

# CANNABINOID CHRONICLES



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## Medical Cannabis News and Information

### US - Rhode Island Legalizes Medical Cannabis

On Jan. 3 Rhode Island became the 11th state to legalize medical cannabis. The state House of Representatives voted 59-13, with one abstention, to override a veto by Governor Don Carcieri, allowing people with illnesses such as cancer and AIDS to grow up to 12 cannabis plants or buy 2.5 ounces (about 70 grams) of cannabis to relieve their symptoms. The law requires them to register with the state and get a photo identification card.

Federal law prohibits any use of cannabis, but Maine, Vermont, Alaska, California, Colorado, Hawaii, Montana, Nevada, Oregon and Washington passed state laws that allow it to be grown and used for medicinal purposes. Rhode Island's medical cannabis law is the third to be enacted by a state legislature. The other eight states passed ballot initiatives on this issue.

Rhode Island lawmakers passed their medical cannabis bill on June 7 2005. Carcieri vetoed it, but the state Senate voted the next day to override his veto. An override of a governor's veto requires votes from three-fifths of the lawmakers in both chambers. Now the House followed, allowing the law to take effect immediately.

Source: Associated Press of 3 January 2006

### US: San Diego County Sues California for Medical Cannabis Law

On Jan. 20 San Diego County filed a lawsuit in U.S. District Court in San Diego against the state of California that challenges a voter-approved California law allowing cannabis use for medical purposes. John Sansone, the county's top lawyer, said there was no word on when the courts might begin listening to arguments in the lawsuit. The lawsuit asks a federal judge to decide whether federal law outlawing cannabis use for any purpose trumps the state's medical cannabis law that allows sick people to smoke cannabis. It asks the court to ban the enforcement of the Californian cannabis law.

The American Civil Liberties Union said on Jan. 18 that it was drafting a letter to the county warning that it would intervene to force the county to follow the state's medical marijuana law,

which was approved by 55% of the voters.

Most county voters support California's 9-year-old medical marijuana law and oppose San Diego County supervisors' plan to sue to overturn it, according to a survey released on Jan. 9. The telephone survey of 500 randomly selected county voters found that 67% of respondents supported the Californian medical cannabis law. 70% said the county should follow state law.

Sources: North County Times of 10 and 21 January 2006, Associated Press of 19 January 2006

### Canada - Supportive Doctors Hard To Find

Elenore Amon is not the first, and most likely not the last. She is one of hundreds (thousands?) of people who are seeking to access legal medical cannabis through the Health Canada program but cannot find a doctor to sign the paperwork. And she has been looking for more than a year.

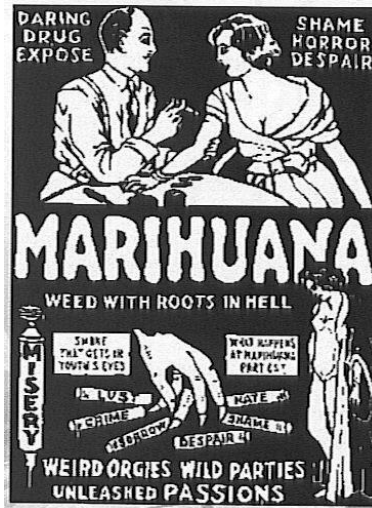
Elenore was so desperate that she took an ad out in a North Vancouver community paper, looking for a compassionate physician and offering a small reward for a successful referral. "I'm 48 years old, I'm a grandparent, and my official occupation is a systems analyst. I'm a law-abiding citizen with no criminal record," Amon said. "I just want a doctor to look at my 20 years of patient history and consider medicinal marijuana."

But Health Canada spokesperson on medicinal cannabis Chris Williams said Health Canada isn't in the practice of recommending doctors to anyone for any reason, and "like any other medical issue, (individuals) have to find the doctor."

Considering how hard it is to find a physician to sign the paperwork, perhaps Health Canada could be pro-active and facilitate the process? As well, the Canadian Medical Protective Association (CMPA) has developed a release form for physicians that removes them from liability. Visit [www.cpm-aacpm.ca](http://www.cpm-aacpm.ca) to download the form; the VICS also has copies available.

So what's the excuse now?

Vancouver 24hours, Jan 19, 2006 [www.mapinc.org/drugnews/v06/n087/a06.html](http://www.mapinc.org/drugnews/v06/n087/a06.html)



### Cannabis Forum at SFU Harbour Centre

A research colloquium this month at Simon Fraser University's Harbour Centre in Vancouver (Feb 23, 2006 from 1:00 pm to 4:30 pm) will debate the side effects of cannabis use on personal health and social well-being.

The event, entitled "Cannabis, Mental Health and Addiction:

What is Evidence-Based Policy?" will feature researchers from across the country and abroad, including U. of Victoria's Dr. Tim Stockwell, director of the Centre for Addictions Research of BC (CARBC). Dr. Joy Johnson of the UBC School of Nursing will address the issues of tobacco and marijuana.

The event is free but registration must be done online; visit [www.mhanet.ca](http://www.mhanet.ca) and follow links.

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### Science: Activation of CB2 receptor attenuates bone loss in osteoporosis

Researchers of the University of Jerusalem investigated the role of the CB2 receptor in bone formation and bone loss. Mice without CB2 receptors were shown to have a markedly accelerated age-related bone loss. These mice were also characterized by increased activity of osteoblasts (bone-forming cells) and increased osteoclast (the bone-resorbing cell) number. The CB2 receptor is found on osteoblasts, osteoclasts and bone cells (osteocytes).

A synthetic cannabinoid (HU-308) that binds specifically to CB2 receptors enhanced osteoblast number and activity and reduced the production of osteoclasts. The same cannabinoid attenuated bone loss induced by removal of the ovary and markedly stimulated bone formation. Researchers concluded that these results "demonstrate that the endocannabinoid system is essential for the maintenance of normal bone mass by osteoblastic and osteoclastic CB2 signaling. Hence, CB2 offers a molecular target for the diagnosis and treatment of osteoporosis, the most prevalent degenerative disease in developed countries."

Source: Ofek O, Karsak M, Leclerc N, Fogel M, Frenkel B, Wright K, Tam J, Attar-Namdar M, Kram V, Shohami E, Mechoulam R, Zimmer A, Bab I. Peripheral cannabinoid receptor, CB2, regulates bone mass. *Proc Natl Acad Sci USA* 2006;103(3):696-701

### Science: THC effective against side effects of chemotherapy resistant to standard antiemetic therapy

Researchers of the University of Goettingen, Germany, treated 7 patients who suffered from malignant skin tumours (melanoma with liver metastases) with THC (dronabinol). All patients had received standard antiemetic therapy previously without adequate relief.

The majority of patients described a significant increase in appetite and decrease in nausea. These effects pertained for several weeks, and then decreased as disease progressed and general condition worsened. All patients experienced mild to moderate dizziness, which did not cause them to interrupt or stop the treatment with THC. Researchers concluded that "loss of appetite and nausea due to liver metastases of malignant melanoma can be treated in individual cases" with THC.

Source: Zutt M, Hanssle H, Emmert S, Neumann C, Kretschmer L. Dronabinol zur supportiven Therapie metastasierter maligner Melanome mit Lebermetastasen. *Hautarzt*. 2006 Jan 12

### UK: Cannabis will not be reclassified

Home secretary Charles Clarke said on Jan 19 that cannabis would not be reclassified as a Class B drug again. While pledging to launch a public information campaign on the dangers of cannabis use, Mr Clarke said that reclassification had not led to an increase in use. He told members of parliament that he had been guided by a report by the Advisory Council on the Misuse of Drugs (ACMD).

David Blunkett, his predecessor as Home Secretary, downgraded cannabis from a Class B to a Class C drug. Concerns about a link between super-strength cannabis varieties and mental illness have mounted since the down-grading of the drug took effect in January 2004, making cannabis possession a non-arrestable offence in most cases. Mr Clarke said that he will launch a major public information campaign to stress that cannabis was "anything but harmless".

Source: Times Online of Jan 19 2006

### PEI Kicks Renewable Energy Butt

Which millenium are we in out here in B(efore)C(oal)? PEI has just announced that they plan to be supplying ALL of their electrical needs by renewable sources, predominantly wind power, by 2015. Meanwhile, the BC government's new energy plan relies largely upon fossil fuels and coal. Imagine harnessing all that hot air.....

### Science: Post-operative pain

A clinical study at the University of Ulm, Germany, with 100 patients who underwent surgery (removal of the prostata) investigated possible synergistic effects of the opioid piritramide and THC in postoperative pain. Patients received either eight oral doses of 5 mg THC or placebo from the evening before the operation until the morning of the second day after surgery. Patients who received THC needed a median of 54 mg of the opioid compared to 74 mg in the placebo group. This difference was not statistically significant. Researchers concluded that they found "neither a synergistic nor even an additive" interaction between THC and the opioid in acute postoperative pain.

Source: Seeling W, et al. *Anaesthesist*. 2006 Jan 3

### Science: Pain

Researchers of the University of Virginia in Richmond found a synergistic effect of THC and morphine in the reduction of pain in healthy subjects. All participants received the following four treatments at four different times: 5 mg oral THC or placebo and 90 minutes later 0.02 mg/kg morphine intravenously or placebo. 15 minutes later subjects rated the pain associated with the application of thermal stimuli to the skin. While there was no effect of the combination of THC and morphine on the sensory component of pain (pain intensity), there was a significant reduction on the affective component, the stress associated with pain.

Source: Roberts JD, et al. *Eur J Pharmacol* 2005 Dec 20

### Science: Inflammation of the brain

German researchers demonstrated that during inflammation of the brain the level of the endocannabinoid anandamide is elevated and protects nerve cells from damage by its effect on microglial cells. Microglial cells are immune cells in the nervous system. Their activity was reduced and controlled by anandamide.

Source: Eljaschewitsch E, et al. *Neuron* 2006;49(1):67-79



### Science: Alzheimer's disease

Italian researchers investigated the mechanism by which cannabidiol (CBD) inhibits the toxicity of amyloid-beta peptide on certain cells (PC12 cells). A massive accumulation of amyloid-beta is regarded to play a causal role in Alzheimer's disease (AD). Researchers note that their results "provide new molecular insight regarding the neuroprotective effect of cannabidiol and suggest its possible role in the pharmacological management of AD."

Source: Esposito G, et al. *J Mol Med* 2005 Dec 31

### Science: Colon inflammation

Inhibitors of anandamide degradation or re-uptake were shown to reduce colon inflammation in mice and rats. The animals were treated for 3 or 7 days with one of the agents. Re-uptake inhibitors were shown to be much more effective than an inhibitor of anandamide degradation. The compounds applied in the animal studies also increased anandamide levels in tissue samples of patients with ulcerative colitis (Colitis ulcerosa).

Source: D'Argenio G, et al. *FASEB J*. 2006 Jan 10

### US: Oregon increases medical cannabis amounts

On Jan 1, 2006 a law took effect that increases the number of cannabis plants and the amount of dried cannabis that registered medical cannabis patients are allowed to possess in Oregon. Cardholders will now be allowed to grow up to six mature plants and 18 seedlings and to possess 24 ounces (about 700 grams) of dried cannabis.

Source: Associated Press of 26 December 2005

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## Four Pillars Are Better Than Three

(or your jailma is cramping my wellma)

The four pillars approach to drug policy is being promoted more frequently but some areas receive more emphasis. Taken from the City of Vancouver Four-Pillar website, the pillars are defined as:

1) **Prevention** - using a variety of strategies to help people understand substance misuse, the negative health impacts and legal risks associated with substance use and abuse, encouraging people to make healthy choices, and providing opportunities to help reduce the likelihood of substance abuse, including affordable housing, employment training and jobs, recreation and long-term economic development;

2) **Treatment** - offering individuals access to services that help people come to terms with substance misuse and lead healthier lives, including outpatient and peer-based counselling, methadone programs, daytime and residential treatment, housing support, and ongoing medical care;

3) **Enforcement** - recognizing the need for peace and quiet, public order and safety in the ..... neighbourhoods by targeting organized crime, drug dealing, drug houses, problem businesses involved in the drug trade, and improving coordination with health services and other agencies that link drug users to withdrawal management (detox), treatment, counseling and prevention services; and,

4) **Harm reduction** - reducing the spread of deadly communicable diseases, preventing drug overdose deaths, increasing substance users' contact with health care services and drug treatment programs, and reducing consumption of drugs in the street.

Harm reduction, the fourth and seemingly most controversial and expendable pillar in drug policy, has been largely ignored in North America. If one uses US drug policy as a reference, the term harm reduction may not even appear – there is no middle ground in the land where prison population per capita is highest. (what are they really afraid of?)

Harm reduction acknowledges the fact that drugs have been used by all peoples, of every age, for a variety of purposes, both medicinal and recreational and that many drugs can have a detrimental impact on the user.

The harm-reduction approach treats addiction as an illness rather than a crime and drugs in general as a public health issue, similar to the handling of alcohol and tobacco. It acknowledges that the person must be alive in order to be treated.

Harm-reduction strategies also break the back of the black market drug trade by offering drugs at lower prices than dealers can afford to stay in business. With pushers put out of business, addicts are forced to get their fix from medical professionals who are able to offer treatment options.

It is a win-win strategy in which gangs are denied a funding resource, addiction-generated prostitution and theft are eliminated and addicts are directed into a treatment environment. In addition, it would allow our society to make peace with its inherent sense of civil liberty by allowing individuals who use substances, such as cannabis, in a responsible manner the legal right to do so.

In the long term, harm reduction may be the best route towards better health and better drug policy because it doesn't speak down to people. More people may embrace harm reduction measures because they more truly reflect the human condition.

How about it, Mr. Harper?

Source: <http://www.city.vancouver.bc.ca/fourpillars/>

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

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

## Safe Injection Site in Victoria?

Hot on the heels of yet another Victoria mayoral re-election, Alan Lowe has promised that a safe injection site will become a reality in 2006. Of course, before Victoria becomes the second city in North America with an injection facility, it will need to gain favour with one new prime minister (the one who said "We, as a government, will not use taxpayers' money to fund drug use.").

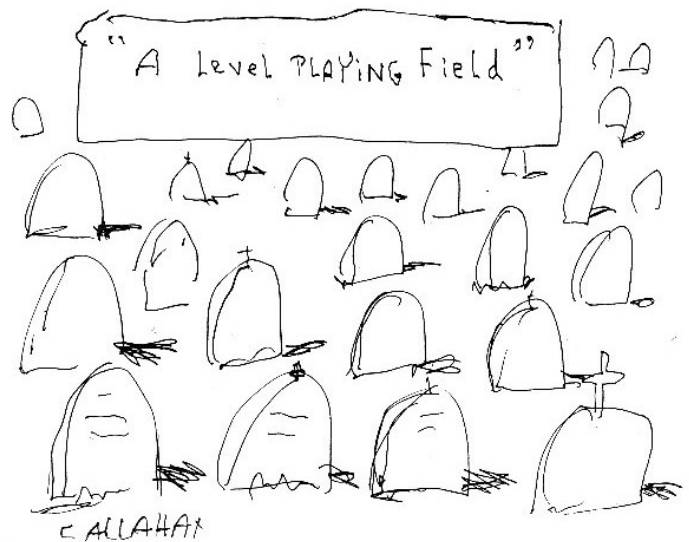
Many of the other players are supportive of a supervised injection site, such as Victoria Police Chief Paul Battershill, "We are supportive of the idea and we think it makes sense." And Federal Health Minister Ujjal Dosanjh, "I believe if you have a significant drug problem, which I think Victoria has, harm reduction approaches would be helpful. And a safe injection site, if asked for by the local community and the province, I would certainly support."

Meanwhile, Insite, a supervised injection site, is running at full capacity and BC's Medical Health Officer Perry Kendall said the clinic has achieved its goal to cut overdose deaths and rates of hepatitis and HIV infection. This was why it was set up and, especially with its successes, why it should remain open. Efforts such as these solidly recognize drug abuse as a health issue and that money spent on harm reduction measures is cheaper to society than prohibition.

Victoria Times-Colonist, Jan 3 2006, [www.mapinc.org/drugnews/v06/n010/a03.html](http://www.mapinc.org/drugnews/v06/n010/a03.html)

# CALLAHAN

By John Callahan



## Definitions:

**blase** *a.* cloyed with or tired of pleasure; unimpressed because of over-familiarity. [ French ]

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

**epidermis** *n.* outermost layer of cells of a multicellular organism. (Botany) Primary tissue, one cell thick, forming protective cell layer on surface of plant body, covered in aerial parts by a non-cellular protective cuticle.

(The Penguin Dictionary of Biology, 10th. ed., 2000)

**fanatic** *a & n.* (person) filled with excessive and mistaken enthusiasm, especially in religion; hence ~AL *a.*, ~ALLY *adv.*, ~IZE *v.i. & t.* [ from French *fanatique* or from Latin *fanaticus* (*fanum* temple)] (The Concise Oxford Dictionary, 7th ed., 1983)

**precipice** *n.* vertical or steep face of rock, cliff, mountain, etc. [ from French *precipice* or from Latin *praecipitium* falling headlong, precipice (as PRECIPITOUS) ] (ibid.)

## UBC Pregnancy & Cannabis Survey Backlash

Quick. How many problems are a result of mis-communication? While there is no scientific evidence to prove it (that we know of), we guesstimate that most, if not all, are a result of communication screwups. Whether it is misread, misheard, misspoken, or just plain missed, the message is often blurred at best.

Take for example the medicinal cannabis and pregnancy survey out of UBC that was recently published (reviewed in VICS Newsletter Nov. 2005). The paper presented results of a survey of female users of medicinal cannabis and their experiences with nausea during pregnancy. Of the 77% of respondents who had experienced nausea during pregnancy, 68% had used cannabis to treat the condition, and 92% of these respondents rated cannabis as 'extremely effective' or 'effective'.

When newspapers picked up the story, it was presented as if doctors had recommended smoking cannabis to treat morning sickness. Such as: "Now, somebody with more degrees than a thermometer gives licence for pregnant women to toké up?"

On the contrary, each woman made the choice for herself, for better or worse. The study merely reported the numbers without judgement and concluded that, due to the reported effectiveness of cannabis as an anti-emetic, further investigations into cannabis therapy are needed. As well, quick to paint over the benefits, news articles jumped on pregnant women ingesting cannabis by smoking. Notwithstanding that there are alternatives to smoking, and that some of the women may have been aware of and could (and did) gain access to non-smoking alternatives, the two main reasons cannabis is smoked are because of its very rapid relief of symptoms and its ease of dose titration. Research that.

Who knows where further investigations will lead, but hopefully it will be more informative than editorials in national newspapers.

Source: Windsor Star, Jan 30 2006 and others  
<http://www.mapinc.org/drugnews/v06/n128/a06.html>



The VICS is very saddened with the passing of Judy Hudson in early January. A long-time cancer survivor, Judy's positive attitude, tenacity and laugh will be sorely missed. Fred, her dog, can visit us anytime. Peace.

The Neighborhood



"It's my fault, Officer. The dog should never have been driving!"

## Cannabis Assists With Weight Loss

The perennial Achilles heel of cannabis to many is that cultural manifestation called 'the munchies'. That is, ingest cannabis and you'll feel hungry. This is the intended effect for some but can be an issue for others. It stems from the action of tetrahydrocannabinol (THC), one of the active ingredients in cannabis, on specific appetite-control receptors in the brain. The chemical also causes the body to lay down more fat.

Recently, however, scientists have discovered that one of its ingredients has been found to suppress appetite. "We've discovered to our surprise that cannabis, as well as containing a drug that boosts appetite, contains a drug which has a blocking effect," said Roger Pertwee, a neuropharmacologist at Aberdeen University, UK. The drug, known as tetrahydrocannabivarin (aka tetrahydrocannabivarinol, THCV, or THV) is a psychoactive cannabinoid found in minor amounts in cannabis. THCV works on the same receptors as THC but has entirely the opposite effect. Why THCV does not manifest itself to people who smoke cannabis is a mystery, but it might have something to do with the proportions of the various ingredients in the drug. [www.mapinc.org/drugnews/v05/n1453/a03.html](http://www.mapinc.org/drugnews/v05/n1453/a03.html)



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#### Canadians for Safe Access

<http://www.safeaccess.ca>

#### Canadian Cannabis Coalition

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

#### Canada Medical Marihuana

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

#### Media Awareness Project

<http://www.mapinc.org>

#### Action Committee of People with Disabilities

383-4105

#### 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>

**"Dead people cannot recover from addiction."**

**– Dr. Perry Kendall, British Columbia Provincial Health Officer**