

VICS Newsletter



Volume #1
Issue #3
November 2003

News and information on medical cannabis

Medical Cannabis News:

Canada -

Ontario Appeal Court Decision

On October 7, 2003, an appeal court in Ontario upheld a lower court decision that the Medical Marijuana Access Regulations (MMAR) were unconstitutional, but stopped short of striking down the entire program. In a 3-0 ruling, the court tinkered with the law to make it comply with constitutional rights. Specifically, the ruling:

- removes the need for a second physician to endorse a patient's application to receive medical marijuana
- allows a designated grower to be compensated by the eligible patient receiving the medical cannabis
- allows a designated grower to grow for more than one patient
- allows designated growers to share premises for the purpose of cultivation.

The court also upheld cannabis possession in Ontario, making it illegal once again.

This ruling opens the doors to the potential licensing of established and experienced cannabis producers and distributors such as compassion clubs and their affiliated cultivators. The judges actually recommend compassion clubs and recognize that they have "historically provided a safe source of marijuana to those with the medical need for it,...." The problem of access to doctors has not disappeared, however, and advocates feel that the process must be decentralized; the decision to use medical cannabis should only be between the patient and a qualified health practitioner.

Source: <http://www.mapinc.org/drugnews/v03.n1533.a12.html> and Canadians for Safe Access, <http://www.safeaccess.ca/pr/>

Toxic Tokes

Health Canada's medical cannabis has failed to make the grade. Medical cannabis advocacy groups have slammed the product on the basis of its weak strength (~3% total THC) and evidence of heavy metal contamination. Canadians for Safe Access (CSA) had a federal sample tested at three independent accredited labs and found elevated levels of arsenic and lead. Indeed, Flin Flon is considered to be one of the most contaminated regions in Canada. While the cannabis production facility is underground and supposedly isolated, what assurances are there that clean air, soil and water have been used to grow the medical cannabis? Both Health Canada and the grower Prairie Plant Systems (PPS) discount CSA's numbers, claiming that the test data was not based upon fact because CSA would not reveal the names of the testing labs. Health Canada claims that its own test results were much lower than CSA's and well within allowable limits. However, Health Canada has admitted that there are no standards in place limiting the presence of heavy metals in either tobacco or marijuana. Yikes! The question that some are asking is why grow medicine in a possibly unhealthy environment? There is no safe level of arsenic exposure. When will Health Canada take the concerns of ill people seriously? They could have saved the taxpayer a lot of money had they listened to and utilized the skills of experienced users, cultivators and distributors. Turns out, though, that a recent Ontario appellate court ruled to loosen control over who grows medical cannabis. This probably spells the end of PPS's monopoly and allows gardeners who are familiar with the plant to grow a better product faster and at a cheaper cost.

Source: <http://www.mapinc.org/drugnews/v03.n1666.a03.html> and Canadians for Safe Access, <http://www.safeaccess.ca/pr/>

The editor wishes to thank and congratulate all who cultivate organically PEACE

VICS BBQ 2003



photo by Phil

October 1, 2003, marked the fourth anniversary of the Vancouver Island Compassion Society (VICS). Opening its doors in 1999, the VICS has weathered a break-in, and subsequent court case, and still continues to provide medical cannabis to roughly 350 members.

In the past four years, a lot has changed with regards to medical cannabis: a federal program (Medical Marijuana Access Regulations, MMAR) exists today that allows several hundred Canadians to legally possess and/or grow cannabis for medicinal purposes, or assign a designated grower to do so. For those who cannot grow or have a designated grower, compassion clubs have provided the high quality cannabis that is needed.

A recent court decision has resulted in modification of the MMAR (see adjoining article).

Public perception is changing as well - a majority of Canadians, 80%, are OK with legal medical cannabis. While technically operating outside of the law, the VICS activities are known to and tolerated by the police. Integrity, good records and a large dose of compassion go a long way.

The celebration BBQ was attended by about 40 people, including members, friends, the odd hound and staff. As usual, prizes were given away (sorry Barry) and a delicious variety of desserts were happily consumed.

Thanks to VICS staff, and Brennan Clarke of Victoria News.

Cannabis and Pain Management:

Pain (sucks). The Oxford dictionary defines pain as 'suffering or distress of the body or mind'. While a succinct definition for grammatical purposes, it leaves a lot to be desired when trying to capture the visceral, enveloping, and life-altering nature of pain. Presently we use a cacophony of analgesic medicines, including opioid and anti-inflammatory analgesics to 'manage' pain, yet true relief is rarely attained. Many times pain management is about 'blunting' the pain, or helping one to put it aside, forget it, however temporary. Side effects can create or exacerbate unhealthy issues and sometimes cause irreparable damage - drug controversies (e.g. OxyContin) underline the need for safe and effective alternatives. Cannabis is one such substance. What follows is an editorialized summary of an edited version of a paper by Dr. Ethan Russo, MD, presented to the American Academy of Pain Management:

Cannabis is traditionally smoked in a dried leaf form or as a concentrate thereof (kief, hashish), or ingested. Generally, 5 mg of THC content represents a threshold dose in the average adult. While certain tolerances develop after chronic usage, clinical and "anecdotal" reports suggest the retention of analgesic efficacy over the long term.

Systematic examination of the toxicology and side effect profile of cannabis and cannabinoids demonstrate little side effects, and suggest a safety margin within that of most prescription medicines. Cannabis allergies are rare. Acute over-dosages of cannabis are self-limited, and most frequently consist of panic reactions. No deaths due to direct toxicity have ever been documented in medical literature. Known drug interactions are few in number. Certain interactions are additive; for example, synergistic analgesic benefits may accrue with concomitant usage of cannabis and opioids. Conversely, CBDs inhibit certain enzymes and caution is needed for patients who take cannabis in conjunction with, for example, anti-arrhythmic drugs.

Through applied genetics, cultivation and harvesting techniques, THC content can exceed 20% by weight. This is advantageous, particularly when smoked, because a therapeutic dose is obtained with fewer inhalations, thereby decreasing lung exposure to tars and carcinogens. Processing crude dried cannabis into a concentrate such as kief or hashish involves simple processes such as sieving or washing of cannabis to isolate trichomes; yields can be 40 to 60% THC by weight, or more.

Oral cannabis - the largest concern with oral cannabis is bioavailability since absorption can be anywhere from 30 to 120 minutes. Those who experience nausea or emesis may not be able to ingest it. Oral THC is subject to the "first pass effect" of hepatic metabolism yielding 11-hydroxy-THC, considerably more psychoactive than THC itself. Thus, some patients become 'too high' on low doses. Advantages to oral usage are its avoidance of lung exposure and its prolonged effect.

Fraud Inc.:

We've all heard of the cannabis possession bust nightmare.

Recently, a Arkansas man was found guilty of possession and was looking at 25 years jail - it got reduced to around 10 to 15 years.

In BC, the penalties for cannabis possession are significantly less in many instances, but you can still get busted for carrying less than a gram of cannabis, and you can still end up with a criminal record. Contrast this with white-collar crime in BC, where fraud is the most common way to break the law. Paul LeBlanc of Cranbrook defrauded his employer, GE Capital Canada Equipment Financing Inc., of \$25,696,373 (the largest commercial fraud in BC history). In the final tally, the company closed it's Cranbrook office and spent a further \$6 million on forensic accounting and legal fees - over \$17 million was never recovered. And Mr. LeBlanc's prison

Smoked Cannabis - pharmacodynamically, smoking would be an ideal method of application of clinical cannabis were it not for the attendant pulmonary issues. Clinical effects are noticed within seconds to minutes. Inhalation avoids the "first pass effect" and allows effective dosage titration. Holding ones breath for more than 10 seconds is unnecessary as THC absorption does not increase beyond this time. Contamination of cannabis by pesticides, herbicides and bacterial or fungal agents is possible and may pose a threat to a smoker, especially one with a suppressed immune system. Water pipes and bongs cool the smoke but also compromise THC content - the unfiltered rolled joint seems to represent the most efficient means of conventional smoking (not enough is known about hashish or kief use with a small pipe).

Vapourizers - Vapourization, if performed properly, can reduce or eliminate tars and carcinogens. A vapourizer heats the dried cannabis to a temperature where cannabinoid vapours are released, but below the point of combustion where noxious and carcinogenic smoke toxins are formed. With a few exceptions, effective and easy-to-use vapourizers are hard to find.

Sublingual Tincture - This method is under investigation by GW Pharmaceuticals in the UK employing combinations of cannabis strains that are rich in THC or CBD. Terpenoids and other minor components that are important to the therapeutic effects of cannabis are retained. [the VICS now has a sublingual spray available for its members]

Aerosol THC - A pure THC aerosol has been attempted in the past but it has demonstrated irritating and even bronchoconstrictive effects when employed alone. Inclusion of terpenoids and flavonoids are suspected to be necessary for full effects.

Marinol (dronabinol) - Marinol is synthetically derived THC dissolved in sesame oil. Clinicians have utilized it to only a limited degree. Its bioavailability is only 25 to 30% of an equivalent smoked dose and the "first pass effect" results in the production of a more psychoactive metabolite of THC. Considerable anecdotal evidence supports the use of smoked cannabis over dronabinol.

Nabilone - Nabilone is a synthetic cannabinoid said to be pharmaceutically similar to THC but more potent, less apt to produce euphoria and possessing lower "abuse potential". It is available in several countries as an agent for nausea in chemotherapy. The high price, side effects that include drowsiness and dysphoria (mental discomfort) and inadequate relief have not attracted many supporters.

Future directions for research on cannabis and cannabinoids will be primarily determined by political factors. Smoked dried leaf cannabis is the most rapid form of delivery but it may not be accepted due to respiratory and other issues. In contrast, extracts can easily meet this burden and will likely meet market approval.

Source: <http://www.mapinc.org/drugnews/v03.n1296.a07.html>, and Cannabis Health Magazine, September/October 2003

sentence? Six years. Being a first offender, he can qualify for parole in 23 months. Does this even begin to pay for the jobs and lives lost due to the closing of the office? Or take Kevin Harris, a serial fraudster from Victoria, who has 159 criminal convictions. He was also sentenced to six years on a recent charge, but was denied parole because of previous convictions. For chronic offenders, at what point should the system acknowledge that there is no reasonable chance of personal redemption? Are 159 convictions not enough to impose the maximum 10-year sentence?

On the other side of the spectrum, it is worth noting that the proposed 'cannabis decriminalization' bill in parliament (Bill C-38) will seek jail sentences of up to 14 years if you are caught growing over 50 cannabis plants.

Source: "Are judges too soft on fraudsters?", by David Baines, Vancouver Sun, October 11, 2003

BC Pharmacists Release Medical Cannabis Policy Position:

At a council meeting of the College of Pharmacists of BC on Sept. 19, 2003, the council approved the following policy position on the use of medical marijuana:

- The College of Pharmacists of BC considers medical marijuana to be the herbal form of the cannabinoid class of drugs.
- Pharmacists currently dispense cannabinoids as the prescription synthetics, nabilone and dronabinol.
- Dronabinol is THC, which is also the primary active constituent of medical marijuana.
- Patients have the right to use either a synthetic or herbal source of THC and other cannabinoids for legitimate uses.
- The College discourages the smoked route and encourages research that includes alternative delivery systems
- The College supports patient access to standardized medical marijuana through pharmacies, preferably at the same level of control as the synthetic cannabinoids.

It is encouraging to see a positive response from a professional organization. However, we would like to mention that anecdotal evidence with respect to the effectiveness of a single chemical preparation such as Marinol™ as compared to the whole plant is not favourable. There are synergistic elements at work that cannot be ignored.

Source: Many thanks to an enlightened pharmacist who passed on this article taken from a newsletter published by the College of Pharmacists of BC, September 2003

Drug Policy Alternatives:

On October 23, 2003, the Victoria Progressive Electors Association held an evening at UVic to hear presentations and informed discussion regarding drug policy shifts and alternatives in Canada. The majority of the discussion focused on cannabis largely because nearly \$340 million of the federal budget on drug control, enforcement and education (\$450 million/yr) goes to marijuana-related issues. Recent polls show that 51% of Canadians support legalization and over 80% are OK with legal medical cannabis.

Leading off was Mat Elrod, a drug policy analyst working with California-based DrugSense, who gave the crowd a brief and often humorous history of drug prohibition in Canada. In his educated opinion, prohibition can be linked to racism and control of non-white populations, fear, puritanical religious views, fear, and utopian values impressed upon society by temperance societies (and did we say fear?). Canada's own Emily Murphy (women's vote) brought about cannabis prohibition in Canada in the early 1900's because of her concerns about migrants (read as non-white) using it and going crazy (or did she just resent others having a good time?). These kind of people still exist today....

Gordon Harper, a director of SOLID (Society Of Living Injection Drug Users), gently and eloquently brought the discussion around to addictions. At any one time, roughly 10 to 12% of the general population are addicted, roughly 20% of the patients in a doctor's waiting room are addicted, and roughly 40% of acute care patients are addicted - the numbers are probably higher if we try to include 'functional' addicts. While nobody really wishes to be addicted, it is part of the human condition; and while arbitrary prohibition allows society to turn their backs on others ("they brought it upon themselves"), repeated incarceration is NOT the solution. Five hard-core street alcoholics in Victoria have been in the overnight drunk tank over 2500 times within the last 8 years, and to what end? As well, health care workers, police officers and others who deal with or encounter addictions are inadequately trained in social issues and courts frequently instruct people what to do without proper support. In Gordon's opinion, addictions are a health concern and the solution is a multi-faceted one that requires a willing and compassionate community. Lines of communication must open up and people need to see the person behind the addiction.

Dave Otto, a former military police officer and corrections officer in the US, has seen the drug war from some unique angles. He now speaks on behalf of LEAP (Law Enforcement Against Prohibition), a year-old group of American current and former law-enforcement officials who are disillusioned with the war on drugs. As Dave stated, the basis for the drug war and other prohibitionist acts is racism. The drug war (like all power and control

issues) is about dehumanizing people and treating them as 'the other' - this detachment is a core quality for any enforcement or military force these days. These 'warriors' carrying advanced firepower are thrust upon society and violence, whether emotional or physical, inevitably results. In Dave's opinion, "humanity is missing from the argument" - drug policy is not the issue, human ideology is. Medical solutions have proven to be roughly one-eighth the cost of incarceration according to recent US statistics.

Philippe Lucas, director of the Vancouver Island Compassion Society and a founder of Canadians For Safe Access, spoke about recent events in Canada pertaining to medical cannabis, legal rulings and upcoming legislation (see other articles in this newsletter for further information). A recent judgment in Ontario has relaxed MMAR requirements for designated growers. At the same time however, pot possession in Ontario became illegal again. Federally, Bill C-38 is the proposed 'cannabis decriminalization' bill on the table in Ottawa. While US drug warriors are complaining about any relaxation of drug law, the truth of the matter is that, with the exception of a 'ticket' for possession of small amounts (now it's down to 10 gr.), the penalties are tougher, especially for cultivation.

DEFINITIONS:

pain¹ *n.* 1. suffering or distress of body (from injury or disease) or mind; a particular occurrence of this (pain in the NECK); in ~, undergoing this. 2. (in plural) throes of childbirth; trouble taken (take pains; be at pains to do; get a thrashing etc. for one's pains). 3. punishment (pains and penalties); on or under ~ of (death or other punishment that would be incurred). 4. ~-killer, medicine for alleviating pain. [Middle English, from Old French *peine* from Latin *poena* penalty] (The Concise Oxford Dictionary, 7th ed., 1983)

pain² *v.t. & i* 1. v.t. inflict pain upon; expressing pain (pained look). 2. v.i. give rise to pain, ache (my arm is paining). [Middle English, from Old French *pener* from Late Latin *poenare*] (ibid)

Utopia *n.* imaginary place with perfect social and political system; ideally perfect place or state of things. [from Greek *ou* not + *topos* place] (ibid)

analgesia *n.* absence or relief of pain; so analgesic *a.* and *n.*, (drug) producing analgesia [modern Latin, from Greek, = painlessness] (ibid)



Medical Marijuana Course:

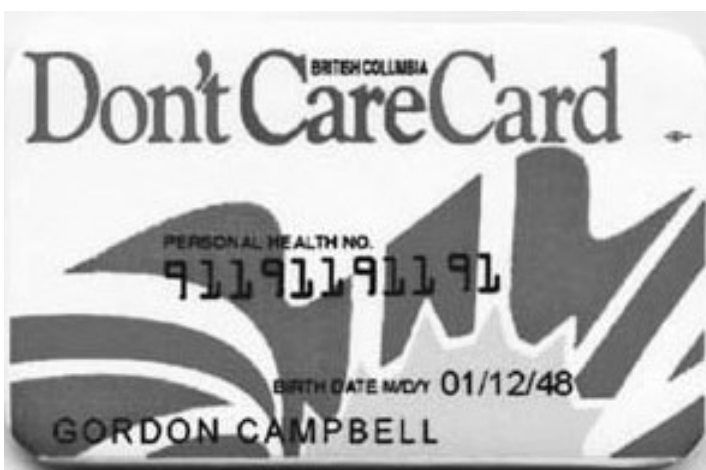
Eric Nash and Wendy Little of Island Harvest in Duncan will be teaching a course on medical marijuana at Malaspina College on Saturday November 15, 10 am to 3 pm. The course, \$48 + GST, is an introduction to the Health Canada cannabis access system (Medical Marihuana Access Regulations, or MMAR), and how to apply to use, possess and grow marijuana for medical purposes. Plant strains for various conditions will be discussed. Titled 'Medical Marijuana' (HEMM 001), the one day course will be held at the Cowichan Campus of Malaspina College at 222 Cowichan Way, Duncan, BC, V9L 6P4, (250) 746-3500.

Island Harvest began in 2001 when Wendy's father, suffering from advanced Parkinson's disease, applied for an exemption to possess cannabis for medicinal purposes (s.56 exemption, now the MMAR) and found the process too onerous. Eric, a Web designer, researched the regulations and started posting useful and pertinent information on a website. And that's when things started to get busy. Along the way Eric and Wendy have obtained DPLs (Designated Producer Licenses) from Health Canada with which they grow cannabis for one qualified patient each. Recently they also received organic certification of their cannabis.

Today, the website (<http://www.medicalmarihuana.ca>) is over 200 pages of medical cannabis information, links or products.

That's Progress:

Thanks to "light trucks" (SUVs, pickups and minivans) that are roughly 50% of all vehicle sales in America, the national average fuel economy is 20.4 mpg (US), the lowest since 1980. FYI, 20.4 mpg translates into 24.6 mpg (Cdn) or 8.65 km per L.



Cannabis News:

Canada -

Maybe He's Already On Drugs...

Prime Minister Chretien, in retirement mode as our 'new' prime minister makes himself (too) comfortable, said in an interview that he might try pot once it is no longer a criminal offense.

"I don't know what is marijuana. Perhaps I will try it when it will no longer be criminal. I will have my money for my fine and a joint in the other hand," Chretien stated to The Winnipeg Free Press. Bill C-38, if passed, will treat small quantities of cannabis as a misdemeanor resulting in a fine like a parking ticket.

John Walters, director of the Office of National Drug Control Policy in the US, told Canadians that we should be "ashamed" of our PM. Ashamed? Talk about shame. Americans should remember their last 'democratic' election and how that ended up. Appointing Mr. Bush the winner, thanks to the US Supreme Court, doesn't make for a very credible government. (And then there are those weapons of mass destruction,...)

Source: <http://mapinc.org/drugnews/v03.n1615.a01.html>

US -

Kettle Calling the Pot Black

John Walters claims that Canada "is the only country in this hemisphere that has become a major drug producer." Ignoring the pharmaceutical, liquor and tobacco companies, Mr. Walters should look in his own backyard, literally.

The U.S. House committee held hearings recently in the Sierra Nevada mountains to get a sense of the size of pot production that takes place on public land. In California's national forests and Interior Department property, over 500,000 cannabis plants were siezed last year. Over 40,000 poppies were discovered in Sierra National Forest alone. And these were the plants they found - they estimate that they only find about one-third to one-half of all cultivation sites, at best. California Rep. Devin Dunes put it simply: "We've had more drugs found on our public lands than on most other public lands in the country."

Source: <http://mapinc.org/drugnews/v03.n1574.a10.html>

Bill C-38: Before anyone complains about the proposed cannabis decriminalization bill, Bill C-38, read it. Contrary to media and/or anti-drug propaganda, the bill is a token tip of the hat to the cannabis user but imposes much more severe penalties for cultivation. With the sole exception of a 'ticket' issued for small amounts of cannabis (10 or 15 gr.) and no criminal record, the bill is more punitive than previous legislation. How bad? Up to 14 years in prison if caught growing over 50 plants.

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 Marihuana
<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>

"Laws do not persuade because they threaten."

- Seneca, A.D 65