

VICS Newsletter



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News and information on medical cannabis

Medical Cannabis News:

UK - MDs Suggest Cannabis For Pain, Survey Finds

A questionnaire study of patients who use cannabis for medical reasons in Britain found 16% do so on the advice of their doctors. The study was conducted between 1998 and 2002 and published in the March issue of the International Journal of Clinical Practice (IJCP).

3663 questionnaires were distributed, 969 were returned. 60.9% of the participants were women, the mean age was 52.7 years.

Cannabis was used by a considerable percentage of patients. People with chronic pain were most likely to use cannabis for medicinal purposes (25%) followed by patients with multiple sclerosis (22%), depression (22%), arthritis (21%) and neuropathy (19%). Medicinal cannabis use was associated with younger age, male gender and previous recreational use of cannabis.

Findings included:

- the majority (68%) said cannabis considerably eased their symptoms. More than a third (35%) of the medicinal cannabis users said they used it six or seven days a week.

- 62% reported that a friend, family members of acquaintances had suggested cannabis, 55% read a book or article about cannabis, 19% were prior users or found out about its benefits by accident and 16% said their physician suggested it.

- the majority (82%) ingested the cannabis by smoking, 43% ate it and 28% made cannabis tea.

- The largest percentage of users (27%) use 1 to 2 grams per day, 7% use 5 to 9 grams per day and 2% use over 10 grams per day.

- 45% of 916 respondents said cannabis worked better than prescribed medication. Of the 872 respondents who answered the question on side effects, 30% said that prescribed drugs were worse than cannabis and 34% said the side effects were much worse than cannabis.

"The results of our UK survey, including the extent of use and reported effects, lend support to the further development of safe and effective medicines based on cannabis," said lead author Dr. Mark Ware of McGill University of Montreal.

"To our knowledge this is the most extensive survey of medicinal cannabis use among chronically ill patients conducted to date. We believe that it presents a broad picture of the current state of cannabis use for medicinal purposes in the UK."

Sources: United Press International of March 17, 2005, Ware MA, et al. The medicinal use of cannabis in the UK: results of a nationwide survey. IJCP 2005;59(3):291

Canada - Tax relief for medical cannabis

Canadians will get tax relief to buy medical cannabis under the federal budget proposed by finance minister Ralph Goodale. Cannabis bought for medical purposes from Health Canada or a designated grower will be eligible for the 16% medical expenses tax credit, which kicks in after your annual medical expenses exceed 3% of your net income, or \$1,844.

Source: Toronto Star, February 24, 2005,
<http://www.mapinc.org/drugnews/v05/n310/a08.html>

Netherlands - Medical Cannabis Use In the Netherlands

A survey on the medical use of cannabis conducted before the distribution of medical cannabis by the Dutch Health Ministry was published in the journal Neurology. 300 questionnaires were distributed by Maripharm, a firm that delivered cannabis to pharmacies. 107 patients completed and returned the questionnaire. Mean duration of cannabis use was 5.4 months.

The main reported diagnosis for which the cannabis was prescribed were neurological disorders such as multiple sclerosis and spinal cord injury and cancer. In 18.4% no positive effects of cannabis were reported. A good or excellent effect was noted by 64.1%.

Source: Gorter RW, et al. Neurology 2005;64(5):917-9

US - New Mexico

The state Senate of New Mexico has approved three separate bills that would allow the medical use of cannabis, but it is unclear whether the House of Representatives will support them.

Under one of the measures, the cannabis would be grown at licensed, secure facilities and then distributed to patients who were registered to possess and smoke it. An alternative bill requires the medical marijuana to be manufactured by a drug company. The third bill the Senate endorsed would allow the use of marijuana only topically, such as in an ointment.

Source: Associated Press, March 2, 2005

UK/US - GW Pharmaceuticals accelerates plans for Sativex

The British company GW Pharmaceuticals said on Feb. 28 it was accelerating plans to introduce its cannabis-based medicines into the United States. GW said it had engaged the US-based Apjohn Group, a 10-member group of former major US pharmaceutical company executives with extensive experience in clinical development, regulatory affairs and public policy.

Source: Reuters Feb. 28, 2005



Science: Liver cirrhosis

According to new research the cannabinoid receptor CB2 plays an antifibrogenic role in the liver and cannabinoids may help to block the development of liver fibrosis. CB2 receptors were found in liver cells of patients with active cirrhosis, but were absent in normal human liver. Activation of CB2 receptors caused potent antifibrogenic effects, namely, growth inhibition of liver fibrogenic cells and apoptosis. Authors note that their research "highlights the antifibrogenic role of CB2 receptors during chronic liver injury."

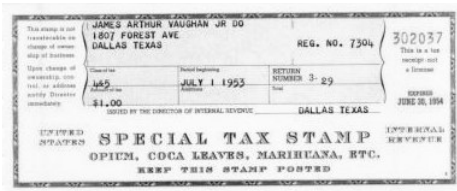
Source: Julien B, et al. *Gastroenterology* 2005;128(3):742-55

Science:

Prostate cancer

Researchers of the University of Wisconsin found that CB1 and CB2 receptors are present in higher concentration in cancer cells of the prostate than in normal prostate cells. Treatment with a cannabinoid (WIN55,212-2) resulted in a dose-dependent inhibition of cell growth and induction of apoptosis in cancer cells. Researchers also noted further anti-cancer effects in the cells. They note that cannabinoids "could be developed as novel therapeutic agents for the treatment of prostate cancer."

Source: Sarfaraz S, et al. *Cancer Res* 2005;65(5):1635-41



Science: Bladder inflammation

According to a press release by Indevus Pharmaceuticals their synthetic cannabinoid IP 751, better known as CT3 or ajulemic acid, was effective in an animal model of interstitial cystitis. It significantly reduced the bladder over-activity associated with the disease, without affecting the normal voiding mechanism of the bladder.

IP 751 was tested in a highly-standardized animal model of bladder inflammation and over-activity performed by Dr. Michael Chancellor, Professor at the University of Pittsburgh. "Currently, patients with interstitial cystitis have very few treatment options," he said.

Source: Press release of Indevus Pharmaceuticals of 7 March 2005

Diabetes and Oxygen Therapy: Canadian diabetics are losing feet and legs at an alarming rate despite growing scientific evidence that a treatment already available can potentially prevent amputation in about 70% of cases. Roughly 2.5% of the more than 2 million Canadians with diabetes develop foot ulcers (causing poor circulation and nerve damage in extremities resulting in minor cuts becoming infected). About one-quarter, or 12,500 patients, eventually proceed to amputation. Most are older people whose bodies are worn down after years of the disease's insidious effects.

The treatment, called hyperbaric oxygen therapy or HBOT, is, on paper, available in most Canadian cities but its history of overblown claims combined with ignorance of its legitimate efficacy, has left it on the sidelines. A Calgary hyperbaric physician, Ross Harrison, says the lack of information and widespread reluctance of doctors to refer their patients for HBOT is tantamount to a conspiracy of silence. "Diabetics are losing legs unnecessarily." Used for years to combat decompression illness (the 'bends') in divers, HBOT hyperoxygenates the blood and appears to kick start a number of healing processes. Since 2001, there have been four controlled clinical trials of HBOT - all studies found either markedly fewer amputations with patients who received the treatment

Cannabinoids reduce the progression of Alzheimer's disease in animals

Research by scientists of Madrid's Complutense University and the Cajal Institute published in the *Journal of Neuroscience* has demonstrated that cannabinoids can reduce pathological processes associated with Alzheimer's disease. Researchers hope that cannabinoids may be used to develop new drug therapies against the disease.

They first compared the brain tissue of patients who died from Alzheimer's disease with that of healthy people who had died at a similar age. The researchers found a dramatically reduced functioning of cannabinoid receptors in diseased brain tissue and markers of microglia activation. Microglia activate the brain's immune response and are found near the plaque deposits associated with Alzheimer's disease. When active, microglia cause inflammation. Nerve cells with cannabinoid-1 receptors (CB1), present in high numbers in control subjects, were greatly reduced in areas of microglial activation.

In a second step, rats were injected with amyloid-beta peptide. This protein plays an important role in Alzheimer's disease, since increased brain levels of amyloid-beta are supposed to result in aggregation of this protein to form plaques. Animals who also received different cannabinoids performed better in tests of their mental functioning. Analyses showed that cannabinoids had prevented microglial activation and thus had reduced inflammation. These effects were also mediated by cannabinoids that only bind to CB2 receptors.

Researchers concluded: "Our results indicate that cannabinoid receptors are important in the pathology of AD and that cannabinoids succeed in preventing the neurodegenerative process occurring in the disease."

British researchers, who published their work in the journal *Subcellular Biochemistry*, found that phosphorylation of amyloid-beta increased the neurotoxicity of this protein. And they demonstrated that cannabinoids prevented these damaging effects of phosphorylated amyloid-beta on nerve cells.

Sources: Ramirez BG, et al. Prevention of Alzheimer's disease pathology by cannabinoids: neuroprotection mediated by blockade of microglial activation. *J Neurosci* 2005;25(8):1904-13; Milton NC. Phosphorylated amyloid-beta: the toxic intermediate in Alzheimer's disease neurodegeneration. *Subcell Biochem* 2005;38:381-402; BBC News of 22 February 2005

compared to those who didn't, or enormously improved healing. Yet the Canadian Diabetes Association (CDA) makes not a single mention of the therapy on its website. Only last month did they announce that it will begin an independent technical review of HBOT literature, with recommendations expected by the summer. Two years ago, the use of HBOT to specifically address "diabetic wounds of the lower extremities" was included in health coverage in the US. Starting April 2003, US diabetics with serious ulcers that failed to heal within a month were eligible for HBOT.

It can also be cost effective - amputations in Canada, using CDA's own figures, cost about \$74,000, while an average treatment with HBOT can cost between \$8,000 and \$12,000. There are presently 23 HBOT clinics across Canada but provincial health insurance plans, some with archaic codes, provide little incentive to treat elective patients. At the Toronto General Hospital, this translates into a one year wait for HBOT. Private clinics are available but the cost is borne by the patient.

A physician out of Utah who has saved many limbs on diabetic patients by hyperbaric medicine, makes the black joke that only when they develop a "scratch 'n sniff panel for our pictures" will HBOT get the recognition it deserves.

Source: *Globe and Mail*, March 26, 2005, by Christie Blatchford

Drug Testing Technology:

Drug testing kits are evolving - say goodbye to the collection cup.

One new product, the Cozart RapiScan, is a self-proclaimed complete "on-site oral fluid drugs-of-abuse diagnostic system." The saliva testing system comes in a spiffy silver suitcase and consists of an oral fluid collection swab, a disposable test cartridge, its own handheld digital computer, and a portable printer "for a permanent record of test results."

The official US distributor of the RapiScan, was one of many hi-tech exhibitors hawking their wares in Tampa last year at a meeting of corporate drug testers, toxicologists and law enforcement officers, sponsored, in part, by the Office of National Drug Control Policy. But this White House backed gathering was no trade show. The purpose of this symposium was to call for an unprecedented, government-mandated expansion of both drug testing and the application of new drug screening technology - and not just for those within the workplace.

Random drug testing in the workplace rose to prominence in the mid-to-late 1980s, embodying the zeitgeist of the nation's "War on Drugs" fervour. By 1991, 62% of large US companies were forcing their employees to "drop trou" as a condition of employment - a figure that in recent years has dropped slightly, but still stands at roughly 50%. Of the US nation's approximately 1.6 million federal workers, some 400,000 may now undergo some form of drug screening.

Not surprisingly, this surge in the number of Americans peeing on demand has coincided with an explosion of alternative drug testing technology. In recent years, firms touting unconventional drug screens of citizens' hair, sweat, and saliva have emerged. For the most part, however, employers have been unconvinced. Despite promises of the tests' purported "increased sensitivity" and "less intrusive nature," federal and private employers have generally been unwilling to rely on such Brave New World methods, virtually all of which remain largely unproved by the scientific literature and lack approval from the Food and Drug Association.

Thanks to the work of lobbying groups for the drug testing industry like DATIA, the Drug & Alcohol Testing Industries Association, things are about to change. Recently, the group's chief focus has been to push the US Department of Health and Human Services to amend the federal workplace guidelines so that federal agencies can conduct drug screenings of employees' hair, sweat, and saliva. (Existing federal regulations mandate drug testing programs rely on urine screens only)

Such a change, DATIA hopes, might finally kick-start private employers to use alternative specimen technology. It would also financially benefit several of the organization's members. Last April, the government finally granted DATIA's wish, proposing to overhaul the feds' drug testing regulations to encourage agencies to use alternative testing methods. Meanwhile, the agency backing the plan, the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA), has criticized the new technologies as seriously flawed and that all techniques have significant limitations.

In the case of hair testing, which detects drug metabolites (inactive compounds indicative of past drug use) that have passively diffused from the blood stream to the base of the hair follicle, the agency warns that both environmental contamination and hair colour can significantly impact the accuracy of the test.

Environmental contamination - such as a scenario where the indi-

vidual to be tested was recently present in a room where others smoked marijuana - also may negatively affect the accuracy of saliva testing, SAMHSA says. As a result, the feds are encouraging agencies to also collect a urine sample at the same time for confirmation testing, although doing so will more than double the high costs already associated with specimen collection while, at the same time, likely yield confounding results.

Regarding the efficiency of sweat patch testing, SAMHSA notes, "The Department knows from direct experience... that some individuals may not be able to wear the sweat patch for the optimal period of time."

The fact that federal bureaucrats are willing to brush aside such technological concerns in their rush to break bread with the drug testing industry is illustrative of the growing political power wielded by America's bodily fluid inspectors. But for the drug detection industry, invasive testing by employers is just the first step. The next is to extend bodily-fluid sniffing from the workplace to the roadways.

For the past several years drug testing proponent Michael Walsh has led the charge to apply workplace drug testing standards and regulations to all licensed US drivers. In 2002, Walsh asserted that prosecutors simply charge all drivers who test positive for any level of

drugs or drug metabolites as a criminal drugged driver - even if the motorist is neither under the influence nor impaired to drive.

As a result of Walsh's lobbying efforts, eleven states have now adopted such legislation, known as "zero tolerance per se" laws. At last spring's conference in Tampa, Walsh and his peers demanded Congress get into the act and pass legislation mandating all 50 states to enact models of his zero tolerance bill.

Less than one month after the Tampa symposium, bi-partisan legislation was introduced in Congress granting police the power to drug test drivers and arrest anyone found to have "any detectable amount of a controlled substance ... present in the person's blood, urine, saliva, or other bodily substance." The legislation did not, in fact, require motorists to be identifiably impaired or intoxicated to be criminally charged with the crime of "drugged driving." Only this time, violators won't be losing their jobs; they'll be going to jail. However, much to federal lawmakers' chagrin, the bill eventually died in conference committee.

The US pee police will be back. And like it or not, it's dangerously clear the drug testers will not rest until every (North?) American has submitted to their inspection

Source: Feb. 9, 2005, Reason Online, Author: Paul Armentano, <http://www.mapinc.org/drugnews/v05/n241/a07.html>



Definitions:

apical meristem *n.* (Botany) growing point (zone of cell division) at tip of root and stem in vascular plants. Responsible for postembryonic development, positional control signals from more mature cells guiding the pattern of meristem cell differentiation. (The Penguin Dictionary of Biology, 10th. ed., 2000).

barney *n.* (colloquial) noisy quarrel. [perhaps from dialect] (The Concise Oxford Dictionary, 7th. ed., 1983)

curmudgeon *n.* churlish or miserly fellow; hence curmudgeonLY *a.* [16th century; origin unknown]] (ibid.)

vascular *a.* (Botany) adjective pertaining to any plant tissue or region comprising or giving rise to conducting tissue (e.g. xylem, phloem, vascular cambium). (The Penguin Dictionary of Biology, 10th. ed., 2000)

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Ashcroft, et al, v. Raich, et al:

An important decision is expected July of this year in the case of Angel Raich and Diana Monson, two US medical cannabis users who are challenging federal law. Raich was given protection from federal prosecution in May of last year when the decision found that the Controlled Substances Act is an unconstitutional exercise of Congress' Commerce Clause authority. It was appealed by the US government to the Supreme Court.

The question put to court now is "Whether the [US] Controlled Substances Act, 21 U.S.C. 801 et seq., exceeds Congress' power under the Commerce Clause as applied to the intrastate cultivation and possession of marijuana for purported personal 'medicinal' use or to the distribution of marijuana without charge for such use."

A win for the U.S. Government will not change state laws. Approved medical marijuana use within those states that have medical marijuana laws will continue to be "legal" under state laws and "illegal" under federal laws. Cannabis clinics or clubs that "sell" medical marijuana (and are not patient co-ops), will be more vulnerable to federal arrest and seizure. The US Drug Enforcement Administration and other law enforcement agencies may feel bolstered by the decision, and use it to "crack down" on medical marijuana centers, cultivations, patients, and their caregivers.

A win for Raich will mean that federal law enforcement cannot arrest patients who adhere to state laws and possess or cultivate only for themselves (and possibly a few patients if no money is exchanged). The federal government may still be able to arrest and sanction those clinics, clubs, and cultivations that do not adhere to the specifics of permissibility under the Commerce Clause.

Source: <http://www.medicalmarijuanaprocon.org/AshcroftRaich.htm>


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Bye Brock
*We'll miss your ever-positive, friendly attitude.
And thanks for retrieving our stone...*

The deaths of four RCMP officers at the hand of an estranged, angry bully in Alberta is tragic. Sadly, the media and federal government all too quickly pointed the finger at yet another 'grow-op' (can't miss an editorial opportunity...), only to retract the claim over 48 hours later. For two days, anyone associated with cannabis was scum. Pity how easy it is to say the big lie until it becomes 'the truth'.

Perhaps it is time to grow up and legalize and regulate marijuana - how many more people need to die in the war against cannabis? Or perhaps the patriachs can continue treating us like children and (re)criminalize alcohol and tobacco as well?

Canada: Watermelon Beats All Charges

Mary Jean Dunsdon of Vancouver, BC, who makes and sells ginger snaps laced with cannabis at Wreck Beach, has had all charges dropped against her. On March 12, the Crown informed Mary Jean Dunsdon's lawyer, John Conroy, that all remaining charges against her were being stayed.

Dunsdon - aka Watermelon to her fans on Wreck Beach - had won three court cases after being charged with selling cookies laced with cannabis resin four years ago. Conroy successfully argued that resin wasn't found in the cookies when examined by RCMP forensic experts - just cannabinoids - and she hadn't been charged with possession of cannabinoids.

One judge threw out the first charge because of unlawful seizure of evidence and two other judges acquitted her following trial.

Source: Vancouver Sun, Mar. 12, 2005,
<http://www.mapinc.org/drugnews/v05/n429/a03.html>



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RESOURCE DIRECTORY:

AIDS Vancouver Island

1601 Blanshard, 384-2366

V.P.W.A.

330-1105 Pandora, 382-7927

Vancouver Is. PLIV Caucus

v.i.caucus@telus.net

MS Society

1004 N.Park, 388-6496

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www.cannabiscoalition.ca

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"The oppression of a majority is detestable and odious; the oppression of a minority is only by one degree less detestable and odious." -- William Ewart Gladstone