

VICS Newsletter



Volume #2
Issue #7
March 2005

News and information on medical cannabis

Medical Cannabis News:

Canada -

Quebec Court Rules WCB Pay For Medical Cannabis

Ending a three-year legal battle with a precedent decision, the Quebec Workers Compensation Board (WCB) has agreed to pay for the cannabis a man uses to relieve chronic pain.

The Quebec Superior Court ruled the board's tribunal was reasonable when it determined the provincial labour agency must pay for Serge Corbeil's drugs. WCB spokesman Daniel Legault said on Wednesday that it won't appeal the court decision.

Corbeil suffered a back injury in 1981. Surgery allowed him to return to modified work. But he has experienced severe pain since aggravating his injuries in 1986. His doctor confirmed in 1999 that "all efforts to relieve his pain has been tried ... and the use of marijuana could help."

Corbeil was one of the first Canadians to receive a federal exemption through Health Canada's medical cannabis program (then titled 'Section 56 Exemption') allowing him to legally use medicinal cannabis. He requested reimbursement for the drug purchases in early 2002, without success.

The compensation board has said provincial workplace accident laws don't designate medicinal marijuana as medication. However, it does pay for Marinol, a synthetic version of THC, one of the major psychoactive constituents of cannabis. The compensation board's tribunal said the term medication must be viewed broadly, beyond its legal status.

"It is a question of all substances or ingredients that have curing or preventative properties for human illnesses," it said.

The tribunal's decision can only be overturned if there are errors in law. But the court said it wasn't unreasonable that the tribunal considered marijuana to be a reimbursable medication.

Common sense, it appears, has prevailed for once. Hopefully this will resonate across the country.

Source: La Presse Canadienne, Feb. 16, 2005

Non-Profit Medicinal Cannabis Patient Group Threatened Into Silence by Federally Contracted Cannabis Producer

On February 10th, Canadians for Safe Access (www.safeaccess.ca), the nation's largest non-profit medicinal cannabis patients group, was issued a "Cease and Desist" order by the offices of Stevenson, Hood, Thornton, Beaubier, legal representatives for Prairie Plant Systems (PPS), currently the sole federally-contracted producer of medicinal cannabis in Canada. The order by PPS legal representatives claims that a document recently posted on the CSA website titled "Open Letter of Concern for the Health and Safety of Canada's Medicinal Cannabis Community" is defamatory and libelous.

The CSA "Open Letter" - which has been temporarily removed from our website at the advice of our counsel - was an amalgamation

of all the research and information currently available to patients, medical users, advocates and the general public in regards to the PPS/Health Canada cannabis, and it is based on solid facts, hours of research, dozens of patient complaints, and many of the government's own tests of the PPS product. Our hope was that it would serve as a roadmap for both PPS and Health Canada to follow towards a higher degree of consumer safety and satisfaction.

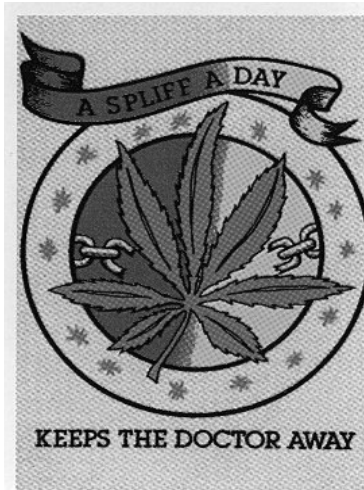
Rather than addressing legitimate patient concerns, PPS has attempted to silence CSA and the medicinal cannabis community through threats of litigation, which is both a violation of our Section 2(b) Charter right to Freedom of Expression, and an indication of the uncompassionate and counter-productive

approach exerted by PPS in the face of long-standing and widespread criticism of its cannabis product.

CSA and our legal representative (David M. Aaron of Shortt, Moore & Arseneault) have contacted the Offices of Minister of Health Dosanjh to demand that this legal threat by PPS - which as a result of its contract with Health Canada is actually an agent of the state in this matter - be immediately addressed and retracted.

This attempt to silence legitimate patient concerns is absolutely unacceptable, and is contrary to the interest of our nation's medicinal cannabis patients, Health Canada, and the public at large. It is our hope that this matter will be quickly resolved by the Minister of Health, and that patient-advocacy groups such as CSA will no longer have to suffer legal intimidation by private seeking to profit from public contracts with the federal government.

Source: Canadians for Safe Access press release, Mar. 1, 2005, www.safeaccess.ca



VICS Newsletter Nominated for Monday Mag Award



Gee, thanks... Considering the sheer talent and level of community involvement found in Victoria, to be nominated is an honour. Congratulations to the *James Bay Beacon*, winner of the best community newsletter.

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IACM Bulletin: www.cannabis-med.org

Germany: Clinical study with Cannabis in Crohn's disease

In Jan. 2005 a clinical study on the efficacy of a cannabis extract in Crohn's disease started at the University of Munich. Crohn's disease is a chronic inflammation of the intestine and many patients are not treated sufficiently with the available medication.

Many patients have reported that they get relief from their symptoms by cannabis products. Basic research by scientists of the Max Planck Institute for Psychiatry in Munich supported this experiences. It demonstrated that the cannabinoid system plays an important role in inflammation of the colon (Massa et al. 2004). A synthetic cannabinoid and endocannabinoids prevented an experimental inflammation of the colon in mice.

Sources: Press release of the University Hospital of Munich, Feb.3, 2005; Massa F, et al. J Clin Invest 2004;113(8):1202-9.

The Netherlands: Lawsuit

The Stichting Institute of Medical Marijuana (SIMM) announced on Feb. 3 that it has filed a lawsuit against the Office of Medical Cannabis of the Health Ministry. The SIMM was one of the two legal providers of medical cannabis for the Office and now believes that the Office of Medical Cannabis has acted unfairly in terminating the contract with the SIMM, leaving Bedrocan the only supplier. SIMM said it made a very large financial investment in order to comply with government standards of producing medicinal cannabis and now has suffered huge financial loss.

Source: Press release by SIMM of Feb.3, 2005

The Netherlands: Medicinal cannabis

The Office of Medicinal Cannabis (OMC) introduced a new medicinal cannabis variety for sales to pharmacies on Feb. 14 2005. The new variety (Cannabis flos, variety Bedrobinol) is produced by Bedrocan and replaces the recently withdrawn variety SIMM 18. It has almost exactly the same strength (approx. 18% dronabinol and approx 0.2% cannabidiol).

Source: Press release of the OMC, Feb. 11, 2005

Science: Protection of cartilage

British researchers reported that certain cannabinoids inhibited the production of nitric oxide in cartilage cells and the degradation of proteoglycan. Proteoglycan plays an important role in the functioning of cartilage. The authors conclude that some cannabinoids may protect cartilage and prevent cartilage resorption.

Source: Mbvundula EC, et al. Biochem Pharmacol 2005;69(4):635-40.

Kubby Gets Appeal Hearing:

Steve Kubby, an American user of medical cannabis who had his claim for refugee status in Canada rejected more than a year ago, says the Federal Court has agreed to hear an appeal of his case on March 24 in Vancouver. Kubby fled to Canada in 2001 to escape a possibly fatal prison stay because he would not be allowed to consume cannabis for his adrenal cancer while serving a 120 day term - denial of this drug for an extended time could kill him. He is now a Health Canada licensee allowed to consume up to 28 grams of cannabis per day.

Source: Jan. 4, 2005, Vancouver Sun

One Tonne Challenge: Climate change is happening and our ravenous demand for energy, especially for cheap and dirtier forms of fossil fuels, is facilitating the process. The federal government wants to motivate individuals, communities and businesses to take action to reduce greenhouse gas emissions by reducing energy use. The goal is to **reduce our emissions by about one tonne per person**, or roughly 20% of our annual emissions.

Your great, great grand-children will thank you. And if we're wrong, well, the energy we save will be there to use in the future. It's not that hard to use less. Just try it for a generation or two. We dare you... Visit www.climatechange.gc.ca/onetonne.

Alaska's Governor Hopes To Re-Criminalize Pot:

Stymied by the courts, Alaska's governor is looking for other ways to toughen Alaska's anti-marijuana laws. Republican Governor F. Murkowski wants state lawmakers to re-criminalize the drug, asking them to consider evidence of the marijuana's dangers that he contends should trump the right-to-privacy rulings.

Alaska is one of 11 states that allows the use of medical cannabis, and possessing small amounts of the drug for personal use is a privacy right protected under the state's constitution and upheld by the Alaska Supreme Court.

The state's marijuana laws have been shaped by 30 years of court decisions and voter referendums.

In 1975, the state Supreme Court made it legal for adult Alaskans to possess a small amount of marijuana in their homes for personal use in the case of *Ravin v. State*. In 1990 a successful voter initiative criminalized all amounts of pot. Then in 2003, the Alaska Court of Appeals reversed that in the case of North Pole resident David Noy. The court said privacy rights guaranteed in the Alaska Constitution cannot be taken away by voters or legislators. The Supreme Court declined the state's request in



September 2004 to reconsider the Noy case, setting the legal possession limit at 4 ounces of marijuana. And in November 2004, a ballot initiative to legalize marijuana and possibly tax it similarly to alcohol and cigarettes failed to pass, with 44% of the vote.

Murkowski's bill would make possession of 4 ounces of marijuana or more a felony and possession of up to 4 ounces a misdemeanor. Current law makes it a misdemeanor to possess up to a half-pound of marijuana.

But most importantly, one of the bill's authors contends, going through the Legislature will allow a weighty body of evidence on the risks of marijuana to be entered into the record. The state can take the record of evidence back to the courts, where such information was missing when earlier rulings were made, said Dean Guaneli, chief assistant attorney general.

The hearings spurred by the bill will allow the state to enter evidence that marijuana poses a threat to public health "that justifies prohibiting its use and possession in this state, even by adults in private," the bill's language says. That way, the courts will be able to look at that evidence the next time the privacy issue is considered in a marijuana case.

Bill Satterberg, the Fairbanks attorney who filed the Appeals Court petition in the Noy case, says the debate has swung from one side to the other, but the appellate court's decision in Noy strikes a balance. Satterberg said he doubts the state's efforts to re-criminalize marijuana are a good use of resources, saying there are better things to do than debate marijuana's effects. The bill, if it passes, would raise police and court costs and make instant felons out many Alaska residents.

However, Satterberg can see the Murkowski bill passing through the Legislature. Lawmakers may be reluctant to be seen as coming out in favour of drugs. "The problem is, it's a mother, God, apple pie thing," he said.

Tim Hinterberger, a University of Alaska Anchorage professor and one of the campaign organizers of the failed initiative to legalize marijuana, said lawmakers should consider that 134,647 voters supported the measure in November.

"I'm hopeful that our legislators are a bit more in tune with the will of the people than that," he said.

Source: Feb. 7, 2005, Anchorage Daily News, www.mapinc.org/drugnews/v05/n248/a04.html

Drug Testing Facts:

Below is an excerpt from "The facts about drug testing in the workplace" by the BC Civil Liberties Association (1996). Call (604) 687-2919 or visit <http://www.bccla.org/> for more info.

Drug testing is a laboratory procedure which looks for evidence of drug consumption by analyzing urine samples. If tested, you must provide a sample in front of an observer to make sure it is not tampered with. Most people find this process highly embarrassing. Samples are sent to a laboratory for analysis, after which the employer is notified of the results.

Supporters of drug testing say it will:

- reduce the demand for drugs in our society
- promote the health and safety of the persons being tested, their co-workers and the public
- ensure maximum productivity and honesty of employees

Opponents of drug testing argue:

- the procedure for providing a urine sample is a degrading invasion of privacy
- the information obtained is unreliable, and the results are often irrelevant to employer's real concerns about drug-related workplace problems
- there are better ways to address these problems, e.g. employee assistance programs and adequate employer supervision

Do employers really need to test their employees for drugs? Not usually. Employees do have a responsibility to make sure that employees do not pose a safety risk to co-workers and the public by being impaired on the job. For example, there would be obvious concerns if airline pilots or snow plough operators were intoxicated or high while working.

A positive urine sample does not prove that an employee was impaired on the job; all it shows is that the employee may have used a drug some time before the test. In most cases, an employer can use other ways to ensure their employees are doing their jobs safely and effectively.

Why should you be concerned about being tested for drugs? Even if you don't use drugs, an error in testing could place you under suspicion. And if you do use drugs recreationally - even if you are never impaired at work - you could be subject to harsh penalties.

Whether or not you use drugs, urine testing can reveal intimate facts about you that your employer has no right to know, such as whether you are epileptic or diabetic, pregnant or under treatment for a heart condition, menopause or depression.

Faces of Compassion:

On Feb. 23 and 26, photographer Stephanie Thanase visited the Vancouver Island Compassion Society (VICS) to capture the "Faces of Compassion". Originally intended to reveal the individual faces of compassion in a composite photograph, Stephanie has added an extra dimension through the use of computer animation that will result in a short video. Morphing the faces into one 'seamless' image, Stephanie hopes to give life to the static images.

Once finished, the video will be accessible through the VICS website at www.thevics.com. There will also be a book format and poster. As well, one lucky member who took part in the photo shoot will win an original print of the "Faces of Compassion".

Thanks to Stephanie for her time, friendliness and expertise, and thanks to all VICS members who took part.

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

Deadly HIV Strain Emerges:

Nature trumps nature. And we're part of nature.

New York City health officials announced Feb. 11 that they had detected a rare strain of HIV in one man whose case they described as particularly worrisome because it merged two unusual features: resistance to nearly all anti-retroviral drugs used to treat infection; and extremely rapid progression from infection to full-fledged AIDS. That combination could signal a new, more menacing kind of infection. It also set off an anxious search to find the man's sexual partners and have them tested.

The infected man, gay and in his 40's, tested negative for HIV in May 2003 but tested positive in Dec. 2004. Investigators believe he may have contracted the virus in October 2004. By January 2005, it became clear that three of the four anti-retroviral drugs used against HIV were not working in his case, and the man exhibited signs of AIDS. The drug cocktails prescribed to patients are no guarantee for survival and some people with HIV still develop AIDS, but that process usually takes years. For this patient to reach that stage in a matter of months is extremely troubling, say doctors.

The true significance of the recent announcement became a topic of heated debate among scientists who study HIV and AIDS. Many felt it was too early to say whether this was something new. Others noted that it was rare to see a rapid decline to AIDS while using anti-retroviral drugs. The New York case may say more about the vulnerability of the infected man's immune system than about the dangers of the virus within his body.

Humans, unfortunately, have very short memories, and AIDS experts and public health officials have long maintained that since the development of anti-retroviral drugs in the 1990s, people have developed a false sense that AIDS no longer poses a significant threat. This has led to a rise in unprotected sex and higher numbers of sexually transmitted diseases like syphilis, chlamydia and lymphogranuloma. A survey in 2003 by New York City's Dept. of Health and Mental Hygiene found that more than half of city residents with multiple recent sexual partners had not been tested for HIV in the previous 18 months, and 40% said that they had not used condoms the last time they had sex.

[As of 2003, 11,510 people in BC tested HIV+]

Source: Feb. 13, 2005, The New York Times

Definitions:

Bohemian *a. & n.* 1. (native or inhabitant) of Bohemia; Czech. 2. socially unconventional (person); person, especially artist or writer, of free-and-easy habits, manners, and sometimes morals; hence bohemian-ISM (2) *n.* [from *Bohemia*+AN; sense 2 from French *bohémien* gypsy]

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

donation *n.* bestowal, presenting, thing presented, gift (especially of money given to institution). [Middle English from Old French from Latin *donatio* -onis (*donare* give from *donum* gift)] (ibid.)

enable *v.t.* authorize, empower, (person to do); supply (person etc.) with means to (do); make possible; enabling act, statute empowering person or body to take certain action, *statute legalizing something otherwise unlawful. [Middle English from EN-+ABLE] (ibid.)

meristem *n.* (Botany etc.) growing tissue of small cells in plants; hence meristem-ATIC *a.* [from Greek *meristos* divisible (*merizo* divide from *meros* part), after *xylem*] (ibid.)

Cannabis News:

Canada: Cannabis Café Owner Found Guilty of Trafficking

The owner of the Cannabis Café in Saint John has been found guilty of two charges of drug trafficking, after a judge rejected the defence that she was running a compassion club. Owner Lynn Wood had argued that her establishment only sold cannabis to members who needed the drug for medical purposes.

In a written decision on Feb. 21, Judge Murray Cain dismissed the argument as a sham, noting, for example, that the café raffled off a bong to mark the end of school.

Courts in Canada have tossed out trafficking charges in several cases (e.g. Montreal and Victoria) where compassion clubs formed to provide medical marijuana to people who had trouble finding it elsewhere. However, Cain said the Cannabis Café didn't live up to guidelines that these clubs set for themselves, such as only selling to members. The trial heard evidence that it sold marijuana to almost anyone, including a 15-year-old high school student.

Wood's defence lawyer, Richard Northrup, said his client was disappointed by the ruling. Northrup said Wood, who runs the Cannabis Cafe with her husband, was simply filling a community need that Ottawa has failed to address.

Ottawa's slow and cautious response to requests for medicinal cannabis became an issue in the trial. One witness said it took him three years to get a permit for medical cannabis from Health Canada, but he still turned to the Cannabis Cafe because of the quality of its product. Several members of the Cannabis Cafe testified they bought marijuana at the operation to ease pain from various medical conditions, and the quality of their lives had been vastly improved.

The defence had said the Cannabis Café's members were required

to produce a doctor's certificate or swear an oath that they had a legitimate medical condition. Also, Wood kept meticulous records of the members and the type of cannabis they found best for their conditions (not unlike some other medical cannabis clubs).

Wood will be sentenced on May 12. The café remains open but says it has not sold marijuana since the Spring 2004 arrest.

Source: Feb. 21, 2005, CBC News, <http://www.cbc.ca/story/canada/national/2005/02/21/cannabis-cafe-050221.html>

Marijuana Party Leader Joins Liberals

Marc-Boris St-Maurice, the former leader of the Marijuana party, says he's joining the Liberal party where he'll have a chance to further the cause of legalizing marijuana.

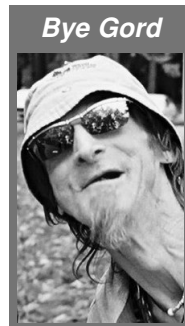
St-Maurice said in a news release on Monday he's now a member in good standing of Martin's party and he will attend the Liberal policy convention in early March to help rally support for a resolution calling for the legalization of marijuana.

He also noted he lives in Bloc Quebecois Leader Gilles Duceppe's Montreal riding and could help the Liberals build their support there. St-Maurice also said he thinks silent supporters of legalization will speak out on the issue when pressed. If any party is going to move toward legalization of marijuana it's the Liberal party, he says, and he wants to help develop policies and programs to address the issue.

St-Maurice led the Marijuana party from its inception in 2000 until 2004.

Source: Feb. 28, 2005, Canoe, cnews.canoe.ca/CNEWS/Politics/2005/02/28/946162-cp.html

This newsletter was nominated for an M award for a few reasons, two of which are: Mary, software facilitator, and Charisma (and staff) at Monks, printing wizardry. Thanks for everything!



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DrugSense

<http://www.drugsense.org>

Canadians for Safe Access

<http://www.safeaccess.ca>

Canadian Cannabis Coalition

www.cannabiscoalition.ca

Canada Medical Marijuana

www.medicalmarijuana.ca

Media Awareness Project

<http://www.mapinc.org>

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1-866-337-7705

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<http://www.normlcanada.org>

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"Honest disagreement is often a good sign of progress."

-- Mahatma Gandhi