# VICS Newsletter



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# News and information on medical cannabis

## Medical Cannabis News:

#### Canada - Health Canada's Vision is Seriously Impaired

The most recent Office of Cannabis Medical Access (OCMA) stakeholder's meeting that took place on Feb. 18 in Ottawa ended for some with a whimper rather than a bang. Hopeful medical cannabis advocates and health care providers, and other stakeholders, were treated to Health Canada's version of the future of medical cannabis in Canada, and it doesn't include the compassion clubs in their licencing and distribution plan.

According to Philippe Lucas of the VICS and Canadians for Safe Access, the not bad news is that the legal cannabis process under the OCMA is slowly getting to the point where a doctor's recommendation will be enough to access cannabis, although groups like the Canadian Medical Association are still opposed to the MMAR. Also, Health Canada (HC) is looking to sign on one other grower by the end of the year - it has been suggested that HC wants to make two strains available in pharmacies across Canada to medical cannabis users, similar to the Dutch model.

The not good news is 1) HC wants to disclose the names of all MMAR licencees to the police, and 2) HC is threatening to eliminate all production licences, forcing all legal users to use federally-supplied cannabis.

Issue number one is a result of pressure from police organizations. It ignores rights to privacy and places policing concerns over Canada's legal users.

Issue number two is hard to understand if a patient's well-being is truly important. What is to be gained by forcing exemptees to use a poor-quality, potentially dangerous (e.g. heavy metals) product?

And finally, the issue of compassion clubs. Although representatives of some Canadian clubs were invited to the meeting, and have actively solicited HC to be allowed to be part of the legal process, it is clear that HC has no plans to ever licence, regulate or legalize compassion clubs. When asked if HC could see a role for the clubs within the MMAR, they stated that they couldn't (although a club could make a proposal to grow when the RFP for the second grower is issued).

When Philippe Lucas pressed and asked why HC was not interest-

ed in developing a more cooperative relationship with the clubs, the reply was that the clubs will not be considered because they are "illegal".

When pointed out that clubs could be legal at the discretion of the Minister of Health, Beth Pietersen of the OCMA stated that licencing the clubs would violate our "international obligations". Since the production and



distribution of a controlled substance is exempt from the UN Single Convention if for medical purposes, Health Canada's obstinacy amounts to nothing more than delay tactics while they operate an inadequate program that does little to aid sick Canadians, all paid by you and me, the taxpayer.

Is it any wonder the majority prefer to use compassion clubs?

Correspondence from Philippe Lucas, VICS/Canadians for Safe Access, Feb. 23, 2004.

#### US - Oakland Compassion Clubs

The city of Oakland, CA, is considering a measure that would regulate and limit medical cannabis clubs. Oakland has seen a renaissance lately in the downtown core with several establishments opening up to supply medical pot. However, not all are rigorous in ensuring that only legal card-holders are buying their product.

The proposed measure would: require the police to make permitted clubs a low priority; require clubs be non-profit; prohibit operation within 300 m of a school, library, youth center, residential zone, another dispensary or recreation facility; no consumption on premises; limit the number of clubs to four; set up a system of fees and permits for the clubs; forbid people with arrest records from working at the clubs.

Members of the Bay Area medical cannabis community agree in principle with the measure, but have problems with a few points, particularly that of proximity. As it stands, the measure would virtually wipe out the neighbourhood called 'Oaksterdam' where many clubs exist because of the proximity of a "youth center". And limiting the number of clubs to four seems too arbitrary considering the population. The provision prohibiting people with arrest records is very irksome and could prevent knowledgeable and experienced care givers from providing help.

One council member supports the regulation but feels that it was hasty and needs improvement. Speaking to DRCNet, she stated that the amount of allowable cannabis is lower than an earlier city decision, the proximity limitations are onerous and four dispensaries are not enough. The ban on smoking will probably remain, but it may not prevent other forms of cannabis from being consumed on site.

Source: 'Oakland to Regulate "Oaksterdam" Cannabis Dispensaries', http://www.mapinc.org/drugnews/v04.n216.a12.html

# Fill the Hill 2004

Freedom March on Parliament Hill, June 5, 2004, 1 - 5 pm
'Fill the Hill 2004', the largest drug reform rally in Canadian
history, will feature a broad cross-section of Canada's leading
political actors and activists in the fight for a sensible drug policy.
A website in support of the rally has been launched at
http://fillthehill.ca/

## **Drug-Related Arrest Statistics for 2002:**

Statistics Canada has released the latest statistics on drug-related arrests in Canada for 2002.

"The police-reported drug crime rate has risen an estimated 42% since the early 1990's and now stands at a 20-year high," the agency said. Most of the incidents involved cannabis.

If one looks a little farther back in time, however, the data also shows that the number of drug arrests per capita was highest most recently in 1980 and 1981. In 2002, the Canadian average rate of drug-related incidents was 295 per 100,000, while in 1980 and 1981 it was around 300 per 100,000. A more accurate statement would say that arrests (read as police enforcement) are back to 1980 levels.

Of the almost 93,000 drug-related incidents in 2002, 75% of all arrests were cannabis-related. Roughly 62,000 arrests were for drug possession, of which 50,000 were for pot possession - this equates to 54% of all drug-related arrests. Young adults aged 18 to 24 had the highest rate of incidents (860 per 100,000), followed by youth aged 12 to 17 (645 per 100,000). After these two groups, offence rates tend to drop off with age.

The cannabis offence rate has risen roughly 80% between 1992 and 2002, largely the result of increased numbers of possession charges. Conversely, trafficking offences declined over the same period.

British Columbia had the highest cannabis offence rate among the provinces, followed by Saskatchewan and New Brunswick. Among metropolitan areas in 2002, the highest rates of police-reported drug offences were in Thunder Bay (?), Vancouver, and Victoria. In certain respects, the latest stastistics reveal that the number of drug arrests are not necessarily a function of the numbers of incidents, but rather a reflection of the level of police enforcement in a particular community. And, given that criminalization does not stop people from using cannabis, no matter where one lives in our vast country, why is any community higher than another? Why is Thunder Bay at the top of the list?

Roughly 1% of all cannabis smokers are caught, yet virtually everyone found guilty of pot possession continues to use it. It could be that the increase in arrests come merely from shaking the tree a bit harder, not necessarily because there are more pot smokers per capita. Some police forces have commented that they have backed off on arrests for simple pot possession. The latest statistics, from their own sources, don't always bear this out.

Source: 'The Daily, Monday, February 23, 2004 - Trends in drug offences and the role of alcohol and drugs in crime', Statistics Canada, http://www.statcan.ca/Daily/English/040223/d040223a.htm

# <u>IACM News</u>: (http://www.cannabis-med.org/)

**UK/Switzerland** - In Jan. 2004, it was reported that cannabis was blamed as cause of death of a 36 year old British man. A Swiss expert, however, has reviewed the toxicological data and autopsy report and found that Lee Maisey's sudden death was not due to cannabis. Dr. Rudolf Brenneisen, a professor at the department for clinical research at the University of Bern, said that the data was "scanty and not conclusive" and that the conclusion death by cannabis intoxication was "not legitimate".

The UK toxicology report stated that Mr. Maisey's blood contained 130 nanograms per millilitre (ng/ml) of the THC metabolite THC-COOH. According to experts, this is a moderate concentration which may be observed some hours after consuming one or two joints. Heavy regular use results in THC-COOH concentrations above 500 ng/ml. Mr. Maisey smoked up to 6 joints a day for 11 years but it was observed that many people use much more cannabis than Mr. Maisey did, but without negative consequences.

## Hemp Ruling in US:

A federal appeals court ruled on Feb.6, 2004, that the United States cannot ban the sale of food made with natural hemp that contains only trace amounts of psychoactive properties. The decision overturns the Drug Enforcement Agency's (DEA) October 2001 ban on the sale of hemp food products.

"They cannot regulate naturally-occurring THC not contained within or derived from marijuana," the court ruled, noting it's not possible to get a buzz from true hemp.

Over 200 companies had challenged the DEA ban and they applauded the court's decision. "It validates what we've been saying all along, that hemp foods have nothing to do with the drug war," said David Bronner, president of of Dr. Bronner's Magic Soaps and chairman of the Hemp Industries Association food and oil committee. "Now we can concentrate on marketing a tremendous nutritional product without the government out there harassing the marketplace."

Source: "Hemp Ruling Hailed: Court Rules DEA Cannot Regulate Food", Feb. 10, 2004, http://www.mapinc.org/drugnews/v04.n240.a03.html

## **Unconstitutional Phone Taps:**

A judge in Prince Rupert has concluded that a section of the Criminal Code allowing investigators to track phone numbers is unconstitutional. Justice Douglas Halfyard ruled the section of the code that lets police apply for a warrant to record all the phone numbers dialed from or to a suspect's home phone is too great an infringement on a person's protection against unreasonable search and seizure.

The section in reference allows a police officer to obtain the warrant based on a reasonable suspicion of an offense, while other forms of searches require the reasonable belief that a crime is being, or will be, committed.

The ruling is significant because the so-called dial number recorder is the first step police use to monitor a suspect's phone. In it, Halfyard said people have a reasonable expectation that the people they talk to on their home phones qualifies as private information and that this expectation is protected by Section 8 of the charter against unreasonable searches.

The judge rejected the Crown's argument that because a dial number recorder is less obtrusive than most other searches, a lesser standard is needed.

The overzealousness of the police also played a part in the decision. The wiretaps included conversations from people who had

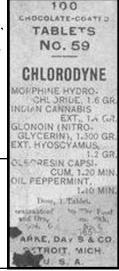
simply phoned the telephone number in question but not spoken to the person named in the wiretap warrant. Some people, after calling the people named in the warrants, had their own phones tapped. One of the tapped phones was not even a suspect yet police listened for more than a month.

It is unknown at this time whether the Crown will appeal.

Source: "Police Use of Phone Records 'Unconstitutional' ", http://www.mapinc.org/drugnews/v04.n283.a01.html

#### **Chocolate-coated Medicine**

Parke Davis Chlorodyne, circa early 1900's, contained morphine, Indian cannabis, nitroglycerin, hyoscyamus, capsicum and peppermint. And coated with chocolate... Yum, pass the pillow.



## Cannabis Basics - An Introduction

Hemp, or cannabis, is believed to have originated from Central Asia. Hemp products have been used for medicinal purposes around the world for over 6000 years.

Today it is found everywhere, being produced outdoors or indoors. So few other medicinal plants are as widely distributed and consistently used in medical systems.

Hemp is a plant with many uses:

- food and valuable oil source
- female flowers produce inebriating resin used both as a medicine and an aphrodisiac
- roots are used medicinally
- pastes and beverages are derived from the leaves
- stem provides strong, durable fibers
- raw material for shamanic objects

It is a plant of few needs; it does not leach nutrients from the soil, and can be beneficial to other plants growing in its vicinity.

The botanical and taxonomic history of hemp is "as bewildering as the legal situation surrounding its cultivation and use". While Arabic physicians (the "Fathers of Botany") and other taxonomists all recognized numerous varieties of hemp, modern botany, until very recently, held the view that there was only one species of hemp - Cannabis sativa L. - notwithstanding local variations.

Fiber, or 'useful', hemp is often distinguished from East Indian hemp, the 'narcotic' variety that is prohibited and subject to prosecution. During the course of botanical history, 12 different species names have been published, but recent research indicates that there are only three valid species:

- 1. Cannabis sativa Linnaeus 1737 fiber hemp. Plants can grow to 5 to 6 metres in height, have a thick, fibrous stem, few branches and open foliage. The quantity of psychoactive substances is usually very low, sometimes approaching zero. It has also been proposed that this species be divided into five subspecies and varieties, including Cannabis sativa indica, very rich in cannabinoids, and Cannabis sativa var. indica, characterized by very small fruits. (however, it is not a good idea to propose an indica subspecies as well as a variety)
- **2.** Cannabis indica Lamarck 1783 Indian hemp. Plants grow to 1.2 metres, are very bushy, have less fibrous stems, and have more dense branches and foliage. Psychoactive content is high.
- **3.** Cannabis ruderalis Janischewsky 1924 ruderal hemp. Plants are very small (0.6 m), with a thin, slightly fibrous stem and few branches. Leaves are relatively large, with a range of psychoactive substances

Cannabis belongs to the Cannabaceae (hemp-like) family, a subdivision of the Moraceae (mulberry) family. Cannabis' closest relative, hops, *Humulus lupulus* L., also belongs to the Cannabaceae family.

All hemp species are dioecious, producing distinct male and female plants; there are also hermaphrodites. Males are typically smaller and exhibit less branching than the female. Female plants yield stronger fibres, higher amounts of psychoactive substances and, unlike males, produce nutritious seeds.

All hemp species and varieties are variable and can be crossed, and selective breeding can significantly increase the amount of psychoactive substances.

Source: "Marijuana Medicine, A World Tour of the Healing and Visionary Powers of Cannabis", Rätsch, Christian, translated by John Baker. 2001. Healing Arts Press, Vermont, USA.

An average Japanese citizen can expect to live to 80; a citizen of Sierra Leone in Africa can barely expect to reach 37 years.

## Drug Stigma and Pain:

Cultural drug stigma prevents some people suffering from chronic pain from choosing alternative medicines or procedures.

A UBC clinical professor, Dr. Romayne Gallagher, surveyed 68 dying patients at palliative care centres in Kelowna and Vancouver, and found that the stigma attached to cannabis keeps seriously ill patients from taking advantage of medicinal benefits of the drug.

The survey showed that these patients worried that smoking marijuana could damage their lungs, be illegal or cause addiction. They were also worried about the impact cannabis smoke might have on family members.

Morphine also has an enduring stigma; even though palliative patients are dying in a lot of pain, they are concerned about the issues surrounding drug use, such as opioid addiction. Often, their fears reflect the apprehension of the physician prescribing it.

"What's frustrating for patients is that the physician's apprehension makes them feel they have to justify that they are in pain all the time," said Dr. Gallagher. "A general physician might not be comfortable prescribing an opioid, and the patient is humiliated because he(she) had to keep justifying that he(she) really was in pain."

Public education would help to decrease the stigma associated with cannabis use for medical purposes, she said. "What this study taught me is that we still need to do lots of public education about the stuff we have, which works quite well. People who get the best benefit from cannabis say it's wonderful, that they're getting good pain relief and that they're not stoned. I have used it in patients, most with non-cancer illnesses in non-palliative situations, like multiple sclerosis."

She said physicians must pay more attention to pain management. "A lot of chronic patients feel subconsciously bad about taking pain medication, and it's kind of reinforced by physician bias. Would they feel that way if the patient were asking help with antihypertensives?"

Source:

'Your Bias May Be Keeping Pot From Pain Patients', http://www.mapinc.org/drugnews/v04.n229.a05.html, and IACM-Bulletin of Feb. 15, 2004, found at http://www.cannabis-med.org/

#### **Definitions:**

**cotyledon** *n.* primary leaf in embryo of higher plants, seed-leaf; plant of genus *Cotyledon*, e.g. pennywort; hence ~ARY, ~OUS, adjs. [ Latin, = pennywort, from Greek *kotuledon* cup-shaped cavity (*kotule* cup) ]

(The Concise Oxford Dictionary, 7th ed., 1983)

**dicotyledon** *n*. flowering plant having two cotyledons; hence ~OUS a. [ from modern Latin *dicotyledones* ] (ibid.)

**laugh** *v.* & *n.* 1. *v.i.* make the sounds and movements of face and body by which lively amusement, sense of the ludicrous, exultation, and scorn, are instinctively expressed; have these emotions; ~ in person's face, show open contempt for him; ~ in or up one's sleeve, be secretly amused; don't make me ~, (colloquial, ironic) that is ridiculous; ~ on the other or wrong side of one's face or mouth, change from joy or amusement to sorrow or vexation; he ~s best who ~s last (warning against premature exaltation),...... (ibid.)

**shabby** *a.* contemptible, paltry, dishonourable, (played me a shabby trick); niggardly, mean; faded, worn, threadbare, dilapidated, poorly dressed; of poor quality, in bad repair or condition,... (ibid.)

## Cannabis News:

#### Canada - Cannabis Bill Reintroduced, Final Reading March 8th

Once again, the federal Liberal government is introducing a bill to amend the Contraventions Act and the Controlled Drug and Substances Act with respect to marijuana.

Similar to last year's bill C-38, Bill C-10 proposes to decriminalize possession of small amounts of cannabis and typically punish offenders with a fine; as before, it also levies punishment for larger grow operations. Although Paul Martin had suggested that any future cannabis bill would decrease the decriminalized amount, the reinstated bill does not lower it. Considering that Mr. Martin has stated that he wishes to strengthen the relationship with the US, this latest bill should produce some confusion, and not just in American circles. Some of the proposed amendments and pertinent sections follow. Under the Contraventions Act:

- police are prohibited from sharing information with foreign governments or agencies about Canadians caught with small amounts of cannabis. This arose because it was felt that police would be more inclined to ticket under the new scheme, which in turn would mean more people listed on a police database that could be accessed internationally and possibly end up restricting or impacting their international travel. Interestingly, BC is one of a few provinces that have not signed on to the federal Contraventions Act and this could be interpreted to mean that Bill C-10 will not be applicable in BC.

Under the Controlled Drug and Substances Act:

- guilty of simple possession with a gram or less of cannabis resin (i.e. hashish) will result in a fine of not more than \$300 if an adult (\$200 if a youth); possession with 15 grams or less of cannabis will result in a fine of not more than \$150 if an adult (\$100 if a youth); possession with a gram or less of cannabis resin (i.e. hashish) or 15 grams or less of cannabis when either driving, committing an indictable offence, or in or near a school (attended by under 18 year olds) will result in a fine of not more than \$400 if an adult (\$250 if a youth); possession with between 15 and 30 grams of cannabis will result in a fine of not more than \$300 if an adult (\$200 if a youth).
- guilty of producing three or less plants will result in a fine of not more than \$500 if an adult (\$250 if a youth); guilty of producing between 4 and 25 plants will result in a jail term up to 5 years, or a \$25,000 fine and/or 18 months in prison; guilty of producing between 26 and 50 plants will result in a jail term up to 10 years; guilty of producing between over 50 plants will result in a jail term up to 14 years.

The bill has passed second reading in the House of Commons with 142 For and 84 Opposed. The next, and final, vote is to take place

on March 8th, at which point the Bill could be approved. Sources: Bill C-10, First Reading, February 12, 2004; and "New pot bill keeps convictions secret from police in U.S.", Times Colonist, Feb. 13, 2004

#### Justice Favours Legalization of Cannabis

Justice Stephen Hunter, who presides over criminal court in Belleville, Ont., is supportive of Bill (C-10). He feels, however, that they should go the next step and legalize it.

"Frankly, the more appropriate method would be to legalize it and sell it like alcohol, regulate it like alcohol, tax it like a luxury tax item and take it out of the hands of people who make a profit from criminal activity," said Hunter.

"I think decriminalization is an inadequate compromise, if you will, because what it does, it gives all the wrong messages. If you decriminalize it, who's going to supply the product?" Keeping it illegal forces people who use it to associate like criminals, he said. Studies show that roughly 30% of the population have used cannabis, and he doesn't believe that legalization or decriminalization will increase use. He feels that part of the reason the Liberal government is not introducing legalization legislation has to do with political pressure from the US.

Furthermore, he believes it is "entirely improper" to give people criminal records for small possession when alcohol is legal. Hunter doesn't argue that cannabis is a harmless drug, and acknowledges many people feel it shouldn't be decriminalized, but said that we have to look at whether society is being consistent or hypocritical by having alcohol legal. Society needs to consider whether there are better ways to deal with the issue, such as by controlling and regulating.

Hunter has dealt with his share of intoxicated people but it is the violence that causes him to reflect on the dangers of cannabis. "People can get addicted to all kinds of things, and people can abuse almost any drug, including coffee, that you've got out there. But the bottom line is, in my view, what I see in court, it's not nearly as bad a drug as alcohol. Not in terms of the the amount of crime you see connected to it, not in terms of the issue of impaired deaths that are caused .... none of that is attributable to marijuana the way it is to alcohol."

Adding that it is only his opinion, Hunter said, "My debate issue for legalization of marijuana is simply the fact that you take it out of the hands of the people who profit from criminality and put it into a regulatory scheme where you're recovering tax on a huge underground economy."

Source: 'Justice Hunter Favours Legalization of Marijuana', http://www.mapinc.org/drugnews/v04.n285.a05.html

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#### 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/

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