The Vancouver Island Compassion Society (VICS) celebrated its 8th birthday on September 30 at a cool but well-attended BBQ at Mt. Douglas Park. Roughly 40 folks - members, staff and friends - braved a threatening sky in order to meet old friends, make connections, munch food and share indulgences. Thanks to Steve and all staff who made the event happen, thanks to our friends at Sacred Herb for gifts and donations, and special thanks to Chelsea for all her culinary help over the years. See you next year.

Canada - Quebec Should Administer MMAR for Residents, Says St-Maurice

The founder of the Montreal Compassion Club wants Quebec to take over the administration of the federal Medical Marijuana Access Regulations (MMAR) in the province. Marc-Boris St-Maurice said yesterday the program is "an embarrassing oxymoron." He complained about major delays processing applications, licence renewals and changes of address. About 10 per cent of the club's 1,000 members have licences from the federal government authorizing them to buy medical marijuana and others have their doctor's authorization.

"Eighteen months ago we requested a supply of application forms for our clients which we still have not received," he said. "There are also frequent disturbing reports of doctors being pressured by Health Canada bureaucrats to reduce their patients' recommended daily dosage."

St-Maurice wants Quebec Health Minister Philippe Couillard to intervene and hopes to meet with provincial Health Department officials in the coming weeks.

"The field of health is a provincial jurisdiction and we believe that it would be more appropriate if this program was managed by our province instead of Ottawa," St-Maurice said.

Couillard said yesterday although he's not against the idea it's too soon to say whether the Quebec government should be in charge of medical marijuana in the province.

Source: Record, The (Kitchener), 03 Oct 2007.
www.mapinc.org/drugnews/v07/n1136/a06.html

Conservative government announces new drug strategy for Canadians

The conservative government announced that they are planning to spend $64 million on a ‘new’ drug strategy for Canadians. Health Minister Tony Clement stated “the party’s over” for illicit drug users. "In the next few days, we’re going to be back in the business of an anti-drug strategy," Clement said. (Reminiscent of Ronnie and Nancy - just say maybe?)

Shortly after taking office last year, the conservatives decided not to go ahead with a Liberal bill to decriminalize small amounts of cannabis. Since then, the number of people arrested for smoking cannabis has jumped dramatically in several Canadian cities, in some cases by more than one third. Toronto, Vancouver, Ottawa and Halifax all reported increases in arrests for possession between 20 and 50% in 2006.

Critics say they are ignoring a mountain of research that shows the get-tough approach doesn’t work.

"This is a failed approach. The experiment is done. The science is in," says Thomas Kerr, a researcher at the University of British Columbia and member of the university’s faculty of medicine.

The $64-million anti-drug strategy, announced on Oct 4, will be divided between preventing illegal drug use, treating drug dependencies and fighting drug production and trafficking. It is expected to include stiffer penalties for drug offenders and more money to stop drugs getting across the border. There will also be a massive campaign to warn young people not to use drugs.

It is not expected, says Liberal MP Keith Martin, to include money for what experts call “harm reduction.” (see related article inside)

www.mapinc.org/drugnews/v07/n1130/a04.html
Science: Cannabidiol may be effective in preventing bovine spongiform encephalopathy (mad cow disease)

According to basic research of scientists of the National Centre for Scientific Research in Valbonne, France, cannabidiol (CBD) may prevent the development of prion diseases, the most known being BSE (bovine spongiform encephalopathy), which is often called mad cow disease. It is believed that the BSE may be transmitted to human beings. In humans, it is known as Creutzfeldt-Jakob disease.

BSE (bovine spongiform enzephalopathy), which is often called "cattle disease," is a deadly and incurable neurodegenerative disease affecting cattle, sheep, and other ruminants. The disease is caused by the accumulation of prion proteins in the brain and spinal cord of infected animals. Prions are misfolded proteins that can accumulate in the brain and lead to the destruction of nerve cells, resulting in a progressive neurological disorder.

Misfolded prion proteins carry the disease between individuals and cause deterioration of the brain. The French researchers reported that the non-psychoactive cannabis constituent CBD inhibited the accumulation of prion proteins in both mouse and sheep prion-infected cells, whereas other cannabinoids were either weak or not effective. Moreover, it prevented the development of pre-stages of cancer in the mouse intestine. They concluded from their experiments that the CBD receptor is involved in the regulation of small intestinal motility. "Therefore, CBD receptors are a promising target for the treatment of motility disorders."

Science: Motility of the intestine

Researchers of the University of Munich, Germany, demonstrated in the isolated small intestine of rats that cannabinoids inhibited propulsion of the intestine. They concluded from their experiments that the CBD receptor is involved in the regulation of small intestinal motility. "Therefore, CBD receptors are a promising target for the treatment of motility disorders."

Science: Schizophrenia and cognition

Australian researchers investigated the relationship between neuropsychological performance and cannabis use in schizophrenia in 60 persons with schizophrenia, of whom 44 were current or former cannabis users, and 17 healthy subjects. The healthy subjects performed better than the schizophrenia group in all cognitive domains. Within the schizophrenia group, a larger proportion of participants with current or former cannabis abuse/dependence demonstrated better performance than those without abuse/dependence on a component of psychomotor speed.

Frequency of cannabis use was also positively associated with better neuropsychological performance. Researchers concluded that "cannabis use is associated with enhanced cognitive functioning in schizophrenia."

Science: Cancer in the gut

In experimental studies increased endocannabinoid levels reduced the development of pre-stages of cancer in the mouse intestine. This effect was also achieved by a synthetic cannabinoid (HU-210).


VICS Constitutional Challenge Contnues

The VICS constitutional challenge continues again on October 15th to October 19th at the downtown Victoria courthouse.
Rimonabant Not Weight Loss Panacea

Rimonabant, a controversial cannabinoid antagonist for the treatment of obesity, could be available in Canada next year. The drug is used to reduce appetite and works by blocking the natural binding of endogenous cannabinoids (and exogenous ones such as THC) to the neuronal CB1 receptors, causing people to lose their appetites.

We all make our own natural cannabinoids, cannabis-like chemical compounds. "If you're hungry," says Dr. Mark Ware, a professor at McGill University's pain centre, "they're probably active in you right now."

Given the levels of obesity in North America, the number of weight-loss drugs on the market, and our desire to be thin, rimonabant could be a big seller.

"It's not a bikini drug," says Dr. Josee Dubuc-Lissoir of Sanofi-Aventis, the French manufacturer (sold in Europe as Acomplia). She says an education campaign will limit prescribing it to obese individuals fighting diabetes and cardiovascular disease. An attempt by Sanofi-Aventis to market the drug as a weight loss aid in the US was rejected by the Food and Drug Administration earlier this year. Sanofi-Aventis is also doing research to determine the value of the drug as an aid to quitting smoking.

On one hand, as long as you stay on it, the drug reduces appetite, blood sugar, waist size and weight (5 to 10%), while it raises HDL ("good") cholesterol. In trials, however, patients who took the drug lost weight but gained most of it came back once off the drug, implying possible indefinite use.

On the other hand, many clinical trial patients reported adverse effects such as nausea and anxiety. Not surprisingly, patients administered both Accompia and cannabis reported a decline in euphoric feelings.

And side effects notwithstanding, there is great concern how the drug works on the endocannabinoid receptor system, a homeostatic regulator of all body systems. Reports of severe depression are frequent. This is deemed to result from the drug being active in the central nervous system, an area of human physiology so complex that drug effects are highly difficult to determine reliably. The reported development of previously clinically silent multiple sclerosis in one patient taking rimonabant suggests that any patients with an underlying neurological condition should not take it, given the neuroprotective role of the endocannabinoid system in many experimental paradigms of neurological disease.

Dr. Mitch Earleywine, author of 'Understanding Marijuana: A New Look at the Scientific Evidence', is not surprised to hear about the intolerable side effects experienced by some patients. "Given what we are now learning about the endocannabinoid system, one would think that any blocking of its receptors, especially long-term, would be an invitation for a host of negative health consequences involving pain, brain function, and mood, particularly depression."

Hmm, sounds yummy. More research anyone?


InSite Gets 6 Month Reprieve

The federal government's six-month extension to a supervised injection site in Vancouver is a stalling tactic unlikely to bolster Victoria's push for a similar research project, say local politicians. Health Minister Tony Clement has extended until June 2008 an exemption, under Section 56 of the Controlled Drugs and Substances Act, to InSite, a supervised injection site in Vancouver.

But Esquimalt-Juan de Fuca Liberal MP Keith Martin called the extension a crass attempt by the war-on-drug conservatives to cool political heat on them until a federal election is completed - after which they'll shut it down if they can.

"If Prime Minister Harper really believed that InSite is a useful tool in treating addictions, he would have extended the program for years, not months."

In a bizarre compassionate about-face, even Premier Gordon Campbell is waving the InSite flag. "I think that it's actually been a facility and a service that's made a difference. So I would like to have it stay open."

A recent study published by the University of B.C.'s Dr. Thomas Kerr found InSite reduced the risk of overdoses and encouraged users to seek treatment. Insite has been praised for helping slow the spread of serious diseases by preventing users from sharing needles. Victoria, based on studies by Vancouver Island's chief medical health officer and the Centre for Addictions Research of B.C., is applying to Health Canada for the same exemption.

www.mapinc.org/drugnews/v07/m1133/a02.html

Definitions

equivocal 1. a. unclear in meaning or intention; ambiguous. 2. (Of person, character, etc.) questionable, suspicious [from Late Latin aequivocus] (The Oxford Dictionary Online, http://www.askoxford.com)

ruminate 1. v.i. & t. think deeply about something. 2 v.i. (of a ruminant) chew the cud. [from Latin ruminari] [ibid.]

ruse n. a stratagem or trick. [from Old French ruser ‘use trickery’, earlier ‘drive back’, perhaps from Latin rursus ‘backwards’] [ibid.]

viviparous a. 1 (of an animal) bringing forth live young which have developed inside the body of the parent. 2 (of a plant) reproducing from buds which form plantlets while still attached to the parent plant, or from seeds which germinate within the fruit. [from Latin viviparus, from vivus ‘alive’ + -parus ‘bearing’] [ibid.]
Cannabis; Extracting the Medicine

Arno Hazekamp from the Department of Pharmacognosy, Faculty of Science, Leiden University, Germany, has published a doctoral thesis titled “Cannabis; Extracting The Medicine” (available online, see below). He argues that the main purpose of this paper is to bring cannabis for medical purposes, as a whole, back into focus.

Weighing in over 180 pages, Hazekamp begins with a general introduction to cannabis as medicine (history, botany, constituents, biochemical mechanisms, etc.), and then jumps into an evaluation, quantitative analysis and methodology of scientific preparation of medicinal grade cannabis. Hazekamp then discusses cannabis tea and its preparation, and explores methods on increasing the solubility of THC for more efficient delivery. In the final chapter, he evaluates the Volcano™ vaporizer as a delivery method aimed at suppressing harmful respiratory toxins.

Below is the abstract:

The cannabis plant (Cannabis sativa L.) has a long history as a recreational drug, but also as part of traditional medicine in many cultures. Nowadays, it is used by a large number of patients worldwide, to ameliorate the symptoms of diseases varying from cancer and AIDS to multiple sclerosis and migraine. The discovery of cannabinoid-receptors and the endocannabinoid system have opened up a new and exciting field of research. But despite the pharmaceutical potential of cannabis, its classification as a narcotic drug has prevented the successful development of cannabis into modern medicine. Although a huge number of scientific papers has been published on cannabis, there is currently no scientific consensus on the usefulness of medicinal cannabis. In 2004, the Netherlands became the first country to make herbal cannabis available as a prescription drug. The phytochemical research presented in this thesis has been possible because of the availability of these high-grade cannabis plants. This thesis has a specific focus on the cannabinoids and on analytical problems that currently obstruct advanced study of the cannabis plant. Furthermore, it deals with much needed methods for quality control and with administration forms of medicinal cannabis. In general, it may be considered a general guidebook, covering all the basic phytochemical aspects of medicinal cannabis.

For copies visit: https://openaccess.leidenuniv.nl/handle/1887/12297 Published Sept 5, 2007. ISBN 9789090219974

New Operating Hours: The VICS will be opening an hour earlier, on a trial basis, starting November 1. Our hours of operation will be 10 am to 5 pm weekdays, and 10 am to 4 pm on weekends. We hope this helps to serve our community better.

Medical Cannabis Bill of Rights

This Medical Cannabis Patients Bill of Rights was designed to outline the basic rights of critically and chronically ill medical cannabis users, and to urge the federal government to protect these individuals from stigma, arrest and prosecution.

I am not a criminal; I am a person living with a medical condition and use cannabis to alleviate my suffering; I am capable of making fundamental decisions about my health.

I have the right to live free of unnecessary suffering, social stigma and interference from the state, and should not have to choose between my personal liberty and my health.

I have the right to produce my own medicine if I am willing and able to do so, or to access it from a safe source without fear of arrest and prosecution.

It is the federal government’s moral, legal and constitutional obligation to defend these basic and inalienable human rights, and to ensure that no organization or individual unduly interferes with them.

By The Numbers....

A 1998 report by the US National Institute on Drug Abuse and the US National Institute on Alcohol Abuse and Alcoholism estimated the economic costs of alcohol abuse in the United States to be $148.02 billion in 1992, 80% ($119.32 billion) of which were due to alcohol-related illness (including health care expenditures, impaired productivity and premature death). To contrast, illegal drug abuse cost a total of $97.66 billion in 1992, of which less than 40% ($38.71 billion) was due to drug-related illness or premature death. This figure includes $4.16 billion in HIV/AIDS and Hepatitis treatment costs. (US population is 18% larger today)


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 305-620 View, 595-3892
Canadians for Safe Access http://www.safeaccess.ca
Disabled Rights Alliance 15-950 Humboldt St. Victoria, BC V8V 2Z8 380-6660
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 Marihuana 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
Cannabis Health www.cannabishealth.com
ICRS http://cannabinoidsociety.org
CannabisLinks.ca

“The revolution will not be televised, WILL not be televised, WILL NOT BE TELEVISIONED.

The revolution will be no re-run brothers; The revolution will be live.”

- Gil Scott-Heron, from the song ‘The Revolution Will Not Be Televised’, 1971