

# CANNABINOID CHRONICLES



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## Medical Cannabis News and Information

### REEFER MADNESS BY WILLIAM F. BUCKLEY, JR.

The experience of Ed Rosenthal of Oakland, California, accelerates the day when heavy dilemmas in our legal system might just force a fresh look at our marijuana laws. Presumably that will have to happen when state legislators, congressmen, and presidents are in recess, because the great enemy of sensible reform has been, of course, politicians high from righteousness.

What happened to Rosenthal was that he was convicted of marijuana cultivation and conspiracy, facing a conceivable sentence of 100 years in prison and a fine of \$4.5 million.

The defense attorney had been forbidden by presiding Federal District Judge Charles Breyer to advise the jury of the perspectives of the defense.

The city of Oakland, instructed by a statewide proposition in 1996, had enacted an ordinance authorizing the growth of marijuana for medical use. The judge took the flat position that local laws do not override federal laws; therefore the verdict could not be influenced by the legal contradiction, and therefore the jurors shouldn't be sidetracked by hearing about it. The reasoning was identical to that of Judge George King in the case of computer guru and poet Peter McWilliams. Judge King did not permit McWilliams to base his defense on the California initiative. McWilliams died from AIDS, while awaiting sentencing, unrelieved by the marijuana that critically lessened his nausea.

Sentencing day for Rosenthal was at hand on June 5, and there was some commotion when the thought was expressed that the guilty finding could mean life in prison.

One juror had told the press that if she had known such might be the consequence of a guilty finding, she, and presumably other jurors, would not have voted as they did. The day came, and Judge Breyer, perhaps with a wink of the eye, sentenced Rosenthal to one day in jail and a \$1,000 fine.

Now Ed Rosenthal is not to be confused with a stray felon who took a toke at an outdoor movie with his date. Oh no. Rosenthal is a full-time practitioner of resistance to marijuana legislation. He has written several books, totaling in sales over 1 million.

In one of his most recent, *The Closet Cultivator*, he outlined how to build an indoor-marijuana-growing system impossible to detect through any method other than betrayal.

When arrested, he was linked to a nearby warehouse full of the drug, ostensibly consigned for medical use. Rosenthal had been teasing the law along about as provocatively as one can do. He had a monthly radio show, and a little while before his arrest his guest was San Francisco's district attorney, Terence Hallinan, who praised efforts by medical-marijuana cooperatives and permitted himself the obiter dictum on existing laws that "the government

anti-drug policy is a big lie that's supported by a thousand other lies."

Eric Schlosser of *The Atlantic Monthly* has published a deeply informative and readable book called *Reefer Madness*. He wonderfully illustrates the complexity, contradiction, and futility of extant drug laws. Although Governor Clinton of Arkansas introduced legislation to lessen state penalties for marijuana, he went on, as president, to treat marijuana as if it were as innocent as adultery.

He doubled the arrests for marijuana infractions. When Nixon declared his tough-drug policies, athwart the recommendation of his own commission which had advocated licensing marijuana for individual home consumption, arrests climbed to over 100,000 per year. In 2001, 720,000 Americans were arrested for pot. About 20,000 inmates in the federal system have been incarcerated primarily for a marijuana offense.

Those in state systems would equal that figure, and exceed it. The problem is more than the laws' contradictions. The Uniform Sentencing Act has given prosecutors, not judges, almost plenary powers over defendants, power ruthlessly used to extract information and to encourage duplicity and to make property rights insecure.

Judicial process is convoluted to the point where a judge can reasonably exercise a choice between 100 years in prison and one day in prison.

The marijuana laws can most directly be compared to the Prohibition-era laws, which didn't work, undermined the law, and were capriciously enforced. Pot consumption varies, but not in correlation with the laws' throw-weight. If you buy an ounce in New York State, that could bring you a fine of \$100; in Louisiana, a jail sentence of 20 years.

Ed Rosenthal is quoted by author Schlosser. Will the laws in America dissipate, as they have done in Europe? He doesn't think so. "They've made the laws so brittle, one day they're going to break." The whole edifice of prohibition would come down, he predicted, "like the fall of the Berlin Wall." Schlosser nicely summarized Rosenthal's prediction. "A group of powerful, white, middle-aged men will meet in a room to discuss what to do about marijuana. And they will reach the only logical conclusion: tax it."

Like booze, some will then go on to abuse it, though with consequences less dire.

**Note:** William F. Buckley, Jr. died Feb. 27, and opponents of the drug war lost an eloquent voice. Here is one of his pieces from 2002 archived by the Media Awareness Project. This piece is dedicated to everyone who suffers needlessly.

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••••• ***This is our 50th issue since we began this journey in  
Sept. 2003!! Thanks for reading and lending support, Ed.*** •••••  
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**Science: Diabetes**

In a press release GW Pharmaceuticals reported that it has generated highly promising results in both pre-clinical pharmacology studies and a Phase I trial of a new potential cannabinoid treatment for type 2 diabetes and related metabolic disorders. The natural cannabinoid delta-9-tetrahydrocannabinol (THC), which in earlier studies was shown to behave as an antagonist at the CB1 receptor, had positive effects on hormones such as insulin in animal models of diabetes and was well tolerated by healthy humans. The company announced to start a Phase II trial in type 2 diabetes patients already in 2008.

Source: Press release by GW Pharmaceuticals of 22 January 2008

**Science: Allergy**

Researchers of the university of Florence, Italy, investigated the effects of a synthetic cannabinoid (CP55,940), which such as THC binds to both the CB1 and the CB2 receptor, on allergic asthma in animals. Asthmatic symptoms of Guinea pigs which were allergic against a certain protein (ovalbumin) improved considerably if they were given the cannabinoid before exposure to the allergen.

Source: Giannini L, et al. J Cell Mol Med. 2008 Feb 4

**Science: Pancreatitis**

Levels of endocannabinoids in human chronic pancreatitis tissues were reduced. Activation of cannabinoid receptors by the synthetic cannabinoid WIN55,212-2 reduced inflammation. The researchers of the Technical University of Munich, Germany, concluded that cannabinoids "may thus constitute an option to treat inflammation and fibrosis in chronic pancreatitis."

Available online at: <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2253501&rendertype=abstract>

Source: Michalski CW, et al. PLoS ONE 2008;3(2):e1701.

**US: The largest American association of physicians calls for reclassification of cannabis and protection of patients who use the drug according to state laws**

The largest association of physicians, the American College of Physicians (ACP), is calling on the federal government to ease its strict ban on cannabis as medicine and hasten research into the drug's therapeutic uses. In a 13-page position paper the organization, which has 124,000 members, calls on the government to drop cannabis from Schedule I of narcotic drugs, a classification it shares with illegal drugs such as heroin and LSD. Narcotics of Schedule have no medicinal value and a high potential of abuse. In their paper the ACP expresses the following five positions:

"Position 1: ACP supports programs and funding for rigorous scientific evaluation of the potential therapeutic benefits of medical marijuana and the publication of such findings. (...)

Position 2: ACP encourages the use of nonsmoked forms of THC that have proven therapeutic value.

Position 3: ACP supports the current process for obtaining federal research-grade cannabis.

Position 4: ACP urges review of marijuana's status as a schedule I controlled substance and its reclassification into a more appropriate schedule, given the scientific evidence regarding marijuana's safety and efficacy in some clinical conditions.

Position 5: ACP strongly supports exemption from federal criminal prosecution; civil liability; or professional sanctioning, such as loss of licensure or credentialing, for physicians who prescribe or dispense medical marijuana in accordance with state law. Similarly, ACP strongly urges protection from criminal or civil penalties for patients who use medical marijuana as permitted under state laws."

The paper is available on the website of the American College of Physicians at: [www.acponline.org/acp\\_news/medmarinews.htm](http://www.acponline.org/acp_news/medmarinews.htm)  
Sources: Los Angeles Times of 14 February 2008, website of the ACP

**Finland: Health ministry plans to publish guidelines for the medical use of cannabis**

The Ministry of Social Affairs and Health wants to publish guidelines on the medical use of cannabis. Just over a year ago the National Agency for Medicines granted its first special permission for medical cannabis to a man suffering from chronic pain stemming from a back injury. The Agency had initially rejected the application for the use of cannabis prescribed by a Dutch doctor. The patient appealed the case to his regional Administrative Court, which overturned the decision.

The court decision also forced the Ministry for Social Affairs and Health to clarify legislation. It is expected, that in a few months changes will be enacted that allow the prescription of cannabis. Under the plan, even after the changes, cannabis prescriptions for medicinal purposes will require the permission of the National Agency for Medicines.

The report is available at: <http://yle.fi/news/id77759.html>

Source: YLE News of 17 December 2007

**Science: ADHD and post-traumatic stress disorder**

Californian researchers observed an association between variants of the gene that codes the cannabinoid-1 receptor with attention deficit hyperactivity disorder (ADHD) and post traumatic stress disorder.

Source: Lu AT, et al. Am J Med Genet B Neuropsychiatr Genet 2008 Jan 22

**Science: Interaction of anandamide and 2-AG Italian researchers made a surprising discovery.**

The endocannabinoid anandamide inhibited the metabolism of another endocannabinoid, 2-arachidonoylglycerol (2-AG), by activation of the vanilloid-1 receptor. This effect was observed in a brain region, called the striatum. More research will be needed to determine the relevance of such interaction between endocannabinoids.

Source: Maccarrone M, et al. Nat Neurosci 2008;11(2):152-9

**Science: Glaucoma**

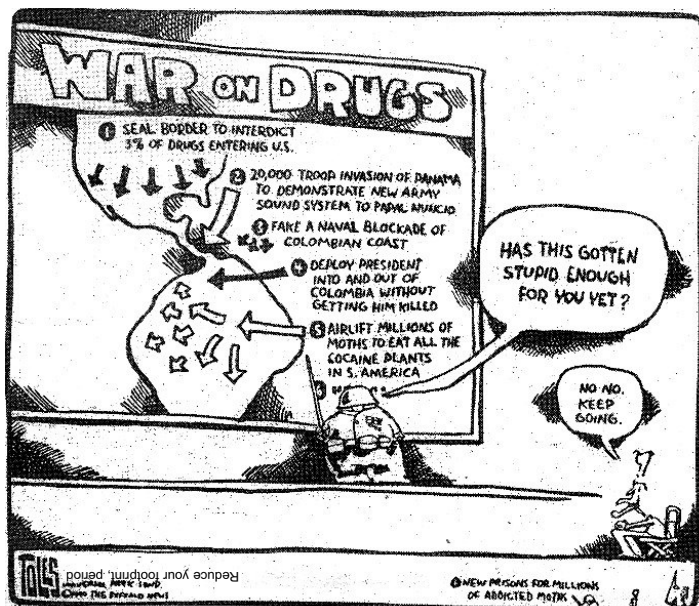
Scientists from Virginia, USA, demonstrated that topical administration of the synthetic cannabinoid WIN55,212-2 to the eyes of rats alleviated intraocular hypertension in these animals. This effect was mainly mediated by the CB1 receptor. No systemic effects on circulation were observed.

Source: Oltmanns MH, et al. J Ocul Pharmacol Ther 2008 Jan 17

**Science: New constituents of cannabis**

Researchers of the University of Mississippi found six new molecules in cannabis variety, of whom four were cannabinoids of the cannabigerol-type.

Source: Radwan MM, et al. Planta Med. 2008 Feb 18



## Use Science To Judge InSite

In the latest salvo in the battle over Vancouver's controversial supervised drug injection site, leading researchers are criticizing the federal government for not differentiating between legitimate science and a report endorsed by a US law-and-order lobby group. "Alarmingly," they say, Health Minister Tony Clement has been citing the lobby group report as evidence of growing "academic debate" over the safe injection site.

In a report published Monday in a British medical journal, they say advancing evidence-based public health in Canada "will now require that politicians are able to tell the difference between valid peer-reviewed science and essays posted on the websites of lobby groups."

The lobby group, the Drug Free America Foundation, is dedicated to strengthening laws to hold drug users and dealers criminally accountable for their actions. The group's online journal, "which to the untrained eye could easily be mistaken for a scientific journal," disseminates material and essays that oppose the concept of harm reduction, researchers Drs. Evan Wood, Julio Montaner and Thomas Kerr say in an article published Monday in *The Lancet Infectious Diseases*, a British medical journal.

Wood, Montaner and Kerr of the BC Centre for Excellence in HIV/AIDS are principal investigators at InSite, an experimental injection site in Vancouver's Downtown Eastside. Since September 2003, heroin and cocaine addicts have been injecting street-bought drugs at the site staffed by a small team of government-paid nurses and drug counsellors.

The researchers' two dozen reports, published in top-level peer-reviewed journals, conclude that InSite has reduced the number of syringes on the street, reduced syringe-sharing that can spread infection, increased entry into detox and treatment, and reduced drug-overdose deaths. The findings have been widely backed by other investigators.

Drug Free America prefers to highlight a critique of the injection site that concludes the experiment has had little success. It also says drug policy in Canada has become so "politicized" that the true results are being "ignored."

The critique was written by former academic and Canadian anti-harm reduction activist Colin Mangham, and was, according to Wood and his colleagues, funded by the RCMP.

Wood and his colleagues say they were alarmed when Clement recently alluded to Mangham's report and suggested there is growing academic debate about safe injection sites.

"If the health minister equates a report from an RCMP-funded, advocacy group to 24 peer-reviewed scientific papers including articles in the *New England Journal of Medicine*, then Canadians need to be worried about the person who is in charge of public health in this country," Wood said.

Source: Vancouver Sun, 19 Feb 2008.  
<http://www.mapinc.org/drugnews/v08/n200/a01.html>

## US Feds Threaten Dispensaries' Landlords

In late December 2007, the US Drug Enforcement Administration (DEA) sent letters to landlords of buildings that housed medical cannabis dispensaries in the city, telling them they face the loss of their property and possibly prison if the businesses stay open.

Now, two months later, seven of the city's 28 dispensaries have closed or are on the verge of closing, according to medical marijuana supporters and activists. They fear more will follow. One of the best known dispensaries, the San Francisco Patients' Cooperative on Divisadero Street, will shut its doors at the end

of February after nearly 20 years, according to the Rev. Randi Webster, one of the cooperative's founders.

The owner of the building was "severely frightened" by the DEA letter, and the cooperative founders and the landlord had agreed years ago to part ways in the event of a situation like this, Webster said.

San Francisco is the birthplace of the medical cannabis movement. The first major club opened in the city in 1994 and the number peaked at 43 in 2005, just before the city passed first-of-their-kind regulations for the dispensaries.

All are supposed to possess city permits by March 1, though so far only one - a delivery service - has complied, according to the city's Department of Public Health.

The DEA sent similar letters to dispensaries in Southern California last summer and about 50 shut down, according to Kris Hermes, legal campaign director for Americans for Safe Access, an Oakland marijuana advocacy organization.

While that number is significant, Hermes said, "In no way is the DEA completely eliminating medical marijuana access in California."

Source: San Francisco Chronicle, 7 Feb 2008.  
<http://www.mapinc.org/drugnews/v08/n138/a06.html>

## THC Effective For Intractable Nausea

Californian doctors presented a case-report of a 31-year old woman with a long history of obesity, who underwent gastric bypass surgery to reduce her food intake. Within the following weeks she developed severe nausea and inability to tolerate fluids or food and was admitted to hospital seven times. A variety of anti-emetic drugs were tried including a serotonin antagonist, which only provided limited relief. Finally, the patient asked her gastric bypass be reversed. As a last resort, oral THC was prescribed with a maximum of 15 mg per day. She noticed a significant improvement in her symptoms within 1-2 days and tolerated the medication well. Her mood and energy levels improved quickly and she began tolerating more foods and liquids by mouth. She used THC for less than 4 weeks.

Gastric bypass surgery makes the stomach smaller and allows food to bypass part of the small intestine. The patients feel full more quickly, which reduces food intake. Nausea is a well-documented post-operative complication of this intervention. The authors noted that "THC could have a useful role in treating this serious and debilitating post-operative complication."

Source: Merriman AR, Oliak DA. *Surg Obes Relat Dis* 2008 Jan 26

## DEFINITIONS

**brouhaha** *n.* a noisy and overexcited reaction. [French] (<http://www.askoxford.com/>)

**discriminate** *v.* 1. recognize a distinction. 2. make an unjust distinction in the treatment of different categories of people, especially on the grounds of race, sex, or age. Hence **discriminative** *adj.* [Latin *discriminare* 'distinguish between']. (*ibid.*)

**hermaphrodite** *n.* 1. a person or animal having both male and female sex organs or other sexual characteristics. 2. Botany, a plant having stamens and pistils in the same flower. Hence **hermaphroditic** *adj.* **hermaphroditism** *n.* [Greek *hermaphroditos*, originally the name of the son of Hermes and Aphrodite who became joined in one body with the nymph Salmacis]. (*ibid.*)

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## Bud Behind Bar Brouhaha

Where does one draw the line for those legally licensed to smoke cannabis for medical purposes? Where can these folks consume their medicine when outside in public? Should their rights be similar to cigarette, cigar and pipe smokers?

Medical cannabis smoker Steve Gibson wants the owner of a sports bar to let him smoke his legal joints in the same spot outside the business where tobacco users are permitted to light up. Ted Kindos, the owner of Gator Ted's Tap and Grill, says he simply wants Gibson not to smoke his medicine close to the front doors of his Guelph Line restaurant.

Gibson believes his individual rights have been trampled, that he is being singled out and segregated from tobacco smokers. Kindos says his rights as a respected businessman of a family-run operation, and the wishes of his customers who don't want to be around marijuana smokers, are being infringed.



The two men are locked in a battle that has been before the Ontario Human Rights Commission (OHRC) for about 2 1/2 years. The case has been sent to the Human Rights Tribunal of Ontario and eight dates have been set aside, starting in May, to decide the question (or pose more?).

One issue is whether a bar owner is violating a legal medical cannabis patient's rights by asking him to smoke further away from the front doors than tobacco smokers. Yet cigarette smokers regularly encroach upon the legal smoking distance from a building entrance - has anybody complained about that? Patients that have a HC license have had to be flexible regarding their medicine ingestion habits because no firm rules have been put in place, leading at times to misunderstandings and discrimination.

Mixed up in the melee are the rights of the public - some are worried that passing through a cloud of cannabis smoke, and possibly smelling like it, might get them in trouble; others are concerned about second-hand smoke; others are supportive of cannabis as medicine and are ok with consuming cannabis in public places but only if it's done in a respectful and responsible manner. If cigarette smokers must comply with non-smoking by-laws, perhaps cannabis smokers need to adhere to them as well.

Perhaps some compromise, common sense and respect is needed. Maybe properly designed and well-ventilated smoking 'rooms' or booths (not rocket science) are needed. Less hypocrisy would be really nice, too.

Source: Burlington Post, 10 Feb 2008.  
<http://www.mapinc.org/drugnews/v08/n162/a08.html>

## Harm Reduction Paper

Vancouver Island Compassion Society director Philippe Lucas has had a paper published in Harm Reduction Journal 2008. Visit <http://www.harmreductionjournal.com/content/5/1/5> for the complete provisional paper.

Published at the end of January, it is titled "Regulating compassion: an overview of Canada's federal medical cannabis policy and practice" and examines the controversial six year medical cannabis program brought into play by Health Canada.

Taken from the abstract, the results show that "there is a growing body of evidence that Health Canada's program is not meeting the needs of the nation's medical cannabis patient community and that the policies of the Marihuana Medical Access Division may be significantly limiting the potential individual and public health benefits achievable through the therapeutic use of cannabis."

"Any future success will depend on the government's ability to better assess and address the needs and legitimate concerns of end-users of this program, to promote and fund an expanded clinical research agenda, and to work in cooperation with community-based medical cannabis dispensaries in order to address the ongoing issue of safe and timely access to this herbal medicine."

Source: Harm Reduction Journal 2008, 5:5doi:10.1186/1477-7517-5-5

## One In 100 Adults in US Prison

For the first time in history more than one in every 100 adults in the US are in jail or prison - a fact that significantly impacts state budgets without delivering a clear return on public safety. According to a new report released Feb 28, 2008, by the Pew Center on the States' Public Safety Performance Project, at the start of 2008, 2,319,258 adults were held in American prisons or jails, or one in every 99.1 men and women, according to the study. Find the report online at [www.pewcenteronthestates.org](http://www.pewcenteronthestates.org).



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**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**

**"The best defense against usurpatory government is an assertive citizenry."**

**William F. Buckley, Jr. (1925 - 2008)**