

VICS Newsletter



Volume #2
Issue #4
December 2004

News and information on medical cannabis

Medical Cannabis News:

Canada - Medical Cannabis Pharmacy Pilot Project Proposed for BC by Spring 2005

Pharmacists Glenda MacDonald and Robin O'Brien, directors of Vancouver's Pharmacotherapy Consulting Group, are developing a pilot project to allow several BC pharmacists to sell government-grown cannabis to the 144 British Columbians with Health Canada (HC) permission to smoke marijuana.

MacDonald said the pilot project could be running by spring 2005.

"Both our representative bodies, the College of Pharmacists of B.C. and the B.C. Pharmacy Association, are very much in favour of doing this," said MacDonald, adding 80 per cent of local pharmacists support pharmacies distributing medical cannabis.

Catherine Saunders, HC spokesperson, said Health Canada wants to use traditional venues like pharmacies to sell the marijuana grown in the mine at Flin Flon. After user complaints, HC has increased the potency of the cannabis and now supplies only the bud, not the whole plant as before. However, the bud is still ground up to a powdery consistency, making joint-rolling tough for even the most adept.

Saunders said while the Vancouver pilot project could be underway by spring, marijuana will not be available at pharmacies nationwide for at least three years.

Source: Vancouver Courier, Dec. 1, 2004

<http://www.mapinc.org/drugnews/v04/n1716/a03.html>

US - Montana becomes tenth state to legalize the medical use of cannabis



On November 2 a medical cannabis initiative passed by a 62% to 38% margin in Montana, making it the tenth state to legalize the medical use of cannabis in the USA.

Besides Montana, nine other states have laws that effectively protect medical marijuana patients from arrest: Alaska, California, Colorado, Hawaii, Maine, Nevada, Oregon,

Vermont, and Washington. A Maryland law enacted in 2003 protects patients from the threat of jail but does not provide protection from arrest, since even the medical use remains illegal.

Thus nearly three-fourths of Western states now have such laws, while only two of the remaining 37 states have adopted them. This may have two main reasons. First, Westerners are less willing than other Americans to tell their neighbours what they can and can't do. Secondly, it is easier to get cannabis issues on Western ballots because most states in the region allow initiatives.

Across the country, just 24 states allow citizens to put issues on the ballot by petition, bypassing the Legislature. Eleven of those 24 states are in the West.

Two further state initiatives of 2 November were not successful. The Alaska initiative that wanted to decriminalize cannabis use by adults lost by 43% to 57%. The Oregon initiative that wanted to allow registered patients to obtain their medicine from state-regulated dispensaries lost by 42% to 58%. Around the country, additional 17 local cannabis reform initiatives appeared on city or legislative district ballots, and 16 passed. These included a medical marijuana proposals in Ann Arbor, Michigan, and in Columbia, Missouri.

Sources: Associated Press, November 3, 2004, and The Oregonian, November 10, 2004

US - Bill to protect medical marijuana patients introduced into the US senate

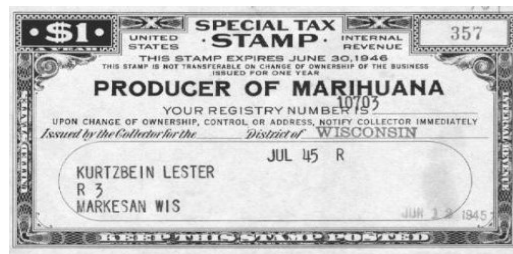
On November 17 Senators Richard Durbin (Illinois), Patrick Leahy (Vermont) and Jim Jeffords (Vermont) introduced the first-ever Senate bill to ensure that jurors of federal court hear the full story when medical marijuana patients and providers, operating legally under state law, are tried on federal marijuana charges.

This bill (S. 2989) is similar to the "Truth in Trials Act", introduced into the House of Representatives last year. This bill was in part inspired by the case of Ed Rosenthal.

In January 2003, Rosenthal was found guilty of illegal marijuana cultivation by a jury that was not allowed to consider that the cannabis was for medical use by seriously ill patients and was grown with the authorization of the city of Oakland, California. When they learned the truth, jurors who convicted Rosenthal publicly repudiated their own verdict and apologized to him, feeling they had been duped into convicting an innocent man.

In his statement introducing the bill, Durbin noted, "This is a narrowly-tailored bill ... Under this legislation, defendants in the ten states with medicinal marijuana laws could be found not guilty of violating federal law if their actions are done in compliance with state law."

Source: Marijuana Policy Project, November 18, 2004



NEW HOURS

The VICs has new operating hours as of December 1st:

Mon - Fri
11 am to 5 pm
Saturday
11 am to 4 pm
Sunday - Closed

Up in Smoke: Three decades after LeDain, a new survey confirms that the 'war' on marijuana is unwinnable

1. *The use of marijuana is increasing in popularity among all age groups of the population, and particularly among the young;*
 2. *This increase indicates that the attempt to suppress, or even to control, its use is failing and will continue to fail -- that people are not deterred by the criminal law prohibition against its use.*
- From the LeDain Commission of Inquiry into the Non-Medical Use of Drugs, Canada, 1972

What is it with the Liberals and pot? Why would a prime minister who has admitted to ingesting his wife's illicit cannabis brownies want to keep arresting Canadians who might choose to do the same thing, when all evidence suggests that prohibition and increased police enforcement criminalizes millions of otherwise law-abiding citizens without ever reducing usage rates?

Insanity, that's why -- according to Einstein, anyway -- but more on that later.

Despite recent moves towards alternative penalties, over the past 10 years the Liberals have overseen a massive increase in cannabis-related seizures, arrests, and spending.

According to the RCMP, cannabis seizures have gone from 5,500 kg in 1995 to more than 21,000 kg in 2003, and from 295,000 plants to 1.4 million over the same period -- an increase of more than 400 per cent -- with some police departments now reporting that more than half of their current drug cases involve cannabis cultivation.

According to a recent Statistics Canada report, the rate of cannabis arrests has gone up 80 per cent between 1992 and 2002, to a total of more than 70,000 a year, two-thirds of which are for minor possession. According to the auditor-general, spending on cannabis education and enforcement cost Canadians nearly \$340 million in 2000 -- a number that has only gone up over the past four years.

Now that Canada arrests more people per capita for cannabis crimes than any nation in the world other than the U.S., one would hope to see a reduction in the rates of use, but results from the Canadian Addiction Survey (CAS) released today reveal that quite the opposite is true.

Over the 10 years since the last national survey was conducted in 1994, cannabis use in Canada has risen dramatically, with 44.5 per cent of Canadians over the age of 15 reporting that they have tried cannabis, up from 28.7 per cent in 1994.

The biggest rise was seen in 18-24 year olds, where use rates doubled from 35 per cent in 1994 to nearly 70 per cent today. Total reported use over the past year also nearly doubled, rising from

7.4 per cent to 14 per cent, meaning that more than three million Canadians used cannabis over the past 12 months.

A few weeks ago our cigarette-smoking minister of public safety, Anne McLellan, displayed her usual tact and grace by calling Canadian cannabis users "pretty stupid."

On behalf of the 44 per cent of Canadians who have tried cannabis -- including the likes of literary icon Pierre Berton and our aforementioned PM -- I demand an apology. This assumption is not only offensive but, according to the new CAS survey, it's just plain wrong.

One of the study's most interesting revelations is that the rate of lifetime cannabis use increases significantly in conjunction with both higher education and income -- rising from 34.9 per cent among those without a high school degree, to over 52 per cent among Canadians with some post-secondary education and from 42.9 per cent of those with low income, to 54 per cent of those reporting a high income.

In other words, Minister McLellan, the smarter and more successful you are, the more likely you are to use cannabis; or is it vice-versa?

The results of the CAS survey will inevitably provoke cries from prohibitionists to further increase both enforcement spending and the penalties around cannabis use and production.

Einstein once defined insanity as doing the same thing over and over again and expecting different results, yet this all too accurately describes the madness of our federal cannabis policy over the 30 years since the report of the LeDain Commission.

Perhaps it would serve to remind both Paul Martin and Anne McLellan that the 42 per cent of Canadians over 15 who have tried cannabis -- and who remain potential targets for either high fines or imprisonment under Bill C-17 -- are considerably more numerous than the 36.7 per cent of voters who voted for the Liberals in the last election.

As the data from the CAS survey suggest, it's time that we stopped waging this unwinnable, unpopular war on cannabis, and put an end to the potential criminalization of the nearly 15 million Canadians who have tried it.

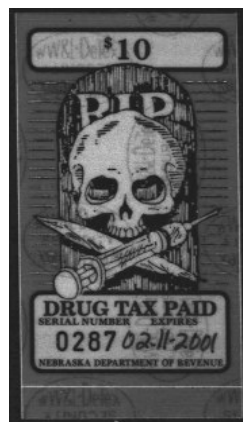
Legalizing and taxing the adult use of cannabis may finally allow our nation to focus our resources on the many real problems we face, chief among them being the unending flow of inane comments from McLellan. As the wise man once said, "stupid is as stupid does," and you can put that in your pipe and smoke it.

Source: Vancouver Sun, Wednesday, November 24, 2004, by Philippe Lucas of Canadians for Safe Access and the Vancouver Island Compassion Society

AIDS Funding Crisis Looms:

AIDS Vancouver Island is struggling to meet the current needs of its increasing client base, never mind provincial health goals. The non-profit organization dealing with HIV/AIDS prevention, treatment and support services receives most of its funding from Vancouver Island Health Authority (VIHA) and **it has not had an increase in funding or staff since 1993.**

Considering that each day in BC one or two people contract HIV, and that each new HIV/AIDS infection costs up to \$225,000 in direct expenses and up to \$1 million in indirect costs, the role that groups like AIDS V.I. play can offset greater expenses down the road. Although HIV/AIDS may not be as 'sexy' a topic these days and groups must compete with many other fundraising efforts, we hope that funding can be found pronto (how about yesterday?).



Food Service Update: Steven Palmer, a disability advocate who won the right to have a choice of home delivery meal providers, informed us that anyone on Long Term Care disability, e.g. home support, is eligible for this food service option as well. Early feedback is that the alternate provider supplies decent, affordable meals with a varied menu. Thanks Steven.

**The VICS wishes everyone a Happy Winter Solstice and safe New Year!
Thanks to all who have contributed to our legal fund.**

IACM Bulletin November:

THC and Multiple Sclerosis -

Three clinical studies on the effect of THC and cannabis in multiple sclerosis were published in the August edition of the journal *Multiple Sclerosis*. The trials by Wade et al. (2004) from Oxford and of Brady et al. (2004) from London used a cannabis extract spray and the Swiss study of Vaney et al. (2004) were conducted with a capsulated cannabis extract.

The Swiss study with 57 patients, who received a daily dose of 15-30 mg THC, showed a reduction of spasm frequency and improvement of mobility in those 37 patients who received at least 90 per cent of maximum dose. Authors concluded that the extract "might lower spasm frequency and increase mobility with tolerable side effects in MS patients with persistent spasticity not responding to other drugs".

160 MS patients with one of the following symptoms were included in the study by Wade et al. (2004): spasticity, spasms, bladder problems, tremor or pain. They received daily doses of 2.5-120 mg THC. Following cannabis extract the primary symptom score reduced non-significantly from mean 74 to 49 and from 74 to 55 following placebo. Spasticity scores were significantly reduced. Brady et al. (2004) investigated the effect of cannabis on 21 patients with bladder dysfunction, of whom 15 completed the study. Urinary urgency, the number and volume of incontinence episodes, frequency of bladder emptying and nocturia all decreased significantly following treatment.

(Sources: Vaney C, et al. *Mult Scler* 2004;10(4):417-24; Wade DT, et al. *Mult Scler* 2004;10(4):434-41; Brady CM, et al. *Mult Scler* 2004;10(4):425-33.)

Cannabis and pain -

The study by Berman and his colleagues on 48 patients with neuropathic pain from damage of the brachial plexus already published as an abstract in the journal *Anaesthesia* in 2003 was now published as an article in the journal *Pain*. Patients had received two different cannabis extracts in a double-blind crossover trial consisting of three 2-week periods. Both extracts decreased pain and improved sleep. The effects were moderate although mostly statistically significant.

(Source: Berman JS, et al. *Pain* 2004; 112(3):299-306)

Endocannabinoids and pregnancy -

British researchers found that levels of anandamide, an endocannabinoid rise sharply in a pregnant woman's body when she is about to go into labour. The scientists believe the finding may help to identify women at risk of giving birth prematurely. It may also help to explain why smoking cannabis is linked to a greater risk of premature labour. The mean anandamide levels in blood plasma of pregnant women were 0.9 nanomol in the first three months and 0.4 nanomol in the following six months. During labour, anandamide levels rose 2.5 nanomol in plasma.

(Source: Habayeb OM, et al. *J Clin Endocrinol Metab* 2004;89(11):5482-7)

Stress -

New research shows that endocannabinoids or the augmentation of endocannabinoid concentration may serve as a novel approach to the treatment of anxiety-related disorders. Endocannabinoids reduce stress-induced activation of a functional unit called hypothalamic-pituitary-adrenal axis. Cannabinoids that bind to the CB1 receptor reduced blood corticosterone levels in stressed mice while a CB1 receptor antagonist increased corticosterone levels.

(Source: Patel S, et al. *Endocrinology* 2004;145(12):5431-8)

[find out for yourself at: <http://www.cannabis-med.org>]

Shiatsu Now Available at the VICS:

Shiatsu is now being offered at the Vancouver Island Compassion Society through the Quan Yin Clinic. Chris Hawkins, the new Guest Shiatsu Practitioner at the VICS, has received training in both Zen and Namikoshi Shiatsu, and holds a Diploma of Acupressure with a specialty in Shiatsu. Chris is offering his services at a greatly reduced rate (\$15 / 30min, \$25 / 60min), exclusively for members of the VICS.

Literally translated as "finger pressure", Shiatsu is a traditional Japanese healing art based on age-old Asian medical principles. Shiatsu Therapy combines pressure techniques, stretches, and joint rotations, improving overall health by depressing the sympathetic nervous system (fight or flight response) and stimulating the parasympathetic nervous system (rest and digest response). Shiatsu encompasses the belief that "Ki" (pronounced "Ch-ee"), or life energy, flows through the body along channels called meridians. Blockages of energy along these channels cause organ imbalances, leading to ill health, fatigue, difficulty coping with stress, a compromised immune system, impeded circulation of bodily fluids, and an accumulation of waste in the muscles. Shiatsu helps to clear these blockages, thereby facilitating the flow of "Ki" energy, raising vitality, and increasing resistance to disease. In short, Shiatsu helps restore the body to its natural state of balance.

Shiatsu has proven effective for many conditions, including Anxiety, Carpal Tunnel, Chronic Pain, Depression, Digestive Disorders, Edema, Fibromyalgia, Frozen Shoulder, Headaches, Migraines, Golfer's Elbow, Hypertension, Insomnia, Nerve Pain, Panic Attacks, Post-Traumatic Stress, Sciatica, and more.

For more information or to book an appointment, please phone 381-8427, or come down to VICS to speak with Chris in person, Wednesday to Saturday.



"We give rights to corporations so why shouldn't trees have a standing before law?"

-- Paul Watson
(food for thought)

Definitions:

loquacious *a.* talkative; (of birds, water) chattering, babbling; hence or cognate ~LY *adv.* ~NESS, loquacity, *ns.* [Latin *loquax - acis (loqui talk)*]
(The Concise Oxford Dictionary, 7th ed., 1983)

mellifluous *a.* (Of voice, words) sweet as honey; so MELLIFLUENCE [Middle English from Old French *melliflue* or from Late Latin *mellifluus (mel honey, fluere flow) + -OUS*]
(*ibid.*)

pooh-pooh *v.t.* express contempt for, ridicule, dismiss (idea etc.) scornfully. [reduplicated of POOH, expressing impatience or contempt] (*ibid.*)

rehabilitate *v.t.* restore to privileges, reputation, or proper condition; restore to effectiveness or normal life by training (especially after imprisonment or illness); hence ~ATION. [from medieval Latin *re(habilitare (as ABILITY))*]
(*ibid.*)

Cannabis News:

Canada - Senior Smoker Receives Absolute Discharge

A 70 year-old woman who was arrested last summer for smoking in public received an absolute discharge in Hamilton on Nov. 18.

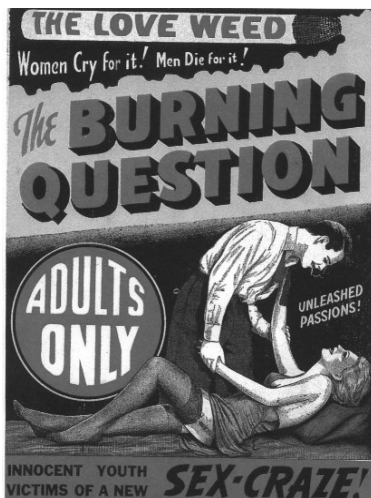
Jean Cooper was arrested last August after three uniformed officers walked into the Up In Smoke Cafe, a cannabis-friendly establishment on King St. in Hamilton where smoking is allowed.

Cooper said she wasn't surprised about the way the case turned out, saying that any judge with a lick of sense and an ounce of compassion would have done the same. Cooper had a doctor's note for the use of cannabis for medical purposes but did not have a Health Canada license to possess.

Ontario Court Justice Richard Jennis said the woman's age, health and early guilty plea were all reasons to grant an absolute discharge.

Source: Toronto Sun, Nov. 19, 2004

<http://www.mapinc.org/drugnews/v04/n1640/a03.html>



Cannasat Makes Play for Medical Pot:

Cannasat Pharmaceuticals, a new company whose "aim is to develop, produce and market a variety of prescription medicines derived from the plant *Cannabis sativa*", has announced its presence but little else at the moment.

Backed by Moses Znaimer - founder of MuchMusic, CityTV, and various other cultural forays - Cannasat has recruited the likes of Alan Young, a high-profile lawyer who's made a name for himself defending medical and recreational cannabis users in the courtroom. Members and activists of the medical cannabis community have also jumped on board.

Why now? Health Canada (HC) has recently announced that the Designated Producer License (DPL), issued to an individual to legally grow cannabis for a person with a Health Canada cannabis possession license under the MMAR, will be revoked in 2007, effectively making Health Canada's cannabis the only legal option. As well, the contract HC entered into with Prairie Plant Systems to grow cannabis for the MMAR is up for renewal soon. Plus, future distribution of HC cannabis is being proposed through pharmacies (see related story on front page).

It's not surprising, therefore, to find compassionate folks who want to show HC how it's done, backed with experience, knowledge and money. However, while it may be a good thing that a company with experience in cannabis-related issues could be in charge of medical-grade cannabis production for ill Canadians, we hope that ALL efforts will be made to ensure the production of the highest quality medicine in the safest conditions, regardless of who wins the contract. After all, aren't these efforts being made in the interests of sick Canadians? (and there are still nagging questions regarding HC procedures, such as irradiation of the their cannabis before public release)

It's too early to tell, however, since Cannasat has not held a press conference or issued a public statement, and their website (www.cannasat.com) consists of only one page with a very brief statement. We'll keep you posted.

Source: Frank Magazine, Nov. 29, 2004

<http://www.mapinc.org/drugnews/v04/n1702/a02.html>

Find our newsletter online at <http://www.thevics.com>

Belgium - Cannabis law reform revoked

The reform of the drug law approved by the Belgium parliament in March 2003 was revoked because its wording was too imprecise. The reform legalized the possession of cannabis for private use by adults so long as this did not cause public molestation and would not lead to problematic use. The State Council revoked the reform because the terms "public molestation" and "problematic use" were defined too imprecisely.

The Belgium court of justice had criticized the terms as blurred and source of legal uncertainty.

(Source: <http://www.guidesocial.be> October 22, 2004)

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Did you know that cannabis has **66 known cannabinoids**? Cannabinoids are the most distinctive and specific class of compounds known to exist only in the cannabis plant and, hence, their name. Several subclasses of cannabinoids have been identified: cannabigerol (CBG) type, cannabichromene (CBC) type, cannabidiol (CBD) type, delta-9-tetrahydrocannabinol (delta9-THC) type, delta-8-tetrahydrocannabinol (delta8-THC) type, cannabinol and cannabiniol types, plus several others.

A total of **120 terpenes**, responsible for the flavour of cannabis, have also been identified.

RESOURCE DIRECTORY:

AIDS Vancouver Island

1601 Blanshard, 384-2366

Hep-C Society of Canada

219-2750 Quadra, 388-4311

MS Society

1004 N.Park, 388-6496

V.P.W.A.

330-1105 Pandora, 382-7927

Law Centre

388-4516

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>

"The worst sin towards our fellow creatures is not to hate them, but to be indifferent to them. That is the essence of inhumanity." -- George Bernard Shaw