

# CANNABINOID CHRONICLES



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## Medical Cannabis News and Information

### Canada - Unconscionable, Distrustful Health Canada

Behaving like Big Pharm itself, Health Canada charges patients 15 times more for the medical cannabis than it pays to buy from their official supplier, recently released documents show.

Critics say it's unconscionable to charge that high a mark-up to some of the country's sickest citizens, who are often on a fixed income and are often cut off from their medical marijuana supply when they can't pay their government medical cannabis bills.

Records obtained under the Access to Information Act show that Health Canada pays \$328.75 for each kilogram of bulk medical cannabis produced by Prairie Plant Systems Inc. The company currently has a \$10.3-million contract with Health Canada, which expires at the end of September, to grow standardized medical cannabis in an abandoned mine shaft in Flin Flon, Manitoba.

Health Canada, in turn, sells the marijuana to a small group of authorized users for \$150, plus GST, for each 30-gram bag of ground-up flowering tops, leaf and stem, with a THC content up to 12 - 14%. That works out to \$5,000 for each kilogram, or a mark-up of more than 1,500 per cent.

"It's impossible for a person on disability," said Ron Lawrence, 38, a burn victim in Windsor, Ont., who needs medical cannabis to control severe pain. "The sickest people are the ones that need it the most ... they're the ones who don't work." (Or can't)

Currently, 1,742 patients are authorized by Health Canada to possess dried marijuana as a medication. Of these, 1,040 are licensed to grow their own, and another 167 people are licensed to grow cannabis for the exclusive use of licensed patients.

"At a time when medical cannabis users all too often have to choose between buying groceries and their medicine, it is unconscionable that Health Canada ... should be marking up this product 1,500 per cent," said Philippe Lucas of Victoria-based Canadians for Safe Access, which promotes ready access to medical cannabis.

It's hard to say how those in charge would justify such a profit margin. Perhaps they feel they have a captive market. Perhaps they are afraid that folks will re-sell their product because prohibition and the black market has kept all non-government supplies at a grossly inflated price, so they match it.

The decision to allow people with certain illnesses and chronic pain sufferers to use cannabis came with some controversy. But with the legislation comes official acknowledgement that it has value as a medicine. There is a growing body of research evidence supporting this position.

This revelation comes at a time when more and more people - including representatives of law enforcement (i.e. Law Enforcement Against Prohibition) - are calling for an end to the so-called war on drugs because it has only helped the criminal element and profiteers.

To see a government department capitalizing on the misfortunes of one of its citizens is indeed disturbing. Those licensed to use the drug are often disabled in some way and live on small or fixed incomes. Many other kinds of drugs are supplied to those in need under public health plans. It's hard to understand why there is an exception to this particular one, one that is relatively cheap to produce.

Maybe they're just doing it because they really don't know what it's like to be seriously ill in our society on a fixed income. Or maybe they're just greedy. And this needs to change - perhaps it will, if we have the will.

Source: Globe and Mail, and The Evening News, 16 Apr 2007: [www.mapinc.org/drugnews/v07/n483/a05.html](http://www.mapinc.org/drugnews/v07/n483/a05.html), and [www.mapinc.org/drugnews/v07/n484/a01.html](http://www.mapinc.org/drugnews/v07/n484/a01.html) a change in policy

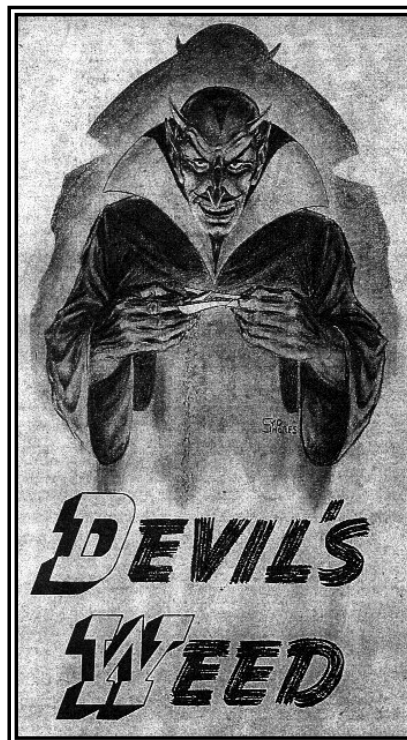
### US- THC Helps With Elderly Anorexia

According to research conducted at the Saint Louis University the use of THC may increase weight in elderly subjects who suffer from anorexia (loss of appetite) and weight loss. Scientists conducted a retrospective observational study on 28 patients with a mean age of 79.5 years, who received oral THC for twelve weeks.

Mean body weight at baseline was 47.9 kilogram. 15 participants (53.5%) gained weight on THC, of which 10 gained more than 2.3 kg and 6 more than 4.5 kg. Residents who lost weight on THC were younger than those who gained weight (70.9 years and 90.8 years respectively). Overall, the mean weight gain on dronabinol was 1.4 kg. Eleven subjects lost weight. Of the subjects who lost weight 7 (64%) died compared with 4 (26%) in the subgroup who gained weight.

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

Source: Wilson MM, et al. Anorexia of aging in long term care: is dronabinol an effective appetite stimulant? - a pilot study. *J Nutr Health Aging* 2007;11(2):195-8.



ph: (250) 381-8427 fax: (250) 381-8423  
e-mail: [info@thevics.com](mailto:info@thevics.com)

The Vancouver Island Compassion Society (VICS) Newsletter  
mail: #130 - 2017A Cadboro Bay Rd., Victoria BC V8R 5G4

### Science: THC relaxes the colon and may be useful in irritable bowel syndrome

According to a study conducted at the Mayo Clinic, USA, with 52 volunteers the application of THC relaxed the large intestine. Participants were randomly assigned to receive either a single dose of 7.5 mg oral THC or a placebo. The effects of THC on the colon were measured one hour after medication, during fasting and one hour after a meal rich in calories (1000 kcal). THC caused a significant increase in colonic compliance, a non-significant increase of relaxation in fasting colonic tone and a significant inhibition of colonic tone after the meal. The authors concluded that THC relaxes the colon and reduces the colonic motility and tone after a meal. "The potential for CBR [cannabinoid receptors] to modulate colonic motor function in diarrheal disease such as irritable bowel syndrome deserves further study," they wrote.

Source: Esfandyari T, Camilleri M, Busciglio I, Burton D, Baxter K, Zinsmeister AR. Effects of a cannabinoid receptor agonist on colonic motor and sensory functions in humans: a randomized, placebo-controlled study. *Am J Physiol Gastrointest Liver Physiol* 2007 Mar 29

### Science: The use of cannabis does not influence the efficacy of two anti-cancer drugs, a clinical study finds

To investigate whether the use of a cannabis tea influences the pharmacokinetics and thus the efficacy of anti-cancer drugs a clinical study with 24 cancer patients was conducted at a hospital in Rotterdam, The Netherlands. 12 patients received irinotecan (600 mg) and 12 patients received docetaxel (180 mg). Three weeks later the same patients received both drugs concomitant with cannabis (200 ml herbal tea with 0,2 gram cannabis with 18% THC) for 15 consecutive days in one dose in the evening, starting 12 days before the second treatment.

Medicinal cannabis administration did not significantly influence the course of the concentration of the two anti-cancer drugs irinotecan and docetaxel. Researchers concluded that the "evaluated variety of medicinal cannabis can be administered concomitantly with both anticancer agents without dose adjustments."

Source: Engels FK, de Jong FA, Sparreboom A, Mathot RA, Loos WJ, Kitzen JJ, de Bruijn P, Verweij J, Mathijssen RH. Medicinal cannabis does not influence the clinical pharmacokinetics of irinotecan and docetaxel. *Oncologist* 2007;12(3):291-300.

### Italy: Government wants to allow the use of cannabis-based medicines

The Italian Senate should approve "the new law proposal by the Italian government, that simplifies the medical prescription of all analgesic drugs, not only opioid-based drugs but also those containing cannabis derivatives, without delay." This is the solicitation of Health Minister Livia Turco, at the meeting "Rehabilitation activities: yesterday, today, tomorrow", held at the Leonarda Vaccari Institute in Rome on March 22.

Asked a specific question on the use of cannabis derivatives for the treatment of pain by Andrea Pelliccia, neuropsychiatrist at the Sant'Andrea Hospital in Rome, the Minister replied: "You used a forbidden word", then specified: "I believe that pain therapy in certain pathologies is a measure of civility for our country. I would like to remind that the use of cannabinoids for pain is scientifically justified, so we should use everything available".

Source: DoctorNews of 23 March 2007; [www.doctornews.it](http://www.doctornews.it)

### Science: Sex

According to interviews by scientists of the University of Liverpool with 270 people aged 18-66 years subjects reported that compared to sex after alcohol, sex on cannabis, cocaine and ecstasy was more pleasurable and satisfying, with a greater perception of contact with the partner and a greater willingness to sexually experiment.

Source: Sumnall H, et al. *J Psychopharmacol*. 2007 Apr 19

Compared to men, drug treatment for women dependent on drugs and alcohol in the US consists of only a dozen or so comprehensive treatment programs. Though there are hundreds of programs for male offenders, including an entire prison dedicated entirely to drug treatment for men, resources for women are scarce.

America's 25-year war on drugs has taken an exorbitant toll, both human and economic. Drug arrests have tripled since 1980; as a result, the number of jailed drug offenders in 2000 equaled the total number of inmates in US prisons and jails 25 years ago, according to The Sentencing Project, a research & advocacy group.

By most estimates, women have paid the highest price. Between 1977 and 2001, figures from the Women's Prison Association show a 692% increase in the number of women jailed, from 12,279 to 85,031. According to the WPA, the growth "corresponds directly to the mandatory minimum sentencing laws in effect since the early 1970s. Since more women are convicted for nonviolent, drug-related crimes than for any other, these sentencing policies have had a particularly profound effect on women."

Though men still far outnumber women in arrests for drug-related crimes, women now represent the fastest-growing prison population nationwide for drug offenses. In 1996, the number of female state and federal inmates in jail for drug crimes grew at nearly double the rate of males. In New York State, whose Rockefeller Drug Laws are among the harshest sentencing laws in the country, nearly half of all women in prisons are serving time for drug-related offenses.

"It's increased dramatically. All the studies show it," says Elyse Graham, program manager of SISTER, a collaborative project of the San Francisco Sheriff's Department and Walden House, the largest therapeutic drug community on the West Coast. "We're seeing cycles and generations of women who are addicted and in our jails. We see mothers and their daughters, sisters, cousins and maybe now their children who are in foster care. The cycle is continuing and that's pretty disheartening."

In fact, 70% of women in jails and 65% of women in state prisons are mothers of minor children, according to the National Institute of Corrections. Not surprisingly, 80% of children in the foster care system are the offspring of incarcerated parents.

Source: North County Times, 24 Dec 2006  
<http://www.mapinc.org/drugnews/v06/n1731/a06.html>



### "NO MORE DRUG WAR" FILMFEST

Attended by roughly 60 persons, the "No More Drug War" filmfest was a great success.

Pictured left to right:

Jed Riffe, director "Waiting to Inhale"; Connie Littlefield, director "Damage Done"; Philippe Lucas, Vancouver Island Compassion Society (VICS) director; Tony Smith, Law Enforcement Against Prohibition (LEAP). Thanks folks.



## A Letter To Health Canada

The Pacific Aids Network (PAN) fully supports the continuation of the Medical Marijuana Access Division (MMAD) of Health Canada and the Medical Marijuana Access Regulations (MMAR) that governs it, in perpetuity. The beneficial effects of cannabis are varied and numerous, they are as much about human genetics as plant genetics in the medical realm. There can be little, if any doubt of the beneficial effects on such illnesses as HIV/AIDS, MS, MD, cancer, various types of seizures, and brain injuries bi-polar & and other mental disorders. This statement is braved in concert with powerful recent research and the existence of the (MMAD) since 1999!

What must be recognized is that the over 1100 various strains are target specific with a million strains farmed over a millennia from around the world, namely, one strain is not effective for all medical ailments and treatment side effects alike. It must be noted side effects are minimal or non-existent, moreover there has never been a reported death directly related to the ingestion of cannabis. As mentioned above human genetics and plant genetics are believed by scientists, herbalists, and medical cannabis users alike to have individual traits in relation to the medical implementation of cannabis for specific ailments or side effects.

Given the above statements, it is a fallacy to conclude that one strain of government grown cannabis brand produced is the best for all will truly encompass the full spectrum of medical ailments this Government grown cannabis was produced to address.

Furthermore, the delivery of cannabis by smoking is now less common than it once was. Pharmaceutically produced synthetics such as Marinol and Nabolone along with most all such produced drugs come with their long list of potential side effects. Well grown, properly produced organic cannabis though not tested is viewed by many as not being such a substance. Moreover, it is only Government grown cannabis that comes with a warning. Indeed with good reason for it is gamma radiated and grown in a mine in which no real testing into the effectiveness of this product after being radiated has been enacted. No law-suits have ever been brought against a compassion club for serving a dangerous product. Given this historic reason no warning is necessary when cannabis is cultivated, cured, and stored correctly. This is the same as potatoes no warning is necessary unless a crop duster has accidentally poisoned the field in which case the crop is destroyed!

Naturally produced cannabis used in a holistic/naturopathic form is invaluable in assisting many, many persons we assist. Your consideration of this matter would be greatly appreciated.

Gary Fergusson

Mar 9th, 2007

[thanks to Michelle for forwarding - who loves ya baby?]

## Trial Going Ahead in May 2007

The trial involving two individuals and the production of cannabis for VICS members is actually going ahead this month. Being heard by the BC Supreme Court, the case has become a constitutional challenge of the Health Canada medical cannabis program.

The challenge will establish that the federal program is violating the constitutional rights of critically and chronically ill Canadians by a) unnecessarily restricting access to the program; b) supplying an inadequate source of cannabis; and c) instituting arbitrary limitations on production and distribution.

It begins on Wed. morning, May 9, at the downtown Victoria courthouse (850 Burdett) and is scheduled to last until May 18.

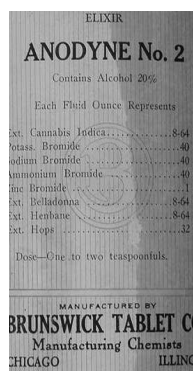
Find us online at <http://www.thevics.com>

## THC Slows Lung Cancer In Mice

One of the active compounds in marijuana, THC, can slow the growth of lung tumours and reduce the spread of the cancer in mice, a preliminary study reveals.

Human lung cancer tumours grew less than half as fast in mice that received moderate doses of the compound, the researchers reveal. They hope that drugs mimicking the apparent anti-cancer effects of tetrahydrocannabinol (THC) could one day help treat patients. The team strongly discourages people from self-medicating by smoking marijuana, noting that doing so could potentially encourage tumour growth.

Ramesh Ganju at the Harvard Cancer Center in Boston, Massachusetts, US, and colleagues deposited human lung cancer cells under the skin of a dozen mice and allowed the tumours to grow in the animals for about two weeks. They then began giving half of these mice daily injections of about 250 micrograms of synthetic THC right next to the tumours for three weeks. A cannabis cigarette may contain as much as 150 milligrams of THC.



Tumours in the control mice averaged about 0.6 grams in weight by the end of the five-week trial. By comparison, those in the mice that received THC weighed just 0.25 grams – 60% less.

In a separate experiment to test whether THC could slow the spread of cancer cells (metastasis), the researchers injected human lung cancer cells into the tail veins of mice to mimic such a spread. The team immediately started giving half of these animals a daily 250 microgram injection of THC for three weeks. They found 60% fewer cancerous lesions in the mice that received THC compared to the control animals.

Ganju believes that THC inhibits cancer growth by blocking the formation of blood vessels within tumours. Previous tests on human lung cancer cells in a dish suggested that THC blocked the signalling of a substance known as epidermal growth factor (EGF). Under normal circumstances, EGF may promote blood vessel development, Ganju says.

Previous studies have also found that THC can shrink brain tumours. Nevertheless, experts caution people against smoking marijuana. "I wouldn't advise that. It could make the cancer grow faster," says Ganju, noting that THC might encourage the growth of breast cancer. He adds that that "a lot of work needs to be done" before scientists fully understand how THC affects tumours.

While some studies have found no link between cannabis use and cancer, others have concluded that cannabis smoking is "more harmful" than tobacco because the smoke is inhaled more deeply into the lungs.

Source: 18 April 2007; [www.newscientisttech.com/article.ns?id=dn11630&feedId=online-news\\_rss20](http://www.newscientisttech.com/article.ns?id=dn11630&feedId=online-news_rss20)

## DEFINITIONS

**eschew** *v.t.* avoid, abstain from, (action, conduct, kind of food, etc.); hence *eschewAL*. [Middle English, from Old French *eschiver* from Roman *skivare* from German *skeuh(w)an*] (The Concise Oxford Dictionary, 7th ed., 1983)

**impropriety** *n.* incorrectness; unfitness; indecency; instance of improper conduct etc. [from French *impropre* or from Latin *IM(proprietas* from *proprius* PROPER)] (ibid.)

**repugnant** *a.* distasteful (*to*); contradictory (*to*); incompatible (*with*); (poetical) refractory, resisting. [Middle English, from France *repugnant* or from Latin] (ibid.)

## Dr. Martin Reintroduces Decriminalization Bill

On Friday April 20, Dr. Keith Martin (MP Juan de Fuca) reintroduced his Private Members Bill in the House of Commons that would amend the Controlled Substance Act to decriminalize a set amount of cannabis being carried on a person or in residence.

"This Private Members Bill will establish guidelines and limits for possession on the individual. It will enable resources to be redirected to prevention (especially for children), treatment and rehabilitation services. I hope this bill will push the government to establish a national strategy to address illegal drug use," said Dr. Martin.

Cited: Bill C-431, An Act to amend the Contraventions Act and the Controlled Drugs and Substances Act (marihuana)

<http://www2.parl.gc.ca/HousePublications/Publication.aspx?Docid=2851519&file=4>  
Source: Sooke News Mirror, 25 Apr 2007.  
[www.mapinc.org/drugnews/v07/n523/a06.html](http://www.mapinc.org/drugnews/v07/n523/a06.html)

## Old Trip Ruins New Trip

Talk about a horrible flashback. In a story that happened last summer and is just coming to light, US border guards denied access to a Canadian man who admitted, in a journal article traceable by an Internet search, that he had consumed LSD over 30 years ago.

Consider this - the person, Andrew Feldmar, was never charged for those 'improprieties' and yet a simple search of the Web brought his use of LSD to light and he is now banned permanently from entering the United States, unless he applies for and receives a waiver. Remember this - when you put something on the Internet, you cannot take it back. Ever.

It appears that the powers that be can also use search engines (no surprise). And while what they find could be crap, seemingly it could jeopardize your ability to travel to the US or elsewhere. Mr. Feldmar is a prominent Vancouver psychotherapist with a long list of academic achievements and published articles, and he still has trouble comprehending what happened on his bad trip trying to cross into the United States.

"Over 30 years ago, I did some acid. So what? I just couldn't believe they would not let me in," he said over the phone, during a break in his busy practice.

After much consideration, Mr. Feldmar has decided not to apply for a waiver, despite the hardship of not being able to visit family. "It's too degrading," he said. "I would probably have to lie [about using LSD] and say I was rehabilitated. But rehabilitated from what? I feel I was punished because I happened to write about using LSD. Otherwise, how would they have known?"

Source: Globe and Mail, Apr 25, 2007  
<http://www.mapinc.org/drugnews/v07/n528/a03.html>

## Vaporizers Reduce Respiratory Risk, Studies Say

In a study conducted at the University of California by Dr. Donald Abrams and his colleagues, 18 healthy subjects received three different strains of cannabis (with a THC content of 1.7, 3.4 or 6.8 per cent) by vaporization (Volcano, by Storz & Bickel) as well as by smoking a cannabis cigarette. Peak plasma concentrations and bioavailability of THC were similar under the two conditions. The levels of carbon monoxide were reduced with vaporization. Researchers concluded that "vaporization of cannabis is a safe and effective mode of delivery of THC."

According to another study by researchers of the State University of New York, based upon Internet survey responses from people who had used cannabis in the previous month, the use of a vaporizer is associated with self-reported respiratory symptoms compared to cannabis users who smoke it. Of the 6,882 cannabis users included in the study, only 152 (2.2%) reported using vaporization. However, of those users, nearly 66% reported no respiratory problems compared to 56% of those who did not use vaporizers.

Researcher Dr. Mitch Earlywine concluded that the argument that the medical use of cannabis is inappropriate because of its potential to create (lung) problems is now invalid.

Sources: Abrams DI, Vizoso HR, Shade SB, Jay C, Kelly ME, Benowitz NL. Vaporization as a smokeless cannabis delivery system: a pilot study. Clin Pharmacol Ther. 2007 Apr 11; Earlywine M, Barnwell SS. Decreased respiratory symptoms in cannabis users who vaporize. Harm Reduct J 2007;4:11. Times Colonist, May 5, 2007

## CONGRATULATIONS BCCCS and TCC

Congratulations to both the BC Compassion Club Society and the Toronto Compassion Centre for 10 years of service to their respective communities. Sorry to hear about the April 20 TCC celebration accident - we that hope everyone is recovering well.



### **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 Marihuana**

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

1-866-337-7705

#### **Norml Canada**

<http://www.normlcanada.org>

#### **Cannabis Health**

[www.cannabishealth.com](http://www.cannabishealth.com)

#### **ICRS**

<http://cannabinoidsociety.org>

#### **CannabisLinks.ca**

***"It is not only the juror's right, but his duty to find the verdict according to his own best understanding, judgment and conscience, though in direct opposition to the instruction of the court."***

**- John Adams, 1771**