, yielding 11-hydroxyl-THC, which is considerably more psychoactive than THC itself. This said, the effect may last up to several hours longer. Eating cannabis can be a challenge for someone who is using it to alleviate nausea and vomiting. Each patient will need to determine what route works best for them.

Tinctures and spray are used through sublingual and or mucosal absorption.

Amounts

A joint (cannabis cigarette) usually contains about 1/2 gram to 1 gram of cannabis, depending on how it is rolled and whether it is mixed with tobacco.

According to Health Canada's Daily Amount Fact Sheet(2), the average daily amount approved for over 90% of persons authorized under the MMAR is 5 grams or less per day. Accordingly, 5 grams a day will result in a approximately 5 to 10 joints.

When cannabis is ingested orally, the strain of the cannabis, the potency, the part of the plant this is used (leaves or flowers), the body size of the person consuming, and the experience of the person consuming all come into play when considering a dose. Here are some guidelines for starting doses

OUNCES	GRAMS
1 oz	28 grams
½ oz – “a half”	14 grams
¼ oz – “a quarter”	7 grams
1/8 oz – “an eighth”	3.5 grams

When eating cannabis for a person a of about 68 kg (150lbs) who has some experience with cannabis:

- Cannabis leaf (shake): ½ gram to 2 grams
- Cannabis flowers (buds) with seeds: ¼ gram to 1 gram
- Sinsemilla flowers (buds with no seeds): Eighth of a gram to ½ gram

2. Available on Health Canada's website at www.healthcanada.gc.ca/mma

Toxicity

There is no known LD50 for cannabis or its major components in humans.

The ratio of fatal to therapeutic has been estimated to be 40,000. Theoretically, one would have to consume 682 kg (1500 pounds) of cannabis in 15 minutes to overdose. There has yet to be a well-documented case of human fatality attributable to an overdose of cannabis or its components, and as such, no LD50 can be attributed. (3,4,5,6,7)

3 Grinspoon L, Bakalar JB. Marijuana, the forbidden medicine. Fev. And exp. Ed. New Haven: Yale University Press; 1997.

4 Mikuriya TH. Historical aspects of Cannabis sativa in Western medicine. New Physician. 1969;18(November):902-908.

5 Loewe S. Studies on the pharmacology and acute toxicity of compounds with marijuana activity. Journal of Pharmacology and Experimental Therapeutics. 1946;88:154-161.

6 Loewe S. the active principals of cannabis and the pharmacology of the cannabinols. Archiv fur Experimentelle Pathologie und Pharmakologie. 1950;211:175-193.

7 Ethan Russo. LD50 Figures for Cannabis. Personal communication, January 20, 2006.

State of Scientific and Medical Knowledge

For the latest research on cannabis and cannabinoids from intonations literature, please visit the Canadian Consortium for the Investigation of Cannabinoids in Human Therapeutics Electronic Newsletter: available at www.ccicnewsletter.com. As there is no Notice of Compliance for cannabis, Health Canada provides “*Information for Health Care Professionals – Marijuana*” at www.healthcanada.gc.ca/mma

Some Key studies related to HIV/AIDS:

- Abrams, DI, Hilton JF, Leiser RJ, Shade SB, Elbeik TA, Aweeks FT et al. Short- Term Effects of Cannabinoids in Patients with HIV-1 Infection. *Ann Intern Med.* 2003; 139:258-266.
- Beal JE, Olson R, Laubenstein L, Morales JO, Bellman P, Yangco B et al. Dronabinol as a treatment for anorexia associated with weight loss in patients with AIDS. *J Pain Symptom Manage.* 1995 Feb;10(2):89-97.
- Beal JE, Olson R, Lefkowitz L, Laubenstein L, Bellman P, Yangco B et al. Long- Term Efficacy and Safety of Dronabinol for Acquired Immunodeficiency Syndrome-Associated Anorexia. *J Pain Symptom Manage.* 1997 July;14(1):7- 14.
- Chang AE, Shiling DJ, Stillman RC, Goldberg NH, Seipp CA, Barofski I et al. Delta-9-THC as an antiemetic in cancer patients receiving high-dose methotrexate. *Ann Intern Med.* 1979;91:819-830.
- de Jong BC, Prentiss D, McFarland W, Machekano R, Israelski DM. Marijuana Use and its Association with Adherence to Antiretroviral Therapy Among HIV- Infected Persons with Moderate to Severe Nausea. *J Acquir Immune Defic Syndr.* 2005;38(1):43-46.
- Jones Se, Durant JR, Greco FA, Robertone A. A multi-institutional phase III study of abalone vs placebo in chemotherapy-induced nausea and vomiting. *Cancer Treatment Rev.* 1982;9SupplB:45-48.
- Kaslow RA, Blackwelder WC, Ostrow DG, Yerg D, Palenicek J, Coulson AH et al. No evidence for a role of alcohol or other psychoactive drugs in accelerating immunodeficiency in HIV-1positive individuals. *JAMA.* 1989;261:3424-3429.
- Orr LE, McKernan JF> Antiemetic effect of delta-9-THC in chemotherapy- associated nausea and emesis as compared to placebo and Compazine. *J Clin Pharmacol.* 1981;21:76S-80S.

Information gathered from: <http://www.nhtsa.gov/people/injury/research/job185drugs/cannabis.htm>

<http://www.nhtsa.gov/people/injury/research/job185drugs/cannabis.htm>

Other Useful Links :

(Go to Macros.ca and click on Doctor's Letter to access these links)

[The Science of Marijuana – PBS Documentary](https://www.youtube.com/watch?v=l5Z9jc5EdDA)

<https://www.youtube.com/watch?v=l5Z9jc5EdDA>

[New Evidence Cannabis Kills & Cures Cancer – Not Seen On The News](https://www.youtube.com/watch?v=TwWSAYe_Xi0&feature=youtube_gdata_player)

https://www.youtube.com/watch?v=TwWSAYe_Xi0&feature=youtube_gdata_player

[Medical Cannabis Stops Spread of Breast Cancer – NBC News](https://www.youtube.com/watch?v=dWK21ZY3lvs&feature=youtube_gdata_player)

https://www.youtube.com/watch?v=dWK21ZY3lvs&feature=youtube_gdata_player

[Scientific Research and Real Facts About The Cannabinoids in Cannabis](https://www.youtube.com/watch?v=hHnQ-YAqAsA&list=PLmDGUKT5-3b5GWBRMvw2Fip6WTR_IgZ5Z)

https://www.youtube.com/watch?v=hHnQ-YAqAsA&list=PLmDGUKT5-3b5GWBRMvw2Fip6WTR_IgZ5Z

[New Study Links Cannabinoid Receptors With Regulation of Brain Energy Storage and Neuronal Functions](http://thejointblog.com/new-study-links-cannabinoid-receptors-regulation-brain-energy-storage-neuronal-functions/)

<http://thejointblog.com/new-study-links-cannabinoid-receptors-regulation-brain-energy-storage-neuronal-functions/>

[Cannabis is better for ADD and ADHD in kids than Ritalin](https://www.youtube.com/watch?v=udKZGt4iW10)

<https://www.youtube.com/watch?v=udKZGt4iW10>

[Scientists say THC could prevent disease in future generations](http://www.hightimes.com/read/scientists-say-thc-could-prevent-disease-future-generations)

<http://www.hightimes.com/read/scientists-say-thc-could-prevent-disease-future-generations>

[New Government Funded Study – Cannabis May Improve Attention and Memory](http://thejointblog.com/new-government-funded-study-cannabis-may-improve-attention-memory/)

<http://thejointblog.com/new-government-funded-study-cannabis-may-improve-attention-memory/>

[Can Marijuana Relieve GI Disorders?](http://www.howcast.com/videos/506385-Can-Marijuana-Relieve-GI-Disorders-Marijuana)

<http://www.howcast.com/videos/506385-Can-Marijuana-Relieve-GI-Disorders-Marijuana>

[American Pharmacopoeia Classifies Cannabis as a “Botanical Medicine”](http://www.weedist.com/2013/12/american-herbal-pharmacopoeia-classifies-cannabis-as-a-botanical-medicine/)

<http://www.weedist.com/2013/12/american-herbal-pharmacopoeia-classifies-cannabis-as-a-botanical-medicine/>

[Girl With Cerebral Palsy Nearly Cures Stutter With Weed. Unreal!](http://www.minds.com/blog/view/256831341314707456/see-the-incredible-transformation-after-woman-with-cerebral-palsy-smokes-medicinal-marijuana)

<http://www.minds.com/blog/view/256831341314707456/see-the-incredible-transformation-after-woman-with-cerebral-palsy-smokes-medicinal-marijuana>

[Very First Human Trials Using Cannabis To Treat Brain Cancer Under Way](http://www.collective-evolution.com/2013/11/14/first-ever-human-trials-to-be-conducted-using-cannabis-to-treat-brain-cancer/)

<http://www.collective-evolution.com/2013/11/14/first-ever-human-trials-to-be-conducted-using-cannabis-to-treat-brain-cancer/>

[Cannabis Plant Extracts Can Effectively Fight Drug-Resistant Bacteria](http://abcnews.go.com/Technology/story?id=5787866&page=1)

<http://abcnews.go.com/Technology/story?id=5787866&page=1>

[Why Marijuana Treats Arthritis, MS and Diabetes:](http://blog.sfgate.com/smellthetruth/2013/12/11/why-marijuana-treats-arthritis-ms-and-diabetes-new-study-implicates-mrna/)

<http://blog.sfgate.com/smellthetruth/2013/12/11/why-marijuana-treats-arthritis-ms-and-diabetes-new-study-implicates-mrna/>

[Pot based Nano Drugs for Heart Disease?](http://www.hightimes.com/read/pot-based-nano-drugs-heart-disease)

<http://www.hightimes.com/read/pot-based-nano-drugs-heart-disease>

[Marijuana and Brain Cancer: Why CBD Beats Gliomas](http://blog.sfgate.com/smellthetruth/2013/12/05/marijuana-brain-cancer-why-cbd-beats-gliomas/)

<http://blog.sfgate.com/smellthetruth/2013/12/05/marijuana-brain-cancer-why-cbd-beats-gliomas/>

[Clinical Case Studies and Case Reports:](http://www.cannabis-med.org/studies/study.php)

<http://www.cannabis-med.org/studies/study.php>

[Cancer – The Forbidden Cures Full Documentary:](http://www.undergroundhealth.com/cancer-the-forbidden-cures-full-documentary/)

<http://www.undergroundhealth.com/cancer-the-forbidden-cures-full-documentary/>

[Scientists Make Another Obvious Discovery – Chemo Causes Cancer – Underground Health](http://www.undergroundhealth.com/scientists-make-another-obvious-discovery-chemo-causes-cancer/)

http://www.undergroundhealth.com/scientists-make-another-obvious-discovery-chemo-causes-cancer/?fb_action_ids=491276530965754&fb_action_types=og.likes&fb_ref=above-post&fb_source=other_multiline&action_object_map=%7B%22491276530965754%22%3A157086761148323%7D&action_type_map=%7B%22491276530965754%22%3A%22og.likes%22%7D&action_ref_map=%7B%22491276530965754%22%3A%22above-post%22%7D

[Cannabidiol Oil – National Geographic Channel](http://channel.nationalgeographic.com/channel/american-weed/videos/cannabidiol-oil/)

<http://channel.nationalgeographic.com/channel/american-weed/videos/cannabidiol-oil/>

[Parents put hope in marijuana extract to help children's seizures](http://www.ksl.com/?nid=148&sid=28011267)

<http://www.ksl.com/?nid=148&sid=28011267>

[Dad Saves His Little Dying Son From Brain Cancer With TCH Oil](https://www.youtube.com/watch?v=TB8mHcuSFek)

<https://www.youtube.com/watch?v=TB8mHcuSFek>

We trust this information was helpful and will help you help your patients achieve wellness. Please go to our website, <http://www.macros.ca> and you will be able to browse our site, the product page and the shipping and handling page is for registered members with a MMAR / MMPR valid registration number. Because we are sending this information out, for educational purposes, a password to our product page is available only for you. Please do not share this with any of your patients as there is an application process. If you want them to get started in the process, please tell them to go to <http://macros.ca> and download the forms (If you already don't have any) and they will be assisted with the proper information to bring forth and they would then soon be accepted into the MMAR/MMPR program.

Exclusive Practitioner Username: macros

Password: medicateme

We look forward to hearing back from you soon as to if you are accepting new patients, and that you would sign the prescription free of charge, or, if you feel that you want to charge, what cost would this entail?

Thank you for your time and consideration,

Best Regards

M.A.C.R.O.S. Team

Aaron Bott, Janice Cyre, Bob Cyre, Colin Bott

M.A.C.R.O.S. Mission Statement:

To help competent adults to make choices concerning their medical care, according to their own values regardless of how unwise or foolish these choices may appear to be to others and to build a society to provide this choice to the members to provide this service and access from all forms of discrimination and barriers.

Vision Statement:

To legally permit to distribute medical cannabis of highest quality symptom strains specific to meet the member / patient's needs to treat specific or general ailments.

Values Statement:

Compassion: To make ready available cannabis to help people with the relief of critical and chronic pain, unrespective of legal or social stigma.

Harm Prevention: by offering a safe and secure place to access the medicine of their choice without having to associate with illicit distribution.

Empowerment: that the member / patient has the primary authority when it comes to making personal health care decisions and encourage the patient to take control of their own healing

Dignity: of the people who operate the society / dispensary, the patients they serve and the cultivators that supply them have the right to respect ethical needs

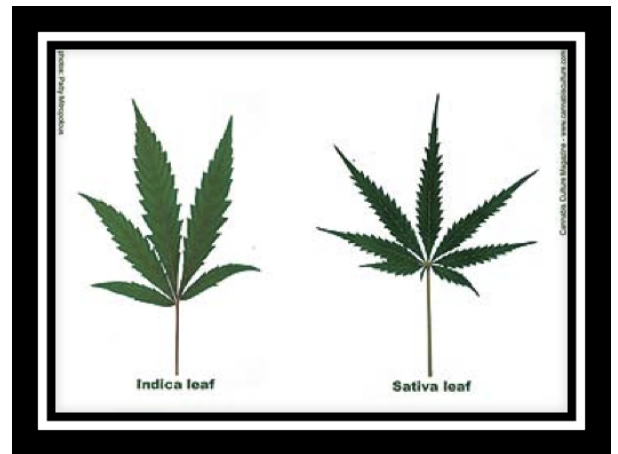
Affordability: Everyone must have affordable access to this medicine

Integrity: To remain transparent and accountable for service and provide management of this service

Objectives:

- To establish and uphold standard of medical cannabis dispensaries
- To support high standard of care, education, research and promote best practice
- To work with the public, government, healthcare providers and law enforcement agencies to understand the need for medical cannabis dispensaries
- Help the patient to work with the healthcare practitioner with research of cannabis and treatment with their specific ailment and symptomology

Sativa vs Indica: The Biggest Differences Between The Two Cannabis Plants



Sativa and **Indica** are the two major types of cannabis plants which can mix together to create hybrid strains. Each strain has its own range of effects on the body and mind resulting in a wide range of medicinal benefits.

Indica plants typically grow **short and wide**, compared to *Sativa* plants which grow **tall and thin**. *Indica* plants are better suited for *indoor* growing because of their short growth and *sativa* plants are better suited for *outdoor* growing because some strains can reach over 25 ft. in height.

The high produced from smoking **Indica** bud is a strong physical body high that will make you sleepy or 'couch-locked' and provides a deep relaxation feeling compared to a **Sativa** high, which is known to be more energetic and uplifting.

Marijuana strains range from pure **sativas** to pure **indicas** and **hybrid** strains consisting of both **indica** and **sativa** (30% indica – 70% sativa, 50% – 50% combinations, 80% indica – 20% sativa). Because *Sativa* and *Indica* buds have very different **medicinal** benefits and effects, certain strains can be targeted to better treat specific illnesses.

Indica dominant marijuana strains tend to have a strong sweet or sour odor to the buds (ex. Kush, OG Kush) providing a very relaxing and strong body high that is helpful in treating general anxiety, body pain, and sleeping disorders.

Sativa plants tend to be significantly large while Indica plants are shorter and wider.

Indicas are very effective for overall pain relief and is often used to treat insomnia for many people. *Indica* buds are most commonly smoked by medical marijuana patients in the late evening or even right before bed due to how sleepy and tired you become when high from an *indica* strain of marijuana, like Kush.

Benefits of *Indica*: 1. Relieves body pain 2. Relaxes muscles 3. Relieves spasms, reduces seizures 4. Relieves headaches and migraines 5. Relieves anxiety or stress

Sativa dominant marijuana strains tend to have a more grassy type odor to the buds providing an uplifting, energetic and “cerebral” high that is best suited for daytime smoking. A sativa high is one filled with creativity and energy as being high on sativa can spark new ideas and creations. Many artists take advantage of the creative powers of cannabis sativa (marijuana) to create paintings.

Benefits of Sativa: 1. Feelings of well-being and at-ease 2. Up-lifting and cerebral thoughts 3. Stimulates and energizes 4. Increases focus and creativity 5. Fights depression

The most popular Indica strains currently include Kush, Northern Lights and White Widow, and popular sativa strains include Purple Haze, and Mauwie Wauwie.

Information gathered from: <http://www.theweedblog.com/the-difference-between-indica-and-sativa-marijuana-plants/>