

# VICS Newsletter



Volume #1  
Issue #1  
September 2003

## News and information on medical cannabis

### Premiere Issue

WELCOME TO ISSUE #1 OF THE VANCOUVER ISLAND COMPASSION SOCIETY (VICS) NEWSLETTER.

PUBLISHED, PRINTED AND DISTRIBUTED LOCALLY TO MEMBERS OF THE VICS, THE NEWSLETTER IS ALSO AVAILABLE ONLINE AT

[HTTP://WWW.THEVICS.COM](http://www.thevics.com)

WE HOPE TO BRING YOU AN ENLIGHTENING COLLECTION OF NEWS AND INFORMATION ON MEDICAL CANNABIS ISSUES IN CANADA AND GLOBALLY.

SOME OF THE TOPICS WE WILL BE EXPLORING ARE:

*PATIENT TESTIMONIALS*

*STRAIN SURVEYS*

*CULTIVATION TIPS*

*PRODUCT REVIEWS*

*CANNABIS AND HEMP HISTORY AND BASICS*

*LEGAL INFORMATION*

*DRUG INFORMATION*

*LATEST RESEARCH*

THE LIST GOES ON...

HOPE YOU ENJOY OUR EFFORT! READ ON...

### The VICS - Who we are

The **Vancouver Island Compassion Society (VICS)** is a non-profit organization dedicated to supplying affordable, organic, medical-grade cannabis to patients throughout Victoria and Vancouver Island, and to promote and conduct research into the use of medical marijuana, THC, and other cannabinoids.

Currently the VICS has a membership of 330 seriously ill people struggling with conditions like cancer, HIV/AIDS, Hepatitis-C, MS, fibromyalgia, osteoarthritis and epilepsy.

The VICS is committed to supplying the best possible health care to its members; it is our sincere hope to soon see Health Canada and other health professionals do the same.

### Cannabis News

Drug offenses are at a 20 year high, and rates of incidents involving marijuana have doubled since 1991. Statistics Canada stated that the rate of drug offences has risen steadily for 9 consecutive years. Marijuana offences rose by 2 per cent in 2002, with possession charges making up nearly three-quarters of all marijuana-related offences. While B.C has traditionally had the highest rates of possession charges over the last 20 years, the rate of incidents in B.C. involving possession dropped 3 per cent in 2002. Notwithstanding the 50,246 charges laid in 2002, the police and Crown "always maintained that they are approaching marijuana with increased tolerance and leniency".

<http://www.mapinc.org/print/v03/n117/a04.html>

### VICS News: AGM, More Research Than Health Canada

#### **AGM 2003:**

The VICS held their annual general meeting on June 22, coinciding (intentionally?) with the summer solstice. The largest member turnout yet heard the latest news (more below), were treated to numerous draw prizes (Barry won AGAIN) and helped elect a new director to the board - welcome Bob. And thanks to Phil, Chad, Paul and Chris for serving another year. Much revelry followed with a cake and demonstration of the Volcano vapourizer.

#### **VICS Research:**

Currently, the VICS has three research protocols underway:

1. a strain-symptom protocol with Canada's compassion clubs to see if there is any strain/symptom consistency within the clubs.
2. a hepatitis-C survey protocol performed in-house and with the British Columbia Compassion Club Society (BCCCS) to see if cannabis might increase the success of Interferon treatment; recent American research has found a higher success rate (70% vs. 50%) for cannabis smokers than non-users.
3. a nausea and pregnancy study with UBC to study the effects of cannabis on nausea in pregnant women, especially a severe form called hyperemesis gravidas.

The VICS is also gearing up for a series of double-blind clinical studies on chronic pain.

One study will examine the effects of smoked cannabis with varying levels of THC and CBD on 30 members who suffer from chronic pain and have not responded well to conventional treatment.

A second study will take the most successful cannabis from the chronic pain study and test different methods of delivery for effectiveness and efficiency (e.g. vapourizers, tinctures, water pipes).

**NOTE:** All VICS research will be made publicly available.



photo by Chad

**Philippe Lucas at 2003 AGM**

**The editor wishes to thank all the staff and members of the VICS for all their kindness and support.**

**This issue is dedicated to those who are not with us today to carry on the fight.**

**PEACE**

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## Medical Cannabis and Health Canada - The Story So Far

What follows is a very brief synopsis of medical cannabis and Health Canada (HC):

**1987** - Terry Parker, an epileptic who uses cannabis to alleviate symptoms, wins the 'legal' right to use cannabis for his medical condition, becomes first Canadian to do so.

**1995** - Liberals table new Controlled Drugs and Substances Act (CDSA) but with no provisions for medical cannabis.

**Fall 1997** - After a public outcry over an RCMP investigation into a medical cannabis network in the Ottawa region, BC Reform MP Jim Hart introduces a private member's motion asking for a debate on medical marijuana legislation. Two days later, Justice Minister Anne McLellan calls for a national debate.

**Dec. 10, 1997** - Terry Parker acquittal for possession and cultivation of medical cannabis sets constitutional precedent that supports a citizen's right to use cannabis for medical conditions (in reality, the ruling would only allow seriously ill people to raise the precedent in defense; HC appeals and loses)

**Later Dec. 1997** - Health Canada indicates that they might allow some medical patients access to legal marijuana through a Special Health Access Program

**March 10, 1998** - Decriminalization of marijuana is debated in the House of Commons and Allan Rock announces that Health Canada is reviewing medical cannabis and will present policy in a few months.

**June 9, 1998** - Jim Wakeford and Jean-Charles Parizeau are permitted to cultivate and use cannabis under personal "section 56" exemptions granted by Allan Rock, Minister of Health. Twenty more applications await approval. Rock also announces the search for a Canadian company to grow cannabis for HC trials.

**Summer 1999** - HC chooses Canadian research group the Community Research Initiative of Toronto (CRIT) to conduct medical cannabis trials on AIDS patients. Dr. Ware at McGill also gets the nod to study the effects of cannabis on neuropathic pain.

**End of 1999** - About 20 Section 56 exemptions have been granted

**July 31, 2000** - Ontario Court of Appeal hears a constitutional challenge by Terry Parker and finds that the blanket prohibition of cannabis under the Controlled Drugs and Substances Act (CDSA) is unconstitutional and gives the feds one year to modify the laws to accommodate medical cannabis or pot-possession laws would be removed from the Criminal Code. Section 56 exemptees number about 50.

**2001** - Applicants find they need to use the courts to speed up approval process. Prairie Plant Systems (PPS) wins contract worth \$5.7 million over 5 years to grow medical cannabis in a mine at Flin Flon, Manitoba; cannabis seeds used for the plants come from RCMP seized drugs collection.

**April 7, 2001** - Ottawa adopts new rules for access to medical cannabis called the Medical Marijuana Access Regulations (MMAR). Some revisions are positive, however many make the process more onerous and time consuming and possibly deadly to some, such as the requirement that two medical specialists are required to sign the application (only needed a GP w/ s.56) unless you have less than a year to live. [NOTE: the actual law controlling cannabis did not change; a regulation can be changed at a

whim while laws require debate and a parliamentary vote]

**January 2002** - Cabinet shuffle results in Rock's ejection and the appointment of (ex-Justice Minister) Anne McLellan as the new health minister.

**May 2002** - PPS has 250 kg of medical cannabis ready.

**Summer 2002** - Anne McLellan announces that PPS cannabis won't be distributed to qualifying patients, nor will it be used in human trials.

**October 9, 2002** - CRIT medical cannabis trial starts for 32 patients with HIV/AIDS.

**January 2003** - Justice Philips in Windsor declares that the federal government has failed in its court-ordered obligations to change the cannabis laws and provide medical access to marijuana, and hence ruled Canada's cannabis laws to be null and void. Another decision by Justice Lederman (Hitzig) finds the new MMAR regulations unconstitutional and gives Ottawa 6 months to reply; HC spends most of its effort on an appeal.

**March 2003** - HC cancels CRIT research funding after \$2 million had been spent with no useful data. Forces CRIT, the only community-based HIV/AIDS research group in Canada, to close its doors.

**May 2003** - Federal government introduces cannabis decriminalization legislation that reduces possession to a traffic fine but greatly increases cultivation and trafficking sentences. Judge Philips decision is upheld by Superior Court Justice Rogin; laws prohibiting less than 30 grams of pot are null and void.

**July 9, 2003** - At the 6 month deadline, HC begrudgingly announces that they will be shipping medical cannabis (at \$5/gram) to those doctors who prescribe cannabis for their patients; the doctors, in turn, are to distribute the pot to their patients. Doctors nation-wide reject HC's proposal and call for more scientific evidence. Alternatively, a patient can request seeds (20 for \$30) to grow their own cannabis. As a wierd twist, patients cannot request both whole plant products and seeds, only one or the other.

**July 14, 2003** - Greg Robinson, a doctor with AIDS and part of the HC advisory committee on medical cannabis, resigns due to inconsistencies within the program. He specifically targets the cancellation of CRIT research funding and the rashly thoughtout, high risk plan to distribute cannabis through physicians. News also reveals that the director of the Office of Cannabis Medical Access (OCMA), Ms. Cripps-Prawak, left her position July 11, two days after HC had introduced the cannabis distribution program.

**July 18, 2003** - HC announces the release of medical cannabis user's manuals, one for 'health care professionals' and the other for patients.

**July 22, 2003** - All of 16 of 582 medical cannabis patients have applied for HC's cannabis

**July 29, 2003** - Federal appeals of court-ordered access to medical cannabis (Lederman), and Rogin decision start in Ontario Court of Appeal.

*Source:* Cannabis Culture magazine web archives (<http://www.cannabisculture.com>), Media Awareness Project articles (<http://www.mapinc.org>) and newspaper articles.

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**Medical Cannabis User's Manual** - Health Canada has released an "Information for Health Care Professionals" document on "**marihuana (marijuana, cannabis)**", specifically for medicinal purposes (July 18, 2003). This comes as a surprising move considering Health Canada has also said "We're not recommending, in

fact, that marijuana be used." Among other warnings, the 59 page manual states that "Administration by smoking is not recommended". While warnings abound, there are no practical alternatives in the manual to smoking (someone didn't do their homework...).

<http://www.hc-sc.gc.ca/hecs-sesc/ocma/pdf/marihuana.pdf>

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## Quit Smoking - Studies Demonstrate Health Benefits of Vapourizers

Two issues top the list of those who oppose medical or recreational cannabis; smoking of the product and its health risks, and the criminal activity surrounding a product that is technically illegal (or in legal limbo).

The first concern is countered with non-smoking alternatives such as edible (cookies, tinctures, teas...) or sublingual products, or a device called a vapourizer.

A vapourizer heats the dried cannabis (or other herb if you prefer) to a temperature. ~ 180 to 190 deg.C, where cannabinoid vapours are released, but below the point of combustion where noxious and carcinogenic smoke toxins are formed.

Although the principle of vapourization has been around for some time (witness the variety of vapourizers available) there were no scientific studies assessing its feasibility.

However, thanks to California NORML and MAPS at Chemic Laboratories in Canton, Mass., two American studies have been recently completed.

The first study, completed in 2001, tested a unit called the M-1 Volatizer (<http://www.volatizer.com>) which resembles an automobile lighter designed to fit over the bowl of a pipe and heat the herb to the point of vapourization.

The numbers show that the unit delivered "effective levels of THC, CBD and CBN, while completely eliminating three specific toxins - naphthalene, benzene and toluene - in the solid phase of the vapour".

The second study, released in April 2003, tested a unit called the Volcano (<http://www.storz-bickel.com>) and looked at a much wider range of toxins, focusing particularly on the highly carcinogenic polynuclear aromatic hydrocarbons (PAHs). The Volcano blows heated air past the cannabis into a balloon where the vapours are collected. A novel one-way mouth-piece that attaches to the balloon allows users to inhale as much or as little as they wish.

The study compared the vapour from the Volcano to the smoke from combusted

cannabis using a gas chromatograph mass spectrometer (GCMS).

The Volcano vapour consisted entirely of THC (95%) with traces of CBN; the "remaining 5% consisted of small amounts of caryophyllene, a fragrant oil in cannabis and other plants, and two other components of uncertain origin".

Analysis of the combusted smoke reveals "at least 111 different gas phase components, including six known PAHs. Non-cannabinoids accounted for as much as 88% of the total gas content of the smoke".

These numbers offer compelling evidence that vapourizers offer an effective means of eliminating the respiratory hazards of cannabis smoking. Physicians and politicians take note.

Source: O'Shaughnessy's, Journal of the California Cannabis Medical Research Group, Summer 2003, Berkeley, CA. Available online at <http://www.ccrmg.org>. The VICS has copies while available.

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## Cannabis Smoking Doesn't Lead To Higher Death Rate

The most extensive study so far on marijuana and mortality was conducted by Kaiser Permanente and published in the American Journal of Public Health (April 1997). The study looked at 10 years of mortality statistics for more than 65,000 men and women who received checkups at Kaiser's Oakland and San Francisco hospitals between 1979 and 1985. These statistics were followed until 1991 and analyzed for any association between marijuana and death.

The researchers found no increase in deaths among 14,000 patients who reported they were marijuana users as compared to those who had never used it. "Although the inhalation of chemical toxins has been linked to bronchitis and other respiratory

problems, it has not been shown to cause lung cancer or a higher death rate". Among other findings, the mortality risks associated with marijuana use were lower than those smoking tobacco for both men and women. Why the lungs are spared is not fully understood but one hypothesis is that "the presence of anti-oxidants in cannabis negates the carcinogenic effects of benzene, toluene and byproducts of combustion". The study suggested that the "criminalization of marijuana use may itself be a health hazard, since it may expose the consumer to violence and criminal activity".

Source: O'Shaughnessy's, Journal of the California Cannabis Medical Research Group, Summer 2003, Berkeley, CA.

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## DEFINITIONS:

**cannabis** n. hemp plant of genus Cannabis; preparation of parts of it used as intoxicant or hallucinogen; ~ resin, sticky product esp. from flowering tops of female cannabis plant. [Latin from Greek] (The Concise Oxford Dictionary, 7th ed., 1983)

**hemp** n. 1. (Indian) ~, herbaceous plant, Cannabis sativa, native of Asia. 2. its cortical fibre used for rope and stout fabrics; (jocularly) rope for hanging a person. 3. narcotic drug made from hemp plant. 4. other plant yielding similar fibre (Manila hemp). 5. ~ agrimony, perennial composite plant with pale-purple flowers and hairy leaves; ~-nettle, nettle-like plant of genus Galeopsis. 6. Hence, ~'EN. (ibid)

**marijuana**, -huana, n. dried leaves, flowering tops, and stems of HEMP (sense 1), used to make a hallucinogenic drug esp. for cigarettes (reefers). [American Spanish] (ibid)

**therapeutic**, a. & n. 1. a. curative; of the healing art; hence ~ical 2. n. branch of medicine concerned with treatment of disease and action of remedial agents in disease or health. [orig. n. from *therapeutique* or from Late Latin fr. Greek *therapeutika*] (ibid)

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## Cannabis Standards

"Operational Standards for the Distribution of Medicinal Cannabis", April 2003, published by the British Columbia Compassion Club Society (BCCCS) in Vancouver, is available online at <http://thecompassionclub.org/club/standardsapr30.pdf>

The 19 page manual covers eligibility, registration requirements, cannabis education, distribution and supply of medicinal cannabis.

Thanks to the BCCCS for bringing us the first version of an essential document that compassion clubs should examine, if indeed harm reduction and patient health are priorities. Direct your physician(s) to it - couldn't hurt.

A hard copy will be available at the VICS for review.

## Senate Special Report on Cannabis

The scientific community, especially the medical community, is divided over the therapeutic effects of medical cannabis.

But, as the Report of the Senate Special Committee on Illegal Drugs states: "It is not a question of defending general public policy on marijuana or even all illegal drugs. It is not a question of sending a symbolic message about "drugs". It is not a question of being afraid that young people will use marijuana if approved as a medicine. The question, and the only question, for physicians as professionals is whether, to what extent and in what circumstances, marijuana serves a therapeutic purpose. Physicians should have to determine whether people with certain diseases would benefit from marijuana use and weigh the side effects against the benefits."

Just a reminder to those who hoist their morality upon others, especially sick people.

Source: Cannabis: Our Position for a Canadian Public Policy, Report of the Senate Special Committee on Illegal Drugs, Summary Report, September 2002.

Available online at:

<http://www.parl.gc.ca/37/1/parbus/commbus/senate/com-e/ille-e/rep-e/summary-e.pdf>

The VICS has a hard copy available.

## Medical Cannabis News

**Canada:** Forced to respond to the unconstitutionality of their medical marijuana program (where legal federal medical cannabis patients have virtually no safe place to purchase their cannabis), Health Canada adopted an interim policy ensuring that the Medical Marijuana Access Regulations (MMAR) remain in effect pending clarification by the Courts. Felt by several groups to be a stop-gap measure while an appeal is heard, Health Canada will sell legal exemptees either 30 seeds for \$20 or 30 grams of dried bud/leaf for \$150. Seeds will be sent either to qualified patients with a personal-use production license or to persons holding a designated person production license. The dried bud will be sent to the physician for re-distribution, provided the physician agrees to do this. Of the 582 legal exemptees, less than 20 have applied; forms have to be filled out, including a visit to the doctor (if they agree to receive the product), and pledges have to be made (e.g. the applicant will

not use any other supplier) in front of lawyers or other legally recognized folk. Of note is the requirement that an applicant can only apply for seeds or bud, but not both. So what does a patient do for the first three months while 30 seeds turn into 30 plants (assuming of course that the plants, if they've made it that far, are all female and survive to harvest) and you cannot use any other supplier? Stock up before one signs the paperwork? Break the law, again? Are we stuck in a B movie? Stay tuned....

(Vancouver Sun, July 22, 2003)

**USA:** In July, the Bush administration announced that it wants the Supreme Court's permission to strip prescription licenses from doctors who recommend medical marijuana under the rule of Proposition 215. In 1996, California voters passed Proposition 215, or the Compassionate Use Act (later becoming Section 11362.5 of the Health and Safety Code), that allows residents to grow enough marijuana for their personal use as medicine provided they have a doctor's

## BLAST From the Past

Who remembers the LeDain commission?

**Gerald LeDain** was the Chairman of the Commission of Inquiry into the non-medical use of drugs in 1969. In their 1971 report, they recommend that simple possession of cannabis and personal cultivation use be permitted. It is still considered to be one of the best reports on the use and effects of cannabis consumption.

Who has ever heard of **Louis Hebert**? He was the official apothecary to the famous explorer Samuel de Champlain and Hebert planted the first patch of commercial hemp in N.America. back in 1606, in what is now Nova Scotia.

Source: "Grow Yer Own Stone", 1974, Dr. A. Sumach, published by River City Stoneworks, Toronto

recommendation. Upon hearing this, the Clinton administration announced that doctors who recommend medical cannabis faced losing their federal licenses to prescribe medicine. A statewide class action lawsuit was launched that resulted in U.S. District Judge W. Alsup ruling that doctors can recommend medical cannabis without fear of losing their license or other sanctions (Sept. 2000). The U.S. federal government is now arguing that Alsup's decision licenses doctors to treat patients with illegal drugs, and prevents the Drug Enforcement Agency (DEA) from protecting the public. Medical cannabis referral services, however, aren't slowing down as more new patients are signing up.

(<http://www.mapinc.org/print/v03/n1152/a10.html>)



### RESOURCE DIRECTORY:

#### AIDS Vancouver Island

1601 Blanshard, 384-2366

#### Hep-C Society of Canada

388-4311

#### BC Health Services

953--3547

#### Law Centre

388-4516

#### City of Victoria

Crisis and Info: 386-6323

#### Sacred Herb

106-561 Johnson, 384-0659

<http://www.sacredherb.com>

#### John W.Conroy, Q.C.

1-877-852-5110 (toll free)

<http://www.johnconroy.com>

#### BCCCS

Vancouver, 604-875-0448

<http://thecompassionclub.org>

#### Action Committee of People with Disabilities

383-4105

#### Canadians for Safe Access

<http://www.safeaccess.ca>

#### Canadian Cannabis Coalition

<http://www.cannabiscoalition.ca>

#### Canada Medical Marijuana

<http://www.medicalmarihuana.ca>

#### Media Awareness Project

<http://www.mapinc.org>

#### DrugSense

<http://www.drugsense.org>

#### Health Canada

<http://www.hc-sc.gc.ca/hecs-sesc/ocma/>

1-866-337-7705

#### Norml Canada

<http://www.normlcanada.org>

#### Cannabis Health

<http://www.cannabishealth.com>

#### Cannabis Research Institute

<http://www.cannabisresearchinstituteinc.com>

**"The only purpose for which power can be rightfully exercised over any member of a civilized society, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant."**

- John Stuart Mill