

# CANNABINOID CHRONICLES



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## Medical Cannabis News and Information

### US - No Link Found Between Cannabis Smoking and Lung Cancer In Recent Study

The largest study of its kind has unexpectedly concluded that smoking cannabis, even regularly and heavily, does not lead to lung cancer.

The new findings "were against our expectations," said Dr. Donald Tashkin, a UCLA pulmonologist who has studied cannabis for 30 years. "We hypothesized that there would be a positive association between cannabis use and lung cancer and that the association would be more positive with heavier use," he said. "What we found instead was no association at all, and even a suggestion of some protective effect."

US federal health and drug enforcement officials have widely used Tashkin's previous work on cannabis to make the case that the drug is dangerous. Tashkin said that while he still believes cannabis is potentially harmful, its cancer-causing effects appear to be of less concern than previously thought.

Earlier work established that cannabis does contain cancer-causing chemicals as potentially harmful as those in tobacco, he said. However, cannabis also contains the chemical THC (tetrahydrocannabinol), which he said may kill aging cells and keep them from becoming cancerous.

Tashkin's study, funded by the National Institutes of Health's National Institute on Drug Abuse, involved 1,200 people under 60 years of age in Los Angeles who had lung, neck or head cancer and an additional 1,040 people without cancer matched by age, sex and neighbourhood.

They were all asked about their lifetime use of cannabis, tobacco and alcohol. The heaviest cannabis smokers had lit up more than 22,000 times, while moderately heavy usage was defined as smoking 11,000 to 22,000 cannabis cigarettes. Tashkin found that even the very heavy cannabis smokers showed no increased incidence of the three cancers studied.

"This is the largest case-control study ever done, and everyone had to fill out a very extensive questionnaire about cannabis use," he said. "Bias can creep into any research, but we controlled for as many confounding factors as we could, and so I believe these results have real meaning."

While no association between cannabis smoking and cancer was found, the study findings, presented to the American Thoracic Society International Conference at the end of May, did find a 20-fold increase in lung cancer among people who smoked two or more packs of cigarettes a day.

San Francisco Chronicle, May26.2006, [www.mapinc.org/drugnews/v06/n686/a02.html](http://www.mapinc.org/drugnews/v06/n686/a02.html)

### Canada - Medical Cannabis in North America

Three papers on medical cannabis in North America were presented at the 17th Harm Reduction conference in Vancouver last May.

"[Facilitating Medicinal Cannabis Access in Canada: A Peer-based Approach](#)", by Ken Quayle and Brian Mackenzie, Gibsons, BC, explores some of the reasons and ways that medical cannabis users (licensed or not) currently have been supporting each other to meet their needs, as well as possible solutions and timelines for problems in these areas. The inherent contradiction and complexity of the federal government's decision to fund the RCMP's prohibition of cannabis and yet try to deliver on a program to facilitate

access to medicinal cannabis for its citizens has led to reluctance of many to sign up. A safe, high quality supply continues to be a huge issue, as well as MD resistance and lack of political will.

"[Regulating Compassion: A 5-Year Overview of Canada's Federal Medicinal Cannabis Policy and Program](#)" by Philippe Lucas, Vancouver Island Compassion (VICS) Victoria.

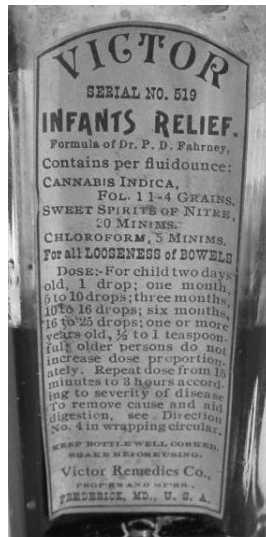
Based on a comprehensive 5-year overview of Canada's federal medicinal cannabis program, it focuses on the three main facets of Health Canada's medicinal cannabis policy and the role of the main suppliers of medicinal cannabis, Canada's unregulated compassion clubs and societies.

Lucas' conclusion is that over the last five years the federal government has supplied over \$24 million in funding for the research, production (by Prairie Plant Systems) and distribution of medicinal cannabis, yet evidence suggests that the program has been a major policy failure. Just over 800 people have been able to

overcome the cumbersome bureaucratic obstacles in order to actually participate in this federal program. Meanwhile, Canada's compassion clubs and societies continue to help over 10,000 critically and chronically ill Canadians gain access to a safe supply of cannabis; to do more cannabis research than Canadian Institute of Health Research; and to produce higher quality cannabis than Health Canada; all at no cost to taxpayers.

"[Compassion Clubs: An Unsanctioned Model of Community-based Medical Cannabis Distribution](#)" by Rielle Capler, of the BC Compassion Club Society (BCCCS), Vancouver.

The BCCCS is Canada's oldest and largest medical cannabis dispensary, and provides medical users access to high quality cannabis in a safe setting. Lessons learned are that Compassion Clubs reduce potential harms faced by medical cannabis users and provide a model of community-based medical cannabis distribution that can be applied to medical cannabis and other health care and harm reduction services. (VICS members can attest to this!)



**Science: Moderate cannabis use not harmful to the brain of adolescents, Magnetic Resonance Imaging study finds**

Researchers of the Nathan S. Kline Institute for Psychiatric Research and the New York University School of Medicine scanned the brains of 10 individuals who were frequent cannabis users in adolescence and 10 control subjects with advanced Magnetic Resonance Imaging (MRI) methods. They found no "evidence of cerebral atrophy or loss of white matter integrity" and concluded that "frequent cannabis use is unlikely to be neurotoxic to the normal developing brain."

The former cannabis users were now aged 18 to 27 years and had used cannabis between daily to 2-3 times weekly for one or more years during adolescence, but were currently abstinent. They were compared to subjects of similar age and sex who never used cannabis. Measurements were obtained of whole brain and certain brain areas, which are most often related to psychotic experiences and memory.

Scientists noted, that their "data are preliminary and need replication with larger numbers of subjects, although they do have implications for refuting the hypothesis that cannabis alone can cause a psychiatric disturbance such as schizophrenia by directly producing brain pathology."

The article is available for download at:

<http://www.harmreductionjournal.com/content/3/1/17>

Source: Delisi LE, Bertisch HC, Brown K, Majcher M, Bappal A, Szulc KU, Ardekani BA. A preliminary DTI study showing no brain structural change associated with adolescent cannabis use. *Harm Reduct J* 2006;3(1):17

**Science: Ulcer of the stomach**

A synthetic cannabinoid (ACEA) that selectively binds to the CB1 receptor inhibited the formation of stomach ulcers in rats. Acetylsalicylic acid (Aspirin) caused lesions in the gastric mucosa within three hours that were dose-dependently decreased by the cannabinoid. This effect is thought to be caused by a reduction of acid secretion.

Source: Rutkowska M, et al. *Pharmazie* 2006;61(4):341-2

**Science: Liver fibrosis**

French researchers reported that treatment with a CB1 receptor antagonist decreased the wound-healing response to acute liver injury in mice and inhibited progression of fibrosis in three models of chronic liver injury. They concluded that "our study shows that CB1 receptor antagonists hold promise for the treatment of liver fibrosis."

Source: Teixeira-Clerc F, et al. *Nat Med.* 2006 May 21

**Science: Depression**

Canadian researchers found that the cannabinoid system is involved in the ability of long-term tricyclic antidepressant treatment to suppress stress-induced increase of corticosterone levels in mice. Three-week administration of the tricyclic antidepressant desipramine resulted in a significant increase in the density of CB1 receptors in certain brain areas (hippocampus and hypothalamus) without significantly altering endocannabinoid levels. The reduction of stress-induced corticosterone secretion by the antidepressant was blocked by a CB1 receptor antagonist.

Source: Hill MN, et al. *Neuropsychopharmacology.* 2006 May 10

**Science: Cough**

Basic research shows that inhibition of degradation of anandamide reduced cough in mice that was induced by capsaicin. Researchers used the anandamide transporter inhibitor VDM11. They concluded that anandamide may modulate the cough sensitivity and have antitussive effects.

Source: Kamei J, et al. *Cough* 2006;2(1):2

Although proven to have saved lives, Canada's first supervised-injection site for heroin addicts, Insite in Vancouver, is not getting a promise from PM Stephen Harper to continue operations. Proponents of Insite say they don't understand why Harper isn't committed to the facility that appears to have saved lives and slowed the spread of diseases such as HIV. Insite has been operating in the Downtown Eastside for just under three years - the pilot project expires September 2006.

Mr. Harper told a news conference May 25 that the conservative government is still weighing the fate of the site, where addicts are allowed to shoot heroin or use other injection drugs under the supervision of health-care workers.

"I'm not committed to it," he said in Vancouver. "We're asking various agencies, including the RCMP, to give us evaluations of that program as it comes to a conclusion, and we'll go from there."

Dr. Perry Kendall, BC's provincial health officer, said there are already enough evaluations in peer-reviewed journals to suggest the site should be maintained. "I would very much hope that no government agency would act to impede something that was showing health benefits and public order benefits."

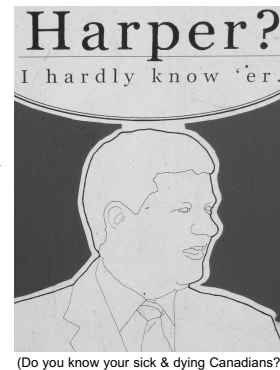
Support is as close as the Vancouver Police Department. Police Chief Jamie Graham has told the director general of Health Canada's drug strategy the police support a three-year extension of the supervised injection site on East Hastings Street. Graham called Insite an "important project" that supports the continuation of the city's Four Pillars drug strategy - harm reduction, enforcement, treatment and prevention.

Three doctors from the BC Centre for Excellence in HIV/AIDS who are part of the evaluation team responded to MLA Lorne Mayencourt's suggestion that the evidence coming out of Insite's evaluation is "spotty at best". All findings from the evaluation have been subjected to external peer-review and publication in the medical literature before sharing them with the public. Some of the results so far, published in some of the most prestigious international medical journals, are:

- Insite has attracted those drug users who were formerly most likely to inject in public and be at highest risk of HIV infection and overdose death (*American Journal of Public Health*, 2005 Aug; 29 (2):126-130).
- The opening of Insite was followed by statistically significant reductions in public drug use and publicly discarded syringes (*Canadian Medical Association Journal.* 2004 Sept. 28; 171(7):731-4).
- Use of Insite has been associated with reduced syringe sharing and other forms of HIV risk behavior (*Lancet.* 2005 July 23-29; 366 (9482):316-8).
- Insite has also been a key referral mechanism to addiction treatment and other community resources including abstinence-based programs (*Drug Alcohol Depend.* 2005 Dec. 12; 6(238):51-54).
- Insite's opening has not been associated with increased drug use or other drug problems (*British Medical Journal.* 2006 Jan 28; 332(535):220-2).

Mr. Harper, listen to the experts and the needs of the citizens of Canada, not US conservative politicians or prohibitionists, and commit yourself towards a healthful, inclusive solution.

Sources: Vancouver Courier, May 3 & May 26, 2006, [www.mapinc.org/drugnews/v06/n585/a01.html](http://www.mapinc.org/drugnews/v06/n585/a01.html), & [.../drugnews/v06/n678/a08.html](http://.../drugnews/v06/n678/a08.html), and Globe and Mail, May 26, 2006, [drugnews/v06/n675/a12.html](http://drugnews/v06/n675/a12.html)



## International Harm Reduction Conference

From April 30 through to May 4, Vancouver hosted the 17th International Conference on the Reduction of Drug-Related Harm. It was attended by roughly 1500 people from all persuasions, ranging from politician-turned-HIV/AIDS activist Stephen Lewis to maverick Nashville Rev. Edwin Sanders, whose gift of needles for drug users shocked conservative Tennessee.

"I think the general public forgets about the normality of substance use," said conference co-chairwoman Sue Currie. "Over 12% of deaths globally are related to tobacco, alcohol and illicit drugs."

"Right now, there are 200 million adults worldwide who had used illicit drugs in the past 12 months," says Currie, the associate-director of the Hep-C resource program at a war veterans' medical facility in San Francisco.

## Women Face More Hurdles for Treatment

Susan Boyd, a senior research fellow at the Centre for Addictions Research of BC, is doing research in a relatively new area of inquiry - women and drug use and the obstacles to harm reduction and treatment.

"Harm-reduction initiatives must be linked to social-justice movements that seek to change the conditions of women's lives," Susan Boyd said at the 17th International Conference on the Reduction of Drug Related Harm. A former outreach worker in the Downtown Eastside who has written extensively about women and drug use, she chaired a session called Half the World Are Women: Gender and Harm Reduction.

According to Boyd, women have specific needs to getting off drugs, needs that still aren't being met. And things could get even worse in Canada, speakers at the international gathering said, if PM Stephen Harper ends up following the US conservative agenda too closely.

"What do women need in order to feel safe in these programs?" asked Boyd. "What cultural and economic barriers keep women from accessing services? What do women say they need for themselves and their children?"

Harm reduction shifts the focus away from abstinence to safe practices that minimize injury, sickness, death, and other consequences of drug use. It sees addiction as a disease, not a crime. Besides education and outreach, its strategies include safe-injection and methadone-maintenance programs, which exist in Vancouver, and heroin prescription, which the city is currently offering on a trial basis.

Boyd explained some of the factors that make seeking treatment so complex for many women. With fewer social and economic resources than men, some women turn to sex work to make a living and to support their drug habit. That leads to a vicious cycle: to tolerate prostitution, they use drugs as an escape. If those with kids have their children taken away by social services, they similarly turn to drugs to cope.

Women are more prone to negative outcomes of drug use because of power dynamics with men, Boyd noted. Often second to get a fix after their male partners, whether they're smoking a crack pipe or using a needle to inject heroin, women are more likely to get infections. When they attempt to seek treatment - a move that's frequently motivated by becoming pregnant or having a child - women might encounter opposition from their male partners and

"That's one in 20 persons. That's huge. The other things that really can bring the issue home.... is that prevention, early intervention and any form of drug treatment is a cost-effective way to reduce harm to the entire community. For every dollar spent on drug treatment or harm-reduction strategy, it saves about \$7 of taxpayer money."

Topics included the impact of the increasingly conservative US on other country's drug and harm-reduction policies, alcohol as a legal epidemic, vaccines to fight addictions, the role of policing, coping with HIV/AIDS in Brazil and a debate on marijuana: legalization or decriminalization.

Source: The Province, Apr.30, 2006, [www.mapinc.org/drugnews/v06/n545/a05.html](http://www.mapinc.org/drugnews/v06/n545/a05.html)



face violence or abuse as a result. Women with kids might not have anyone to look after their children while they attend treatment. Then there are issues of transportation, housing, legal aid, and job training which so many drug-using women lack.

Although there are some facilities, such as Fir Square Combined Care Unit at B.C.'s Women's Hospital and Health Centre - which provides services to pregnant women and new moms who want to stabilize or withdraw from drug use - much more is needed, like detox for pregnant women and female-only supervised injection sites.

"Women from Kitsilano aren't coming into the Downtown Eastside for treatment. Programs have to be flexible. We need a diversity of options to minimize harm," Boyd said.

Unfortunately, those options could be far fewer with the federal conservatives' get-tough-on-drugs stance. Mr. Harper's call for mandatory minimum prison sentences and longer incarceration has prompted concern amongst users and nonusers alike.

Sue Simon, the director of the Sexual Health and Rights Project at New York City's Open Society Institute, concurs. "It's inexcusable that the [US] federal government doesn't support harm reduction 25 years into the AIDS crisis," Simon said at the conference. "Is it collective amnesia or wilful disregard for evidence-based medicine?"

"As Americans, we look to Canada for a more progressive take on things," she said. "But the recent directions are very disconcerting. We hope there is not too much emulation of the policy decisions of the US."

Source: The Georgia Straight, May 11, 2006, [www.mapinc.org/drugnews/v06/n605/a07.html](http://www.mapinc.org/drugnews/v06/n605/a07.html)

## DEFINITIONS

**chagrin** *n. & v.t.* (affect with) acute vexation or mortification. [ from French *chagrin(er)*, of uncertain origin ] (The Concise Oxford Dictionary, 7th ed., 1983)

**familial** *a.* of, occurring in, characteristic of, (members of) a family. [ French from Latin *familia* FAMILY ] (ibid.)

**inane** *a. & n.* 1. empty, void; silly, senseless; hence or cognate inanely *adv.* inanity *n.* 2. *n.* (archaic) empty space. [ from Latin *inanis* empty, vain ] (ibid.)

**legerdemain** *n.* sleight of hand, conjuring tricks, juggling; trickery, sophistry. [ Middle English, from French *leger de main* light of hand, dextrous ] (ibid.)

Got questions about growing? Our resident guru Mat has made available an e-mail address where you can direct queries -

[askmatb@hotmail.com](mailto:askmatb@hotmail.com)

## Former Da Kine Cafe Owner Convicted

Carol Gwilt, former owner of the now infamous east Vancouver Da Kine cafe busted in 2004, was convicted of trafficking charges May 23.

A British Columbia Supreme Court jury found Ms. Gwilt guilty of possession of cannabis for the purpose of trafficking as well as possession of the proceeds of crime. Her co-defendant, Michael Boudreau, was acquitted on the single charge that he faced, possession of cannabis for the purpose of trafficking. The two were arrested Sept. 2004 when police found money and cannabis in the car Gwilt was driving.

She is facing separate trafficking charges in connection with the police raid in a trial that is expected to take place later this year.

Ms. Gwilt has been an outspoken advocate of legalization of cannabis. She testified last week that some of the cannabis found in the car was for sale at the Da Kine cafe. She insisted that the money was from donations people made at the cafe to her legal defence fund.

She also questioned the amount of public money spent to prosecute her on these charges and in her upcoming trial.

"It's a huge amount of money. It's money that should be spent on health care," she said.

Jason Gratl, the lawyer for Ms. Gwilt, said his client effectively confessed to the trafficking charges in her testimony so she could explain that Mr. Boudreau was not part of the sale of cannabis at the Da Kine cafe. "Her priority has been to make sure innocent people do not get caught in the web," Mr. Gratl said.

The proceeds of crime offence is the more serious of the two charges for which Ms. Gwilt was convicted and carries a maximum penalty of 10 years in prison.

Mr. Gratl said his client "understands the consequence of civil dis-

obedience," but he is hopeful the Crown will not seek a jail sentence against Ms. Gwilt. She remains free on bail until her sentencing hearing on July 6.

Globe and Mail, May 24, 2006. [www.mapinc.org/drugnews/v06/n671/a01.html](http://www.mapinc.org/drugnews/v06/n671/a01.html)

## Mexico To Try Again On Drug Bill

Committed to try not to become a huge drug-consuming country, like its northern neighbour, Mexican lawmakers have vowed to rescue a controversial law that would decriminalize small amounts of drugs for personal consumption. Last month, US officials screamed bloody murder upon hearing of Mexico's plans and put enormous pressure upon the Mexican government to stop the bill.

While per capita drug use in Mexico is only about a fourth that of the United States, the problem is growing at an alarming rate, particularly among teenagers. The surge in drug use - and rampant violence sparked by rival gangs of dealers - spurred the Mexican Congress to pass reforms in late April designed to help police differentiate between addicts and criminals. The proposed bill would expand on existing laws, which protect addicts and "one-time" users from prosecution, specifying the maximum "personal use" quantities for each drug. Those detained with minimum quantities would be sent to drug rehabilitation, not jail.

Houston Chronicle, May 21, 2006. [www.mapinc.org/drugnews/v06/n666/a07.html](http://www.mapinc.org/drugnews/v06/n666/a07.html)

## In a report released May 22 in Geneva, the United Nations

Committee on Economic, Social and Cultural Rights expressed great concern about persistently high rates of poverty among women, Aboriginal peoples, African Canadians, people with disabilities, youth and single mothers in **Canada** today. "The Committee concluded that Canada is failing to fulfill the rights in the [International] Covenant [on Economic, Social & Cultural Rights], including the right to an adequate standard of living, despite Canada's wealth and economic prosperity," said Shelagh Day of FAFIA and National Association of Women and the Law.



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#### **Hep-C Society of Canada**

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#### **Canadians for Safe Access**

<http://www.safeaccess.ca>

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#### **DrugSense**

<http://www.drugsense.org>

#### **Action Committee of People with Disabilities**

383-4105

#### **Canadian Cannabis Coalition**

[www.cannabiscoalition.ca](http://www.cannabiscoalition.ca)

#### **Canada Medical Marijuana**

[www.medicalmarijuana.ca](http://www.medicalmarijuana.ca)

#### **Media Awareness Project**

<http://www.mapinc.org>

#### **Drug Policy Alliance**

<http://www.drugpolicy.org>

#### **Health Canada**

[http://www.hc-sc.gc.ca/dhp-mps/marihuana/index\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/marihuana/index_e.html)

1-866-337-7705

#### **Norml Canada**

<http://www.normlcanada.org>

#### **Cannabis Health**

<http://www.cannabishealth.com>

#### **Cannabis Research Institute**

<http://www.cannabisresearchinstituteinc.com>

**"As to diseases, make a habit of two things - to help, or at least do no harm."  
- Hippocrates, The Epidemics**