

CANNABINOID CHRONICLES



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Medical Cannabis News and Information

Canada - Believe What We Tell You

Drug squad head Sgt. Shields of the Kelowna RCMP spent a considerable part of a media briefing Dec. 5, 2006 trying to convince reporters of a stand the force has taken often in the past: The majority of cannabis grow operations are connected to organized crime and that the dope they grow is smuggled into the US and comes back as cocaine.

During Green Team raids on 23 large grow houses, Shields said police seized 10,500 plants, enough by their calculations to provide every teenager kid in the Central Okanagan school district with a joint a day for 429 days.

But what about the obvious disparity? If the cannabis is all going south for cocaine, how is it that the same stuff can also supply our kids for over a year?

The sergeant painted grow-ops as hazardous health risks, staffed by desperate criminals with guns who may also have their young children living in a house filled with the exposed wires and overloaded circuits. Yet police seized no guns and not one child was found inside any of the 23 grow houses.

When pressed for specifics, RCMP will often cite confidentiality rules. This is not to say that guns nor children are never present at grow-ops, but they may be the exception, especially the children.

Another popular police statement is that grow-ops are moldy, with a recent bust in Toronto on Jane St. highlighting the point. Police claim that mould was present at the busted grow-op but according to Dr. Howard Shapiro, Toronto Public Health's associate medical officer of health, who inspected the building, "We didn't find any visible evidence of mould in the common areas or the units [used as grow-ops]."

Pot TV station manager Greg Williams has seen plenty of farming facilities, and he said, "Mould doesn't happen unless it's under

unusual circumstances. Yet all the grow-ops busted by police have mould."

He says over-watering, over-misting and dramatic temperature changes will create plant worries before mould ever appears. "The plants would be dead," says Williams about the Jane St. bust haul. "They would not survive. With amounts of mould as high as the police claim, those plants would get mushy and die."

Health Canada licensed cannabis grower Mik Mann, who offers farming facility tours on Vancouver Island, explains: "With proper venting there is little problem with mould on the walls. I have white plastic on the walls and have zero mould on it or under it."

Sure, public health suggests mould might happen when mist hits the paper coating on drywall, but Mann says, "If you have your fans running [as you should], mist on the walls dries long before it becomes a problem."

Of course, good airflow is critical for mould prevention in any home.

According to Mann, "Mould on the walls may indicate some other problems with the home unrelated to an indoor garden." (Such as poor insulation, poor windows, poor air/moisture sealing and/or an inadequate or nonexistent ventilation system, like most older homes on the wet coast.)

Shapiro notes, "In general, you can have mould issues from a leaky pipe or a flooded basement. You get mould in buildings that have structural issues."

Indeed, if the mould was as bad as sometimes stated, the street value of the product would be considerably less due to poor quality. Which makes one ask an obvious question: how could the cannabis grown in a moldy Jane St. grow-op be "very high-quality" buds valued at \$6.6 million?

Source: Kelowna Capital News, Dec 6, www.mapinc.org/drugnews/v06/n1670/a03.html, and NOW Magazine, Dec 7, 2006, www.mapinc.org/drugnews/v06/n1661/a07.html



Happy New Year From the VICS

2007 is here and the sun is returning. The staff of the VICS are thankful to have been serving the community the best we know how (but not always since we're human). We are hopeful that we can continue to do so.

Sadly, the VICS has lost a few more members this past year and this issue is dedicated to their memory and their families/care-givers. We are still seeing new faces and making new connections as our membership now approaches 640 persons.

The trial involving two individuals and the production of cannabis for VICS members is finally going to go ahead in the beginning of May, nearly three years to the day of the bust. Stay tuned for further notice. We're crossing our fingers that something will actually happen this time. **Peace**



(Ed also wishes to express huge appreciation to all who helped move the outdoor garden after the November snow, waterlogged pots and all - Steve, Doug, Mike, Meshum, Tim and Michelle. Muchas gracias folks!)

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Science: Moderate cannabis use has a positive effect on treatment for cocaine dependence in patients with comorbid ADHD and cocaine dependence

According to a study of the New York State Psychiatric Institute moderate/intermittent cannabis users were more successful than other patients in abstaining from cocaine use in a sample of 92 cocaine dependent patients diagnosed with current ADHD (attention-deficit hyperactivity disorder) aged 25 to 51. They participated in a clinical trial of methylphenidate for treatment of ADHD and cocaine dependence in an outpatient setting. The study investigated the effects of cannabis use on treatment retention and abstinence from cocaine.

At week 14, retention rates were 24% among abstainers, 57% among intermittent/moderate users, and 39% among heavy/regular users. Cannabis use also was associated with higher rates of abstinence from cocaine. Among those subjects in the study who reported using cannabis intermittently, 39% achieved two or more weeks of abstinence from cocaine, compared to only 26% of subjects who reported not using cannabis during treatment. The study was the first to assess the use of cannabis on treatment outcomes in patients diagnosed with cocaine dependence.

Source: Aharonovich E, Garawi F, Bisaga A, Brooks D, Raby WN, Rubin E, Nunes EV, Levin FR. Concurrent cannabis use during treatment for comorbid ADHD and cocaine dependence: effects on outcome. *Am J Drug Alcohol Abuse*. 2006;32(4):629-35.

Science: Cancer of the liver

Chinese researchers investigated the consequences of a high expression of cannabinoid receptors on disease development in 13 patients with cancer of the liver (hepatocellular carcinoma, HCC). In 8 of 13 patients the number of CB1 receptors was augmented and in 7 of 13 the CB2 receptors were augmented. Overexpression of both receptors, that is a high density of receptors in the liver cells, was associated with a more favourable course of the disease. Researchers concluded that "CB1 and CB2 have potential as prognostic indicators and [the results] suggest possible beneficial effects of cannabinoids on prognosis of patients with HCC."

Source: Xu X, et al. *Cancer Genet Cytogenet* 2006;171(1):31-89

Science: Migraine

The levels of the endocannabinoid anandamide in the cerebrospinal fluid are lower in chronic migraine patients compared to healthy subjects. This may help to explain why THC may help in migraine.

Source: Sarchielli P, et al. *Neuropsychopharmacology*. 2006 Nov 22

Science: Why cannabis use impairs memory and may help against epilepsy

Scientists may have just found out why cannabis impairs memory and why endocannabinoids might help against epilepsy. Neuroscientists David Robbe and Gyorgy Buzsaki at Rutgers University and their colleagues recorded hippocampus activity in rats. Normally brain cells in this region often synchronize their electrical activity.

When the researchers injected rats with THC or a synthetic cannabinoid, they found the normally synchronized workings of the hippocampus became disrupted. While the cells did not change how often they fired nerve impulses, their timing became erratic. Imagine an orchestra where the musicians are deafened and perhaps blindfolded, Buzsaki said. Researchers assume that synchronized brain cell activity is crucial for memory formation and think that THC disrupts this synchronized activity.

The scientists suggest the way THC disrupts synchronized brain cell activity might help fight seizures. During seizures, brain activity becomes abnormally synchronized.

More at:

www.livescience.com/humanbiology/061119_pot_memory.html

Sources: LiveScience.com of 19 November 2006, Robbe D, Montgomery SM, Thome A, Rueda-Orozco PE, McNaughton BL, Buzsaki G. Cannabinoids reveal importance of spike timing coordination in hippocampal function. *Nat Neurosci*. 2006 Nov 19

WARNING
HAZARDOUSLY
WASTED

Science: Long-term use of a cannabis extract in patients with multiple sclerosis

An open study in 137 MS patients with symptoms not controlled satisfactorily using standard drugs was conducted with an oral cannabis extract (Sativex) to investigate long-term efficacy and safety. Participants had completed a 10-week, placebo-controlled study and were followed for an average of 434 days (range 21-814).

A total of 58 patients (42.3%) withdrew due to: lack of efficacy (24 patients), adverse events (17), and other reasons (17). Patients reported 292 unwanted effects, of which 86% were mild to moderate, including oral pain (28 patients), dizziness (20), diarrhoea (17), nausea (15) and oromucosal disorder (12). Three patients had five serious adverse events (two seizures, one fall, one pneumonia, one inflammation of the bowel). Four patients had first-ever seizures.

The improvements recorded and dosage taken in the acute study remained stable. Planned, sudden interruption of cannabis administration for two weeks in 25 patients did not cause a consistent withdrawal syndrome, although 11 (46%) patients reported at least one withdrawal symptom (tiredness, interrupted sleep, hot and cold flushes, mood alteration, reduced appetite, emotional lability, intoxication or vivid dreams).

The authors concluded that long-term use of a cannabis extract "maintains its effect in those patients who perceive initial benefit. The precise nature and rate of risks with long-term use, especially epilepsy, will require larger and longer-term studies."

Source: Wade DT, Makela PM, House H, Bateman C, Robson P. Long-term use of a cannabis-based medicine in the treatment of spasticity and other symptoms in multiple sclerosis. *Mult Scler* 2006;12(5):639-45.

CORRECTION

Grant Krieger was not and is not associated with the Health Canada Medical Marihuana Access Regulations (MMAR) program. He "has a one-of-a-kind court order to possess and grow cannabis for his own personal use only". (Excuse human lapse)

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CMA Report: Insite Gets Positive Comments

Late November 2006, the Canadian Medical Association Journal (CMAJ) released a summary of findings related to Vancouver's Insite, North America's first supervised injection site. Insite is a place where heroin addicts and other injection drug users can go to inject under clean, safe, and supervised conditions. The report, led by British Columbia epidemiologist Mark Wood, found that the site generated "a large number of health and community benefits, [while] there have been no indications of community or health-related harms."

Vancouver's experiment falls along medical lines, based upon the notion that addiction is a social ill, a problem that exists and needs to be addressed whether by medicalization or by removal of prohibition. Medical proponents of the site refrain from going so far as to calling for legalization of heroin, but the idea behind the site requires that the space be granted a "waiver of law," where users can inject without the threat of being arrested. That "waiver" is now in jeopardy, as Stephen Harper's government did not grant the requested three and-a-half year extension, instead only permitting it to remain open until the end of 2007.

In a survey of addicts on the Eastside, 42% reported using Insite. Users also tended to represent some of the most vulnerable members of an already marginal population; by and large, patrons were more likely to be younger, to be homeless, to have previously overdosed, and to be daily users. Heroin was the most frequently injected substance, followed by cocaine.

The study also reported that those using the facility were less likely to share needles, a major step in the prevention of the transmission of HIV and other blood borne diseases.

Another component to the reluctance of policy-makers to espouse the supervised injection site concept revolves around the concern over what such a site would do to further compromise the neighbourhood. Specifically, there are worries that Insite's presence will attract drug dealers and concentrate criminal activity, as well as act as a siphon for non-addicts to access and ultimately become addicted to illicit drugs.

But the CMAJ report, as well as a study commissioned by the RCMP and led by Ray Corrado and Irwin Cohen, both found that these fears have not come to fruition.

The site has not exacerbated the drug problem, nor have crime levels increased.

With the threat of funding cuts looming overhead, this latest report adds to the RCMP-commissioned study and a chorus of other voices, including Health Canada, that have called for more supervised injection site initiatives.

Insite will be adding 42 "pretox" and transitional housing beds by February, 2006. The two new floors, called Onsite, will provide beds immediately for injection-drug users while they wait for longer-term treatment spots to open elsewhere, so that they don't disappear and die in Vancouver's Downtown Eastside. Though the plan to add beds was conceived before the site opened in 2003, it is only now that approval has been received from the city.

Thomas Kerr, a researcher with the B.C. Centre for Excellence in HIV/AIDS which has studied the site, said he is weary of the controversy, and stated opponents of the clinic are ignoring research for political reasons. "When you are dealing with life and death, there's no room for ideology."

He said it is disingenuous for the federal government to call for more research but to also cut his centre's funding to study the supervised-injection site, adding that he does not believe anyone else is conducting such research.

Source: Manitoban, 29 Nov 2006, www.mapinc.org/drugnews/v06/n1634/a11.html, and Globe and Mail, 16 Dec 2006, www.mapinc.org/drugnews/v06/n1697/a09.html

Study: Cannabis Not Always 'Gateway Drug'

Contrary to popular belief, smoking cannabis need not be a steppingstone between using alcohol and tobacco and experimenting with illegal drugs such as cocaine and heroin.

Researchers led by Ralph E. Tarter, a professor at the University of Pittsburgh's School of Pharmacy, found that nearly a quarter of the young men they studied used marijuana before they began drinking or smoking cigarettes.

It's the reverse of what's known as the "gateway hypothesis," in which drug use is thought to progress from alcohol and tobacco to marijuana to hard drugs.

The researchers determined also that the likelihood of developing a substance abuse problem was similar in youngsters who followed the traditional gateway drug use pattern and those who followed the reverse pattern.

"This is actually quite novel, this idea," Dr. Tarter said. "It runs counter to about six decades of current drug policy in the country,

where we believe that if we can't stop kids from using marijuana, then they're going to go on and become addicts to hard drugs."

But the data doesn't support that contention, he noted. The findings were published in this month's American Journal of Psychiatry.

In Dr. Tarter's study, which was funded by the US National Institute on Drug Abuse, researchers monitored more than 200 young men at intervals from the time they were 10 to 12 years of age until they were 22. They fell into one of three groups: those who used only alcohol or tobacco; those who started with alcohol and tobacco and then used cannabis; and those who used cannabis prior to using alcohol and tobacco.

Among those who used cannabis, nearly a quarter followed the reverse of the gateway pattern. They tended to have less parental supervision and to live in neighborhoods with poor physical environments where illegal drugs were more available.

In general, the cannabis-users were more behaviorally deviant, less involved with school and had friends their parents didn't like, the researchers found.

Gateway's Rehabilitation Center medical director Dr. Neil Capretto said a few patients have told him that the first drug they used was heroin, which is "very available now in many neighborhoods, whether it be inner-city Pittsburgh or upper-middle-class suburbs." He praised the Pitt study, saying, "it really shows the complex nature of addiction. What they're showing here is what we've been seeing in practice for years."

Most people who experiment with marijuana do not go on to use harder drugs, Dr. Capretto said.

Still, "the vast majority of people who we see who do cocaine or heroin have done marijuana in the past, or are likely to do it at some time in the future," he noted. But "if we could push a button and all the marijuana would go away, by no means will that stop the drug problem in this country."

Source: Pittsburgh Post-Gazette, 05 Dec 2006, <http://www.mapinc.org/drugnews/v06/n1652/a09.html>

DEFINITIONS

castigate *v.t.* chastise, punish with blows or words; hence **CASTIGATION**, **CASTIGator**, *ns.*, **CASTIGatory** *a.* [from Latin *castigare* *reprove*]
(The Concise Oxford Dictionary, 7th ed., 1983)



Cannabis Called US's Biggest Crop

Citing government statistics and using a conservative price of cannabis, a marijuana public policy analyst contends that the market value of cannabis produced in the US exceeds \$35 billion - far more than the crop value of such staples as corn (\$23 billion), soybeans (\$17.6 billion) and hay (\$12.2 billion), which are the top three legal cash crops.

Released Dec. 18, 2006, the report states that California is responsible for more than a third of the cannabis harvest, with an estimated production of \$13.8 billion that exceeds the value of the state's grapes, vegetables and hay combined - and cannabis is the top cash crop in a dozen states.

Jon Gettman, the report's author, is a public policy consultant and leading proponent of the push to drop marijuana from the federal list of hard-core Schedule 1 drugs - which are deemed to have no medicinal value and a high likelihood of abuse - such as heroin and LSD.

He argues that the data support his push to begin treating cannabis like tobacco and alcohol by legalizing and reaping a tax windfall from it, while controlling production and distribution to better restrict use by teenagers.

"Despite years of effort by law enforcement, they're not getting rid of it," Gettman said. "Not only is the problem worse in terms of magnitude of cultivation, but production has spread all around the country. To say the genie is out of the bottle is a profound understatement."

The contention that cannabis is America's biggest cash crop dates to the early 1980s, when marijuana legalization advocates began citing Drug Enforcement Administration estimates suggesting that about 1,000 metric tons of cannabis were being produced nationwide. Over the years, cannabis advocates have produced studies estimating the size and value of the US crop, most recently in 1998.

Gettman's report cites figures in a 2005 State Department report estimating US cannabis cultivation at 10,000 metric tons, or more than 22 million pounds - 10 times the 1981 production.

Using data on the number of pounds eradicated by police around the US, Gettman produced estimates of the likely size and value of the cannabis crop in each state.

His methodology used what he described as a conservative value of about **\$1,600** per pound compared to the \$2,000 to \$4,000 per pound street value often cited by law enforcement agencies after busts.

Source: Los Angeles Times, 18 Dec 2006,
<http://www.mapinc.org/drugnews/v06/n1708/a03.html>

North Dakota Plans To Allow Industrial Hemp

North Dakota farmers may start applying for state licenses to grow industrial hemp in 2007 but no seed may be sown until DEA agents approve, Agriculture Commissioner Roger Johnson says. "We'll see where it goes," said Johnson, who has been pushing industrial hemp as a crop in North Dakota for more than a decade. "Hopefully, North Dakota will be the first state where producers can grow hemp for legitimate uses."

The US Drug Enforcement Agency (DEA) remains a major hurdle for would-be growers of cannabis' biological cousin. They are still arguing for the same illogical control on a product that is distinctly different from its genetic cousin.

Hemp has less than 0.3% THC, does not have psychoactive effects and has a plethora of uses, yet the DEA continues to claim that there is no differentiation between hemp and cannabis. Steve Robertson, a DEA special agent said. "The regulations for hemp are the same as they are for marijuana." He stated that because hemp contains trace amounts of tetrahydrocannabinol (THC), a banned substance, it falls under federal anti-drug rules.(?)

Sadly, it's the only crop that would have to be licensed in North Dakota. The application fee for the state license will cost at least \$150. The rules, which take effect on Jan. 1, require a criminal background check on farmers who want to grow hemp. The sale of hemp and the location of the hemp fields must be documented. Then it would be up to farmers to seek the final approval from federal drug agents once the state license is approved, Johnson said. "Only after they do that can they can humbly ask the DEA for its stamp of approval," Johnson said.

Robertson said the DEA would review each application fairly under the law. Johnson said farmers who want to grow hemp might go to court if the state issues them a license but the DEA ignores or denies it.

Source: Forum. The, 04 Dec 2006, www.mapinc.org/drugnews/v06/n1656/a09.html



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www.cannabiscoalition.ca

Canada Medical Marijuana
www.medicalmarihuana.ca

Media Awareness Project
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Treating Yourself
www.treatingyourself.com

Cannabis Research Institute
<http://www.cannabisresearchinstituteinc.com>

"If everyone demanded peace instead of another television set, then there'd be peace."

-- John Lennon (October 9, 1940 - December 8, 1980)