

# CANNABINOID CHRONICLES



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## Medical Cannabis News and Information

### Canada - Not All Medicine, Patients Treated Equally

Tom McMullen of Prospect Bay, NS, a legally licensed medical cannabis user who purchases his medicine from Health Canada (HC), has recently found out how heartless and hypocritical the system can be.

Mr. McMullen has had three spinal fusion surgeries and gets painful shingles in his legs. He began using cannabis about two years ago to deal with pain, nausea and lack of appetite while under the care of Dr. Lynch, head of Halifax's pain clinic at the Queen Elizabeth II Health Sciences Centre. After six years of various medications that were not working, McMullen began using cannabis and said that it has helped him eat, sleep and live like a normal person.

However, surviving on a federal disability pension ("...I live off \$639 a month..."), McMullen has not been able to pay his cannabis bill lately and has been cut-off from his legal supply. His 90 grams per month translates into \$450 plus tax, roughly 80% of his monthly pension cheque.

McMullen owes the agency more than \$1,000 and has been told he won't be sent more cannabis until he clears the debt. McMullen said he has owed HC as much as \$2,000 in the past but that the agency has never cut off his supply before.

Megan Leslie, a community legal worker at Dalhousie Legal Aid, said her client shouldn't be forced into such a position. Health Canada has refused to negotiate a payment plan; she said it's been tremendously difficult just to get in touch with department officials. Leslie said the only real opportunity low-income medical cannabis users have to pay for the drug is when they're reimbursed medical expenses after filing income tax returns, once a year.

HC stated that all medical cannabis recipients are made aware of the payment policies and insists on full payment each month.

"That's unacceptable," Leslie said. "Even collection agencies do payment plans."

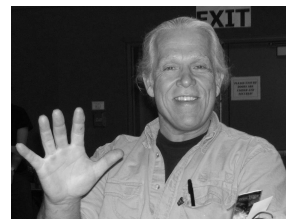
To make matters worse, legal cannabis purchased from HC does not qualify for coverage by other governmental agencies such as the provincial Department of Community Services' pharmacare. It does not qualify as a pharmaceutical and is not distributed by a pharmacy - as a result it is not subsidized like other drugs for medical purposes and patients pay the full price, just like the street.

Leslie has appealed unsuccessfully to have medical cannabis considered a special need on par with orthotics, sunscreen and distilled

### VICS 2006 Annual General Meeting

The seventh VICS Annual General Meeting in July was attended by roughly 40 members, directors, staff and friends.

Membership in the past year has grown to nearly 600 members and our staff has grown by one - welcome Leyna who brings nursing knowledge and skills to the VICS. Thanks to Phil and



his huge effort, the VICS has made many presentations and was/is involved with numerous research studies and surveys (e.g. Nausea and Pregnancy study; 5-year Overview of Canada's Medicinal Cannabis

Policy and Program; Canadian Aids Society study on Cannabis as medicine....). Michelle has stepped down from the board of directors - **MANY** thanks for your years of help (and you still keep giving). We welcome Kecia our newest board member. Char was chosen staff member



of the year for all her hard work and great baking. Special thanks to Paul, as usual, for your continued support. Thanks to ALL staff and board members for your commitment. And thanks to all who have helped the VICS over the past year - there are too many to mention.

See you in 2007.



water, all used by some clients and covered by the department. Community Services is willing to pay the greater cost of the pharmaceutical treatments that have in the past made McMullen more ill, she said.

To treat sick people in this manner is shameful and repugnant - what exactly is the lesson to be learned from this behaviour? Canadians shouldn't put up with these double standards. We need to hold our elected citizens, paid by our taxes, more accountable.

Source: Chronicle Herald, Aug 25, 2006.  
<http://www.mapinc.org/drugnews/v06/n1125/a08.html>

### VITCRI Trial Postponed Once Again

The trial involving two individuals and the production of cannabis for VICS members has been moved once again to early 2007. Stay tuned for further details and dates.

### VICS BBQ, October 1, 2006

All VICS members and friends are invited to our annual BBQ, noon, Mt. Douglas Park (beach access)

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### Science: Leading pain experts name cannabinoids among most promising substances to treating neuropathic pain

Cannabinoids are the most promising approach to treating a common type of pain, according to an elite group of pain specialists convened by MedPanel, a global organization based in Cambridge, US, to discuss the challenges and future of treating neuropathic (nerve injury) pain. The condition is frequently seen in patients with diabetes, cancer, HIV, diseases of the central nervous system such as multiple sclerosis, and after certain surgeries. "During the summit we asked the group to respond to data pertaining to several novel drug therapies and classes of agents under study, and at the conclusion of the meeting they told us that cannabinoids' potential for a strong analgesic effect, broad action on the central nervous system, reduced side effects and use in combination with other therapies is more exciting to them than several other investigational approaches," said Matt Fearer, Senior Vice President, Content Development for MedPanel. "It appears, however, that an unfortunate sociopolitical climate could delay or prevent the approval of potentially valuable therapies for millions of people suffering from neuropathic pain," he added.

Source: PRNewswire of 21 June 2006

### Science: Cannabis use does not increase injury risk

According to a large case-control study of researchers of the University of Missouri in Columbia cannabis did not increase the risk for injury requiring hospitalization. Investigators assessed the association between illegal drug use and injury among adults age 18 to 60. They conducted interviews with 2,161 injured subjects requiring emergency room treatment and 1,856 controls matched for age and gender.

Among cases 27% were injured in a fall, 19% were struck by an object, 18% were in a motor vehicle crash, and the rest were injured by a variety of mechanisms.

"Self-reported marijuana use in the previous seven days was associated in this study with a substantially decreased risk of injury," investigators reported. In contrast, use of other illicit drugs and/or recent use of alcohol (in the prior six hours) was associated "with a greatly increased risk of injury."

Source: Vinson D. Marijuana and other illicit drug use and the risk of injury: a case-control study. *Missouri Medicine* 2006;103(2).

### Science: THC tested against brain tumour in pilot clinical study

Results of a clinical study with THC in nine brain cancer patients conducted in a hospital on Tenerife, Spain, were published in the *British Journal of Cancer*. Patients suffered from a glioblastoma, a very aggressive brain tumour, and had previously failed standard therapy (surgery and radiotherapy). Median survival was 24 weeks. Two patients survived nearly one year.

THC was administered directly into the tumour by a small catheter, whose tip was placed into the tumour during a surgery. The initial THC dose was 20-40 micrograms, which was increased to 80-180 micrograms daily. Patients were treated for 10-64 days. The treatment was well tolerated by all patients.

The tumours of the nine patients expressed different amounts of CB1 and CB2 receptors, but there was no correlation between receptor expression and survival. Due to the study design it was not possible to determine the effect of THC on survival. This would have required a control group with no or with a different treatment. A comparison with survival in pilot studies with other drugs suggests that THC may have been beneficial to the patients in this study. Researchers noted that THC at least did "not facilitate tumour growth nor decrease patient survival." They suggest further trials with cannabinoids on this and other types of tumours either alone or in combination with other anti-tumoural drugs.

Source: Guzman M, et al L. A pilot clinical study of Delta(9)-tetrahydrocannabinol in patients with recurrent glioblastoma multiforme. *Br J Cancer*, 2006 Jun 27

### Science: THC inhibits primary marker of Alzheimer's disease

Scientists at The Scripps Research Institute in La Jolla, California, have found that THC inhibits the formation of amyloid plaque, the primary pathological marker for Alzheimer's disease. The study to be published in *Molecular Pharmaceutics* says, THC is "a considerably superior inhibitor of [amyloid plaque] aggregation" to several currently approved drugs for treating the disease. According to the new experimental study THC inhibits a protein, which acts as an accelerator of the formation of amyloid plaque in the brains of Alzheimer victims. Although experts disagree on whether the presence of beta-amyloid plaques in those areas critical to memory and cognition is a symptom or cause, it remains a significant hallmark of the disease. With its strong inhibitory abilities, the study said, THC "may provide an improved therapeutic for Alzheimer's disease" that would treat "both the symptoms and progression" of the disease.

Source: Press release by the Scripps Research Institute of 9 August 2006, <http://www.scripps.edu/news/press/080906.html>

### Science: Cannabis use not associated with risk factors for diseases of heart and circulation

According to research published in the *American Journal of Cardiology* the use of cannabis is not associated with development of risk factors for cardiovascular diseases such as heart attack and

stroke. While acute cannabis use is associated with increased appetite and changes in blood pressure, a long-term study (the CARDIA study) with 3,617 participants from the United States found no effect of regular cannabis use on blood pressure and blood lipids.

Participants who had used cannabis on more than 1,800 days had a higher daily caloric intake, a higher alcohol intake and slightly higher blood pressure and somewhat higher triglycerid levels in blood, but no higher weight and no higher overall lipid and glucose levels than the average of the other participants. Closer analysis revealed that alcohol was responsible for the somewhat higher blood pressure and triglycerid levels. Researchers concluded that cannabis use "was not independently associated with cardiovascular risk factors, [but] it was associated with other unhealthy behaviours, such as high caloric diet, tobacco smoking, and other illicit drug use."

The CARDIA study is examining how heart disease develops in adults. It began in 1986 with a group of 5115 black and white men and women aged 18-30 years. The participants were selected so that there would be approximately the same number of people in subgroups of race, gender and education from four cities in the United States.

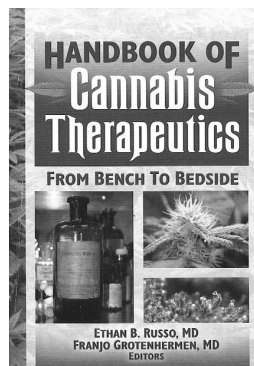
These same participants were asked to participate in follow-up examinations during 1987-1988 (Year 2), 1990-1991 (Year 5), 1992-1993 (Year 7), 1995-1996 (Year 10), and 2000-2001 (Year 15).

Source: Rodondi N, Pletcher MJ, Liu K, Hulley SB, Sidney S. Marijuana Use, Diet, Body Mass Index, and Cardiovascular Risk Factors (from the CARDIA Study). *Am J Cardiol* 2006;98(4):478-484.

### US: House of Representatives

The House of Representatives on June 28 voted to continue to allow federal prosecution of patients who use cannabis for medical purposes in states with laws that permit it. By a 259-163 vote, the House again turned down an amendment that would have blocked the Justice Department from prosecuting people in the 11 states with such medical marijuana laws.

Source: Associated Press of 28 June 2006



## Safe Injection Site, Humanity in Limbo

InSite, the safe injection facility in Vancouver, is set to close its doors if Health Canada declines to renew the three-year Section 56 exemption that allowed it to open in the first place. Federal Health Minister Tony Clement announced Aug. 31 his department wouldn't give another three-year exemption to InSite, adding that it will remain open until a decision is made by the end of 2007. Clement said that additional studies will be conducted into how supervised injection sites affect crime prevention and treatment.

The closure could in turn cast doubt upon a \$300,000 provincially funded study that the City of Victoria plans to submit next spring along with their own application for a safe injection pilot site.

North America's only safe-injection site opened its doors in the Downtown Eastside in September 2003. It was established in Vancouver following an intensive campaign for a safe, clean place for the estimated 5,000 injection drug users in the city's Downtown Eastside, an area with above average HIV and hepatitis C infection rates.

Last August, former city mayors Mike Harcourt, Philip Owen and Senator Larry Campbell released a joint statement in support of keeping the InSite clinic, saying that it made sense both scientifically and financially. Current Mayor Sam Sullivan and former Vancouver mayor, Premier Gordon Campbell, have previously spoken out in support of the clinic.

The reaction from the law enforcement community has been mixed. In May, Vancouver Police Insp. Larry Thompson credited the clinic for its interventions and said the department was in favour of another exemption. But on Aug 31, the president of the Canadian Police Association said the group, which represents 54,000 members, voted unanimously on a motion to press Ottawa to stop financing Vancouver's safe-injection site and invest in a national drug strategy instead.

Talk to the person on the street in Vancouver and 79% are in favour of keeping the facility open if it benefits the community.

"The main argument for those against supervised injection sites would be that it would bring crime to the area, that it would increase the use of drugs, that it would actually encourage people who don't use drugs to begin to use drugs," said criminologist Irwin Cohen of University College of the Fraser Valley. "And none of that has been borne out by the research anywhere."

Statistics compiled by the clinic over a two-year period ending March 31 show there was an average of 607 visits a day to the clinic, and that 453 addicts overdosed at the clinic - but with no deaths because of the trained staff. There were also 4,083 counselling referrals during the two-year period, including about 1,600

referrals to addiction counselling.

Some feel that InSite should only exist if all four pillars, harm reduction, enforcement, education, and prevention, are in place; there is great debate as to how equally these measures are doled out or if they are in place at all, such as treatment and education.

Unfortunately, while arguing, we've forgotten about the individual on the street and their state of health. A May Senate report that disappeared from public view far too quickly, titled 'Out of the Shadows at Last', revealed that one in three homeless Canadians have mental health problems. One in three who suffer from mental illness will experience a substance-abuse problem during their lives. More than half of all drug abusers suffer from mental illness. Canada has deinstitutionalized its mental hospitals and simply let those discharged wander onto the streets or make their way into prisons.

A recent report by the Centre for Policy Alternatives lays the blame for the despair at Main and Hastings squarely on the BC government. Community-Based Mental Health Services in BC declares flatly: "The provincial government has ignored its responsibility to develop a comprehensive mental-health strategy for the province that establishes the provision of income, employment and housing supports to people with mental illness."

One of the province's first actions in 2001 was to cut the position of mental health advocate and a protected spending envelope for mental health services. Further, mental health staffing within the provincial government was cut by 70%, "thus radically altering policy and leadership capacity."

Where are all the treatment beds for detox and rehab? What are these users, so many of whom are mentally ill, supposed to do when they leave InSite?

BC needs to act on a 2005 Homeless Action Plan to create 3,200 new housing units, among which would be 750 units for people with mental illness and 750 units for those with drug addictions.

A supervised injection site is useful to reduce transmission of HIV and hepatitis C and prevent overdose deaths. But it's a spit in the bucket in terms of comprehensively addressing real and widespread mental health and addiction needs so apparently visible on our streets.

Considering that the federal and BC government agreed to cough up millions of dollars of taxpayers' money last month to finish building 2010 O(we)lympic venues, we're basically turning our backs on those in need of appropriate health and housing facilities.

And that's nothing to be proud of.

Source: Victoria News, Aug. 31, and Vancouver Sun, Sept 1, 2006 <http://www.map-inc.org/drugnews/v06/n1158/a09.html>

**California Lawsuit:** The American Civil Liberties Union (ACLU), Americans for Safe Access and the Drug Policy Alliance moved on July 7 to intervene in a lawsuit brought by several California counties that seeks to overturn the state's law, which makes medical cannabis legal for patients with a doctor's recommendation.

"The law is clear: federal marijuana laws do not trump California's ability to make medical marijuana legal under state law," said Allen Hopper, an attorney with the ACLU Drug Law Reform Project. San Diego, San Bernardino and Merced counties argue that federal laws prohibiting all use of marijuana invalidate state laws that allow qualified patients to use medical marijuana.

Source: ACLU of 7 July 2006

## DEFINITIONS

**caterwaul** *v.i., & n.* (make) cat's screaming. [Middle English from CAT + *-waul* imitative] [see also TOOL] (The Concise Oxford Dictionary, 7th ed., 1983)

**egalitarian** *a. & n.* of, relating to, (person) holding, the principle of equal rights etc. for all persons; hence egalitarianISM *n.* [from French *egalitaire* (egal EQUAL) + IAN] (ibid.)

**proclivity** *n.* tendency (*to* or *towards*) action or habit, especially bad one; *to* do). [from Latin *proclivitas* from PRO(*clivis* from *clivus* slope) inclined] (ibid.)

**wank** *n., & v.i.* (vulgar) (engage in) masturbation; hence wankER *n.* (also contemptible person). [20th century, origin unknown] [see also 'arper] (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)

## Medical Cannabis Activist Killed In Train Crash

Don Faulkner, the Savona man killed in the June 30 rail crash in BC was a licensed cannabis grower, committed pot activist and well-loved community man.

The 59-year-old Faulkner and his fellow conductor, 55-year-old Tom Dodd, of Ashcroft, died at the scene of the crash 40 kilometres north of Lillooet.

Gord Rhodes, the 49-year-old engineer, miraculously survived when he was thrown from the derailment that saw his CN Rail train plunge down a mountainside and explode in a fireball.

Faulkner lobbied politicians and wrote newspapers pushing for the rights of those who can benefit from the long-documented medicinal properties of the criminally prohibited plant.

Faulkner was concerned about the cannabis produced by the only company licensed by the federal government to legally produce medical cannabis - Prairie Plant Systems that grows its plants in an old mine site near Flin Flon, MB. He was concerned that if the supply of cannabis was compromised, that could have consequences for the intended study participants who were already extremely ill people.

"... it would be paramount to ensure that this study's product must pass the most stringent testing, for safety concerns," he wrote.

The compassion clubs are supplying quality medicine, at a far lower cost to the end user, than the government has been able to do, he maintained, and Ottawa is attempting to gain a monopoly in the production of medical cannabis.

"The government does not distill the alcohol sold in liquor stores, nor does it grow the tobacco grown for cigarette production in this country," he said. "They shouldn't be in the medical marijuana business either. Leave that to those who know how to do it best."

Source: Vancouver Sun, July 3, 2006 [www.mapinc.org/drugnews/v06/n884/a03.html](http://www.mapinc.org/drugnews/v06/n884/a03.html)

With heavy hearts, staff at the VICS would like to say goodbye to two members who passed away this summer -  
Jim Bullchild and John Spencer. PEACE

## Health Canada Seeks New Supplier

In December 2000 the Canadian government gave Prairie Plant Systems a five-year contract to supply cannabis to the Health Canada to be used for patients and clinical research. The contract was renewed until the end of September 2006. Now Health Canada is seeking proposals from further potential suppliers and invites interested companies and individuals to submit bids for a cannabis-growing contract.

This process could result in Prairie Plant Systems being selected again, or some other supplier could get the contract. Philippe Lucas, spokesman for Canadians for Safe Access, however noted that it might be better to leave the concept of a single supplier. People, who use medicinal cannabis respond better to different strains of the drug, Lucas said, and want the right to choose from a selection. VICS members know this all too well.

Source: Canadian Press of 27 July 2006

## Colorado Legalization Referendum

The Colorado Secretary of State's office announced August 16 that a statewide initiative that seeks to eliminate all criminal and civil penalties for the possession of cannabis by adults has been certified to appear on the November 2006 ballot.

Sponsored by Safer Alternatives For Enjoyable Recreation (SAFER), the measure would amend state statutes to make the possession of up to one ounce of cannabis legal in Colorado for those age 21 years or older. Last year, voters in Denver passed a similar municipal initiative by 54%.

August 17, 2006, Denver, CO. <http://www.saferchoice.org>



## How To Grow A Garry Oak

Garry oak seeds (acorns) ripen between late August and November.

Collect a bunch and drop them into water. Throw out the floaters. Bury acorns shallowly in the soil or under a good layer of leaf mulch. They require a sunny spot and protection from foragers.

They thrive in a variety of soil conditions.

Growth for the first four years is slow, and then they motor upward.



### RESOURCE DIRECTORY:

#### AIDS Vancouver Island

1601 Blanshard, 384-2366

#### V.P.W.A.

330-1105 Pandora, 382-7927

#### MS Society

1004 N.Park, 388-6496

#### HepC BC

306-620 View, 595-3892

#### Canadians for Safe Access

<http://www.safeaccess.ca>

#### Disabled Rights Alliance

15-950 Humboldt St.

Victoria, BC V8V 2Z8

380-6660

#### John W. Conroy, Q.C.

1-877-852-5110 (toll free)

<http://www.johnconroy.com>

#### BCCCS

Vancouver, 604-875-0448

<http://thecompassionclub.org>

#### 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>

"Plant lots and lots and lots of trees."

— Anonymous