

CANNABINOID CHRONICLES



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Medical Cannabis News and Information

Canada - Constitutional Challenge Hits Bump

The death of BC Supreme Court Justice Robert Edwards might not jeopardize the lengthy and costly Victoria criminal trial involving an important constitutional challenge of the marijuana law by the Vancouver Island Compassion Society (VICS).

BC Supreme Court Chief Justice Don Brenner said the late Justice Edwards had few cases or unwritten decisions on his plate when he died a few weeks ago and only this file presented a particular challenge. He decided to appoint veteran Justice Marvyn Koenigsberg to see what could be done. On the cusp of retirement, she agreed to remain on the bench to deal with the handful of cases the late Edwards left unfinished.

In most criminal cases, when a judge is unable to follow through to judgment a mistrial is declared and everyone begins again. There is too much at stake here, so on Nov. 30 a rare hearing was scheduled in Vancouver to see if there is a way to save the huge expense incurred and the evidence already presented.

"We're hoping to find a way to move forward because this case has such widespread repercussions for the tens of thousands of terminally ill and ailing Canadians who get therapeutic help from marijuana," defence lawyer Kirk Tousaw said before the meeting. Michael Swallow, 41, and Mat Beren, 32, both were charged with producing and possessing marijuana for the purpose of trafficking in May 2004 after the RCMP raided a Sooke house where medicine was grown under contract for the VICS members.

Tousaw and colleague John Conroy have been arguing the criminal law is constitutionally invalid because the federal government has failed to provide adequate access and supply of medical marijuana as required under the prevailing Supreme Court of Canada decision about the criminal prohibition. In that 2003 case, the high bench decided ill people should not be forced to go to the black market for medication and the criminal prohibition was constitutional only if Ottawa provided an adequate medical program.

Health Canada responded by providing three legal ways for the sick to obtain cannabis: Obtain a permit to grow it themselves, get permission to have a designated grower produce it for them, or buy it from the government. But there are widespread complaints from patients that obtaining and maintaining the necessary permits from Ottawa is an interminably clotted bureaucratic process. As well, many say the federal cannabis isn't very good and they need more than the single strain offered up. Many people head to the black market and/or compassion clubs/societies, such as the VICS, to find their medicine.

The importance of this trial is underscored given two recent Ontario court judgments that accepted similar arguments. A judge in Oshawa threw out possession charges against three young men on

Oct. 19, citing a ruling in July by the Ontario Court of Justice. In the earlier case, which is being appealed by the Crown, Justice Howard Borenstein agreed with arguments that Ottawa should have passed a new law in response to the 2003 Supreme Court decision. The current criminal law is unconstitutional, he said, because it does not accommodate legal medical use and Ottawa should have rewritten it. This case is also in the spotlight because the federal government is pushing to stiffen criminal penalties for cannabis offences as part of its law-and-order legislative package.

The proposed solution is for a mistrial to be declared and a new trial started with an agreement that the evidence already heard will be admitted into the record in transcript form.

Concerns remain - credibility is difficult to determine from a transcript alone and the written record often does not convey the emotional impact of a live witness, and Justice Edwards listened to heartfelt pleas from sick people. But Justice Koenigsberg says digital audio recording systems installed in the Supreme Court allow her to determine credibility by listening to the roughly 30 days of trial so far and all may not be lost.

Visual ticks and how a witness looks have minimal impact on how a judge determines whether to believe a witness, she said. Justice Koenigsberg said it was more important to listen to tone of voice and inflection. She said last week she listened to some of the trial, which is available to her via a simple Internet connection.

"It's very clear," Koenigsberg told the surprised lawyers at the special hearing to decide what should happen in the case. "I've ordered you all copies and before we make any decisions, I'm going to ask you to listen to the tapes.... I think it's a very viable substitute for the question of credibility."

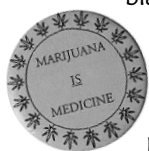
Conroy and Tousaw were pleased because not only will that save their clients money, but at the same time the Crown also agreed to stay charges against Mr. Swallow.

Still, Crown attorney Peter Eccles was not thrilled by the justice's novel solution. He had hoped to argue at the end of the trial that much of what ill people who are being helped by cannabis had to say should be ignored as irrelevant. Justice Koenigsberg said he could still do that, and she'd give him leeway to recall witnesses and revisit issues, all in the interests of moving forward.

Justice Koenigsberg said she had ordered digital recordings of the trial for each side. "Let me know if you still think credibility cannot be assessed by listening to the tapes and using the transcript," she said. "I'll be asking you to articulate why that won't do."

Source: Vancouver Sun, Nov 29 and Dec 3 2007. Author: Ian Mulgrew, www.mapinc.org/drugnews/v07/n1378/a10.html and www.mapinc.org/drugnews/v07/n1401/a06.html

Happy Holidays from the VICS!



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The Netherlands: The government wants to extend the availability of cannabis in pharmacies by five years

The Dutch government said on Nov. 7 it wants to promote the development of cannabis-based medicine and will extend the drug's availability in pharmacies by five years to allow more scientific research. The government hopes for progress on a cannabis-based drug by the Dutch firm Echo Pharmaceuticals, the Health Ministry said. In 2003, the Netherlands became the world's first country to make cannabis available as a prescription drug in pharmacies.

"Medicinal cannabis must become a regular registered medicine," Health Minister Ab Klink said in a statement, adding he wanted to give the development of a cannabis-based medicine a serious chance. "The development path, that could take several years, can deliver scientific details and insight into the balance between the efficacy and safety of medicinal cannabis," the statement said. A ministry spokesman said several thousand patients were prescribed cannabis in the Netherlands and up to 15,000 people used it for medicinal purposes, although many bought their supply at coffee shops rather than pharmacies.

More at: <http://www.sciam.com/article.cfm?alias=dutch-want-cannabis-regis&chanID=sa003&modsrc=reuters>

Source: Reuters of 7 November 2007

Science: Cannabis improved neuropathic pain in clinical study

According to a clinical study with 125 patients conducted at several centres under the guidance of professor Turo Nurmikko of the Walton Centre for Neurology and Neurosurgery, Liverpool, the cannabis extract Sativex significantly reduced neuropathic pain. In this 5-week placebo-controlled study 63 patients received Sativex and 62 received placebo. Patients remained on their existing stable analgesia. Sixty-nine percent of patients were taking opioid analgesics.

The mean reduction in pain intensity on a 0-10 scale was significantly greater in patients receiving Sativex than placebo (mean reduction -1.48 points vs. -0.52 points). Significant improvements were seen in other parameters including sleep, pain disability index and patient's global impression on change. Side effects were usually mild or moderate. Of all participants, 18% on Sativex and 3% on placebo withdrew during the study. An open-label extension study showed that the initial pain relief was maintained without dose escalation for 52 weeks.

Sources: Nurmikko TJ, et al. Sativex successfully treats neuropathic pain characterised by allodynia: A randomised, double-blind, placebo-controlled clinical trial. *Pain* 2007 Nov 6; GW Pharmaceuticals press release of 12 Nov. 2007

Science: Prevention of tolerance development

In animal studies Canadian and US researchers demonstrated that the use of ultra-low doses of the cannabinoid receptor antagonist rimonabant prevented the development of tolerance to a treatment with a CB1 receptor agonist (WIN55,212-2). The pain-reducing effects of the cannabinoid decreased after a daily injection of the cannabinoid over 7 days. If very low doses of rimonabant were given together with the cannabinoid, the pain reducing effects persisted.

Source: Paquette JJ, et al. *Behav Pharmacol* 2007;18(8):767-776

US: American Psychiatric Association

In an attempt to push forward the acceptance of the effectiveness of medical cannabis, the American Psychiatric Association has declared their unanimous vote in support of the legal protection of patients with doctors' recommendations to use the herb for medical reasons. The declaration pointed out, that the association supports "protection for patients and physicians participating in state approved medical marijuana programs."

More at: http://www.salem-news.com/articles/november072007/med_psync_11707.php

Source: Salem-News.com of 7 November 2007

Science: Cannabidiol may be helpful in reducing the aggressiveness of breast cancer cells

In a mouse model of metastatic breast cancer the natural non-psychoactive cannabinoid cannabidiol (CBD) reduced the aggressiveness of breast cancer cells. CBD inhibited a protein called Id-1. Id proteins play an important role in tumour cell biology. The researchers of the California Pacific Medical Center Research Institute concluded that "CBD represents the first nontoxic exogenous agent that can significantly decrease Id-1 expression in metastatic breast cancer cells leading to the down-regulation of tumor aggressiveness."

Lead researcher Dr. Sean McAllister said: "Right now we have a limited range of options in treating aggressive forms of cancer. Those treatments, such as chemotherapy, can be effective but they can also be extremely toxic and difficult for patients. This compound offers the hope of a non-toxic therapy that could achieve the same results without any of the painful side effects."

Sources: BBC News of 19 November 2007; McAllister SD, et al. Cannabidiol as a novel inhibitor of Id-1 gene expression in aggressive breast cancer cells. *Mol Cancer Ther* 2007;6(11):2921-7

Science: Nausea

In an animal model of anticipated nausea with rats cannabidiol (CBD) and an inhibitor of endocannabinoid degradation (URB597) was effective in reducing nausea. Anticipatory nausea experienced by chemotherapy patients does not respond well to current anti-nausea treatments. This form of nausea is caused by stimuli associated with previous nausea (e.g. odours of the hospital room) before receiving the actual chemotherapy.

Source: Rock EM, et al. *Psychopharmacology (Berl)* 2007 Nov 9

Drug Disposal 101

Nature on drugs? Considering that many people use their toilets as a garbage can and that the US Substance Abuse and Mental Health Services Administration (SAMBSA) mention in their pilot program literature that flushing expired or leftover pharmaceuticals down the john is one method of disposal, it's a wonder that nature isn't, well, on drugs (especially around Victoria, the city without a sewage treatment plant - might as well just toss them off the dock...)

SAMBSA notes that "One in five teens reports intentionally misusing someone else's prescription drugs to get high." In addition to disposing of drugs at a pharmacy, for example, the SAMBSA website advises us to wrap them up in kitty litter or pet droppings, presumably to make them unappetizing to humans? (Dogs won't fall for that one....). And if you have a ferret, take note: "Ferret waste, like nearly any other form of pet waste, can be effectively used to help prevent the abuse of unused prescription drugs." ("The US Government declares ferret poop to be an effective weapon against drug abuse," the American Ferret Association group exclaimed.)

But seriously folks, old prescriptions are considered hazardous waste, and should be disposed of appropriately. If thrown in the garbage, no matter how well concealed, they will eventually leech into the soil and/or water. If your local pharmacy won't take them, try another. Pressure them into action if they won't accept them. Or, contact your local hazardous waste facility.

Source: New Zealand Herald, 3 Dec 2007. www.mapinc.org/drugnews/v07/n1404/a03.html

BIZARRO Danny Carey is effin' amazing



Comments On Swiss Cannabis Study

The recent Swiss study on adolescents and cannabis use is getting a lot of airplay (see previous newsletter, Volume #5, Issue #3).

The study conclusions were:

"Cannabis-only adolescents show better functioning than those who also use tobacco. Compared with abstainers, they are more socially driven and do not seem to have psychosocial problems at a higher rate." Experts and activists piped up and said:

"When you give a joint to relatively heavy pot smokers with a history of smoking, you see limited effects on cognitive performance. Their cognitive performance slows down, but they are just as accurate. So if they're engaging in a task that requires quick reaction time, like driving an automobile, they might put themselves in danger. With light smokers, you can see a lot more disruptions in accuracy and reaction time. It's the same thing with alcohol. It's difficult for investigators to get funding to study these drugs."

- Carl Hart, associate professor, Department of Psychiatry and Psychology, Columbia University, New York City

"The sample is representative of 16- to 20-year-olds in Switzerland. However, we can't assume causality. Our findings suggest there is a group of mainly occasional cannabis users who do relatively well, and much better than those who use both cannabis and cigarettes. And they seem to be more socially driven than abstainers. One possible explanation is that cannabis, at least in Switzerland, is becoming a way to socialize, the way alcohol or cigarettes were. We have a picture of these youth, not a movie, so we do not know what happens later: do they stop using cannabis? Do they escalate in their use? These questions remain to be answered."

- Joan-Carles Suriss, research group on adolescent medicine, University of Lausanne

"If you feed your cannabinoid receptors, you will never get Alzheimer's. Nobody who smokes pot regularly in Canada has ever been found to have Alzheimer's. People generally get both long- and short-term memory preservation if they smoke lots of pot. If you don't feed the receptor, it withers away by your late 50s or early 60s and cannot be restored. Also, cannabis does one really important thing: it arouses curiosity, which is an important part of intelligence. In our experience, people who don't smoke marijuana tend to have more myopic views and are more closed-minded. They're less tolerant and less open to new experiences. If you smoke marijuana, you tend to become more curious and broad-minded. And that contributes to intelligence."

- Marc Emery, publisher, Cannabis Culture Magazine, Vancouver

"The problem I see with the Swiss study is that we have no idea what the subjects were like beforehand and if their family relationships were good. I wouldn't be surprised if they were even better before they started smoking up. Those in the Swiss study were infrequent users. We found in adolescent heavy users -- I want to stress heavy users -- that marijuana affected IQ negatively. Not by a lot. If someone was on the margin of being mentally challenged, it might make a difference. IQ includes memory and visual processing speed, and these are adversely affected, in our work, among heavy users. Smoking could affect driving and aspects of school performance. These effects, however, disappeared after three months of non-use. No drug has only a positive impact. You'll hear people claim they smoke up regularly and are still doing well, but maybe they'd be doing even better if they didn't smoke. This is where the personal decision arises: feeling good versus possible negative consequences."

- Peter Fried, professor emeritus, Department of Psychology, Carleton University, Ottawa

"If you look in treatment populations, people who've had problems with marijuana abuse generally have higher violence rates than the general population. They also tend to have more aggressive personalities. But marijuana itself does not lead to violence. There is little evidence that the pharmacological effects of cannabis increase the likelihood of violence; in fact probably just the opposite. It's more likely to make people fearful than fearless."

- Scott MacDonald, assistant director, Centre for Addictions Research of BC, University of Victoria

Source: NOW Magazine, 15 Nov 2007.
www.mapinc.org/drugnews/v07/n1328/a01.html

Clear As Mud

Cannabis activists are hailing a recent court ruling as the beginning of the end of Canada's prohibition on marijuana, but the Crown dismisses the decision as non-binding.

A trial judge in Oshawa, Ont., threw out charges of simple possession of marijuana against three young men on Oct. 19, relying on a previous court ruling that found Canada's marijuana law unconstitutional. In making his decision, Judge Norman Edmondson cited a decision last July by a fellow judge of the Ontario Court of Justice. In the earlier case, which is being appealed by the Crown, Judge H. Borenstein accepted the defence lawyer's argument that Ottawa must pass a law - rather than rely solely on government policy - to allow accredited medical cannabis users to possess cannabis.

Health Canada has been forced by a series of court decisions to set up a medical marijuana program authorizing patients struggling with chronic conditions to use cannabis to alleviate their symptoms. And a court ruling in 2003 required Health Canada to provide government-certified cannabis to these patients so they don't have to turn to the black market for their medicine.

In the July 13 Borenstein decision, defence lawyer Bryan McAllister successfully argued that the law itself should have been changed, not just the program. And because the law has not been rewritten to accommodate medical users, the prohibition on all use - including recreational use - collapses because the law is unconstitutional, the court ruled.

A spokeswoman for the Crown said the October decision in Oshawa will not be appealed. "The decision of the trial judge is not binding upon any other trial judge and the [Borenstein] decision he relied upon ... was wrongly decided," Stephane Marinier, of the Brampton, Ont., office of Public Prosecution Service of Canada, said in an e-mail. The Crown will make its counterarguments in an appeal of the Borenstein decision at Ontario's Superior Court of Justice, Ms. Marinier said.

Source: Globe and Mail, 15 Nov 2007,
www.mapinc.org/drugnews/v07/n1334/a04.html

DEFINITIONS

antiquated *adj.* old-fashioned or outdated. [from ecclesiastical Latin *antiquare* make old]
(The Concise Oxford Dictionary, 7th ed., 1983)

discombobulate *v.t.* (jocular) disturb, disconcert or confuse. [probably based on *discompose* or *discomfit*] (ibid.)

embolden *v.t.* make bold, encourage (to do). (ibid.)

quinoline *n.* oily amine got from distillation of coal tar or by synthesis and used in the preparation of drugs etc.. [from *quina* cinchona bark (Spanish from Quechua *kina* bark) + OL (hydroquinine) + INE] (ibid.)

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

Loosen Medical Cannabis Rules, Lawyers Argue

The federal government must loosen unfair restrictions that are preventing seriously ill Canadians from obtaining the medical cannabis they need to treat debilitating illnesses, lawyers argued Dec. 3 in Federal Court.

Health Canada has effectively established itself as the country's sole legal provider of medical cannabis, but is providing an expensive yet ineffective drug that doesn't meet the needs of many patients who use it to treat chronic pain, seizures and other ailments, Osgoode Hall law professor Alan Young said.

It has also shrugged off complaints about the drug, which costs about \$150 per ounce, and failed to improve the program by providing patients with different strains designed for their specific medical needs, Prof. Young told the court.

"It's not enough to say, 'Here's some pot for you, knock yourself out.' That's not the way medicine is delivered," he said outside court yesterday. "You come up with the optimal product."

There are providers who want to supply various strains of the drug at a lower cost for medical use, but they're prohibited from doing so because government policy restricts them from supplying more than one patient, he added.

That's forcing medical cannabis patients to risk their safety to find the medicine they need, said Alison Myrden, 44, a medicinal user for nearly eight years, who treats multiple sclerosis and tic douloureux, a neurological condition that causes extreme facial pain.

What are you looking at?

"I'm constantly on the street because I'm chasing a strain that the government doesn't offer," she said.

"So until the government offers more than one strain, people like myself are forced back onto the street. I grow my own medicine, but I still have a problem getting the strains that I need because they're kept hostage in the black market."

Many of these problems are the result of a poorly conceived "eleventh hour" government policy that was rushed into place following a 2003 Ontario Court of Appeal ruling that struck down certain rules that limited access to medical marijuana, Prof. Young said.

In response, Health Canada amended its policy to provide reasonable access to cannabis for medical purposes, a change that came into force December 2003.

Those rules allow medical marijuana users to either grow the product themselves, have someone grow it for them or buy it from Health Canada.

The one grower - one patient rule has been rigidly enforced over

the past few years. "They are determined not to let an individual grow marijuana for more than one person - determined," Prof. Young said. The case, which began in 2004, will be heard for two more days in Federal Court. Some of the applicants have died since the case was first filed; their number has been reduced to 17 from the original 27.

Source: Globe and Mail, 04 Dec 2007,
www.mapinc.org/drugnews/v07/n1404/a09.html

Complacency Kills

AIDS is very serious business. Even though there is heightened awareness, prevention techniques and life-extending drugs, and the infection rate in the US has steadied at 40,000 new cases per year, two new reports remind us that it is as troubling as ever.

In the recent past, the new cases were mostly found among needle users, a definably small (and politically unappealing) group. It is that why people have gone to sleep on the topic? One report in the Journal of the American Medical Association finds infection rates rising among gay men, the group that first encountered HIV and battled back. Why the relapse? According to the health experts who wrote the report, the danger of HIV and AIDS is "not as frightening as it was," thanks to drugs that can forestall a full-blown case. Successful medicine invites complacency, it seems.

The second dose of bad news is a study breaking down HIV rates in Washington, D.C. The highest percentage of infected residents there are heterosexuals, not needle users or gay men. Though the nation's capital has a notably lousy health system, HIV has taken full advantage and broken out of its familiar boundaries. It's now behaving as it does in sub-Saharan Africa, reaching into the lives across the board: pregnant moms, men, women and families.

As we pass World AIDS day (Dec. 1), remember the lessons.

Source: San Francisco Chronicle, 30 Nov 2007,
www.mapinc.org/drugnews/v07.n1382.a04.html



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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

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Norml Canada

<http://www.normlcanada.org>

Cannabis Health

www.cannabishealth.com

ICRS

<http://cannabinoidsociety.org>

CannabisLinks.ca

"Those who would give up essential liberty to purchase a little temporary safety deserve neither liberty nor safety." - Benjamin Franklin, Historical Review of Pennsylvania, 1759