

CANNABINOID CHRONICLES



Volume #4
Issue #6
March 2007

Medical Cannabis News and Information

US - AIDS Patients Find Significant Pain Relief

AIDS patients suffering from debilitating nerve pain got as much or more relief by smoking cannabis as they would typically get from prescription drugs - and with fewer side effects - according to a study conducted under rigorously controlled conditions with US government-grown cannabis.

In a five-day study performed at San Francisco General Hospital where 50 HIV patients suffering from neuropathic pain smoked cannabis, more than half the participants tallied significant reductions in pain compared with placebo cannabis.

By contrast, less than 25% of those who smoked placebo cannabis, which had its primary psychoactive ingredients removed, reported benefits, as measured by subjective pain reports and standardized neurological tests.

Patients were randomly assigned to two groups to smoke either cannabis (3.56% THC, about 25 mg THC) or identical placebo cigarettes without cannabinoids three times daily for 5 days. All participants had experience with the use of cannabis. 31 used other pain medications and continued to use them throughout the study at stable doses, among them opioids and gabapentin.

Thirteen of 25 patients who smoked the regular marijuana achieved pain reduction of at least 30%, compared with six of 25 who smoked placebo cannabis. The average pain reduction for the real cannabis was 34%, compared with 17% for the placebo.

Study leader Dr. Donald Abrams said that opioids and other pills can reduce nerve pain by 20 to 30% but can cause drowsiness and confusion. And many patients complain that a prescription version of cannabis' main ingredient in pill form (e.g. dronabinol, synthetic delta-9-tetrahydrocannabinol (delta-9-THC)) does not work for them.

Cannabis also reduced pain in two kinds of experimentally induced pain and was not effective in a third model. Side effects were more common in the cannabis group. No serious adverse events were reported and no patient withdrew from the study

due to side effects.

Researchers concluded "cannabis was well tolerated and effectively relieved chronic neuropathic pain from HIV-associated sensory neuropathy. The findings are comparable to oral drugs used for chronic neuropathic pain."

Yet again and to nobody's surprise, the White House belittled the study as "a smoke screen," short on proof of efficacy and flawed because it did not consider the health impacts of inhaling smoke. David Murray, chief scientist at the White House Office of National Drug Control Policy, called the findings "not particularly persuasive."

But other doctors and advocates of marijuana policy reform said the findings, in the journal *Neurology*, offer powerful evidence that the Drug Enforcement Administration's classification of cannabis as having "no currently accepted medical use" is outdated.

"This should be a wake-up call for Congress to hold hearings to investigate the therapeutic use of cannabis and to encourage more research," said Barbara T. Roberts, a former interim associate deputy director in the White House Office of National Drug Control Policy, now with Americans for Safe Access, which promotes access to marijuana for therapies and research.

Igor Grant, director of the University of California Center for Medicinal Cannabis Research, which funded the research, said the study was probably the best-designed US test of cannabis' medical potential in decades. He called the results "highly believable."

The abstract of the study is available at:
<http://www.cannabis-med.org/studies/study.php>

Refer to: Abrams DI, et al. Cannabis in painful HIV-associated sensory neuropathy: A randomized placebo-controlled trial. *Neurology* 2007;68(7):515-21

Source: Washington Post, Feb 13 2007,
www.mapinc.org/drugnews/v07.n173.a08.html and
IACM bulletin Feb 18 2007, www.cannabis-med.org

Expanding upon the film festival announcement in the previous issue, the Vancouver Island Compassion Society (VICS), together with the BC Compassion Club Society (BCCCS) in Vancouver, are presenting the "NO MORE DRUG WAR" double bill film festival in mid-April.

The two films, "*Waiting to Inhale: Marijuana, Medicine & the Law*" and "*Damage Done: The Drug War Odyssey*" will be shown in Victoria on Saturday April 14 (Roxy Theatre, 2657 Quadra), and again in Vancouver on Sunday April 15 (VanCity Theatre, 1181 Seymour).

**NO
MORE
DRUG
WAR**

Running from 12:30 pm to 4:30 pm each day, the admission is \$5.00 for seniors and BCCCS/VICS members, and a minimum \$10 donation for everybody else. Special guests on hand for discussion will include both directors, as well as member(s) from Law Enforcement Against Prohibition (LEAP). Senator Larry Campbell will be at the Vancouver screening only.

The Victoria event is a fundraiser for the VICS upcoming trial/constitutional challenge to be held in early May that involves two individuals and the production of cannabis for VICS members.

See inside for more info.

World: WHO expert committee recommends reclassification of dronabinol

The WHO Expert Committee on Drug Dependence (ECDD) met in Geneva from 28 to 31 March 2006. It recommended that dronabinol (THC) should be rescheduled from Schedule II to the less restrictive Schedule III of the 1971 Convention on Psychotropic Substances of the United Nations. This recommendation will be made to the United Nations Commission on Narcotic Drugs (CND), which may accept or reject this recommendation.

Dronabinol is the international non-proprietary name (INN) for THC, a natural cannabinoid in the cannabis plant, which is mainly responsible for its psychological and most of its therapeutic effects. Dronabinol was included in Schedule I of the 1971 Convention at the time of its adoption. It was rescheduled to Schedule II by the United Nations Commission on Narcotic Drugs in 1991.

According to the ECDD the abuse of dronabinol is currently rare and there have been very few specific reports of its occurrence. Dronabinol preparations have been used in several countries in the treatment of nausea and vomiting associated with cancer chemotherapy and in the treatment of anorexia associated with weight loss in patients with AIDS. It has also been indicated in the treatment of chronic pain and neurological disorders.

Source: Information by ECDD of 29 January 2007

Science: Pain

According to a meta-analysis on single cannabinoids and cannabis in neuropathic pain of MS patients cannabis-based medications are effective in treating this condition. The study included six articles and one controlled trial report, of which four examined the cannabis extract Sativex (with 196 patients), five cannabidiol (41 patients) and three THC (91 patients).

Source: Iskudjian M, et al. *Curr Med Res Opin* 2007;23(1):17-24.

Science: Amyotrophic lateral sclerosis

A synthetic cannabinoid, which selectively binds to the CB2 receptor, was shown to prolong survival in a mouse model of amyotrophic lateral sclerosis (ALS). ALS is a neurodegenerative disease causing death usually within less than five years after disease onset. Daily injections of the selective CB2 agonist AM-1241 to the mice increased the survival interval after disease onset by 56%. Researchers concluded that "CB2 agonists may slow motor neuron degeneration and preserve motor function, and represent a novel therapeutic modality for treatment of ALS."

Source: Shoemaker JL, et al. *J Neurochem* 2007 Jan 4

Science: Sickle cell disease

According to a survey on patients with sickle cell disease in Jamaica the prevalence of cannabis use in this population is high. Its usage was unrelated to clinical severity of the disease.

Source: Knight-Madden J, et al. *West Indian Med J* 2006;55(4):224-7.

Science: Stroke

In an animal study the administration of a synthetic selective CB2 receptor agonist was associated with decreased infarct size and improved motor function compared to non-treated animals in a model of stroke.

Source: Zhang M, et al. *J Cereb Blood Flow Metab* 2007 Jan 24

Science: THC acid

THC acid is the precursor of THC in the cannabis plant. It is transformed to THC by heat or other means. German researchers detected THC acid in blood and urine of cannabis users, which is indicative of incomplete transformation of THC acid to THC. Since only THC causes the characteristic effects of cannabis it is important that a high percentage of THC acid is transformed into THC to achieve the desired effects.

Source: Jung J, et al. *J Mass Spectrom* 2007 Jan 12

Science: Anxiety, depression and bipolar disorder

According to a 10-year prospective study of the Max Planck Institute of Psychiatry in Munich, Germany, with 1,395 subjects aged 14-17 years at onset of the study cannabis use was associated with anxiety disorders, depression and bipolar disorder.

Source: Wittchen HU, et al. *Drug Alcohol Depend* 2007 Jan 24

Science: Epilepsy

In a model of status epilepticus with nerve cells of the hippocampus (a certain brain region) researchers at the Virginia Commonwealth University, USA, demonstrated that resistance was developed to benzodiazepines but not to a synthetic cannabinoid. Efficacy of the benzodiazepine lorazepam was high up to 30 minutes, but reduced to 10 to 15% after one hour of the epileptic state. The efficacy of the cannabinoid WIN55,212-2 was not reduced for more than two hours.

Source: Deshpande LS, et al. *Exp Neurol* 2007 Jan 9

US: New Mexico

A proposal to allow certain patients to legally use cannabis under a state-run program passed the Senate on 7 February and headed to the House of Representatives. The proposal has the support of Governor Bill Richardson, who says he supports a bill "that includes proper safeguards to prevent abuse."

Source: *The New Mexican* of 8 February 2007

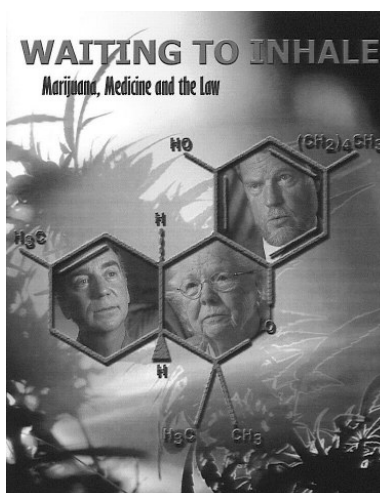
Science: Cannabis and driving

The presence of THC or its metabolites in blood or urine was associated with a small increase in potentially unsafe driving actions in a large case-control study. Researchers used a database on all fatal traffic accidents in the USA and included data from 1993 to 2003 of drivers aged 20 to 49 years. The presence of cannabinoids was associated with an increased risk of 29% compared to drug-free controls to show a potentially unsafe driving action (e.g. failure to obey signs). A blood alcohol concentration of 0.05% was associated with an increased risk of 101%, which increased to 206% for a blood alcohol concentration of 0.1%.

Source: Bedard M, et al. *Can J Public Health* 2007;98(1):6-11.

Ed wishes to thank the VICS for the much needed 'Pd', day!

'NO MORE DRUG WAR' FILM INFO



"Waiting to Inhale: Marijuana, Medicine and the Law" by director Jed Riffe examines the heated discussion over cannabis and its medical use in the US: what claims are true and what are not? The film takes viewers inside the lives of patients who have been forever changed by illness and presents new evidence that cannabis could hold a stake in the future of medicine.

"Damage Done: The Drug War Odyssey" by director

Connie Littlefield explores the lives of former law enforcement officers who have fought the drug war and have come to the common conclusions that the drug war is a disaster and that prohibition is largely ineffectual at dealing with drug use in society. Discover what happened to change their minds.

The "No More Drug War" film festival is sponsored by: Centre for Addictions Research BC, Tides Foundation Canada, Pivot Legal Society, Creative Resistance, Voices of Substance, and BC Persons with AIDS Society. Thanks folks.

Canadian Family Physicians Debate Cannabis in Medical Practice

Responding to the question, 'Is there a role for medical cannabis in medical practice?', Dr. Mark Ware (YES) faced off against Drs. Meldon Kahan (NO) and Anita Srivastava (NO) in the December 2006 issue of Canadian Family Physician (CFP).

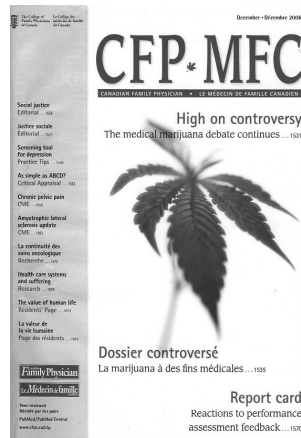
The debate revolved around smoking dried cannabis (PPS product from Health Canada) for various ailments and the Marijuana Medical Access Regulations overseen by Health Canada. In summary:

Key points for the use of cannabis by Dr. Ware:

- There is solid scientific rationale for therapeutic use of cannabis.
- Pharmaceutical cannabinoid preparations should always be considered.
- Mechanisms exist in Canada for herbal cannabis to be used legally.
- Ongoing research and education regarding cannabis is needed.

Key points against the cannabis use by Drs. Kahan and Srivastava:

- Cannabis has been associated with multiple medical problems, including bronchitis, psychosis and cognitive impairment.
- The dose of dried cannabis recommended by Health Canada far exceeds the recommended doses of approved products that contain THC and thereby puts patients at risk for dependence and psychomotor impairment.
- There is no good evidence for medical marijuana, and physicians might be liable for prescribing an unapproved product.



It's notable that Canadian physicians are investigating medical cannabis but it is unfortunate that the argument does not consider other sources of cannabis, typically of better quality than federal government product as provided by compassion societies (yes, we know, you label us illegal and ignore us). It is also unfortunate that a mindset promoting a controlled, synthesized pharmaceutical (i.e. pill) as the sole tool in our arsenal towards good health is perpetuated as the only appropriate social health model. These arguments, unfortunately, bypass reality and, in effect, ignore the human condition. Some take pills and some won't. Then what?

It's about time medical cannabis was debated and studied in western society by family doctors (and others). Family physicians are the hub of the western medicine wheel, so to speak, and their correct or incorrect diagnoses can send us in the right or wrong direction. Let us help to educate them.

Let it be said over and over, that while the whole concept of using whole-plant medicine runs counter to some modes of health-care delivery, most VICS members utilize cannabis for symptom relief instead of pills due to **fewer side effects and the ability to function at a more liveable level.** Period.

There is no doubt from anecdotal and scientific experience that there is good evidence for medical cannabis. And although there may be harms associated with cannabis use under certain situations (nothing is truly safe), its very high level of relative safety compared to other medicine places it into a more-rounded, broader category of natural, herbal relief used by many people in society. What's wrong with that? What do you as a member think?

You can reach Dr. Ware at mark.ware@muhc.mcgill.ca and Dr. Kahan at kahanm@stjoe.on.ca

Source: Canadian Family Physician, Vol. 52, December 2006

'arper's New Buddy

John Walters, director of the National Drug Control Policy and known as the US (anti-)drug czar, offered an unusually friendly message to Canada Feb. 22, thanking officials on this side of the border for their "renewed focus on illicit drug abuse."

Mr. Walters has previously had tough talk for Canada when it comes to our country's anti-drug measures. In 2002, he said British Columbia was a major source of high-potency cannabis being imported into the United States (Mexico is a far larger international supplier). That same year, he complained that liberalizing drug laws in Canada would increase the flow of marijuana into the US.

Walters approach boils down to 'arper and his government's conservative approach to drug use, that being the typical punitive and less human one. Walters came armed with what he said were the results of studies that show that more young marijuana users are becoming dependent on the substance than booze or cigarettes(!).

Later in the day, critics of the US drug policy expressed surprise at Mr. Walter's tone. "It was very much of a soft-pedal that seemed to be designed for a Canadian audience. There was a lot of talk about health and helping addicts," said Ethan Nadelmann, the founder of the Drug Policy Alliance in New York, which promotes alternatives to the so-called war on drugs. In fact, he said, US drug policy is overwhelmingly punitive.

"I have heard John Walters speak and I didn't recognize him today. I thought that he may have had a little BC bud before he came to speak to us," said Liberal Senator Larry Campbell, the former mayor of Vancouver.

The Republicans in the US treat prisons like a growth industry for people accused of drug crimes, Mr. Campbell said. "I think that Canadians, as a whole, have realized that addiction is a medical problem, not a criminal problem."

Source: Globe and Mail, 23 Feb 2007, www.mapinc.org/drugnews/v07/n228/a02.html

VICS Trial to Proceed in May 2007

The trial involving two individuals and the production of cannabis for VICS members is going ahead on Wednesday morning, May 9, 2007 at the downtown Victoria courthouse. The trial is scheduled to last until May 18.

Please come out and show your support for those who have put their lives on the line for ill citizens.

DEFINITIONS

collywobbles *n.pl.* (colloquial) rumbling in the intestines; stomach-ache; feeling of apprehension (with intestinal symptoms). [fanciful, from COLIC + WOBBLE]

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

diabolic(al) *adjs.* Of, having to do with, proceeding from, externally like, the Devil; devilish, inhumanly cruel or wicked or clever or cunning or annoying; hence diabolically *adv.* [Middle English from Old French *diabolique* or Late Latin *diabolicus* from Latin *diabolus* (as DEVIL)]

(ibid.)

recidivist *n.* one who relapses into crime; so recidivism *n.* [from French *recidiviste* from *recidiver* from medieval Latin *recidivare* from Latin *recidivus* from RE(cidere = *cadere* fall)]

(ibid.)

Find us online at <http://www.thevics.com>

THE VICS, THE LAW, RESPECT AND OUR MEMBERS

The VICS has nearly 650 members and is still growing; at times it can very busy when members visit to access our services.

Amidst the smoky grey area of health care and social/legal policy that we exist, it probably goes without saying that discretion and respect for the community play a large role in keeping our doors open and members needs fulfilled.

So in light of the recent Victoria police crackdown on illicit substance use by various denizens on our street, the VICS would like to remind members of the need for exactly that: discretion and respect. Also, carry your membership card (is it up to date?), go home to ingest your medicine, and live proudly knowing that a physician and this compassion society are in full support of your journey to better health.

In addition, it must be added that, due to this police action, our one-visit-per-day rule will be strictly enforced. This is for obvious reasons since perception plays a part.

Please think of your fellow members. Thanks. **PEACE**

Municipality Blinded By the Grow Lights

The rush to deal with cannabis grow-operations from a municipal perspective has blinded the spirit of home ownership and handcuffed tenant and home-owner rights. North Cowichan is the latest municipality to fall into the trap, passing an anti-drug by-law that is both unenforceable and unfair to innocent residents. The controlled-substance by-law includes measures intended to add municipal fines to penalties already imposed under the Criminal Code for drug production offences.

People undeterred by the possibility of fines, jail and forfeited possessions aren't likely to give up the idea of operating a grow-operation or drug lab because of a by-law.

The by-law also requires landlords, effectively acting as agents of the state, to inspect rental properties - homes, businesses, and storage units - at least once every **60** days. If they don't and a drug operation is found, they are threatened with big fines. Seniors, families, people who are ill all face the erosion of their right to the sanctity of their home.

Municipal governments should not be trammelling on the rights of tenants and landlords in a poorly thought-out rush to try to deal with marijuana grow-operations. North Cowichan council is undoing centuries of legal principle, at least for the 25% of residents who live in rental accommodation.

Source: Victoria Times-Colonist, 27 Feb 2007, www.mapinc.org/drugnews/v07/n249/a07.html

DEA's Own Judge Orders Cannabis Grown

A federal US judge has ruled that more sources of cannabis for medical research should be more readily available because government supplies are not meeting demand.

Ending a six-year effort, a Massachusetts group learned yesterday that it had won a legal victory against the Drug Enforcement Administration (DEA) in its battle for federal permission to grow its own cannabis for federally approved studies, instead of relying on government marijuana.

In an emphatic but nonbinding 87-page opinion on Feb 12, administrative law judge Mary Ellen Bittner ruled that it "would be in the public interest" to allow a University of Massachusetts researcher to cultivate marijuana under contract to the Multidisciplinary Association for Psychedelic Studies (MAPS), which sponsors medical research on cannabis and other drugs.

"The existing supply of marijuana is not adequate," Administrative Law Judge Mary Ellen Bittner ruled.

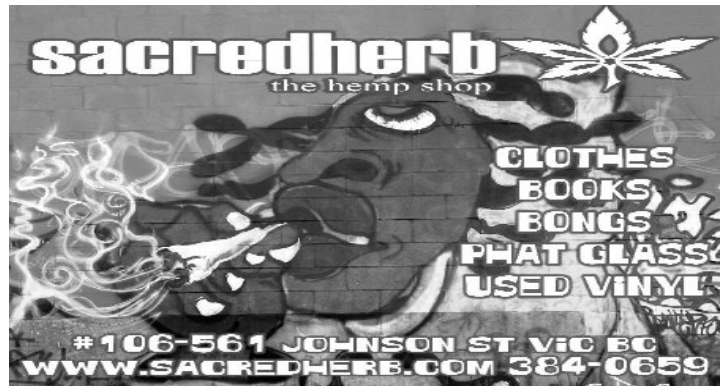
Researchers say the federal government's 12-acre cannabis plot at the University of Mississippi provides neither the quantity nor quality scientists need. They testified that the government-grown marijuana is too harsh and filled with stems and seeds.

"The material was of such poor quality, we did not deem it to be representative of medical cannabis," researcher Dr. Ethan Russo said.

The DEA is not obligated to follow the advice of its law judges, but the detailed decision should make it difficult for the agency to balk.

The 87-page opinion is at www.maps.org/ALJfindings.PDF

Source: Washington Post, 13 Feb 2007, and Detroit Free Press, 14 Feb 2007. www.mapinc.org/drugnews/v07.n173.a08.html and www.mapinc.org/drugnews/v07/n182/a03.html



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Canadians for Safe Access

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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

Canada Medical Marijuana

www.medicalmarihuana.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

1-866-337-7705

Norml Canada

<http://www.normlcanada.org>

Treating Yourself

www.treatingyourself.com

Cannabis Research Institute

<http://www.cannabisresearchinstituteinc.com>

"A drug is neither moral nor immoral - it's a chemical compound. The compound itself is not a menace to society until a human being treats it as if consumption bestowed a temporary license to act like an asshole"

- Frank Zappa, musician extraordinaire, 1940 - 1993