

# VICS Newsletter



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June 2005

## News and information on medical cannabis

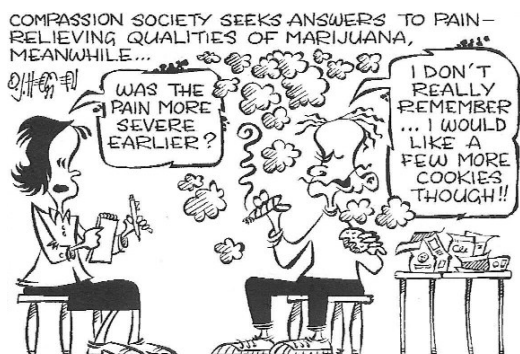
### Medical Cannabis News:

#### Canada - More Research Than Health Canada

The Vancouver Island Compassion Society (VICS) is excited to announce that a research study to be conducted in-house looking at the effects of smoked cannabis and chronic pain has passed the first step. An independent review board, consisting of scientific and medical peers, has granted "unconditional approval" for the study. The next step, once a clinical protocol has been developed, is to get final approval to proceed from Health Canada.

"It's the first high-THC smoked cannabis study in North America and we're the first compassion club in North America, maybe the world, to be involved in this kind of study," Philippe Lucas of the VICS said. "It's part of our longstanding research agenda."

The group plans to provide 15 participants with cannabis of varying strengths - one with 0% THC, one with 10-12% THC, and one with 16-18% THC. The participants will smoke one of the three grades for an entire week, before switching to the



(With thanks to Victoria News)

next. Neither they nor the researchers will know which strain they are using. The researchers will also monitor and record side effects. The study itself will take about six weeks, but it will take several more months to compile the results, Lucas said.

While it's unusual for compassion clubs to undertake clinical studies, Lucas said it will be cheaper and quicker than a government-run study. "We want to show that compassion clubs are more than just distributors, we can be contributors to scientific understanding," he said.

The study is being funded with a \$50,000 grant from the U.S.-based Marijuana Policy Project and conducted by Lucas, Dr. Shannon Hamersley, qualified physicians with a background in chronic pain, and Rick Doblin, director of the Multidisciplinary Association of Psychedelic Studies, a non-profit research organization.

Lucas is currently working on two other cannabis research projects - a hepatitis-C protocol with the University of California, San Francisco, and a nausea and pregnancy survey in conjunction with the University of British Columbia.

Sources: VICS correspondence; Victoria News, June 29, 2005

#### US: Feds Can Prosecute Medical Cannabis Users

A 6-to-3 decision of the Supreme Court overturned a 2003 ruling by a federal appeals court that had shielded California's medical cannabis law of 1996 from the reach of federal drug enforcement. The appeals court had ruled that Congress lacked constitutional authority to regulate the non-commercial cultivation and use of cannabis that does not cross state lines.

The Supreme Court disagreed and ruled that state laws allowing medical marijuana run afoul of the Constitution's "commerce clause," which gives the federal government supreme power to regulate commerce among the states. Invoking a 1942 case, it claims that even small amounts of homegrown cannabis used for medical purposes might well make it impossible for federal law enforcement to police the national market in illegal drugs.

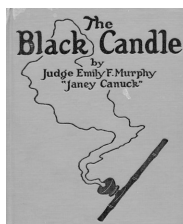
The ruling of the Supreme Court is a firm reassertion of federal authority and revealed a deep fissure within the judges that over the past decade has provided the majority for a series of decisions curbing the power of the Federal Congress and elevating the role of the states. The decision was not necessarily the last word on medical cannabis, either from the courts or from other branches of government. Justice John Paul Stevens, noting that "perhaps even more important than these legal avenues is the democratic process," suggested that the executive branch might reclassify

cannabis for medical purposes or that Congress might take up the matter. Advocates for medical cannabis, meanwhile, stressed that the state laws remain in effect and that the influence of federal enforcement was fairly negligible. Allen Hopper, a lawyer with the American Civil Liberties Union's Drug Law Reform Project, noted that the federal government handles only about one percent of cannabis prosecutions.

Mrs. Angel Raich, one of the two plaintiffs, told reporters she would continue to use the cannabis that was prescribed by her doctor and is grown for her by friends. "I don't have a choice but to continue," Mrs. Raich said.

Justice Stevens, who wrote the court's decision, offered a glimmer of hope when he noted that Congress could change the law to allow for medicinal uses of marijuana.

Sources: New York Times and Reuters of June 6, 2005, and Sun News, June 10, 2005, <http://www.mapinc.org/drugnews/v05/n967/a04.html>



Announcements:

The VICS is holding its **2005 Annual General Meeting** from 1 to 3 pm on July 10th, right here at the VICS.

And, on July 28th and 29th, the preliminary trial of VITCRI and the two individuals found on site will be heard at the Colwood Courthouse.

**UK: 3-year study to look into therapeutic effects of THC in MS**

The British Medical Research Council (MRC) will fund a 3-year trial with THC in multiple sclerosis. The MRC has awarded 2 million British Pounds (\$4.4 million CDN) to fund the CUPID study (Cannabinoid Use in Progressive Inflammatory Brain Disease).

The CUPID study, which is due to begin later this year, will recruit 500 patients with progressive MS from neurology centres across the UK. The trial will evaluate whether THC, the principal active compound found in cannabis might slow the development of disability.

The research will follow on from a previous trial carried out by the same team, called Cannabinoids in MS (CAMS), which focused on testing the symptomatic benefit from cannabinoids over a 15-week and 12-month period. Evidence was found to suggest that this compound had an effect on spasticity scores and measures of disability in patients who took THC for up to 12 months, but not those who stopped medication at 15 weeks.

As CAMS was a short trial, it is hoped that, by studying patients on the CUPID trial for a longer three-year period, THC's value in slowing the progression of MS due to its neuroprotective properties may become clearer.

Dr. Zajicek said: "Currently very few medicines are effective in treating MS and none have been shown to have any effect in the later stages of the disease. If the CUPID study demonstrates that cannabinoids do have a longer term effect on the progression of disability, there are potentially far-reaching implications, not only for the health of people with MS, but also for those with other neurodegenerative conditions."

Source: Press release of Peninsula Medical School, May 24, 2005

**Science: Osteoporosis**

Researchers of the University of Aberdeen, UK, demonstrated that blockers of cannabinoid receptors prevent bone loss and may be useful in the treatment of osteoporosis. Dr. Stuart Ralston, who led the research assumes that on the other hand cannabinoids may have a negative effect. "We hadn't studied cannabis users, but the work we've done would suggest that if you use a lot of cannabis it could stimulate bone-absorbing cells, and that would be bad," he said. However, there are no clinical data available that would support his hypothesis.

Source: The Independent, May 23, 2005; Idris AI, et al. Nat Med. 2005 May 22)

**Science: Depression**

In an Internet survey conducted by researchers of the University of Southern California cannabis use was associated with a decrease in depression. More than 4400 adults completed a questionnaire. Those who used cannabis once per week or less had less depressed mood, more positive affect, and fewer somatic complaints than non-users. Daily users reported less depressed mood and more positive affect than non-users. Researchers conclude that "these data suggest that adults apparently do not increase their risk for depression by using marijuana."

Source: Denson TF, Earleywine M. Add Behav, June 17, 2005

**Science: International group investigates efficacy of cannabis in migraine and rheumatism**

The European Union funds an international research project on the efficacy of cannabis in migraine and rheumatoid arthritis with 1.5 million Euros (approx \$2.2 million CDN). University laboratories and companies from the United Kingdom, Germany, Spain, the Netherlands, Italy, Switzerland and Finland participate in the project.

On June 15 to 17 the group met in Freiburg, Germany for the first time since their kick-off meeting in London for exchange of initial results. Researchers plan to investigate three cannabis varieties, among them the two varieties that are already available in Dutch pharmacies. Within two years the scientists plan to develop cannabis extracts that will also be provided to other researchers for clinical studies.

Sources: Press release by the University Hospital of Freiburg of June 16, 2005

**Science: Cannabinoid receptors in the skin**

German researchers investigated the occurrence of cannabinoid receptors in cells of the human skin. CB1 and CB2 receptors were found in nerve fibres of the skin, skin cells (keratinocytes), cells of the hair follicles, sweat glands and other cells present in the skin. Authors note that the "abundant distribution of cannabinoid receptors on skin nerve fibers and mast cells provides implications for an anti-inflammatory, anti-nociceptive action of cannabinoid receptor agonists."

Source: Stander S, et al. J Dermatol Sci 2005;38(3):177-88.)

**Science: Immune system in multiple sclerosis**

During the CAMS study (Cannabis in Multiple Sclerosis) led by Dr. John Zajicek in the UK the effect of THC and cannabis on immune parameters were investigated in 100 participants. There was no evidence for cannabinoid influence on blood levels of the investigated parameters interferon-gamma, interleukin-10, interleukin-12 and C-reactive protein.

Source: Katona S, et al. Clin Exp Immunol 2005;140(3):580-5.

**Federal Agents Raid Medical Cannabis Dispensaries:**

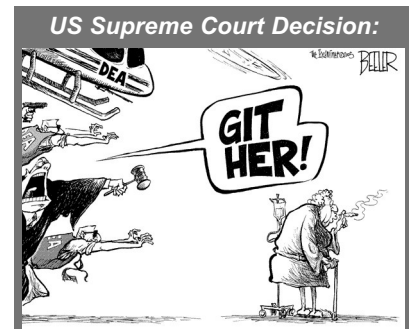
US federal agents executed search warrants at three medical cannabis dispensaries on June 22 as part of a broad investigation into marijuana trafficking in San Francisco, setting off fears among medical cannabis advocates that a federal crackdown on the drug's use by sick people was beginning.

About 20 residences, businesses and growing sites were also searched, leading to multiple arrests, a law enforcement official said. The raids and arrests were the first large-scale actions against cannabis clubs and providers since the Supreme Court upheld federal authority over marijuana on June 6, even in states like California, where its use for medicinal purposes has been legal since 1996.

Source: New York Times of June 23, 2005

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DOONESBURY by G.B. Trudeau



## Modified Health Canada Medical Cannabis Program Still Unconstitutional:

The beleaguered federal medical cannabis program that has now been renamed (from Medical Marihuana Access Regulations to Marihuana Medical Access Division, or MMAD) has also incorporated changes in the regulations designed to ease the onus on physicians and patients.

Health Canada released new application forms in mid-June in an attempt to incorporate recommendations made by their Stakeholders Advisory Committee but it appears that they have fallen short, again, in some key areas.

The good news is that the new forms will be a bit easier to get completed but the bad news is that the regulations have not incorporated feedback from cannabis advocates and users and did not include the measures ordered by the Ontario Court of Appeal 2003 Hitzig ruling to remedy the programme's unconstitutionality.

So what's new? The major change is that there are now only two categories of medical conditions with the elimination of Category 3. In addition to persons being treated within the context of providing compassionate end-of-life care, Category 1 now includes those with Multiple Sclerosis, Spinal Cord Injury, Spinal Cord Disease, Cancer, AIDS, HIV Infection, Severe Arthritis and Epilepsy. Conspicuously missing is Hepatitis-C, now in Category 2 with everything else.

Category 1 applicants now only require the support of either one physician or specialist, and Category 2 applicants now only require the signature of one physician as well as a declaration by the physician that they have consulted with a relevant specialist.

The new forms shift some of the responsibility from the physician to the patient in that the applicants are now required to acknowledge and declare their acceptance of the associated risks. Physicians are no longer required to state that the benefits of cannabis outweigh the risks, and they do not need to list conventional therapies that have been tried or to provide their reasons for finding them ineffective. However, they must still declare that conventional therapies have been tried and found ineffective. It is unclear whether these changes will result in greater physician involvement in the program.

The amendments continue to reject natural health care practitioners, such as Doctors of Traditional Chinese Medicine and Naturopaths.

On the supply side of the regulations, the three available options remain the same: grow by oneself, direct someone else to grow it, or buy it from Health Canada. The amendments continue to ignore the final two Hitzig directives that order the removal of: the provision that prevents designated growers from growing for more than person; and the provision that prohibits designated growers producing cannabis in common with more than two other growers.

Out of the current 821 licensed medical cannabis users, only 128 are accessing Health Canada's cannabis produced by Prairie Plant Systems. Still costing \$5/gram, there is no refund if returned. The amendments do not include a box for applicants to choose compassion clubs as their sole provider, although it is estimated that the clubs supply at least half of the legal users.

Under law enforcement there is a significant change. The new forms provide explicit authority for Health Canada to communicate limited information concerning license holders to police; they state that the intent is to reduce the possibility of police interven-

tion. This may decrease harassment by police but there are serious concerns regarding how the police will use the information disclosed to them. Mandatory disclosure of information to police is a violation of privacy rights; this clause alone may cause people to avoid accessing the program.

The new authorization to possess cards will no longer display the licensee's medical information but renewals are still required annually. Considering how stressful and time-consuming it is for applicants to get physician support the first time through, to maintain the annual renewal system, especially for those with chronic illnesses, is without compassion.

Revenue Canada has allowed cannabis purchased from PPS to be deducted as medical expenses under the income Tax Act. No other cost coverage measures are available to users but are needed to prevent ill people from falling into poverty.

Two steps forward, one step back, or vice-versa? Most medical users and advocates are disheartened by the latest changes and remain sceptical of the program and its future direction. Visit [http://www.hc-sc.gc.ca/hecs-sesc/marihuana/index\\_e.html](http://www.hc-sc.gc.ca/hecs-sesc/marihuana/index_e.html) for information and forms.

Source: "Canadian Med-Pot Regulations Change" by Rielle Capler, Cannabis Culture, June 21, 2005, <http://www.cannabisculture.com/articles/4423.html>

## Medical Cannabis Sub-Standard:

Cindy Reardon lives with constant pain in her legs and would be bedridden if not for the only thing providing relief: medical cannabis. But Reardon, a licensed medical user, says the stuff that Health Canada sends her is powdery and sub-standard. "It's not potent enough," says Reardon. "Generally cannabis works for me - this does not."

"What we see is a massive level of distrust with the entire program," says Philippe Lucas of Canadians for Safe Access, an advocacy group for users of medical marijuana. As a result, most of Canada's registered medical cannabis users buy their medicine through the country's network of compassion clubs. Given the \$24 million cost of Ottawa's entire medical marijuana experiment and the fact that so little cannabis produced in the government grow operation is reaching its intended users, advocacy groups are calling on the government to re-think the whole thing.

Source: CTV (Web), 14 Jun 2005, [www.mapinc.org/drugnews/v05/n962/a01.html](http://www.mapinc.org/drugnews/v05/n962/a01.html)

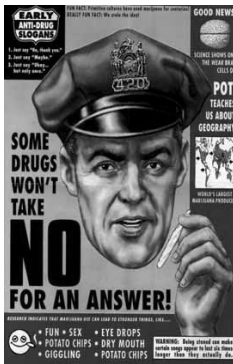
## Definitions:

**angiosperm** Literally, a seed borne in a vessel; thus one of a group of plants, namely the flowering plants, whose seeds are borne within a mature ovary (fruit). This term is used to refer to flowering plants but has no taxonomic status. (The Penguin Dictionary of Biology, 10th. ed., 2000)

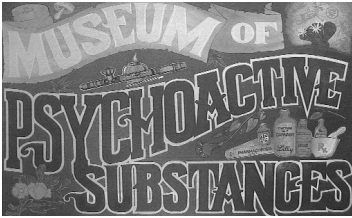
**calamity** *n.* adversity; deep distress; grievous disaster; (chiefly US) calamity-howler, Calamity Jane, prophet of disaster; so calamitous *a.* [Middle English, from French *calamite* from Latin *calamitas -tatis*] (The Concise Oxford Dictionary, 7th. ed., 1983)

**calumet** *n.* American Indian clay-bowled reed-stemmed tobacco-pipe; symbol of peace [French, dialect variant of *chalumeau* from Late Latin *calamellus* diminutive of *calamus* reed] (*ibid*)

**refugee** *n.* person taking refuge, especially in foreign country from religious or political persecution, or from war, earthquake, etc. [from French *refugie* past participle (as noun) of (*se*) *refugier*] (The Concise Oxford Dictionary, 7th. ed., 1983)



Got questions about growing? Our resident guru Mat has made available an e-mail address where you can direct queries - [askmatb@hotmail.com](mailto:askmatb@hotmail.com)



Opened on June 18, 2005, in Vancouver, BC, the **Museum of Psychoactive Substances** contains exhibits demonstrative of people's relationship with plants and other psychoactive substances. Find it at 307 W.

Hastings in the basement of the BC Marijuana Party Bookstore. Call Chris Bennet, Curator, at 604-682-3803 for more info.

### **Renee Boje Faces Extradition To US:**

On June 16 Renee Boje, a cannabis activist from California who is searching refugee status in Canada, was denied her appeal by Canadian Justice Minister Irwin Cotler. He ordered Boje to turn herself in to federal authorities to face extradition to the US.

Boje had been free on bail in Canada while she appealed a February 2000 British Columbia Supreme Court decision ruling that she be extradited to the US to face charges for her alleged role in a 1997 California case involving over 1,000 cannabis plants in one of California's first medical cannabis grow-ops. In the US, Boje could face a mandatory sentence of up to ten years in prison.

Boje surrendered herself to the custody of Canadian authorities on June 17, not knowing if a US extradition request would be honoured and she would be taken away from her husband Chris Bennet, son, and friends in BC where she has lived for nearly eight years. After a hearing in a Vancouver federal court, however, Boje was released from jail on bail and ordered to return on Sept. 30. A judge had ruled that Minister Cotler's decision should be reviewed by the Canadian court system in September.

Source: Cannabis Culture, June 17, 2005, <http://www.cannabisculture.com>

Huge thanks go to Doug and Lyle for the welcome at Sombrío beach, to Paul at Sacred Herb (you're always so good to us), and to Stephanie and Jason for 'Faces of Compassion'.

### **Cannabis Cafe Owner Gets One Year Jail Term:**

Rejecting arguments that Lynn Wood and her husband James were operating a compassion club (Cannabis Café) in Saint John where cannabis was sold only to proven medical users, New Brunswick provincial court judge Judge Murray Cain sentenced her to one year in prison. Her crime? Selling cannabis to an undercover cop. And Lynn Wood, mother of three, is six months pregnant, forcing her to have her baby while in jail. Cain insisted that the sentence was necessary because he was convinced that Wood would keep selling cannabis if not jailed.

Pleas from her lawyer to place Wood under house arrest to let her deliver her baby at home went unheeded. Cain said she would have access to medical care while having the baby in prison (we certainly hope so, this is Canada after all...).

The sentence has outraged some cannabis activists, including Vancouver-based Marc Emery, publisher of Cannabis Culture magazine, who says Wood is the first Canadian ever sent to jail for selling pot for medical reasons.

Wood claims she was providing medical cannabis to patients who can't get it from the government, and asked for doctor's letters from customers before dispensing marijuana. But prosecutors said the cafe sold cannabis to people on the basis of only a personal statement that they needed marijuana to ease the pain and suffering of various medical ailments.

In today's climate of growing acceptance towards medicinal cannabis use, it is surprising that an officer of the court would take such heavy-handed action. While Wood has undoubtedly committed a minor crime, what purpose does sending her to prison serve her or her family?

The sentence begs another question: who has behaved more reprehensibly towards society, the Cannabis Café or Judge Cain?

Source: Victoria Times-Colonist, June 2, 2005  
<http://www.mapinc.org/drugnews/v05/n886/a05.html>

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### **RESOURCE DIRECTORY:**

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1601 Blanshard, 384-2366

#### **V.P.W.A.**

330-1105 Pandora, 382-7927

#### **Vancouver Is. PHA Caucus**

[v.i.caucus@telus.net](mailto:v.i.caucus@telus.net); 217-9833

#### **MS Society**

1004 N.Park, 388-6496

#### **Hep-C Society of Canada**

219-2750 Quadra, 388-4311

#### **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>

#### **Canadians for Safe Access**

<http://www.safeaccess.ca>

#### **Canadian CannabisCoalition**

[www.cannabiscoalition.ca](http://www.cannabiscoalition.ca)

#### **Canada Medical Marijuana**

[www.medicalmarihuana.ca](http://www.medicalmarihuana.ca)

#### **Media Awareness Project**

<http://www.mapinc.org>

#### **Action Committee of People with Disabilities**

383-4105

#### **Health Canada**

[http://www.hc-sc.gc.ca/hecs-sesc/marihuana/index\\_e.html](http://www.hc-sc.gc.ca/hecs-sesc/marihuana/index_e.html)

1-866-337-7705

#### **Norml Canada**

<http://www.normlcanada.org>

#### **Cannabis Health**

<http://www.cannabishealth.com>

#### **Cannabis Research Institute**

<http://www.cannabisresearchinstituteinc.com>

**"They who are to be judges must also be performers."**

-- Aristotle (Greek philosopher, 384-322 B.C.)