

CANNABINOID CHRONICLES



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Medical Cannabis News and Information

Canada - MS Sufferer Wins Right To Use Vaporizer

Pam Edgar of Nanaimo, BC, has won her fight to have the provincial government pay for a device she says is needed for her to use cannabis to ease symptoms of multiple sclerosis.

The provincial government, which earlier refused to pay for a \$200 vaporizer, has been forced to reverse its decision following the unanimous decision of an appeal tribunal.

Pam Edgar has been legally using cannabis for two years to help reduce the pain of her multiple sclerosis, but as an asthmatic, the smoke causes other health problems. Vaporized cannabis allows her to inhale cannabinoids without any of the carcinogens that tighten and block the airways to her lungs.

Edgar is one of 2,260 Canadians who carry and smoke pot under the marijuana medical access regulations, but she could be the first in BC to have the province pay for a device that allows her to obtain the benefits of the plant without any smoke.

Given the minimal cost of the vaporizer, she wonders why she had to endure such a "daunting" tribunal." After the Ministry of Employment and Income Assistance denied her request for a vaporizer, Edgar appealed the decision and went through a three-month tribunal process that cost more than double the price of her \$200 Vapor Daddy.

And in the end, anyone looking for their own device will likely have to go through a similar process because "none of the decisions are precedent-setting," according to Frances Sasvari, executive director for the Employment and Assistance Appeal Tribunal. Even though panel members are not bound to any preceding decision, Edgar's tribunal will send a message to the medicinal cannabis community.

"That's quite groundbreaking news because a lot of people have been wondering if vaporizers are considered medical devices," said Eric Nash, a certified and designated medicinal cannabis producer in B.C. "In my view (they are), because (vaporizers) are eliminating the particulate matter in the smoke."

Using cannabis has been one of many methods Edgar uses to relieve the pain from her MS, which can be considerable.

Source: Victoria Times-Colonist, 18 Dec 2007
<http://www.mapinc.org/drugnews/v07/n1464/a06.html>

London Compassion Society Director Sentenced

Pete Young, owner of the Organic Traveller and a director of the London Compassion Society, was charged in March 2007 with several drug-related offences, including possession of marijuana for the purpose of trafficking. On Dec. 12, 2007 Mr. Young pleaded guilty to three drug-related charges; possession for the purpose of trafficking, cultivation of marijuana and possession of magic mushrooms - a substance he uses occasionally.

Pete Young said he wasn't trying to hide anything - he was offering marijuana from a downtown location to ease people's pain. He said doctors knew. So did the police.

So when the apartments set up for a medicinal marijuana centre were raided last March and nearly 1,000 plants were seized, Young reached out for support to help those in pain.

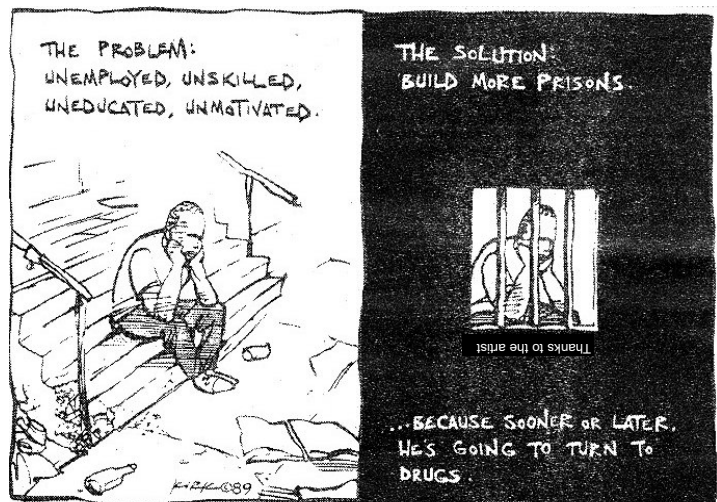
"We've had members die. We've been sent such heartfelt letters from members who have no other option," he said outside a London courtroom after he was given a two-year less-a-day conditional sentence.

Young's lawyer, Michael Barry, said the case was "extraordinary" because the drugs were for compassionate reasons, not profit. He provided Webster a stack of support letters, including one from the Aids Committee of London. Barry said there was nothing surreptitious about the organization that had offices at the Richmond Street location.

Young must spend the first six months of his sentence under house arrest. He also cannot apply for a medicinal marijuana license. His pleas will allow him to return to downtown London and to his store where he had been prohibited under his bail conditions. Charges against employee Robert Newman were withdrawn. Young, who says he doesn't smoke pot, said the gardens in the apartment building were new and planted to ensure "top-quality medicine."

[Contrast this case and sentence with Philippe Lucas' charges and subsequent absolute discharge in 2002 for essentially the same thing - compassionate, not profit-based, distribution of high-quality, organic cannabis to very ill persons. See www.thevics.com]

Source: London Free Press, 13 Dec 2007.
<http://www.mapinc.org/drugnews/v07/n1441/a03.html>



Science: Qualitative similar composition of cannabis and tobacco smoke

Canadian researchers investigated the chemical composition of cannabis and tobacco smoke. [Note - this study used cannabis produced by Prairie Plant Systems, the same supplier as for Health Canada cannabis]

Smoking of cannabis and tobacco cigarettes, which weighed about 800 mg, was carried out on smoking machines. The results showed qualitative similarities with some quantitative differences. With a normal tobacco smoke rhythm, the smoke of both tobacco and cannabis cigarettes contained an average of about 40 mg tar. Following a more intense inhalation to simulate usual cannabis smoking the amount of tar by cigarette increased to 80-100 mg. Thus, the amount of inhaled noxious substances is less dependent from the smoked material than from the smoking pattern. The results are agreement with previous research.

With the same smoking pattern, ammonia was found in cannabis smoke at levels of about 20-fold greater than that found in tobacco, which according to the authors may have been due to higher nitrate levels in cannabis due to fertilization. Hydrogen cyanide was about 2.5 times, nitric oxide (NO) about 4 times and some aromatic amines were found in cannabis smoke at concentrations 3-5 times those found in tobacco smoke.

Tobacco-specific nitrosamines were not found in cannabis smoke. Concentrations of mercury, cadmium, lead and arsenic as well as low-molecular weight carbonyl compounds (formaldehyde, acetaldehyde, etc.) were found at considerably lower concentrations in cannabis smoke compared to tobacco smoke. Cannabis smoke also contained somewhat less amounts of polycyclic aromatic hydrocarbons.

The study is available at: <http://pubs.acs.org/cgi-bin/sample.cgi/crtoec/asap/pdf/tx700275p.pdf>

Source: Moir D, et al. A Comparison of Mainstream and Sidestream Marijuana and Tobacco Cigarette Smoke Produced under Two Machine Smoking Conditions. *Chem Res Toxicol.* 2007 Dec 7

Science: THC reduces chronic pain in patients who do not get sufficient pain relief from opioids

According to a study conducted by researchers of Harvard Medical School in Boston THC (dronabinol) was able to reduce pain in 30 patients taking opioids for chronic pain. Phase I of this 2-phase study was a double-blinded trial in which subjects were administered once on three occasions either 10 mg or 20 mg of THC or identical placebo capsules. Phase II was an open-label individually dosed trial of THC as add-on medication to patients on stable doses of opioids.

Results of the Phase I study showed that patients who received THC experienced decreased pain intensity compared with placebo. No differences in benefit were found between the two THC doses. In the Phase II trial, titrated THC contributed to significant relief of pain and increased satisfaction compared with baseline. The incidence of side effects was dose-related. Overall, the use of THC was found to result in additional analgesia among patients taking opioids for chronic non-cancer pain.

Source: Narang S, Gibson D, Wasan AD, Ross EL, Michna E, Nedeljkovic SS, Jamison RN. Efficacy of Dronabinol as an Adjuvant Treatment for Chronic Pain Patients on Opioid Therapy. *J Pain* 2007 Dec 12

Science: Multiple sclerosis

British researchers demonstrated in animal models of multiple sclerosis that cannabinoids were neuroprotective and immunosuppressive, which could slow disease progression. However, only the neuroprotective effects were achieved at doses low enough to be relevant in treatment of humans. Immunosuppressive effects were only achieved at high doses.

Source: Croxford JL, et al. *J Neuroimmunol.* 2007 Nov 23

Science: Cancer of the large intestine

It is well-known that THC and other cannabinoids reduce survival of cancer cells in the large intestine. In a letter to the *International Journal of Cancer*, British researchers warned that the long-term use of cannabinoid receptor antagonists might increase the risk of cancer of the large intestine. The cannabinoid receptor antagonist rimonabant is in use in Europe against obesity. The risk for the development of this cancer is already increased in obesity and this risk may be further increased by rimonabant.

Source: Wright KL, et al. *Int J Cancer.* 2007 Dec 12

Science: HIV/AIDS

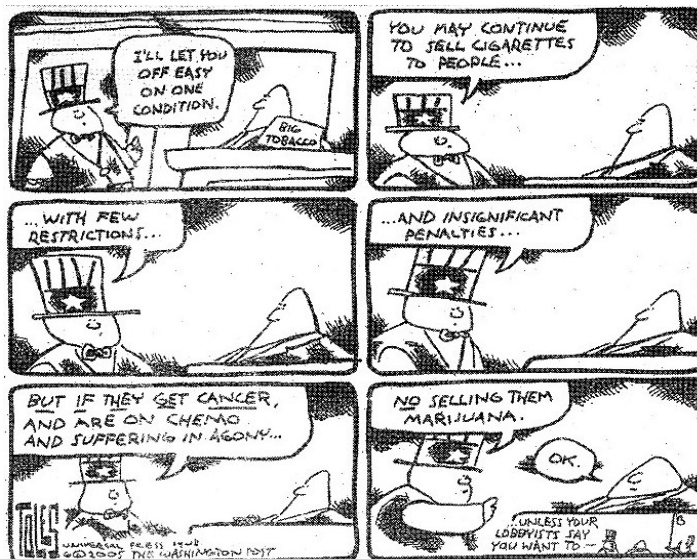
The synthetic cannabinoid WIN55,212-2 was shown to suppress the replication of the HI virus in cultures of certain brain cells and this effect was mediated by the CB2 receptor.

Source: Rock RB, et al. *J Neuroimmune Pharmacol* 2007;2(2):178-83

US: California and Colorado

Courts in California and Colorado ordered the police to return seized cannabis from patients who were allowed to use the drug under state laws. The police argued that the possession of cannabis was illegal under federal law. The judges argued that enforcement of federal drug laws did not supersede the state's allowance of cannabis for medicinal purposes.

Sources: *New York Times* of 30 November 2007, *Coloradoan* of 4 December 2007



Devries Led Fight To Access Medical Cannabis

Catherine Devries of Kitchener died Dec. 23, at the age of 49. Most of her life, she had struggled with a host of health problems and pain. But her family and friends don't remember the trail-blazing medical cannabis activist as frail. Anything but.

"Cathy was a very, very strong fighter," said her father Carl Devries. "She would not give up even when her life was extremely difficult for her." The more public side of her was her activism. She was one of the first Canadians to be legally allowed to use marijuana for medical purposes.

"Catherine fought very hard for that licence," said fellow medical-marijuana activist Alison Myrden of Burlington. "She was one of the first people to speak up about it and she should be recognized for that..."

In 2002, Devries joined Myrden and seven others in suing the federal government for better access to quality pot, and won. The activists argued it wasn't right for people legally allowed to use cannabis to have to buy from dealers.

Source: *Record*, The (Kitchener), 29 Dec 2007, www.mapinc.org/drugnews/v07/n1509/a01.html

LeDain Dead at 83

An amazingly prescient inquiry Judge Le Dain headed into the non-medical use of drugs called for the decriminalization of the simple possession of marijuana - in 1973.

Gerald Le Dain, who died December 18, 2007 at 83, was only 44 years old when he was handed the assignment that would make him an improbable counter-culture icon.

Mr. Le Dain was already an accomplished legal scholar and would later serve on Canada's highest courts. But his name will forever be linked to the job he undertook at the behest of the federal government on that May day in 1969.

At the time, Canada was grappling with a new and - for those in authority - deeply disturbing phenomenon. Like their peers elsewhere, thousands of young Canadians were experimenting with recreational drugs, including cannabis, LSD and speed.

Use of cannabis, in particular, was exploding. In 1966, fewer than 80,000 people in Canada had tried the drug. But by the end of the decade, 10 times that number had used it at least once. The federal government responded by appointing Mr. Le Dain, then dean of Osgoode Hall Law School, to head a five-person commission of inquiry into the non-medical use of drugs. It was swiftly dubbed the Le Dain commission.

The commission was asked to look at all available knowledge about the non-medical use of "sedative, stimulant, tranquilizing, hallucinogenic and other psychotropic drugs or substances," including their effect on users. It was also directed to report on why such drugs were becoming popular and recommend how the government could address the problem.

The commission held 46 days of public hearings, travelling to 27 cities and 23 university campuses. It heard from 12,000 Canadians, including many young drug users. Between 1970 and 1973, it issued four lengthy reports. Among other things, it called for lighter sentences for most drug offences, treatment for heroin addicts and warnings about the dangers of nicotine and alcohol.

But it was its recommendation to decriminalize simple possession of marijuana that caused the greatest sensation.

The commission concluded that the maximum penalties for cannabis offences were grossly excessive and disproportionate to any harm marijuana's use might cause. Moreover, the number of people being convicted had doubled annually between 1967 and 1971, wreaking havoc with the lives of a growing number of young Canadians.

Even so, the law was being widely flouted, catching only about one per cent of marijuana users. "A law which can only be enforced in a haphazard and accidental manner is an unjust law," the commission declared. Many of the Le Dain commission's recommendations were too explosive for politicians of the day to embrace. But judges soon started moderating sentences and began giving offenders absolute discharges for simple possession.

"It was the first in then-recent history to take a thorough scholarly approach to the subject of drug use, particularly dealing with marijuana," Mr. Trebach writes in an appreciation posted online.

Though regarded as a moderate liberal, Mr. Le Dain didn't believe in labelling judges. "Judges don't come to each case with a predisposition," he once said. "They look at each case and try to do justice."

Le Dain was made a companion of the Order of Canada in 1989.

Referenced: *The Report of the Canadian Government Commission of Inquiry into the Non-Medical Use of Drugs - 1972*, <http://druglibrary.org/schaffer/Library/studies/ledain/ldctoc.html>

Source: Ottawa Citizen, 26 Dec 2007, www.mapinc.org/drugnews/v07/n1494/a01.html

Needle Exchange Program Back In D.C.

President Bush signed legislation on Dec 27, 2007, lifting a ban that for nearly a decade has prevented city officials in Washington, D.C. from using local tax money for needle exchange programs.

Officials of the District of Columbia Health Department said that with the ban lifted, they would allocate \$1 million for such programs in 2008.

Since 1999, the nation's capital, which reports having the highest rate of AIDS infection of any major city in the country, has been the only city barred by federal law from using municipal money for needle exchanges. A recent report by the city showed that intravenous drug users' sharing of needles was second only to unprotected sex as a leading cause of HIV transmission.

Congress controls local government here, and for nine years members of the House, expressing concerns about worsening drug abuse, had inserted into the bill approving the city's budget a provision to prohibit financing needle exchange programs. But with Republicans' loss of Congressional control to Democrats, this year's bill, signed by Mr. Bush, reversed the ban.

"For too long, Congress has unfairly imposed on the citizens of D.C. by trying out their social experiments there," said Representative Jose E. Serrano, the New York Democrat who heads the House Appropriations subcommittee that handles the city's budget.

"The ban on needle exchanges was one of the most egregious of these impositions, especially because the consensus is clear that these programs save lives."

Source: New York Times, 27 Dec 2007, <http://www.mapinc.org/drugnews/v07/n1495/a11.html>

DEFINITIONS

facilitate *v.t.* make easy, promote, help forward, (action or result); hence *facilitatiON* [from French *faciliter*, from Latin *facilis* 'easy'] (The Concise Oxford Dictionary, 7th ed., 1983)

precious *a.* 1. having great value. 2. greatly loved or treasured. 3. ironic considerable (*a precious lot you know*). 4. *derogatory* affectedly concerned with elegant or refined language or manners. (*precious little (or few)*, informal *extremely little (or few)*). Hence *preciously adv.* *preciousNESS n.* [Old French *precios* from Latin *pretiosus*, from *pretium* 'price'. (ibid. and www.askoxford.com/)

repose *n.* 1. a state of restfulness or tranquillity. 2. *composure*. *v.* 1. rest. 2. be situated or kept in a particular place. [Old French *reposer*, from Late Latin *pausare* 'to pause'] (The Concise Oxford Dictionary, 7th ed., 1983)

zeal *n.* earnestness or fervour in advancing a cause or rendering service; hearty and persistent endeavour; so *zealous a.* [Middle English *zele* from Latin from Greek *zelos*] (ibid.)

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Proposed Bill C-26 Regressive

The federal conservative government unveiled legislation Nov. 20, 2007 to create the first mandatory prison terms in Canada for people convicted of trafficking illicit drugs, including those who grow marijuana for profit.

Canada's Controlled Drugs and Substances Act has no mandatory prison sentences. Judges use their own discretion about whether to send drug pushers and growers to jail. The new bill proposes:

- A mandatory six-month sentence for growing as little as one cannabis plant for the purposes of trafficking.
- A two-year mandatory term for running a cannabis-growing operation of 500 plants or more.
- A doubling of the maximum prison term for cannabis production from 7 to 14 years.
- A one-year mandatory jail term for dealing drugs while armed with a weapon, or for dealing drugs in support of organized crime.
- A two-year mandatory term for dealing cocaine, heroin or methamphetamines to young people, or for dealing them near a school, or any place young people are known to frequent.

The conservatives also propose to allow judges to exempt certain offenders from mandatory prison terms, on condition that they complete drug treatment programs.

Most legal experts agree with retired judge John Gomery's criticism of the new mandatory minimum sentences being proposed, calling them simplistic and likely to produce unjust outcomes.

Sentencing is a very complex task, says Ed Ratushny, a law professor at the University of Ottawa, requiring judges to consider the circumstances of the crime, the background of the offender and mitigating circumstances. But mandatory sentences remove that judicial discretion, he says. That increases the risk of unjust sentences.

David Paciocco, a former Crown prosecutor who teaches law at the University of Ottawa, says sentencing must be proportional to the seriousness of the crime and the blameworthiness of the offender. Apart from the human misery they impose, mandatory minimum sentences generate huge costs for taxpayers, Mr. Paciocco says.

Eugene O'Connell, a criminal lawyer who teaches drug policy at the University of Ottawa, said decades of experience with tough, mandatory penalties in the United States have proven that the threat of prison terms doesn't deter drug traffickers or growers.

Source: Vancouver Sun, 21 Nov 2007, www.mapinc.org/drugnews/v07.n1344.a06.html; Ottawa Citizen, 27 Nov 2007, www.mapinc.org/drugnews/v07.n1375/a07.html; Montreal Gazette, 28 Nov 2007, www.mapinc.org/drugnews/v07.n1390/a06.html

Bill C-26 Protested

On December 17, 2007, Canadians gathered outside respective MP's offices to protest the proposed federal Bill C-26, which aims to enact mandatory minimum jail sentences for certain drug offences. In Port Alberni, BC, Michael Mann, a federal licensee under the Health Canada medical marijuana regulations, has joined those who are asking their MP to vote against the bill.

According to Mann, Bill C-26, currently being debated in the House of Commons, could be interpreted to classify sharing a joint as being akin to trafficking or having connections with organized crime.

"They want to jail people for using cannabis is what this boils down to," he said, adding the bill has sparked a nationwide grass-roots campaign by cannabis activists and supporters of the legalization of marijuana to inform the public.

According to cannabis activists, mandatory minimums have failed to curb drug use and sales in the United States and will only fill jails with non-violent marijuana offenders.

Mann has had a legal licence to grow cannabis for his personal medicinal use for seven years. However, he said that since the conservatives took over in Ottawa, disturbing signs have arisen that the "moral right" is unhappy with current laws that allow a small number of residents to grow and use cannabis legally.

Mann's concerned there may be a steady push to terminate the program that allows Canadians to use and legally produce cannabis for medicinal purposes. According to Health Canada statistics as of October 2007, 2261 persons have authorization to possess medical cannabis and 1581 persons are allowed to cultivate medical cannabis. (visit Health Canada's website, shown below)

Source: Victoria Times-Colonist 14 Dec 2007, www.mapinc.org/drugnews/v07.n1443/a08.html



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V.P.W.A.

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MS Society

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HepC BC

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Canadians for Safe Access

<http://www.safeaccess.ca>

Disabled Rights Alliance

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Victoria, BC V8V 2Z8

380-6660

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1-877-852-5110 (toll free)

<http://www.johnconroy.com>

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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.medicalmarijuana.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

"I was talking to a guy the other day who was trying to convince me that CDs were better than vinyl because they had no surface noise. And I said, "listen mate, life has surface noise."

- John Peel, BBC DJ and journalist (1939 - 2004)