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AUGUST - SEPTEMBER 2015

medicinal cannabis magazine

ROLLING THE DICE ON MEDICINAL CANNABIS



SILVER STATE
sets nation's
gold standard
FOR LAB TESTING

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MEDICINAL
MARIJUANA
be an answer to the
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Publisher

Guy Bertuzzi, guy@elevatenv.com

Editor-In-Chief

Beth Schwartz, beth@finetheagency.com

Creative Director

Jina Hustler, jina.hustler@finetheagency.com

Contributors

Sharon Chayra, Amanda Connor, Hector Leyva,
Pouya Mohajer, M.D., Deanna Rilling,
Jason Sturtsman

Social Media Services

Anna Loumbrozo

ELEVATION PUBLISHING LLC

President

Jonathan Fine

Chief Financial Officer

Cassandra Lupo

Vice President of Business Development

Kim Armenta

FINE THE AGENCY

President

Tracey Michels, tracey@finetheagency.com

Director of Creative Services

Brooke Bertuzzi, brooke@finetheagency.com

Digital Services

Austin Grantham

austin.grantham@finetheagency.com

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7120 Rafael Ridge Way, Las Vegas, NV 89119

Phone: 702.737.8464 | Email: info@elevatenv.com



from the *EDITOR*

Welcome to the third issue of *Elevate Nevada*. I find it hard to believe that I have officially been in the medicinal marijuana industry for six months and we are already publishing our third edition. I think it has gone by so quickly because I discover something new every day that intrigues me.

For instance, did you know that people who can't legally purchase

medical marijuana in the state in which they reside and, in turn, have to move somewhere else in order to get their medicine are called medical refugees? I am mystified that in the land of the free and the home of the brave, we actually have refugees who have to uproot their lives to get the medicine they need.

Learning about Nevada Senate Bill 374, which spells out the framework for the state's medicinal marijuana regulations, has also been an interesting prospect. Due to Nevada's experience with gaming and regulating other unique industries, our medicinal marijuana regulations are some of the most well thought out of any in the nation. Our lawmakers included many key items that other states didn't.

Such as reciprocity – many people don't realize that Nevada offers reciprocity. Twenty-three states and the District of Columbia have legalized medicinal marijuana, which means cardholders from those states can legally buy products from Nevada dispensaries. It was an ingenious move by Nevada's lawmakers to capitalize on the 41 million visitors who come to Las Vegas each year.

According to Andrew Livingston, policy analyst at Vicente Sederberg LLC, there is the potential for 3,536,819 tourists to visit Las Vegas who have participated in past month marijuana consumption (PMMC). By Livingston's estimation, if the average PMMC tourist consumes three grams per visit, it will equate to 23,392 pounds of tourist demand in Las Vegas alone. I was so fascinated by reciprocity's effect on Nevada that we created an infographic you can find on the final page of the magazine showing how substantial cardholders from feeder markets will be to the growth of Nevada's medical marijuana establishments.

Nevada also stands out in the crowd of 23 with regard to lab testing. I was pleased that the Silver State took the initiative to set a high bar for testing medicinal cannabis. Well, not just a high bar, it was actually the only bar at the time. Nevada will be the first state to implement lab testing of medicinal marijuana. Other states have now seen the error of their ways by not requiring it and are going back to implement it. You can find out more about the subject on page 7.

I am sure as I continue on my foray into the world of medical cannabis I will find plenty of other interesting tidbits that I will be sure to share. Until then...

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from the *PUBLISHER*

Summer is almost over. Locals will soon return from their vacations, schools will be starting, and, best of all, Nevada's dispensaries will begin to open their doors. Boy, what a long road it feels like it has been for those of us eager to see patients get access to medicine. But the near future looks bright – Nevada has cultivations, laboratories and dispensaries that really care about patients and want to do it right starting with stringent lab testing, see our story on page 7. Soon enough you will see changes in our economy, in our lifestyles, and in our wellness – all due to a flower with amazing healing powers.

In this issue, we profile an herbal practitioner by the name of Lance Parvin on page 13 who is using the healing properties of medicinal cannabis to help more patients than most MDs who use the traditional route. I am partial to Lance since he is originally from New Jersey, but, more importantly, he has helped treat more diseases and ailments with amazing results and no medical degree than anyone I have ever met.

Every day I read something new about how cannabis is helping yet another ailment but the results can't be published since it's a Schedule 1 drug. (Although this is a whole other column, have you seen the Schedule 1 list? It includes Heroin, LSD, Mescaline (Peyote), MDMA, GHB and Ecstasy. But I digress.) I am going to go out on a limb and say this Schedule 1 classification and inability to do research is asinine.

I cringe when I watch those four-minute commercials promoting a pharmaceutical drug. They start off with: Feel better with your day-to-day life, then the next three minutes are about harmful side effects including "may cause suicidal thoughts, and in some cases suicide." Seriously, am I missing something? I would rather my children watch an R-rated horror movie than some of those commercials. It is okay to prescribe a pharmaceutical that may play tricks on a patient's mind in a negative way, but scientists can't perform published research on something that has side effects that won't kill you?

So, readers, please write in and share with us how medical cannabis has helped you or someone in your family. Talk about it, don't hide. A recent gallop poll stated 44 percent of Americans have used cannabis, and that's only the people who were truthful, I think that number is probably actually closer to 70 percent if everyone was honest.

Thank you for picking us up, and I wish everyone health and happiness.

Salute,

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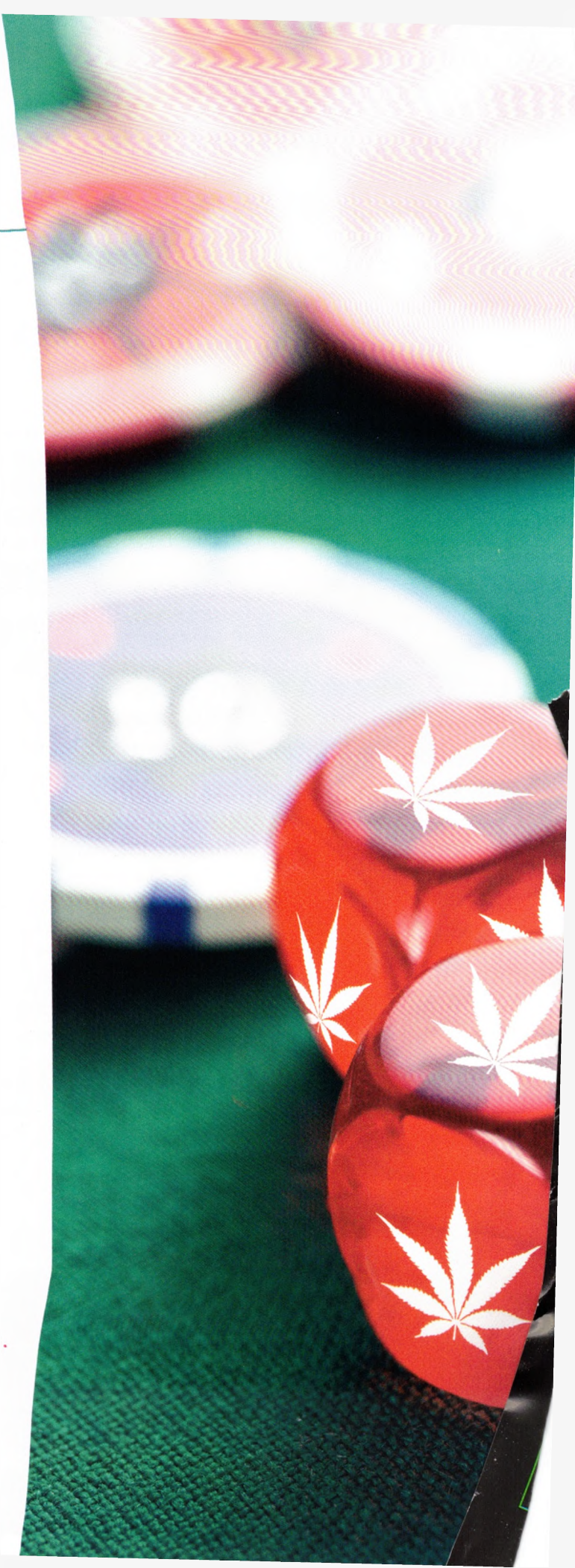
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Golden Rule

Silver State sets nation's gold standard
for lab testing of medical cannabis

By Deanna Rilling

While the process may be slower than expected, Nevada's diligence in setting the gold standard for medical marijuana testing will pay off. Patients may not have previously given a second thought to—or had been aware of—the myriad of potential contaminants that could be present in their medication. But with a recent pesticide scare and dosing discrepancies in Colorado, the plan in Nevada is to get it right the first time without backpedaling after an incident.

"I believe that both California and Colorado let the 'pot industry' get ahead of the 'testing rules' and have been playing catch-up ever since—to the detriment of the medical marijuana patients," says Dr. Bruce Burnett, cofounder of Ace Analytical Laboratory. "The entire cannabis industry has learned from the Colorado debacle related to dosages and packaging earlier this year. Nevada, clearly, is the world's leader in regulating the gaming industry and can likewise be recognized as setting the testing standards for the medical marijuana industry."

Todd Denkin, CEO at DigiPath, points out that mandatory testing laws around the



says Isaac Maceo, lab manager at G3 Labs. "We're dealing with a lot of contaminants that the state wants to keep out of the product."

Earlier this summer, the state did release a list of 41 analytes with low levels of acceptability that are nearly zero, Denkin explains. Other examples of the myriad of testing that will be required in Nevada covers lead, arsenic, mercury, bacteria, fungus, mold, yeast,

DigiPath. "The state recommends we turn in results for nine terpenoids, we have identified 23, so we do a little more than the state requires because we feel it's important to the patient."

Potency is another added testing benefit in Nevada, as many reports from other states show gross mislabeling on products such as edibles. "Obviously we want the patient to have the amount of medicine they're required to have,"

medical marijuana."

Additionally, Nevada patents will have comfort in knowing the strain they're paying for is in fact what it says it is. "Just because they say they have a 'Blue Dream' doesn't mean they're growing a Blue Dream," notes Denkin. "It means the person they got this Blue Dream genetics from told them it was a Blue Dream. But it could be any other strain, there's no way of trademarking or

dispensaries will have tested products.

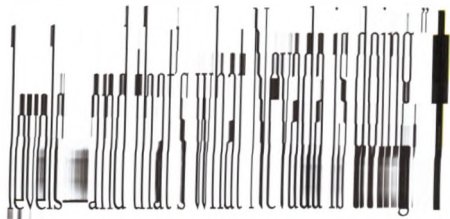
So when can we expect to see this intensely scrutinized medical marijuana available for patients in the dispensaries? "At Ace Analytical Laboratory, we expect to be open in Q3 and will work closely with cultivators, dispensaries and producers to not only help them meet the state requirements, but assist them with optimizing their procedures and products so their offerings can be clearly differentiated in the marketplace," Burnett says.

"The main sticking point has been the state trying to decide where the pesticide levels will be," says Maceo. "There is ILAC, the Independent Laboratory Committee, that recommends to the state what should be tested for."

Maceo says that while the state is taking it slow, it's not a bad thing when you think about the protection of the patient. "It's difficult to say when we'll be fully up and running, but I'm hoping within the next month to see people growing and most of the laboratory testing for all of these things."

Denkin thinks Nevada is playing it smart. "Although it's caused a delay, a bit of an uproar, I believe they're doing everything right. DigiPath is currently open and ready to test medical marijuana. The difficulty is there are only a few licensed MMEs that have plants in the ground. There's a couple of them here in Southern Nevada, there's a couple in Northern Nevada, but to grow marijuana it's a three-month process at a minimum."

Though the waiting is difficult, the safety will be worth it. "We can't call this medicine on one side of it and introduce a poison on the other side of it," Jed Tutera of G3 Labs adds. "Medical marijuana has to be safe for the consumer because some of the people have compromised immune systems and in order to call this medicine, we have to keep the tests at the most stringent



by Hector Lopez-Sanchez/MLL Studio

Cooking with Cannabis

ATOMIC CHOCOLATE CHIP COOKIES

by chef robert teddy of M. Antoinette,
www.m-antoinette.com

Cannabis-infused chocolate chip cookies are one of the best edibles around. The easy way to medicate them is to use hash oil or honey oil. You melt it slowly into the butter/water (just like you do when making cannabis butter), let the butter melt for 20-30 minutes, pour into a container and refrigerate. Several hours later the butter is solidified and ready to be used. No need for straining. However, this recipe can also be made using the traditional cannabis butter recipe. Makes 4 dozen cookies (more if they are smaller).

INGREDIENTS

2-1/4 cups all-purpose flour
1 teaspoon baking soda
1 teaspoon salt
4 - 6 grams hash oil or honey oil (BHO) to integrate into butter
1 cup medically-infused butter, softened
3/4 cup maple sugar*
1 cup packed brown sugar
1 teaspoon vanilla extract
2 large eggs
1 cup white chocolate chips
1 cup milk chocolate chips
1 cup dark chocolate chips
1 cup semi-sweet chocolate chips

METHOD

Whisk together flour, baking soda and salt in small bowl. Set aside. In to the bowl of a standing mixer, add the medically-infused butter, maple sugar*, brown sugar and vanilla extract and beat until creamy. Add the eggs one at a time while still beating. Slowly add in flour. Now stir in chocolate chips. Drop by rounded tablespoon or small ice cream scoop onto ungreased baking sheets. Flatten slightly.

Bake at 375°F for 9 to 11 minutes or until golden brown. Let sit on baking sheets for 1-2 minutes then move to wire rack to cool. Have one now and seal the rest in food bags and put into freezer for later.

*No maple sugar? Add 3 tsp. maple extract and add 3/4 cup granulated sugar.

Fall option: for Pumpkin Spice cookies add 3 tsp. pumpkin spice and 1 tsp. orange food coloring.

Please remember that when cooking with medicinal cannabis you are cooking with a drug and the amounts of the drug and portions of the food ingested should always be taken into consideration. Always start out with small portions or doses and wait a minimum of two hours before eating any additional portions of food prepared with medical marijuana.



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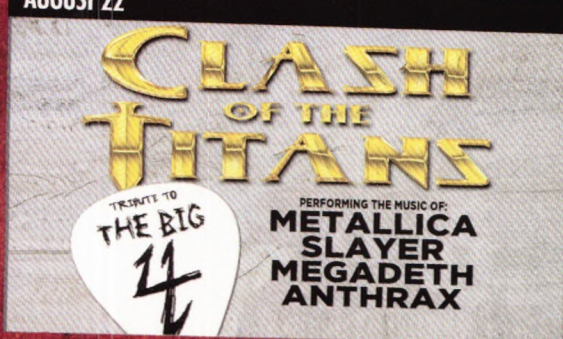
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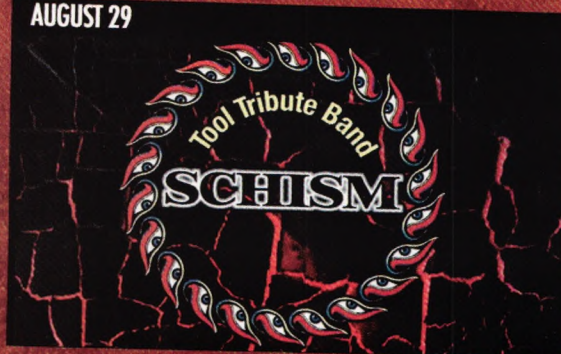
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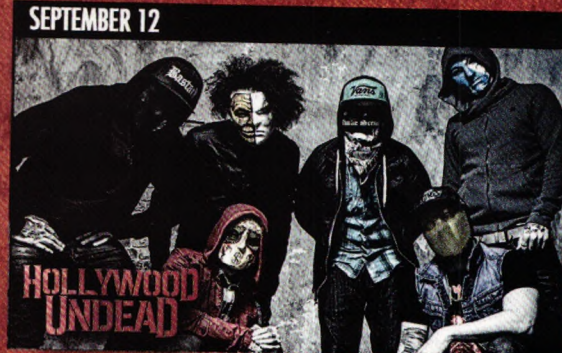
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Lance Parvin used his background in Herbal Psychopharmacology to co-found the Compassionate Awareness Project which is dedicated to helping individuals who are dealing with debilitating and often terminal conditions.

MISSION AWARENESS

Organization's co-founder helps debilitated and terminally ill find relief with medicinal cannabis

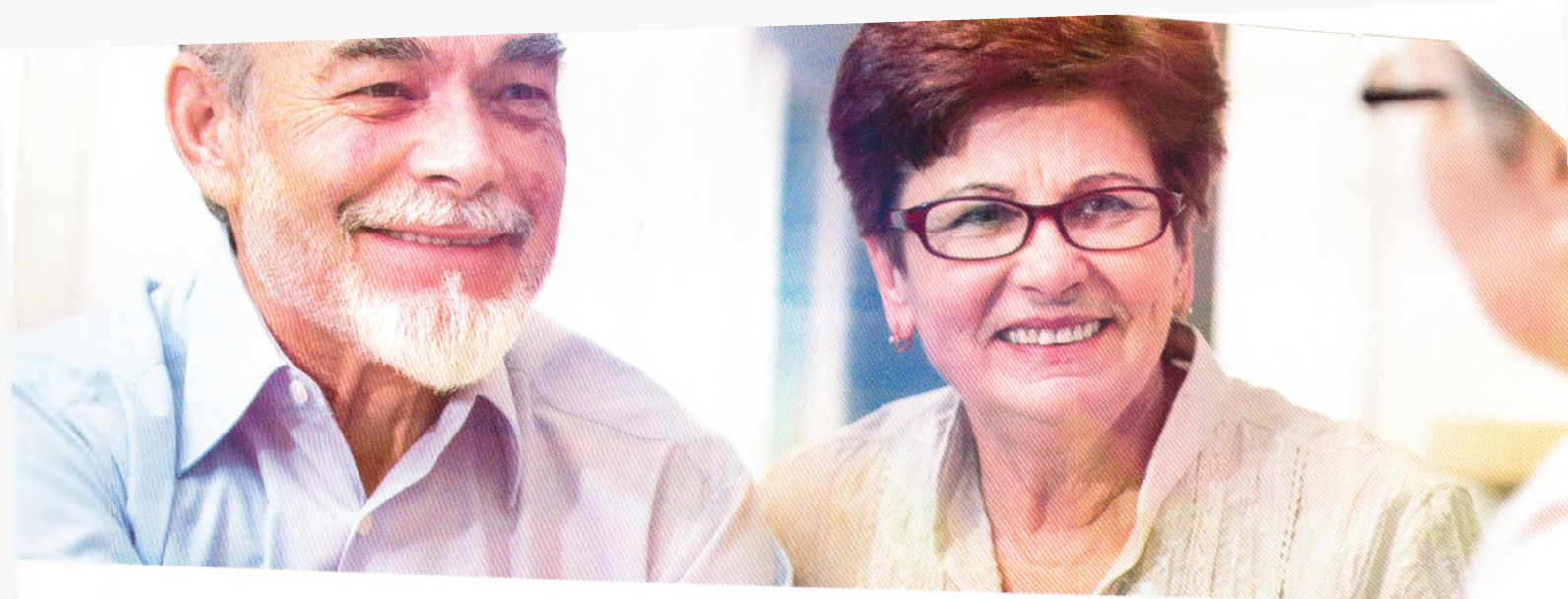
by Beth Schwartz

Portrait by Hector Levya, SugarMill Studios

The upside of medicinal marijuana is the plant has so many healing uses, patients will be able to treat everything from lupus, fibroids, type I and 2 diabetes, endometriosis, and glaucoma to Alzheimer's, Parkinson's, PTSD, depression and arthritis.

The downside? Finding a "doctor" with hands-on medicinal cannabis experience.

One of the biggest obstacles patients will encounter when Nevada's dispensaries open is finding a medical professional who has significant knowledge of both cannabis-based medicines and the various diseases and conditions medicinal marijuana can treat. Patients will not only need to find a "doctor" to guide them to the correct medicine, but also the correct dose.



Because there's no course in medical school about medicinal cannabis, patients will have no choice but to turn to those who have been self-taught. One resource available to Southern Nevada's patients is Lance Parvin and Adam Sternberg, co-founders of the Compassionate Awareness Project (CAP), an organization established in 2014 dedicated to helping individuals and their families who are dealing with debilitating and often terminal conditions, www.compassionawarenessproject.org.

"This project got started because the clients we were taking were told there was nothing more that could be done for them," Parvin, who is not a doctor, says of CAP. "A lot of people have had the hope taken away from them."

Parvin knows that feeling all too well. He, too, had hope taken away from him.

"The reason I originally got into this was my wife. She was diagnosed with breast cancer in 2011," explains Parvin. Santi Parvin had a typical course of treatment that included a lumpectomy and radiation and all seemed fine, as Parvin tells it.

Fast forward to 2014 – suddenly Santi started experiencing symptoms similar to vertigo. "It turned out she had brain tumors. It came out of the blue. There were no symptoms prior to the vertigo and non-stop throwing up," he explains.

Santi went through a suggested course of treatment of whole brain wave radiation, but it had zero effect. "It did absolutely nothing. What it did do was give her brain damage. The MRI showed that it had zero impact on the tumors. At this point, they said good luck. So I understand what these patients who don't have much hope are going through."

That's when Parvin started using his background in Herbal Psychopharmacology to research medicinal marijuana and look at all the information and studies available. "After doing some research I decided this was a viable treatment and I started my wife on it," relays Parvin of giving Santi cannabis oil by mouth and in gel cap form. "Within two days she was a different woman, within four weeks four of her five tumors

were gone and the last one was smaller. And at that same time, she was on no other treatment.

"When her MRI showed the tumors had decreased in size, the doctors were shocked. Her friends were very surprised because she was very low in the functioning scale and almost in a vegetative state prior to taking cannabis oil."

According to Parvin, Santi's doctor was so incredulous at her results that he wrote 'WOW!' on her MRI report and commented that Lance 'knew more about medicine than him.'

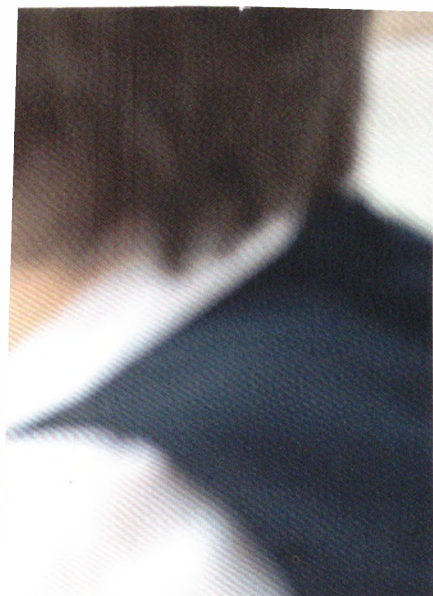
Naturally, news of Santi's miraculous results spread and, in turn, the Compassionate Awareness Project was born.

"At this point, we had been around other cancer patients who were Stage 4 and they decided they had nothing to lose because they were all being given a terminal prognosis," explains Parvin of how he had individuals coming to him interested in trying medicinal cannabis oil. "Suddenly we were being approached by people who needed help. Over time it had an exponential effect, all of their friends and family were referring others and word started spreading."

CAP teaches patients how to track their progress, get their medicinal marijuana card so they have legal access to cannabis oil, and educate them about dosing. "We are just consultants. We explain the different options that are out there. We try to help them so they have control of their own medicine and their own health," explains Parvin. "We find out what their preexisting conditions are, what treatments they have had – we go through the normal course of treatment."

Parvin doesn't discourage patients from seeing their doctor or specialist and continuing with their pharmaceuticals. "In the numerous studies I have read, there have been no contraindications with medical marijuana use so we advise clients to inform their doctors that they intend to take medicinal cannabis."

Because there is so much misinformation and few places to turn for guidance with regard to medicinal cannabis, Parvin has become a resource for the medical industry. "There aren't



many people you can turn to, to find out what is correct. We work with doctors. We have had oncologists from other states call us and even scientists from other countries have called to consult with us. Minds are changing and more and more, doctors are encouraging patients to try medicinal marijuana."

Although Parvin has found not all doctors are quite ready to make the leap. "Rather than finding things in their state and reaching out to different scientists and looking for proof of why this is working, physicians use the excuse that they don't want their patient to get high from THC. They say, 'they would never give them the option of medicinal marijuana,' meanwhile they are giving them a prescription to an opiate that gets them high."

This leads Parvin to discuss the most challenging part of championing the benefits of medicinal marijuana and shepherding the Compassionate Awareness Project through its infancy. "The hard part is changing years and years of brilliant marketing from a federal level that this is bad," extols Parvin. "Shaking the preconceived notions the public and the private sector have about cannabis and that there is a difference between a plant and a synthetic drug."

Parvin, who is currently consulting with approximately 50 clients in Nevada, has long-term plans for CAP. "The whole premise of the Compassionate Awareness Project is researching in this field and showing what this oil can do. So, yes, this is a long-term commitment because in the short term I have proven that it has been successful."

"As people get results, that's true knowledge. When a patient's cancer goes away, that's proof. But at the end of the day, how many studies are enough? If you or a family member is dying and they get better -- that's the only study you need and that's what will start the change as to how people view treatment."

Although a lot of clients who have been advised by CAP have had positive results (see CAP client medical profiles on pages 16-18), medicinal cannabis has not provided a cure for everyone. "There are patients who have passed," Parvin says in

circumspect. "But I will say this, anyone who has chosen to use it -- their quality of life has dramatically improved, giving both the family and the patient comfort and quality of life. Even if it doesn't save a patient, it gives them a quality of life they didn't have."

Parvin emphasizes that medicinal marijuana won't hurt people taking it and there are a lot of benefits but there is a downside with regard to the psychoactive component of the plant. "Initially when something new is introduced to the system, there

People should be mad because if you have ever lost a loved one to a disease that this plant could fix then you should be angry.

is a small psychoactive effect. It's like lucid dreaming but those components do go away in a short amount of time."

But as Parvin is finding, if you have a loved one who is terminal and has been told there is nothing more that can be done for

them, then it doesn't matter how strongly you are against medicinal marijuana. You will try just about anything to, at the very least, bring them relief and comfort.

Parvin understands that better than anyone because in the end his wife, Santi, didn't make it. Perhaps if they had eschewed traditional medicine and she would have had access to medicinal cannabis sooner she would still be here. And that certainly lends to his motivation in founding the Compassionate Awareness Project. He passionately concludes, "People should be mad because if you have ever lost a loved one to a disease that this plant could fix then you should be angry."

But in spite of his zealous belief in the healing benefits of medicinal cannabis, Parvin isn't forcing himself on anyone. "I am not a used car salesman for cannabis," he says. "The whole reason people come to CAP is to be aware and see what's out there. I tell the people who come to me to explore all their options. I just try to put the power back in the client's hands. I tell people they have lots of options, they should explore them and ultimately they will make the decision that works best for them." ♦

COMPASSIONATE AWARENESS PROJECT (CAP) SUBJECT 1: Type 1 Diabetes, Chronic Neuropathy

By Sharon Chayra

Few people, especially a 25-year-old man, could appreciate the gift of life more than Tim Buck (he requested that his real name not be used) who suffered from a near-death experience at the tender age of nine.

The way Buck tells it, he hadn't been feeling well for a week. He told his mom he was tired, weak and thirsty so she took him to the family doctor where he was promptly diagnosed with allergies. Buck was sent on his way with orders to drink plenty of fruit juice.

That evening, Buck was too weak to hold his head up. His panicked mother rushed him to the emergency room where he slipped into a coma, the result of diabetic ketoacidosis. Overwhelmed by the sugars of the juice he'd been drinking, Buck's pancreas, the organ responsible for making the insulin that breaks down blood glucose, had failed.

Buck was dying.

Despite expectations otherwise, Buck recovered. But the ensuing years have been a progression of specialists, tests, and medications. Now living as an insulin-dependent diabetic, he is blind in one eye and suffers chronic diabetic nerve pain or neuropathy. Ensuring his blood sugar levels stay stable is particularly difficult since his pancreas is so damaged.

Buck's involvement in patient support groups made him aware of medical marijuana, but it was the cancer diagnosis of his friend that bore witness to its positive impact. When Santi Parvin started cannabis in the wake of



inoperable brain cancer, her husband, Lance, shared the positive progress with Buck. "That's when I started using cannabis oil," he says.

Buck takes the sticky, earthy oil orally every day. "The relief is subtle, each day the pain lessens and is so gradual you don't realize the improvement until someone or something brings it to your attention of how well you are doing. Then you notice the wonderful relief from pain," Buck explains.

Within three months the pain became manageable; the muscle tremors

preventing simple tasks, like holding a fork to eat, are all but gone.

Buck's endocrinologist knows about his cannabis oil use and approves. Buck explains, "My doctor knew all about it, but could not prescribe it or dispense it for fear of losing his license as a doctor and possibly serving jail time." Instead, Buck's physician reviews his lab results and sees progress through things like A1C values and, remarkably, the need for less insulin.

"I'm using only half as much [insulin] and feel a lot better, and I am losing weight, too!" ♦

2

COMPASSIONATE AWARENESS
PROJECT (CAP) SUBJECT 2:Spinal Damage Secondary to Car Crash,
Sports Injuries*By Sharon Chayra*

Motivated by the thought of spending some time with his beloved, Mike James (he requested that his real name not be used), 40, pulled himself from the exhaustion of his long shift as a power company lineman to visit his girlfriend. It was the summer of 2000, and he recalls leaving her house. "It was night and the road was dark with a curve in it. I closed my eyes for a second and when I opened them I had run right into a pole."

James ended up in the emergency room followed by a night's stay in the hospital. He didn't break anything, but he did sustain spinal damage.

Like a crooked xylophone, James' spine has a number of herniations from his neck to his lower back -- all playing a concerto of chronic pain. Some days are worse than others. Physical therapy and martial arts helped strengthen the muscles surrounding his vertebrae, but it did little for nerve compression. That's when he'd pop narcotics like Percocet and Vicodin.

"Daddy had a lot of anger and other issues taking 'legal' drugs," describes James of himself. The opiates didn't just cause agitation and diminish his libido, they also compromised his ability to do an already dangerous job so James would forgo pain medication before work only to gobble them up upon returning home. It was no way to live for an involved father of two, ages 8 and 10.

It was James' friendship with Lance Parvin that made him aware of the pain-relieving properties of medical marijuana. James decided cannabis oil would be preferable to prescription painkillers because he heard it lessened the psychoactive effects.

"When I used recreational marijuana before, it was different," notes James, "I guess it was more for fun and finding a different place, but now utilizing medical marijuana is about enhancing my physical health, which has also enhanced my performance." He says it took one week of taking cannabis oil orally to find relief from pain and to stop the narcotics. Another unintended side effect is James' improved libido. "I'm like a teenager again."

James may feel like a teenager, but he's fully aware of his adult responsibilities. His two children do not know the improvement in their father's temperament is the result of using cannabis nor the discreet method

he chooses to take it, but he says, "It's an issue I will deal with when they are mature enough."

Although he no longer dangles from bucket-truck platforms, James now supervises other electrical linemen. He's somewhat conflicted about the source of his improved quality of life and the sobering reality that he's one drug test away from joblessness. "You have to make a choice and ask if the risk is worth it?" says James, "For me, it will be a change in employment." ♣

James decided cannabis oil would be preferable to prescription painkillers because he heard it lessened the psychoactive effects.





COMPASSIONATE AWARENESS PROJECT (CAP) SUBJECT 3: Fibromyalgia, Glaucoma

By Sharon Chayra

At age 68, Bette Richards (she requested that her real name not be used), has lived most of her life with chronic pain -- the consequence of a heart condition and a more recent diagnosis of fibromyalgia and glaucoma.

Even with a cabinet of medications ranging from anti-inflammatories to

impossible," Richards explains. She uses the past-tense because for the last year she's been taking cannabis oil.

She opted for cannabis oil, taken orally, versus the legally available Cannabidiol or CBD at the advice of several friends who say the former is less processed, making it more

As Richards sees it, "When you have tried every possible medication prescribed by doctors and have received unsatisfactory results, and you are not being cured and keep on getting sicker and sicker with more side effects, think about it, what do you have to lose by trying a God-given plant that's been in existence for centuries and has been documented for healing?"

In four short weeks, taking cannabis daily has given Richards a life worth living instead of being crippled by fibromyalgia's widespread muscle pain or glaucoma's stinging blur. She also sleeps better than she has in years. Richards' primary care doctor encourages Richards' continued use of the oil for the pain-relieving properties, though she continues to manage Richards' glaucoma and heart condition with traditional prescription medications.

Richards says she never expected to be taking what was once only the purview of stoners, but she has become a champion for letting people know about her results and for good reason. "The government doesn't want any of us to be healthy, they want a nation of sick people because sickness is money." ✦

“I was in so much pain one year that there were days I couldn't function at all. Simple everyday functions were impossible.

steroids, Richards was in agony. Every pill had an undesirable side effect. Being "out of it" was neither practical nor desirable to Richards who still has responsibilities helping an adult son manage his own chronic health issues.

When Richards' physician asks her what her pain level is using a scale of 1 to 10, Richards routinely responds with "11."

"I was in so much pain one year that there were days I couldn't function at all. Simple everyday functions were

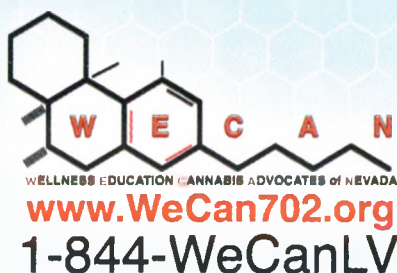
therapeutically valuable. She also finds taking it in capsule form more palatable.

It was Richards' son's coach who suggested she might find value in the pain-relieving properties of the cannabis plant. Coach Lance Parvin remarked that some of his other training clients used medical marijuana to treat the discomfort of old injuries and there were others with autoimmune diseases who found the plant helpful in the long-term management of its unpredictable symptoms.

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ROLLING THE DICE ON MEDICINAL CANNABIS

Nevada welcomes a new industry using the experience of the state's most vaunted and regulated.

by Beth Schwartz

As Nevada diligently prepares for the launch of a new industry, many comparisons have been drawn between medical marijuana and gaming. From licensing and regulation to economic issues and stigmas, the two have a lot in common. But, most importantly, were it not for gaming, the state's newest industry would probably be struggling instead of preparing to open its doors.

"Because of the state's background in gaming, the rollout of medicinal marijuana has gone a lot smoother than in other states," sums up Frank Tuter, managing member of G3 Labs and former Sr. VP of Casino Marketing at a number of casinos, of how gaming has paved the way for medicinal cannabis.

"No one has required testing to the extent Nevada has and I think that all has to do with Nevada's great experience with gaming. It may look slow but it hasn't been, and it's been very orderly," says Tuter. "In California they don't have any state regulation; they operate by a city and county basis. Oregon has both medical and recreational, and doesn't have required testing. Testing in Colorado has only been recently required and it will start in the fall."

Leslie Bocskor, founding chairman of the Nevada Cannabis Industry Association,



are almost twins. They are very, very similar,” says Tuter. “Pretty much everything they have done with medicinal marijuana tracks what has been done in gaming.

“In both instances, people are applying for a privileged license. Meaning the licensing author can choose to give it to you or not to give it to you. It’s considered a privilege and if you don’t follow the laws, rules and regulations, that license can be revoked at any time with due process.”

Nevada State Senator Tick Segerblom agrees on the similarities between the two industries but feels the gaming license is a tougher prospect. “They probably don’t do as extensive of a background check for the marijuana industry but the concept is the same. They want to see where the money came from, show who’s making the money, and make sure it’s not from the mafia and that there are not silent partners,” explains Segerblom.

While it may not have been as stringent, it was still a significant endeavor to apply for a medicinal marijuana license, according to Bocskor. “It wasn’t easy. I know well-known people, well ensconced in business in Nevada for decades, who were turned away for getting DUIs 25 years ago. And the city of Las Vegas MMEs (medicinal marijuana establishments) applications were the most onerous in the country. The city announced in June and expected you to hand in your entire state application in July.

“I am told, as well, that to apply with city of Las Vegas you needed to provide so much personal financial information that it came to nearly 30,000 pages of material. The city was not just asking for your personal financial information but also for that of your siblings, your spouse and your parents too.”

But still none of what medicinal marijuana licensees went through compares to getting an unlimited

gaming license notes Bocskor, who says, “I am told that it is harder to get one of those than to become a secret service agent for the President of the United States.”

Attorney Jeff Silver of Dickinson Wright cites another difference between the two industries, noting the medical marijuana licenses were reviewed more or less in a secret format. “The applications were submitted anonymously to a group of reviewers that rated the applications. And that’s a much different circumstance than the gaming industry which does it out in the open, following open meeting laws.

“Consequently their review of gaming applications can take eight or ten months unlike the medicinal marijuana licensees. The gaming application itself is just the tip of the iceberg, they travel around the country and perform a significant background check too,” says Silver. “When you give your application to the Gaming Commission, it’s a blank check to make sure they have the resources to investigate you thoroughly. For MMEs, there was a fee, and it was substantial, but it wasn’t a blank check like with gaming.”

MONEY MAKES THE WORLD GO ROUND

All of those very in-depth and diligent background checks are for one reason. “The Gaming Control Board and Gaming Commission set up rules and regulations under which casinos have to operate and one of the things they are most interested in is following the money,” says Tuter. “In gaming it’s all about tracking the money. In the medical marijuana industry, it’s about tracking the product and maintaining the chain of custody. So everyone will have to maintain a strict chain of custody from seed to sale just like the casinos have to maintain a strict chain of custody over the money they take in and the money they take out. The methods are practically the same.”

Which is why “I proposed the Gaming Control Board oversee the

has also found that having a vaunted gaming industry with a system of processes and controls in place has been a benefit to the establishment of Nevada’s medicinal marijuana industry. “Our system has had the fewest bumps in the road, comparatively, and is the most comprehensive so far. It’s because Nevada has been working at developing this privileged licensing process for decades and is far ahead of any jurisdiction in the world, whether it’s gaming, escorts services, boxing or MMA. We have been doing this for decades when nobody else was willing to.”

LICENSE TO THRIVE

Licensing of the two industries has many similarities because the state has piggybacked onto what gaming has already implemented. “The gaming and medicinal marijuana applications

cannabis industry but they rejected it,” Segerblom says.

But Segerblom hasn't given up yet. “IP1, which hopefully will pass in 2016, would take governance away from the Department of Health and move it to the Department of Taxation which I think will be a good start. Ideally we should be moving it under the Gaming Control Board because they have a lot of the same functions, so why reinvent the wheel?”

WOE, THE ECONOMIC WOES

In an attempt to lift the state out of the Great Depression, the Nevada State Legislature legalized gambling in 1931 because the state's mines were in decline and its economy was in shambles. Legalizing medicinal marijuana, too, has come on the heels of a significant economic recession.

“I think that the economic environment played into it to a certain extent,” concludes Bocskor of Nevada's legalization of medicinal cannabis.

“When you have jurisdictions facing bankruptcy and when you look at the situation that so many states are in, where they are facing so many shortfalls in revenue, it has given a lot of cover to politicians to evolve when they otherwise wouldn't have.”

Segerblom agrees. “I am sure economics does play a role. I think particularly when a lot of people are philosophically opposed to it (medicinal marijuana), people see it as a way to make money and help the economy. If you look at Colorado, that is exactly what it has done for them and other states are seeing that.”

Even in recent times gaming faced the same issue. “The proliferation of gaming is largely and economically driven by the needs of a state's funds,” says Silver of states that legalized gaming over the last few decades. “We have also seen medical marijuana being considered because it's all about the revenue. The tighter the budget is in

various states, the greater the interest in taxation and fundraising.”

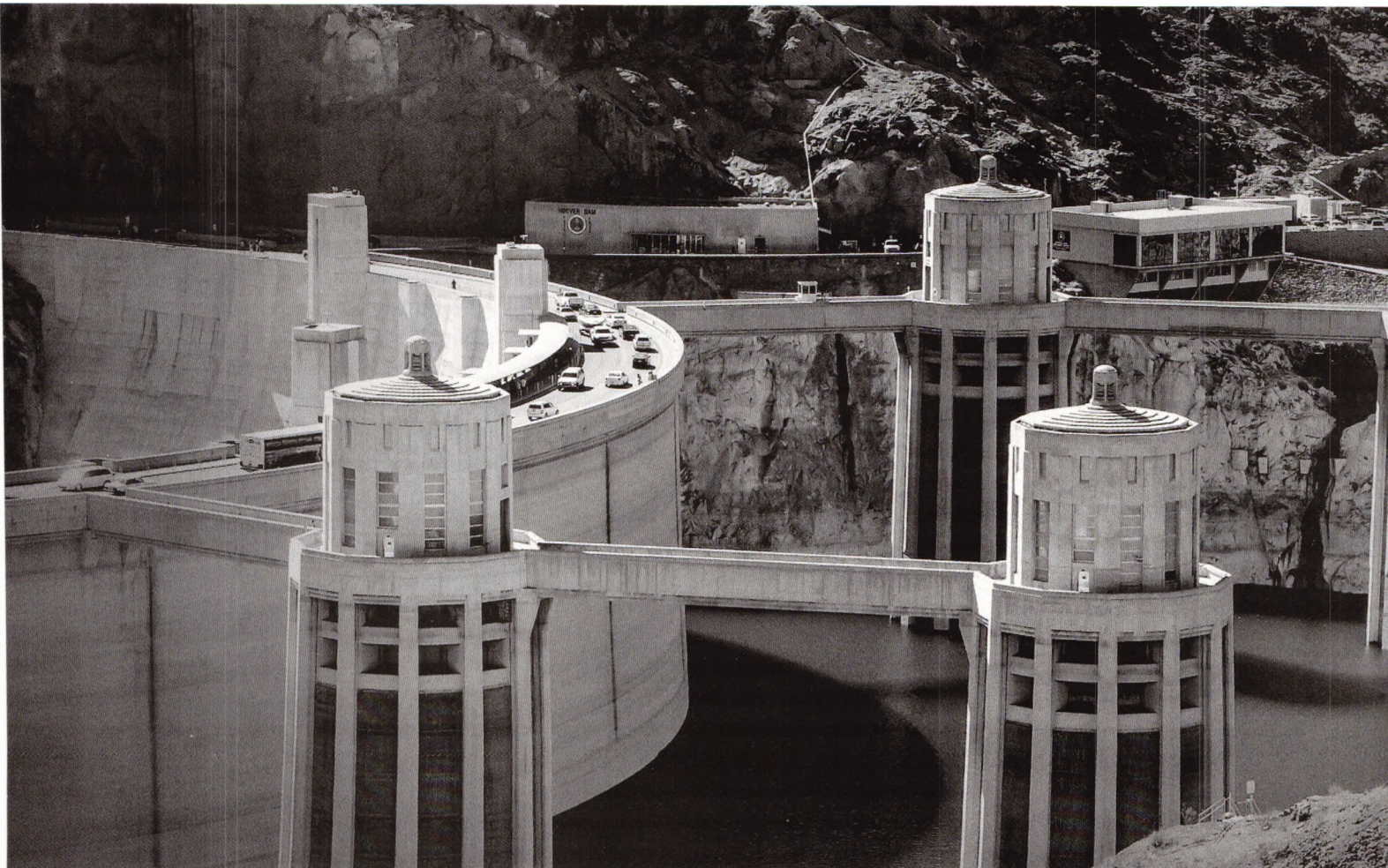
Tutera sees it differently. “I don't think the Depression had anything to do with gaming being legalized nor do I think in 2001, when they first legalized medicinal marijuana for personal use, did it have anything to do with economics.

“As far as the Great Depression, Nevada and Clark County decided you had all these workers building the Hoover Dam that needed something to do at night and casinos were the answer. It had everything to do with the workers at Hoover Dam and nothing to do with the economy.”

Speaking of workers, both Segerblom and Bocskor are optimistic about the uptick in employment that will follow the opening of MMEs.

“It's been estimated that 200,000 jobs will be created in the U.S. this year alone in the cannabis industry,” Bocskor relays.

Segerblom predicts, “We should have a much larger employee base than



Colorado does. In Colorado there are 15,000 people with cards, who have registered to work just in the industry alone, and that's not including auxiliary industries. Colorado has double the population of Nevada but we have 40 million tourists to cater to."

THE ENIGMA OF THE STIGMA

There is something else Nevada has that Colorado doesn't. "We are all about sensory perception," Segerblom enthuses of the entertainment capital of the world. "We specialize in overloading your senses – we have the best clubs, concerts, pools, food. This is just one more reason why it (marijuana) works in Las Vegas.

"That's why from my perspective we need to jump on it and get in there quickly. We have a window here to still make it one of those things you can do here and not in your home state or country.

"We have always prided ourselves in Nevada of being able to step up to the plate to the next innovation and this is it. You always have to be on the cutting

edge to attract people and make it exciting. It will take Las Vegas to the next level," assures Segerblom.

But there's still the issue of the stigma to overcome. "That's the biggest problem. I think the stigma could go away, but the first step is to take the drug off the Schedule I list because a large body of law enforcement is waiting to pounce," says Silver.

"The medical issue is one thing and I think Nevada has taken the right step in legalizing it but the question is whether or not recreational use will follow. And that's the one with the potential to bring great scrutiny from the federal government. Most states have passed it for humanitarian reasons. If you listen to the comments made by the County Commissioners they, too, are skeptical about the medical applications," theorizes Silver about marijuana's stigma.

On the other hand, Tuteria sees the skepticism about medicinal marijuana diminishing – and a lot quicker than

it did for gaming. "Gaming, in some form or another, is now in 48 states and medical marijuana is in 23 states. Gaming started here in 1931 and it wasn't until 1978 that gaming started in Atlantic City. And, yet, medical marijuana has certainly caught on much quicker than that," he explains.

Bocskor agrees that medicinal cannabis' stigma is disappearing much faster than gaming's. "Remember there's no such thing as medical gaming – were it not medicinal marijuana, and its ability to help those with medical needs, it probably wouldn't have become legal in so many states so quickly. It will also transition as a combination of forces change it from a stigmatized industry to something that is better thought of because of its medicinal benefits."

Healing benefits, licensing and regulations aside, there's no denying Las Vegas is a town celebrated for its vices and all-sensory offerings so it only makes sense Sin City would have the efficient wherewithal to embrace one more. ♦



As far as the Great Depression, Nevada and Clark County decided you had all these workers building the Hoover Dam that needed something to do at night and casinos were the answer.

discovery:
TERPENES

The world of terpenes is both aromatic and therapeutic

By Jason Sturtsman

In days gone by, the only thing that mattered when you were buying marijuana was how much Tetrahydrocannabinol (THC) it had. Even Absolem, the blue caterpillar from Lewis Carroll's book "Alice's Adventures in Wonderland" would have turned up his nose at cannabis that did not register a healthy amount of THC.

In fact, the old axiom leftover from cannabis' black market days, or from dispensaries that existed many years ago, was that if marijuana had less than 10 percent THC, it was considered bottom shelf or regular-grade cannabis.

But when shifting the focus away from THC content to the cannabinoid profile and terpenes of cannabis, it becomes all about medical or connoisseur/lifestyle cannabis consumption.

When you purchase medicine from dispensaries that has been tested by independent labs in Nevada, you will see a cornucopia of terpenes listed on each label. Terpenes are the aromatic compounds that give each cannabis plant its unique smell — interacting with THC and CBD — and therapeutic effect. Terpenes provide many lovely bouquets — ranging from lavender and pine to orange and oregano — when you put your nose into a bag or jar at a dispensary.

Terpenes also balance the psychoactivity in high THC strains, in turn

reducing THC-induced anxiety. For example, you might decide to treat your back pain with the strain Bruce Banner #3 that has over 28 percent THC but a strong amount of terpenes so you could still join your friends for dinner.

Some of the common therapeutic terpenes in cannabis include Alpha-pinene (pine oil), which is a bronchodilator helpful for those with asthma that also promotes alertness and memory retention — advantageous when counting cards at a blackjack table in a smoky casino.

Myrcene (thyme and lemon grass) is a terpene that assists with reducing inflammation and pain, sedation and relaxing muscles — it proves helpful as a sleep aid after a hard day of work standing on your feet.

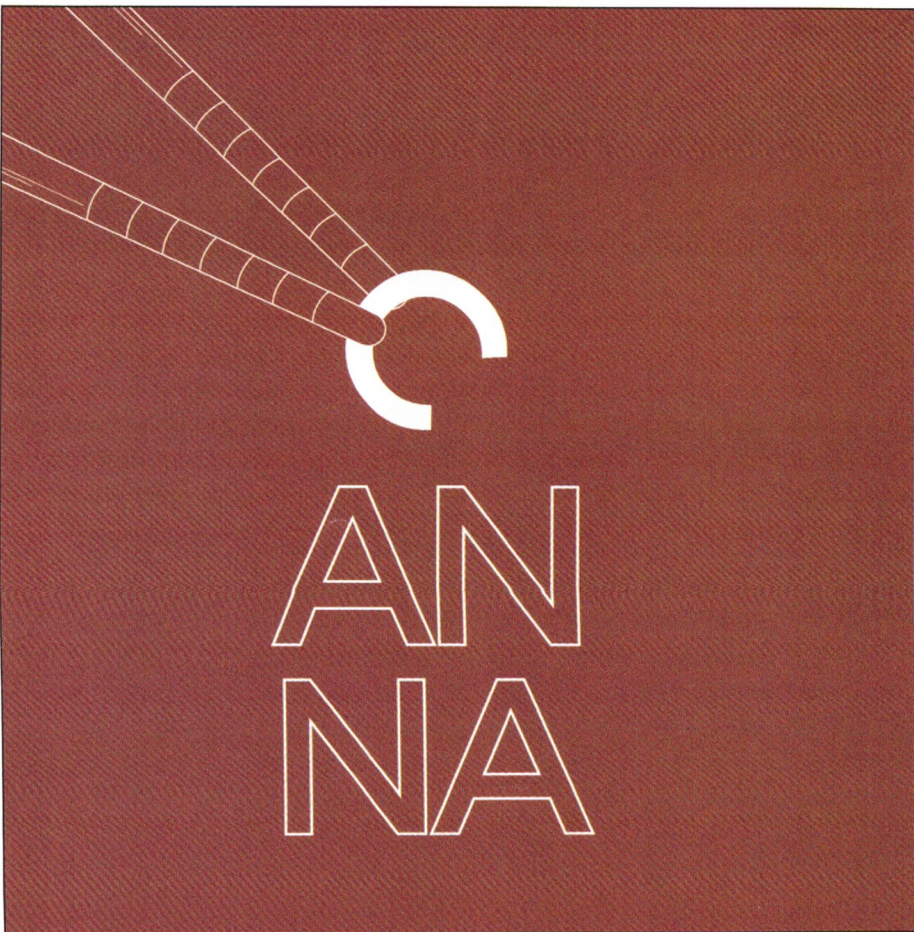
Limonene (citrus oil) improves mood, is antibacterial, and helps with gastrointestinal disorders — try some Lemon Kush after a day indulging at a Las Vegas buffet.

Linalool (lavender oil) is great for helping reduce anxiety and increasing happiness — Mother Nature's Prozac when you need it.

Beta-caryophyllene (black pepper and oregano oil) benefits those with ulcers, autoimmune disorders and inflammation.

Top-shelf cannabis does not have to have a THC percentage over 18 percent. It is the smell and taste of the medicine consumed, created by the terpenes and proper cultivation curing techniques, that matter to a true connoisseur. When you elect to use a clean vaporizer or water pipe, though preferably rolling paper, the "nose" or smell of the cannabis from the terpenes is pronounced in the sensory experience.

As a cannabis patient, with help from the budtender at your local dispensary, you will soon distinguish terpene profiles that are not only medically therapeutic, but offer a pleasant kaleidoscopic of aromas worthy of a caterpillar on a mushroom. ♣



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ELEVATE

YOUR STATE

Medical cannabis updates
from across the United States



• **WASHINGTON** – On July 1st, Washington Governor Jay Inslee signed a new measure into law that revises the tax structure of the state's recreational marijuana law. The new law eliminates the current three-tier tax structure and replaces it with a single excise tax of 37 percent at the point of sale. To encourage more cities and counties to allow marijuana businesses in their jurisdictions, the bill directs the state to share pot revenue. It also allows jurisdictions to adopt more flexible zoning for where pot grows and where MMEs can be located.



OREGON

– As of July 1st, marijuana became legal for adults in Oregon when a ballot initiative approved by voters in November 2014 officially took effect. The Control, Regulation, and Taxation of Marijuana and Industrial Hemp Act allows adults 21 years of age and older to possess up to eight ounces of marijuana and grow up to four marijuana plants. State officials are in the process of establishing a regulated system of commercial marijuana cultivation and sales.



• **COLORADO** – In mid-July, the Colorado Board of Health voted 6-2 not to make Colorado the 10th state to allow medicinal marijuana use for post-traumatic stress disorder (PTSD). The board voted against the recommendation of the state's chief medical officer who said listing PTSD as a treatable condition would increase transparency, reveal actual usage, and shed light on its effectiveness. Currently allowed uses of medical marijuana under the state's program include pain, cancer, epilepsy, glaucoma, muscles spasms, multiple sclerosis, severe nausea and wasting disease.

• **PENNSYLVANIA** -- The Pennsylvania State House Health Committee voted unanimously on June 26 to approve SB 3, which would allow Pennsylvanians access to medical marijuana. The bill now goes to the House Rules Committee for further consideration. The Senate approved SB 3 by a vote of 40-7 on May 12 which would allow patients with serious medical conditions to obtain medical marijuana from a limited number of licensed, regulated dispensaries throughout the state. Patients would be allowed to consume marijuana in edible form and through vaporization.



• **TEXAS** -- On June 1 Texas Governor Greg Abbott signed a bill legalizing the limited use of marijuana extracts for severe forms of epilepsy. The law allows the use of cannabis oils – high in CBD, a non-euphoric compound found in marijuana, and low in THC, the main psychoactive ingredient – to treat intractable epilepsy. The state will oversee the regulation and distribution of the cannabis oil, which is only available patients who have tried at least traditional epilepsy medications found them not to be effective. must also get the approval before being able to take new law.



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Could Medicinal Marijuana be an Answer to the Nation's Opioid Crisis?

by Pouya Mohajer, M.D.

Here's a statistic that will certainly make you do a double-take the next time your physician writes you a prescription for a painkiller. The United States uses 99 percent of the world's entire hydrocodone (the active ingredient in Lortab, Norco) supply and 80 percent of the world's opioids, according to the Institute of Addiction Medicine. The nation's painkiller problem is such that *Time* magazine called it the worst addiction crisis America has ever seen on its June 15th cover.

These are certainly some statistics to give you pause and the curiosity to find out more about how opioids have come to have such a perilous grasp on Americans.

Used to alleviate pain, opioids exert their effects by binding to opioid receptors in the central and peripheral nervous system. Opioids are widely used in the U.S. and their use in the treatment of non-cancer pain is staggering, as mentioned above.

Most clinicians prescribe opioids for treatment of chronic pain. However, there is very little evidence to support long-term use of opioids for treatment of non-cancer pain. In fact, the adverse effects associated with opioids become much more prominent with each escalating opioid dose. The latter occurs as patients develop a tolerance to their current level of medication and find the

opioid less "effective" than when they first initiated treatment.

As a nation we have also become used to quick remedies. If someone has pain, they are prescribed opioids; if someone can't sleep, they acquire a sleeping pill; if someone has anxiety, they get an anxiolytic; if someone has muscle spasms, they obtain a muscle relaxant, and so on.

The Opioid Shift

Since the 1990s there has been a dramatic shift in the medical practice paradigm -- from withholding painkillers to treating patients with chronic pain using opioids. This change in the medical model has brought on adverse effects. Opioids produce significant side effects; the most common being divided into two categories, the central effects (nausea, sedation, respiratory depression, miosis [pinpoint pupils], hypotension) and the peripheral effects (constipation, hives, urinary retention, bronchospasms).

But the most concerning part of this trend is that the number of people that die from opioid overdose has increased 300 percent since 1999 and over 15,000 people die of opioid overdose per year.¹

Furthermore, for every one death there are:

- 10 treatment admissions for abuse²
- 32 ER visits for misuse or abuse³

130 people who abuse or are dependent⁴

825 nonmedical users⁴

One in 20 people 12 years or older reported using opioids for nonmedical reasons.^{5,6}

Do opioids and medicinal cannabis make an effective cocktail?

There is a real challenge in controlling pain while at the same time allowing patients to function. With the passage of medical cannabis laws in 23 states and the District of Columbia, clinicians now face another challenge: Addressing patients that are on chronic opioid therapy and use medical cannabis. How safe is the combination of these two controlled substances? Does the combination of these medications lead to abuse of other substances such as alcohol and illicit drugs?

Can medical cannabis be used as a substitute or adjuvant therapy to opioids?

Two of the most cited concerns with the use of medical cannabis relates to the psychoactive properties of the plant and the possibility of it leading to more serious drug use, especially among users of opioids. Recent studies have attempted to address these concerns and found that in the states where medical cannabis is legal, there is an upside in the form of a significant decrease (24.8 percent) in the opioid overdose mortality rate.⁷

Furthermore, a recent study concluded that concomitant use of medical cannabis and opioids did not correlate with subsequent increase in alcohol and other drug use such as cocaine, sedatives, street opioids, and amphetamines. In this study, the patients who used medical cannabis reported better pain management and a desire to reduce their opioid intake.⁸

Can medicinal cannabis turn the tide on opioid use?

Cannabis exerts its effects by interacting with the body's endocannabinoid system. This complex system is an important part of human physiology as most of the organs in the body have some association with this system. There is evidence that activation of this system in certain areas can decrease several types of pain perception, including new onset pain (acute), pain related to nerves (neuropathic), and pain associated with ongoing inflammation.⁹

Additionally, the body also produces its own molecules that interact with the endocannabinoid system.

This is similar to the body producing its own pain molecules, such as endorphins, that help reduce pain. Studies have proposed that interaction of the endocannabinoid system can alleviate pain on its own and separate from how opioids work.¹⁰

The molecules produced by the body that act on the endocannabinoid system are called endogenous cannabinoids. These molecules act in many of the brain's pain centers to alleviate pain. In addition to working separately from opioids, research has shown improved pain relief when an artificial cannabinoid is added to the regimen of subjects already taking opioids.^{11,12} This is consistent with earlier studies that demonstrated tetrahydrocannabinol (THC) releases the body's own opioid molecules which helps decrease pain.

Combination therapy with THC and opioids exhibits synergistic properties in animal models.¹³

Further research in these and several other aspects of medical cannabis and opioids are needed to accurately address the concerns of a combination therapy. Human trials are absolutely necessary to provide answers to some of these pressing questions faced by healthcare providers, as well as patients. As a clinician, these are very exciting times for the prospects of new cannabinoid therapies to help alleviate pain and lessen the side effects of opioid therapy.

Pouya Mohajer, M.D.

Diplomate of the American Board of Anesthesiology

Subspecialty in Pain Medicine

Founder, Nevada Cannabis Medical Association

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New Legislation Prohibits Home Extraction of Concentrated Cannabis Oil

by Amanda Connor

“There is a slow but steady shift away from the traditional method of consuming marijuana — smoking it — to new delivery methods.”

-Marijuana policy group, market size and demand for marijuana in Colorado, 2014

Patients have had the right to use medical marijuana in Nevada for over a decade. However, patients have not always had a legal way to obtain their medicine. Patients have been able to grow up to 12 plants and able to possess up to 2.5 ounces of flower or extracted cannabis since 2013. Patients have had to rely on their ability to produce their own medicine until Nevada’s licensed dispensaries open.

As recognized by the Marijuana Policy Group in 2014, more patients are relying on new delivery methods for their medicine. Many of these delivery methods require the making of cannabis concentrate. Patients have learned methods to make such concentrate in their homes. In turn, the increase of patient home extraction has arguably led to an increase in home explosions.

Due to the risk of home extraction when the method is not done properly, Nevada’s law enforcement community desired to restrict a patient’s ability to extract. The Nevada Legislature agreed that there was a risk associated with in-home extraction. Thus, during the 2015 Legislative Session a bill was passed to restrict cannabis extraction.

As of July 1, 2015 it is now illegal for patients to extract concentrated cannabis.

Concentrated cannabis is: “The extracted or separated

resin, whether crude or purified, containing THC or CBD from marijuana.” The act of “extracting” is, “The process or act of extracting THC or CBD from marijuana, including, without limitation, pushing, pulling or drawing out THC or CBD from marijuana.” (Senate Bill 447)

To be clear, the change in the law does not prohibit patients from possessing concentrated cannabis. Patients are still permitted to possess concentrated cannabis. Yet, the only place patients can legally obtain the extracted cannabis is from a state licensed medical marijuana dispensary.

Pursuant to the new law, state licensed medical marijuana production facilities can extract concentrated cannabis and state licensed dispensaries can sell the concentrated cannabis to patients. Thus, patients who rely on concentrated cannabis as the method of delivery for their medicine will need to purchase that medicine from Nevada’s dispensaries.

However, a big issue is that patients lost the right to extract cannabis as of July 1, 2015 and no state licensed dispensaries were open at the time. Therefore, patients may need to identify other methods of delivery until dispensaries are able to provide patients with the concentrated cannabis that they need.

Ultimately, the change in the law was made out of a concern for safety; however, many patients may view the change as further restricting access to their medicine. Patients should be aware that extracting cannabis in their home is a criminal activity and they could face criminal charges and possibly jail time if they are caught. +



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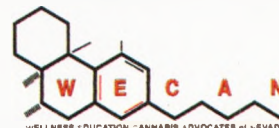
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PROFILE

Cannafit Helps Dispensaries Promote Consumer Engagement and Community Goodwill



An impressive forty million Americans use fitness apps or activity trackers. It's a massive audience that is primed and ready to be daily users of Cannafit. Launching this October, Cannafit is a health, wellness, nutrition and fitness web application custom made for the medical marijuana industry that includes THC and CBD dosage tracking and is HIPAA compliant.

"Cannafit offers the ability to combine diet and exercise with the responsible use of cannabis for an optimal outcome," explains Peter Boehm, Cannafit CEO and co-founder. "We operate at the intersection of those people using wellness apps and the legalization of medicinal marijuana."

And it's quite a busy intersection mainly full of women eager to take care of their inner health and wellness. "As we get older, we become more sensitive to what we eat and what lifestyle we lead. The female over 35 drives \$4.3 trillion revenue into the marketplace as CEO of her household," further explains Boehm of the audience Cannafit appeals to.

"They want an experience, they want engagement and they want value-add services. And they want it all to integrate with the mobile devices they use."

A business-to-business application, Cannafit expects to have 250 and 300 dispensaries when the app launches in October. And there's a good reason they are lining up. Dispensaries find Cannafit invaluable because of the wealth of information available to them via the app including predictive analytics that can drive business back to them and the ability to track users buying habits via members logging their loyalty points. Additionally, Cannafit is careful not to receive or distribute anyone's personal information.

"We are not the brand, we are the brand behind the brand," Boehm describes of Cannafit. "This platform provides all of these deep analytics that aren't available anywhere in the industry. We can provide user demographics and show dispensaries what their customers are planning to buy, what they are using and what they are interested in."

But Cannafit is not just about mass consumer engagement, Boehm also cites community goodwill as another benefit to the platform. "This entire industry was founded on one very important principle -- states were given the right to legalize medicinal marijuana based on the medicinal and therapeutic value of it. The industry has done a really poor job of reinforcing the health and wellness side of things. We are the tool to do that, whether people are suffering from a medical condition or just want to be healthy and fit, we are the tool to help them incorporate cannabis into their lifestyle."

"Cannafit is an online web app that helps consumers achieve a better quality of life through a robust suite of menus, trackers, guides and physician reporting tools," concludes Boehm. "In essence, Cannafit uses technology to promote a better quality of life."



G3 Labs brings 90 years of Analytical Lab Compliance Experience to MME Industry



Photo by Hector Levya, SugarMill Studio

Armed with a Ph.D. in Forest Science with a focus on plant responses to cultivation factors, it seems curious Dr. ChaoHsiung Tung would opt to be the Chief Science Officer and a managing member of G3 Labs, g3labsllc.com, rather than take a prominent post in cultivation.

"During my last four years when I was in my Ph.D. program, I was working for a consulting firm and we did large greenhouse production," Dr. Tung reveals of his stint in the production of seedlings and usage of pesticides in the cultivation business.

"So when I walk into a cannabis cultivation facility, it's déjà vu to me. I have done this before," explains Dr. Tung. "But I am in the point of my life that it is about where can I contribute more to the community."

Dr. Tung's ties to the Las Vegas community are deep, too. From 1989 to 2001, he was a Senior Scientist at the \$42 billion Yucca Mountain Project

where he supervised over 100 scientists and multiple science laboratories. He definitely sees similarities between his work with nuclear waste and the cannabis industry.

"I am still protecting the environment and still protecting the population, but in a different way," says Dr. Tung of ensuring medical marijuana remains safe for the consumer.

Another similarity between the two industries is compliance. "It's not only chemistry, it's a compliance business. I am really good at marrying compliance with technology because of my federal programs background. As a lab we pride ourselves on our compliance background because it's very strong," explains Dr. Tung of G3's combined 90 years of experience in analytical lab compliance on federal, state and local levels.

So internationally renowned for their compliance expertise, Dr. Tung as well as his counterpart James Clark,

G3's quality assurance manager, have both been invited to audit other labs including USGS, Los Alamos National Lab, and Lawrence Livermore National Laboratory.

Dr. Tung is also well respected a little closer to home having been appointed as one of eight committee members to Nevada's Independent Laboratory Advisory Committee (ILAC), which was established in order to recommend how marijuana should be grown and tested.

"I am very glad Nevada has put ourselves as a benchmark to regulate things stringently and for the protection of the population," Dr. Tung remarks of the state's lab regulations.



PROFILE

Evergreen Organix Delivers Organic Medibles Without Cannabis Taste



The influence of a city that is at the pinnacle of gourmet dining has reverberated to the medicinal cannabis industry. Las Vegas' fine dining environment has impacted one cultivation and production entity to the point of creating French-inspired medibles.

Evergreen Organix Cultivation and Production has hired three chefs and a licensed dietician to create a broad line of medibles featuring sugar-free, non-GMO, organic and vegan-style products that range from cookies to chocolate squares.

"We have done quite a few tastings. I, myself, have never been into vegan and GMO so I was in shock with just how incredible the tastes were. Everything they have produced has been phenomenal," enthuses Kurt Barrick, master grower for Evergreen Organix Cultivation and Production, www.evergreenorganix.com.

Barrick's favorite medible so far has been an Oatmeal Chocolate Cookie. "I am not a big chocolate fan and it didn't have any sugar in it and I couldn't

believe how good it tasted. Once they are on the market, I think the word of mouth is just going to explode."

The secret to the delicious taste is Evergreen's CO₂ extraction machine. "The machine extracts the medicine from the plant and leaves everything else behind including the marijuana taste," reveals Barrick of making Evergreen's two medible lines: Ego and Evergreen. "In the past, people used to be able to taste the cannabis. Now if you are making a recipe for Grandma's brownie, it tastes just like Grandma's brownie. It's a very clean and quality process."

Another quality component is the design/build of Evergreen's 30,000-square-foot cultivation facility and production kitchen. "Evergreen's focus has really been on sterilization during the design of the facility so we can use the least amount of pesticides and provide the cleanest product possible.

"We are just trying to establish and set the quality standard. Patients deserve

a very clean product and we are anti-microbial from floor to lid," reports Barrick of the variety of medibles Evergreen is making for patients with conditions that include HIV/AIDs, cancer, asthma, peanut allergies, and diabetics with sugar issues. "Our products are not a prescription, but rather a recommendation based on other patients' use and experience."

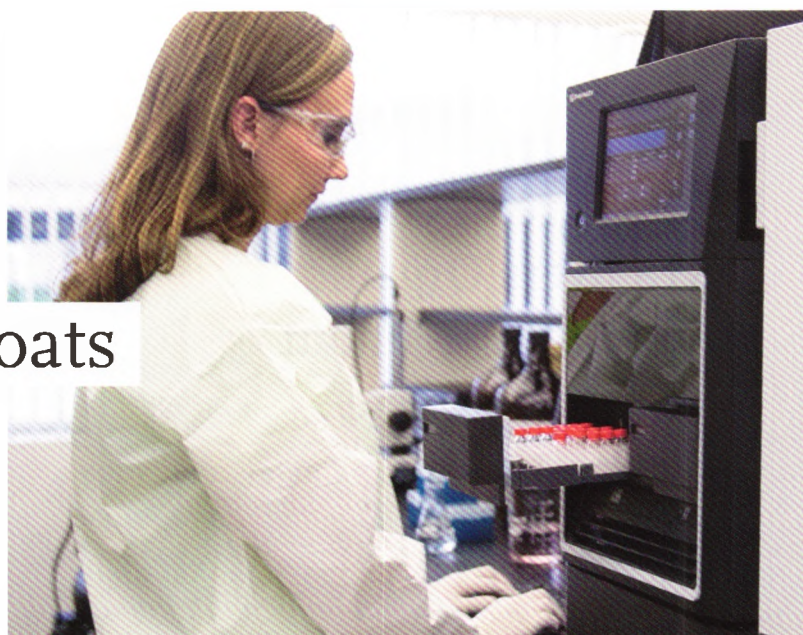
Safety is another priority, says Barrick, who estimates Evergreen will be fully operational by early September with product available around the holidays. "This is a medical product so our packaging is double safety child resistant. I have done this for a long time and Evergreen is diligent about doing everything possible utilizing today's technology to have the safest, cleanest, most consistent product we possibly can."



EVERGREENORGANIX

The Women Who Wear the Coats

*Ace Analytical Laboratory
founders on the forefront
of safe cannabis care*



Ace Analytical Laboratory co-founders Kris Madsen and Bruce Burnett are not your typical laboratory owners. In fact, it wasn't even their idea to get in the business of testing medicinal cannabis.

Although Madsen is a self-described serial entrepreneur, it was a business associate who suggested she pursue obtaining a laboratory license through the state of Nevada last year. "I was in the market to buy another business and I went to a friend to review P&Ls to get his opinion on potential businesses. As we were discussing the prospects, he asked why I wasn't getting in the medicinal marijuana testing business."

The idea clicked instantly. Madsen approached her husband Dr. Bruce Burnett, an anesthesiologist, and the rest is history. "We have been working on this since last May and it's been like drinking from a fire hose. We have been diligent in reviewing the entire cannabis movement, and are enthusiastically pursuing the dream of opening our lab," said Madsen who secured a provisional state license last

November, has been taking delivery of lab equipment, and anticipates receiving final state approval to begin operations during the beginning of the third quarter of 2015.

Madsen's associate was right, she and Burnett are obvious choices for the medicinal cannabis industry. The duo not only knows how to get things done quickly, but as Madsen explains, "Bruce has extensive experience in dealing with understanding the incredible benefits the proper drugs can bring to patients in need. He understands how the right drugs can benefit patients with certain disorders, is very comfortable in the lab environment and understands the testing methodology."

There's certainly no question about Burnett's medical knowledge when he speaks about cannabis' future as a medicinal/pharmacological compound. "We are at the very early stages of understanding the complex human endocannabinoid system and the many specific conditions for which we may be able to develop clinically relevant

treatments utilizing compounds derived from cannabis," explains Burnett. "The scientific and medical understanding of cannabis and its myriad interactions with human diseases and conditions is set to explode over the near term. I thoroughly believe that it will be one of the more exciting areas for research in medicine over the next several decades."

While Burnett is excited about cannabis' medical ramifications, Madsen is fervent about Ace Analytical Laboratory's, www.aalabnv.com, future in the industry. "We are passionate about healthcare and want to make sure what gets introduced into the Las Vegas community is safe, efficacious and used properly," says Madsen. "We also know that we can be on the forefront of 'how good it can get' for people who are suffering from a wide range of diseases and conditions."



Ace Analytical Laboratory

Medical Tourism in Nevada Estimated to Draw 3.5 Million Tourists Annually

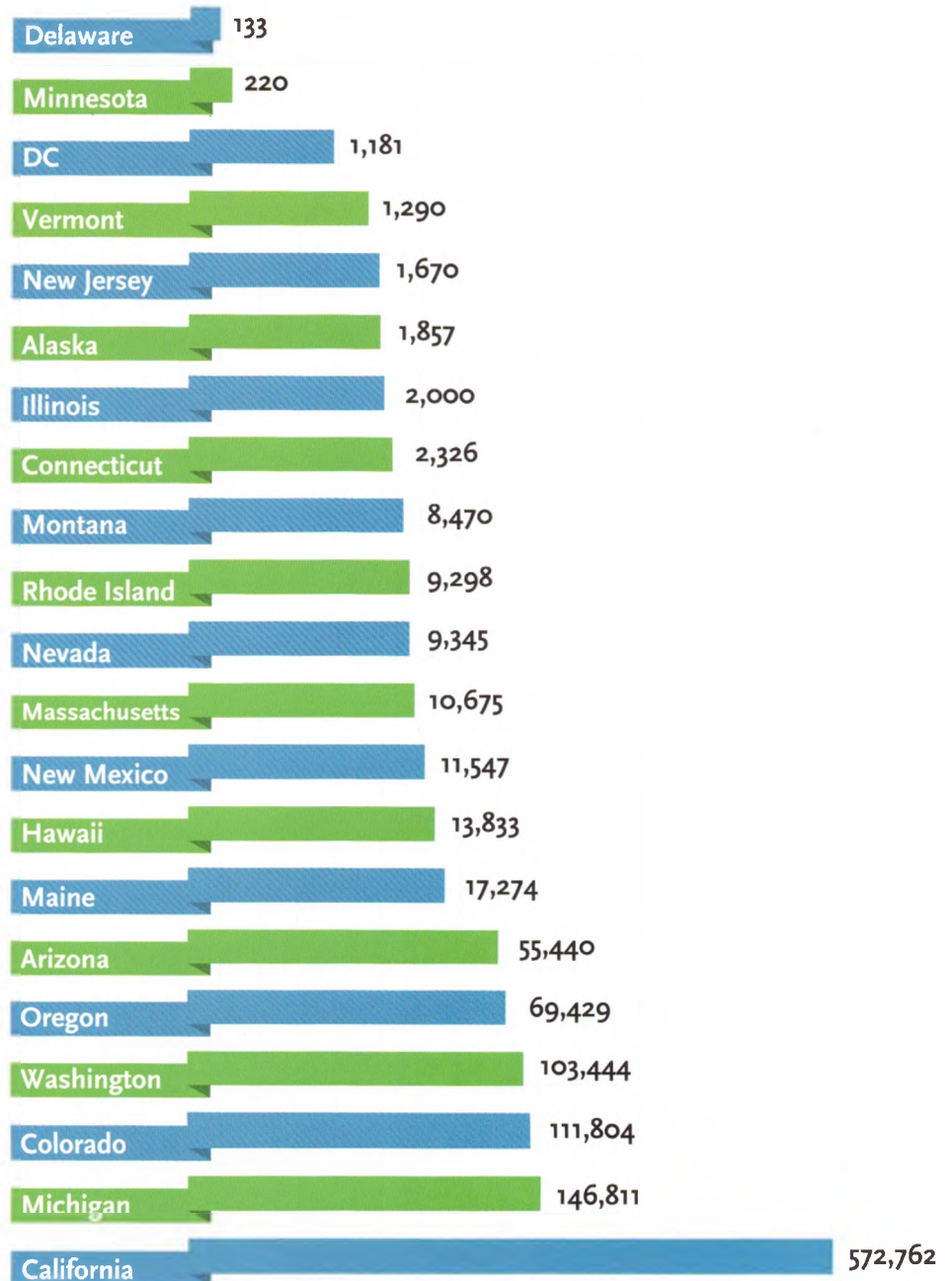
Nevada lawmakers have their sights set on the state becoming a destination for medical tourists. The state's legislators built reciprocity into Senate Bill 374 -- essentially making it legal for anyone with a valid medical marijuana card from any state in the union that has legalized medicinal marijuana to use and buy medical cannabis products from Nevada dispensaries.

With a pool of 23 states and the District of Columbia to draw from, a significant number of patients will be eligible to buy medicinal marijuana legally in Nevada.

"We knew that a lot of people coming here have cards back in their home state, and we're a tourism state. We get 40 million visitors a year, so we felt that there's no reason not to allow people that have cards in other states to come here and partake in our program," Nevada State Senator Tick Segerblom told *Marijuana Business Daily*.

Estimates already show that strong out-of-state reciprocity will result in a burgeoning cannabis tourism industry for the Silver State. According to Andrew Livingston, policy analyst at Vicente Sederberg LLC, there will be an estimated 3,536,819 Las Vegas PMMC (past month marijuana consumption) tourists annually. Based on an adjusted 2012-2013 national PMMC rate of 8.92%, if the average PMMC tourist consumes three grams per visit this equates to 30,720 pounds statewide and 23,392 pounds of tourist demand in Las Vegas.

U.S. MEDICAL MARIJUANA CARDHOLDERS

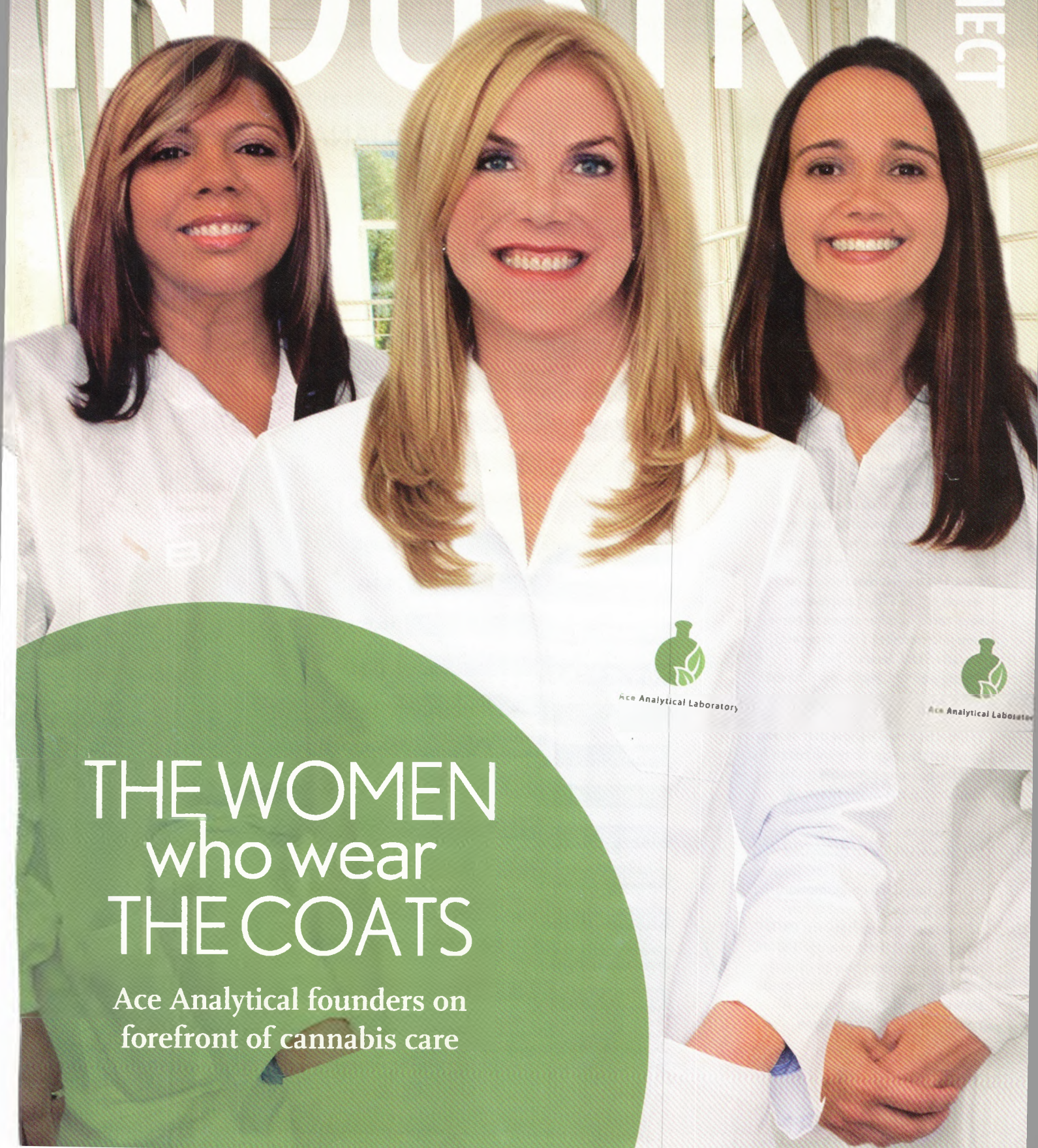


*Source: Procon.org. Total medical marijuana users in 20 (out of 23) states and DC with legal medical marijuana as of Oct. 2014 except for Massachusetts, Nevada, and Minnesota which were updated in July 2015. Maryland, New Hampshire, and New York have legalized medicinal marijuana but haven't implemented a system for registering cardholders yet.

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INDUSTRY

CONNECT



THE WOMEN who wear THE COATS

Ace Analytical founders on
forefront of cannabis care