

CANNABINOID CHRONICLES



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Medical Cannabis News and Information

Court Finds MMAR Provision Unconstitutional

Canadians who are prescribed cannabis through the Health Canada program to treat their illnesses will no longer be forced to rely on the federal government as a supplier following a Federal Court ruling that struck down a key restriction in Ottawa's controversial medical marijuana program.

The decision by Judge Barry Strayer, released Jan. 10, essentially grants medical cannabis users more freedom in picking their own grower and allows growers to supply the drug to more than one patient. It's also another decision against the government in a series of court challenges regarding patient access to cannabis by Health Canada's Medical Marihuana Access Regulations (MMAR). Currently, medical users can grow their own cannabis but licensed growers can't supply it to more than one user at a time.

Lawyers argued that the one grower/one patient restriction effectively established Health Canada as the country's sole legal provider of medical cannabis. They also said the restriction was unfair, and that it prevented seriously ill Canadians from obtaining the drug they needed to treat their debilitating illnesses.

In his decision, Strayer called the provision unconstitutional and arbitrary, as it "caused individuals a major difficulty with access..." Ottawa must also reconsider requests made by a group of medical users who brought the matter to court to have a single outside supplier as their designated producer, Strayer said in his 23-page decision.

While the government has argued that medical users who can't grow their own marijuana can obtain it from its contract man-

ufacturer, fewer than 20 per cent of patients actually use the government's supply, Strayer wrote.

"In my view it is not tenable for the government, consistently with the right established in other courts for qualified medical users to have reasonable access to marijuana, to force them either to buy from the government contractor, grow their own or be limited to the unnecessarily restrictive system of designated producers," he wrote.

Ron Marzel, a Toronto lawyer representing the group of medical users who brought the matter before the Federal Court, called the decision a "great remedy" for his clients.

The provision had been struck down by the courts before, but was reinstated by the government who contracted Prairie Plant Systems Inc. in Flin Flon, Man., to provide cannabis to patients. "(It was) constitutionally suspect from the beginning," said lawyer Alan Young, who argued in court on behalf of ill Canadians.

Ottawa could either rewrite the regulations, come up with a new ratio, "or they can simply leave it as an open market so that people who are experienced and have the right secure facility will be able to apply to grow for 10 patients, 20 patients," Young said.

The government may also draft quality-control regulations for outside suppliers to ensure patients get the best product possible, said Marzel. The Crown may appeal the decision.

Source: Chronicle Herald, 11 Jan 2008.
<http://www.mapinc.org/drugnews/v08/n036/a05.html>

Constitutional Challenge on Sunshine Coast

The courtroom in Sechelt, BC, is the stage for another constitutional challenge regarding laws governing marijuana possession. A written submission was received from Vancouver lawyer Kirk Tousaw on Jan. 15.

Tousaw and Ryan Poelzer, an East Vancouver man charged with possession of marijuana on the Coast in late May 2005, are pursuing a constitutional defence based on the non-viability of Health Canada's 2003 Marijuana Medical Access Regulation (MMAR).

"The courts have found, as recently as Jan. 2008, the MMAR is not constitutionally adequate," said Tousaw. "It's clear that the government can only prohibit possession of marijuana if it has a constitutionally adequate medical program."

Tousaw, a board member of the B.C. Civil Liberties Association, cites Ontario cases in 2000 and 2007 that he said have weakened the constitutionality of the MMAR. He said two cases from the Ontario Court of Appeal in 2003 resulted in about 4,000 federal drug possession charges being dropped and led to the underground government-licensed cannabis grow operation conducted in Flin Flon, Man.

Source: Coast Reporter, 18 Jan 2008.
<http://www.mapinc.org/drugnews/v08/n065/a11.html>



Israel: Patients may get an approval from the government for the medical use of cannabis

A Tel Aviv medical clinic has quietly begun giving cannabis to cancer and AIDS sufferers, legally and with Health Ministry approval. The clinic began giving the drug to patients about six months ago. By Israeli law, cannabis can legally be used as a medicine if a patient obtains a special approval from the Health Ministry. The cannabis is grown in Israel.

The drug is approved usually only for patients with cancer, AIDS or chronic inflammation of the intestine. The clinic, which the Health Ministry has refused to identify publicly, gives out the drug in small, controlled quantities when a patient presents his license. A spokesman for the Israel Cancer Association said the drug could reduce side-effects for some patients undergoing chemotherapy or other treatments, and the organization would consider adding information about this to its website.

The article is available at:

<http://www.jpost.com/servlet/Satellite?cid=1198517303901&pageName=JPost%2FJPostArticle%2FShowFull>

Source: Jerusalem Post of 6 January 2008, personal communication by Dr. Raphael Mechoulam

Europe: Cannabis Use

According to the recent annual report of the EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) the use of cannabis increased in the 1990s. "However, some of the more recent data suggest that the upward trend is levelling off, albeit at historically high levels." According to the report "estimates suggest that more than 23 million European adults have used cannabis in the last year, producing an average figure of about 7% of all 15- to 64-year-olds." The use by children below the age of 15 is very low. The Annual Report 2007 is available in 23 languages on the website of the EMCDDA (<http://www.emcdda.europa.eu/>).

Science: Daily cannabis use increases the risk of liver fibrosis in patients with hepatitis C

According to research at the University of California at San Francisco daily cannabis use was associated with moderate to severe liver fibrosis in 204 patients with hepatitis C. Between 2001 and 2004, participants underwent interviews to assess demographic data, risk factors for HCV, and use of cannabis and alcohol. In addition, virologic testing and liver biopsy was performed. The median age of the group was 46.8 years, 69% were male, and 49% were white. Cannabis use frequency within prior 12 months was daily in 13.7%, occasional in 45.1%, and never in 41.2%. There was no fibrosis in 27.5%, mild fibrosis in 55.4% and moderate to severe fibrosis in 17.2% of subjects.

Current daily cannabis use increased the odds of moderate to severe fibrosis by nearly 7-fold. There was no association between current daily cannabis use and mild fibrosis. A major limitation of the study is the method, since only one examination was performed, which limits the ability to establish a temporal relationship between cannabis use and fibrosis stage. However, the study confirms an earlier French study of 2004, in which daily cannabis use was also associated with an increased risk for liver fibrosis. Authors conclude that "HCV-infected individuals should be counseled to reduce or abstain from cannabis use."

More at: http://www.natap.org/2006/AASLD/AASLD_07.htm

To find more information on cannabinoids and liver fibrosis you may search previous IACM-Bulletins with the keyword "fibrosis" at: <http://www.cannabis-med.org/english/home.htm> or directly at:

<http://www.cannabis-med.org/english/bulletin/iacm.php>

Source: Ishida JH, Peters MG, Jin C, Louie K, Tan V, Bacchetti P, Terrault NA. Influence of cannabis use on severity of hepatitis C disease. *Clin Gastroenterol Hepatol* 2008;6(1):69-75

Science: HIV and drug use

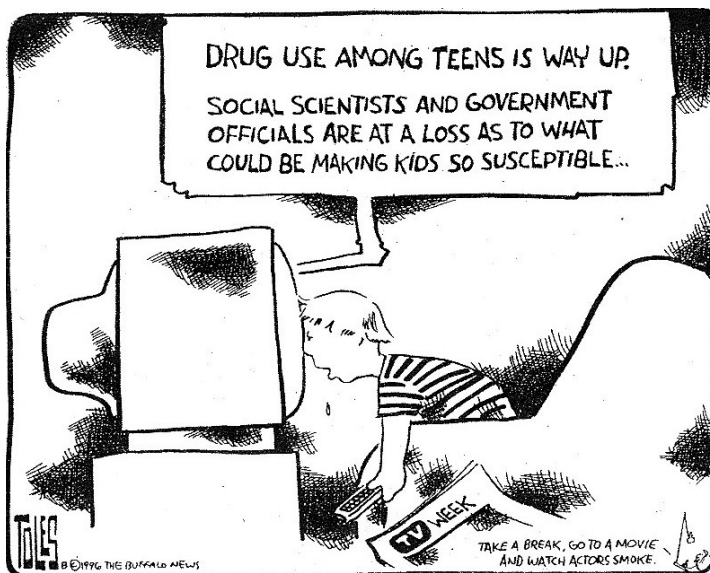
Researchers of the University of California at Los Angeles investigated the effects of drug use on subpopulations of T-lymphocytes in men with HIV in a longitudinal study, which started in 1996. They found no clinically meaningful associations between the use of cannabis or other drugs and CD4 and CD8 T cell counts, percentages, or rates in change of CD4 and CD8 cells.

Source: Chao C, et al. *Drug Alcohol Depend*. 2008 Jan 2

Science: Liver transplantation

Researches at the University of Rochester in the state of New York investigated associations between relapse after liver transplant and several variables, including drug abuse and drug dependence. The use of drugs was not associated with the risk to relapse. They concluded, that patients with abuse of drugs "should not be categorically denied access to liver transplant."

Source: Nickels M, et al. *Exp Clin Transplant* 2007;5(2):680-5.



Cannabinoids May Suppress Tumour Invasions

The active ingredient in cannabis may suppress tumour invasion in highly invasive cancers, according to new research in Germany.

Cannabinoids, the active components in marijuana, are already used medically to reduce the side effects of cancer treatment, such as pain, weight loss and vomiting.

But the new study, published in the latest issue of the *Journal of the National Cancer Institute*, finds that the compounds may also have an anti-cancer effect.

Dr Robert Ramer and Dr Burkhard Hinz of the University of Rostock in Germany investigated whether and by what mechanism cannabinoids inhibit human tumour cell invasion. Cannabinoids did suppress tumour cell invasion and stimulated the expression of TIMP-1, an inhibitor of a group of enzymes that are involved in tumour cell invasion. Suppression was concentration-dependent with a decrease of invasion by the lowest THC dose (10 nM) of 68%.

"To our knowledge, this is the first report of TIMP-1-dependent anti-invasive effects of cannabinoids," the two researchers said in a joint statement.

"This signalling pathway may play an important role in the anti-metastatic action of cannabinoids, whose potential therapeutic benefit in the treatment of highly invasive cancers should be addressed in clinical trials," the authors said.

Source: Ramer R & Hinz B. *J Natl Cancer Inst* 2007 Dec 25

Doctors Often Rely On Patient Experience

Physicians who approve the use of medicinal cannabis say their clinical knowledge of the drug is hazy and they rely heavily on their patients to help them craft treatment plans, according to in-depth interviews with doctors conducted for Health Canada.

The doctors' knowledge of medical marijuana "had most often come directly (in anecdotal form) from their patients' experience with the drug," concludes the study of physician attitudes done by Montreal firm Les Etudes de Marche Createc.

"This model obscures the boundary between physician and patient and contravenes conventional medical practice which relies almost exclusively on scientific evidence-based information.

"Many physicians expressed concern about this 'blurring' of boundary between patient and doctor."

The study, for which interviews were done from March to June 2007, drew from a pool of 917 doctors across the country who were at that time treating patients with marijuana. The group was narrowed to 30 family doctors and specialists, with whom lengthy telephone interviews were carried out. The survey was recently posted on a government website.

Overall, the group did not view cannabis as a "high risk" drug. "The majority agreed that the positive effects of marijuana for medical purposes outweighed its negative effects; the harmful effects of prescription drug abuse (namely narcotics) were considerably more of a concern and physicians maintained that marijuana was not physiologically addictive (unlike narcotics)," the study said.

But doctors still felt they needed to know much more about the drug, which, outside of authorized medicinal uses, is illegal to own, grow or sell in Canada.

Some doctors were not comfortable with government regulations surrounding medicinal marijuana, but most found the red tape less of a problem than "having to rely almost exclusively on their patient's judgment and anecdotal experience regarding daily dosage."

Part of the problem for doctors who support a patient seeking access to medical marijuana is that the vocabulary surrounding the drug is fuzzy. Terms such as "puff" and "joint" can't be quantified to measure dose, even though Health Canada sets a daily maximum of five grams. Physicians therefore turn to their "most experienced source of dosage information: their patients."

Individual doctors also said they feared that if it became known they prescribed medical marijuana, they would receive an "influx of unwanted patients" and might suffer some professional or social stigma in the wider medical community.

Among the doctors interviewed, the study also found that all thought dried marijuana, supplied through Health Canada, could be safely and effectively dispensed by pharmacists. (And who educates the pharmacists?)

Source: Ottawa Sun 12 Jan 2008

<http://www.mapinc.org/drugnews/v08/n041/a04.html>. Author Christina Spencer

Use Medical Cannabis, Lose Your Job

California employers may fire workers for using medical marijuana with a doctor's recommendation when not working even if the drug does not impair their performance, the state Supreme Court ruled Jan. 24.

The court by a vote of 5-2 upheld a Sacramento telecommunications company's firing of a man who failed a company-ordered drug test. Gary Ross held a medical marijuana card authorizing him to legally use cannabis to treat a back injury sustained while

serving in the Air Force. He was hired by RagingWire Enterprise Solutions Inc. in 2001 as an administrator. Before taking the drug test, Ross provided a copy of his physician's recommendation for marijuana. The company fired him a week after he started the job because of his marijuana use.

Ross sued the company on the grounds it failed to accommodate his disability as required under state anti-discrimination law. He also alleged RagingWire violated his rights as a matter of public policy. RagingWire argued it rightfully fired Ross because all marijuana use is illegal under federal law, which does not recognize medical marijuana laws in California and 11 other states.

"No state law could completely legalize marijuana for medical purposes because the drug remains illegal under federal law," Justice Kathryn Werdegar wrote for the majority.

But Justice Joyce Kennard called the decision "conspicuously lacking in compassion."

"The majority's holding disrespects the will of California's voters who, when they enacted the Compassionate Use Act, surely never intended that persons who availed themselves of its provisions would thereby disqualify themselves from employment," wrote Kennard, who was joined in her dissent by Justice Carlos Moreno.

A 2005 US Supreme Court decision declared that state medicinal marijuana laws don't protect users from prosecution. The Drug Enforcement Agency and other federal agencies have been actively shutting major medical marijuana dispensaries throughout the state over the last two years and charging their operators with felony distributions charges.

RagingWire said it fired Ross because, among other reasons, it feared it could be the target of a federal raid. The Santa Clara Valley Transportation Authority and the Western Electrical Contractors Association Inc. had joined RagingWire's case, arguing companies could lose federal contracts and grants if they allowed employees to smoke cannabis.

Ross had argued that medical marijuana users should receive the same workplace protection from discipline that employees with valid painkiller prescriptions do.

The nonprofit marijuana advocacy group Americans for Safe Access, which represents Ross, has received hundreds of employee discrimination complaints in California since it began tracking the issue in 2005.

Source: Press Democrat, The, 25 Jan 2008.

<http://www.mapinc.org/drugnews/v08/n093/a07.html>

DEFINITIONS

effusive *adj.* 1 expressing gratitude, pleasure, or approval in an unrestrained manner; hence *effusively* *adv.* *effusiveness* *n.* (The Concise Oxford Dictionary, 7th ed., 1983)

justice *n.* 1. just behaviour or treatment. 2. the quality of being just. 3. the administration of law or some other authority according to the principles of just behaviour and treatment. 4. a judge or magistrate. [Old French *justise* administration of the law, from Latin *jus* 'law, right'. (<http://www.askoxford.com/>)

torrid *adj.* (Of land etc.) parched by sun, very hot; (figuratively) intense, zealous; *torrid* ZONE; hence *torridity*, *torridness*, *ns.*, *torridly* *adv.* [from French *torride* or from Latin *torridus* (*torrere* parch)] (The Concise Oxford Dictionary, 7th ed., 1983)

yearn *v.i.* be filled with longing or compassion or tenderness (*for* or *after* rest, home, affection, etc.; *to do*; *towards* or *to* person etc.); hence *yearning* *n.* and *adv.* [Old English, *giernan* Gothic *gainjan* from Germanic *gernjan* (*gernaz* eager)] (*ibid.*)

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

VICS CONSTITUTIONAL CHALLENGE CONTINUES

The constitutional challenge that the VICS are presenting continues once again from February 19 to 22 at the downtown Victoria courthouse. Further dates have been scheduled.

Medical Cannabis Vending Machines In L.A.

The US city that popularized the fast-food drive-thru has a new innovation: 24-hour medical cannabis vending machines. Patients suffering from chronic pain, loss of appetite and other ailments that marijuana might alleviate can get their medicine with a dose of convenience at the Herbal Nutrition Center, where a large machine will dole out cannabis round the clock.

"Convenient access, lower prices, safety, anonymity," inventor and owner Vincent Mehdizadeh said, extolling the benefits of the machine.



At least three dispensaries in the city, including two belonging to Mehdizadeh, have installed vending machines to distribute the drug to people who carry cards authorizing medical marijuana use. Mehdizadeh said he spent seven months developing and patenting the black, armored box, which he calls the "PVM," or prescription vending machine.

The computerized machine requires fingerprint identification and a prepaid card with a magnetic stripe. Once the card and fingerprint are verified, a green envelope with cannabis drops down a slot. Mehdizadeh says any user approved for medical cannabis and registered in a computer database at his dispensaries can pre-purchase the drug, and then use the machine to pick it up.

Mehdizadeh said he sought the advice of doctors, and decided to limit the amount of marijuana per user to 28 grams per week. Each purchase from the machine yields 3.5 grams or 7 grams. By eliminating a vendor behind the counter, he said, the machine offers users lower drug prices. A 3.5 gram packet would cost about \$40 - \$20 less than the average price at other dispensaries.

Medical cannabis use is illegal under federal law, which does not recognize the medical marijuana laws in California and 11 other states. The Drug Enforcement Agency and other federal agencies have been actively shutting down major medical marijuana dispensaries throughout the state over the last two years and charging their operators with felony distribution.

Source: San Francisco Chronicle, 31 Jan 2008,
<http://www.mapinc.org/drugnews/v08/n111/a07.html>

Mid-Island Compassion Society To Open

Nanaimo and surrounding communities may have their own compassion club in the very near future. James Younger said that he hopes to have the Mid-Island Compassion Society operating by as soon as the beginning of February.

"I'd like to provide medical marijuana to people in need of it," said Younger. He is thinking of people with AIDS, hepatitis, ALS, cancer and various other chronic conditions. No one will be able to join unless they have authorization from a doctor.

Younger said he has received good response thus far, and for the past several months has been consulting with compassion clubs in Vancouver and Victoria.

"I'm ready to go, I have a membership of three," he said. "I've had people offer me computers and telephone lines and others who've offered me an organic source (for cannabis)".

The cost to join will be between \$5 and \$50, depending on what a person can afford, and though he has been looking for a storefront, Younger said a bicycle will likely be the centre of his business to deliver to customers.

Younger said he wants to do everything up front, and "...be open and accountable." He is seeking to speak with Mayor Gary Korpan and the RCMP. Korpan said he will listen to Younger, but questioned the idea of medical marijuana.

"I'm not a doctor but it seems to me there are more than enough medicines out there that we don't need to be breaking more laws," said Korpan.

Younger maintains that people in Nanaimo who require medical marijuana don't have adequate access to it. But first he is seeking a declaration of non-profit status, and he will then seek to work with the city.

Source: Nanaimo Daily News, 28 Jan 2008,
<http://www.mapinc.org/drugnews/v08/n110/a01.html>



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

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>

Cannabis Health
www.cannabishealth.com

ICRS
<http://cannabinoidsociety.org>

CannabisLinks.ca

**"If liberty means anything at all, it means the right to tell people what they do not want to hear."
- George Orwell (pen name; actually Eric Arthur Blair, 1903 - 1950)**