

VICS Newsletter



Volume #1
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News and information on medical cannabis

ANNOUNCEMENT

On October 23, 2003, a drug policy conference is being hosted by the Victoria Progressive Electors Association (VPEA) at UVic. Philippe Lucas of the VICS will be presenting along with other notable folk from Victoria and Vancouver. The conference aims to explore some of Canada's current drug policy woes, and examine alternatives to Canada's failed and expensive "war on drugs".

The editor wishes to thank all who have helped with computer issues namely Ray, and J & D on the Sunshine Coast. Thanks to Wild Fire bakery for great pizza and coffee. Also, many thanks to Shirley for the books donated in memory of Mr. Syd Hunt.

PEACE

END THE WAR



ON MEDICAL MARIJUANA

Medical Cannabis News:

Canada -

Health Canada Medical Cannabis Inadequate

Health Canada has sent out its marijuana to a small number of medical cannabis licencees and the initial feedback is not good. At least two patients are returning their 30 gram bags complaining that it is too weak and unpalatable, and one is asking for a refund (\$150, plus taxes, for 30 gr.). Canadians for Safe Access, a medical cannabis patient-rights group, have released photos and test results of Health Canada cannabis and a sample from the Vancouver Island Compassion Society (VICS) [see <http://www.safeaccess.ca/research/>].

Appearances aside (can you say alfalfa?), lab testing revealed that Health Canada cannabis has an overall THC content of ~3% instead of the advertised 10% THC content. In contrast, a strain of VICS cannabis tested at over 12% total THC. Government guidelines require a product with no more than 10% THC and the company hired to grow their supply, Prairie Plant Systems, mixed dried leaves with buds to dilute the product and meet the guidelines. As well as reduce the strength of the cannabis such that it is inadequate as a medicine, the cannabis is too finely ground to roll in a joint. Also in question are the levels of heavy metal contaminants (lead and arsenic), the significant levels of bacteria and fungus-producing micro-organisms, the use of irradiation for sterilization, and cultivation methods.

Source: <http://www.mapinc.org/print/v08/n1401/a04.html> and <http://www.mapinc.org/print/v03/n1455/a13.html>

Medical Cannabis Available Over The Counter

The Cannabis Cafe in Saint John, N.B., announced recently that it will now be offering over-the-counter sales of medical cannabis because the owners believe there is a real need. Open since April 2003, the cafe offers a wide range of hemp products and drug paraphernalia, and anyone who buys a beverage can sit and smoke their own pot.

Medical cannabis will be available to those who fill out an application form and, if possible, provide a doctor's letter.

The Saint John police arrested five people at the

cafe in May but charges are still pending. Recent events mean that the police are going to investigate and "we will charge accordingly". The police force has come under criticism for not moving quickly against the cafe.

Source: <http://www.mapinc.org/print/v03/n1455/a08.html>

Netherlands -

Cannabis Available By Prescription

The Netherlands become the first country in the world to make cannabis available as a prescription drug in pharmacies to treat chronically ill patients. The government gave the green light to over 1600 pharmacies to sell cannabis to those with HIV, cancer, MS, and Tourette's syndrome; doctors and hospitals can also dispense 5-gram doses.

Two 'strengths' are available; 15% THC or 18% THC. Two local firms are licensed to grow the cannabis for sale to the Health Ministry.

Medical cannabis will cost more at the chemist than at a local coffee shop but the government said that the price reflects higher quality and a 6% VAT (tax).

<http://www.mapinc.org/newscsa/v03/n1323/a05.html?420>

USA - Heat on Med Pot Doctors

Doctors who prescribe cannabis are coming under fire. California Attorney General Bill Lockyer is going after one of the state's most prominent medical cannabis physicians.

Dr. Tod Mikuriya, a Berkeley physician who serves as medical coordinator for the embattled Oakland Cannabis Buyers Cooperative faces losing his license to practice medicine because the California medical board claims that he did not take proper care in recommending cannabis to patients.

In defense, Dr. Mikuriya claims he examines each patient, spending at least fifteen minutes in every case. His lawyers contend all that is irrelevant, and that the case is about free speech.

Source: <http://www.mapinc.org/print/v03/n1282/a07.html>

**OCTOBER 1ST, 2003, MARKS THE
4TH ANNIVERSARY OF THE VICS
HAPPY BIRTHDAY!!!**

Canada's Compassion Clubs:

Canada's compassion clubs number roughly a dozen, stretching from Vancouver Island to Eastern Canada.

Predominantly providing cannabis to people who are diagnosed with one of several debilitating medical conditions, a few clubs will also provide marijuana to those without medical proof, e.g. the Cannabis Buyers Clubs of Canada (CBCC). As Ted Smith, founder of the CBCC, states, they are the alternative to doctors and are "sympathetic to individuals with transient pain problems, the broken arm, menstrual cramps or just relaxation". Some clubs provide deliveries and/or shipping service.

An internet search revealed 13 names, one of which is closed down until further notice (Sunshine Coast Compassion Club, Gibsons, B.C.).

The rest, so far, are:

The B.C. Compassion Club Society, Vancouver, B.C.

Cannabis As Living Medicine, Toronto, Ont.

Cannabis Buyers Club of Canada, Victoria and Coombs, B.C., and Halifax, N.S.

Club Compassion de Montreal, Montreal, P.Q.

London Cannabis Compassion Center, London, Ont.

Marijuana Party of Canada, Montreal, P.Q.

Marijuana Compassion Club of Windsor, Windsor, Ont.

Marsh Marijuana Club, Kingston, Ont.

Nelson Compassion Club, Nelson, B.C.

Toronto Compassion Centre, Toronto, Ont.

Universal Life Compassion Society, Union Bay, B.C.

Vancouver Island Compassion Society, Victoria, B.C.

Not listed are the cannabis cafes which are opening (and closing and re-opening) across Canada. Apologies if we've missed any.

Source: <http://www.medicalmarihuana.ca/compassionclubs.html> and *Cannabis Health*, September/October 2003.

Hemp Hysteria:

Hemp, aka fiber hemp or industrial hemp.

We know what it is, but, more importantly these days, we also need to know and communicate what it isn't. If you were to hear the American Drug Enforcement Agency's (DEA) opinion on hemp you'd think it was a demon plant grown by Osama Bin Laden to infiltrate and overpower the land of freedom and democracy.

That may sound a bit extreme, but who is really being extreme about hemp? For some peculiar reason, we keep getting hung up on the word hemp, or rather, a small group of people keep trying to criminalize hemp and a generation (or two) believes them.

Time and time (and **time**) again it has been established that the very low levels of THC found in hemp do not warrant any cause for concern, whether it be health or other. Hemp is not capable of causing a mind altering moment or experience. It is as close to 'psycho-active' cannabis as soy milk is to gin.

Hemp does contain higher levels of CBDs (cannabinoids, a type of cannabinoid, found to have sedative, relaxing qualities), yet this plant, with over 25,000 possible uses and a lower impact on the environment, is being shut down and shut out in the USA.

So what drugs are the DEA consuming these days? Is there enough oxygen in their offices? In the latest battle, the DEA is trying to ban hemp in food products, something it has been trying to do for a few years. Hemp-food advocates say sterilized hemp seed

BC Disability Reassessment, Round 2:

The results are in for the reassessment of recipients of level-two disability benefits in BC. Of the roughly 62,000 people receiving assistance, 12,539 cases were reviewed (~20% of total) and some 400 people lost their disability benefits.

The process so far has cost BC taxpayers between \$3 and \$5 million for the yearlong review. According to the B.C. Coalition of People With Disabilities, the cost of each review is about \$210 in doctor and assessor fees, plus administration costs.

Most unfortunately, the physical, emotional and mental stress on benefit recipients was enormous, and unwarranted. The pressure placed upon disabled people who rely upon a disability cheque to survive was and is unconscionable - this cannot be overstated.

The bad news (does it get worse?) is that Round 2 is coming up and the remaining 49,000 odd recipients are due for a similar review. And this will, at some point, include the 6,400 people with mental illnesses who were exempt from the first review. As well, there appears to be little doubt that the ministry originally intended to cut off the benefits of 9,000 people, not 400 - a confidential ministry communication revealed plans to cut off 50% of the then 18,000 due to be reassessed. The ministry claimed that this document was in error and that no target number existed, and that the reassessment was not a cost-saving exercise. Coming from a ministry that has cut \$254 million in the last fiscal year, many folks just don't believe them.

What appears to have slowed the BC Liberals in the past year are protests and challenges by affected people and advocacy organizations. Continued pressure upon the Ministry of Human Resources would appear to be in order (which can be very tough to do if you're not feeling well, but perhaps the powers-that-be know this too). Or, if misfortune would have it, some of our fellow bureaucrats and politicians could experience a life-altering illness/accident that deprives them of the capacity to work or function for themselves, and then set them loose in the same system, by themselves.

Source: "**Numbers Don't Add Up, but Misery Does**", Bill Tieleman. *The Georgia Straight*, August 21-28, 2003, Vancouver, BC.

and oil are exempt from the Controlled Substances Act under the standard definition of marijuana, just as poppy seeds are exempted under the standard definition of the opium poppy. The increased move to hemp-food products is seen by the DEA as the "marijuana-legalization lobby at work behind the scenes, with better resources".

Logically it makes no sense, unless one is coming from a water and fossil-fuel dependent product such as cotton where hemp is competition. Or a mindset that sees hemp in a 'reefer madness' light and does not want to believe or understand the often repeated fact that one cannot get 'high' from hemp, whether smoked, eaten, processed as a salve, used as a suppository,..... Sorry, it just doesn't happen.

(FYI, allowable maximum value of THC in Canadian industrial hemp is 0.3%)

Ironically, a recent ruling by a judge in Alaska re-affirms a 1975 Alaska Supreme Court decision that found it legal to possess less than 113 grams of marijuana in one's home. The ruling found the state constitution's strong privacy law superseded legislative attempts to ban marijuana. Guess the DEA are going on a trip up north.....

Source: <http://www.mapinc.org/print/v03/n1351/a07.html> and <http://www.mapinc.org/newscsa/v03/n1322/a01.html?420>

"There have been no studies anywhere in the world that have been able to confirm medical benefit (of cannabis)".

Ann McLellan, Health Minister, July 10, 2003, Times Colonist

First, Ms. McLellan, are there any studies out there that confirm the 'life-threatening' aspects of cannabis? Second, we direct your attention to a Web site (<http://www.safeaccess.ca/research>) to access peer-reviewed research papers on the medicinal benefits of cannabis.

Bud, Lies and Stereotypes:

On Monday, September 15, 2003, at the 37th PARLIAMENT, 2nd SESSION, an exchange took place between Mr. James Lunney and Hon. Anne McLellan (Minister of Health, Lib.) on the issue of medical marijuana. Below is an excerpt of the minister's reply concerning research:

"Q. (e) since 2001, how much has Health Canada spent on (i) research, (ii) surveillance, (iii) mass media or public education and (iv) regulatory issues regarding medical marijuana;

A. With respect to (i) and (ii) on medical marijuana, in 1999, Health Canada developed a strategy to determine the risks and benefits associated with the use of marijuana and cannabinoids for the treatment of the symptoms of targeted serious diseases in patients unresponsive to usual treatment modalities. This strategy now includes the medical marijuana research program MMRP, a partnership with the Canadian Institutes of Health Research, a contribution agreement with the **Community Research Initiative of Toronto CRIT, a community based HIV-AIDS non-profit research organization** (emphasis added; see below), and the Marijuana Open Label Safety Initiative MOLSII, another partnership with the Canadian Institutes of Health Research. An undertaking with Public Works and Government Services Canada PWGSC to award contracts to the private sector to conduct clinical trials, is currently under consideration. These initiatives aim at developing new knowledge concerning the risks and benefits associated to the medical use of marijuana. This knowledge will allow Canadians suffering from some serious and chronic conditions and diseases and their physicians to make better informed choices of proven therapies and further inform Health Canada's policy making capacity in formulating sound science based decisions regarding access and use of marijuana for medical purposes.

Health Canada is dedicating \$7.5 million over five years to marijuana clinical research through its MMRP. The first study granted under this program will be conducted by the Pain Centre of McGill University. It is a short term study, involving 32 clinical subjects to evaluate the effects of smoked marijuana for chronic neuropathic pain. In addition, through a contribution, **Health Canada is funding CRIT to conduct a pilot study on the efficacy of smoked marijuana on appetite stimulation in persons living with HIV-AIDS** (emphasis added; see below). In total, since 1999, not including in-house human resources and administrative costs, Health Canada has invested \$1,292,385 in its marijuana clinical research strategy. This amount includes contribution and grant payments for the conduct of clinical studies, the holding of three workshops to assist the Canadian medical community in addressing specific issues related to conducting of clinical studies on marijuana for medical purposes, and contracts with consultants to develop two information documents for distribution to patients and clinicians. These documents describe the current scientific knowledge on marijuana and the risks and benefits associated with its use for medical purposes....."

On two occasions Ms. McLellan blatantly lied - the funding to CRIT was cancelled in March 2003 after \$2million had been spent with no useful data, and forced CRIT, the only community-based HIV/AIDS research group in Canada, to close its doors.

Sick Canadians deserve much, much better.

Source: http://www.parl.gc.ca/37/2/parlbus/chambus/house/debates/119_2003-09-15/HAN119-E.htm

L.E.A.P.

The war on drugs has been "a total, abject failure", says retired police officer Jack Cole. While the message is not new, what is new is where it is coming from.

Mr. Cole is executive director of LEAP, Law Enforcement Against Prohibition, a year-old group of American current and former law-enforcement officials who are disillusioned with the war on drugs (visit <http://www.leap.cc>). There are roughly 400 to 500 members including judges, federal agents, prosecutors and parole, probation and corrections officers.

After a 26 year career with the New Jersey State Police, Jack Cole has seen a lot people go to jail for drugs. He states that he came to realize that his betrayal of people, rather than drugs, was what destroyed their lives. As Jack Cole likes to say, "You can get over an addiction, but you can never get over a conviction".

One of the basic rules that Mr. Cole learned while as a narcotic enforcement officer was to "lie a lot" in order to generate arrests that would justify massive new funding in law enforcement.

It appears that little has changed, and ironically, LEAP argues, prohibition on drugs has made matters worse by creating an underground economy run by criminals. They further argue that prohibition has kept society from regulating drugs in a way that keeps them put of the hands of children. Legalization would permit government regulation, from monitoring businesses to setting quality standards for the product (e.g. to limit heavy metals). As well, taxation on such items could be used for education and drug treatment.

There is a Canadian chapter; the contact is Walter McKay at (604) 805-9258

Source: "Cops Against the Drug War", by Nina Shapiro. Seattle Weekly, August 13-19, 2003.

DEFINITIONS:

medicinal a. & n. of medicine; (substance) having healing properties; hence MEDICINALLY

(The Concise Oxford Dictionary, 7th ed., 1983)

hashish n. top leaves and tender parts of HEMP 1, dried for smoking or chewing as a narcotic [from Arab *hasis* dry herb, powdered hemp-leaves]

(Ibid)

compassion n. pity inclining one to be helpful or merciful

(Ibid)

respect² v.t. 1. regard with deference, esteem, or honour; avoid degrading or insulting or injuring or interfering, treat with consideration, spare, refrain from offending or corrupting or tempting; ~ oneself, have self-respect.

(Ibid)

accountable a. bound to give account, responsible (for things, to persons, or absolutely); explicable; hence ACCOUNTABILITY

(Ibid)



It's Not Legal Yet

Contrary to all the hooha, hoopla and hubris of late, cannabis is not legal in B.C. yet. But that depends on who you speak with.

True, Judge Patrick Chen of B.C. has declared in a recent 29 page judgement that the law prohibiting cannabis possession does not exist in British Columbia. This follows the Ontario Court of Appeal ruling in July that found Canada's possession laws to be invalid.

However, according to lawyer John Conroy, this latest ruling only adds more confusion and will not have widespread application or be binding upon other judges, even at the provincial level. He hopes that it will be appealed to the Supreme Court where decisions could have binding effects on other courts.

Lyse Cantin, director of communications for the Department of Justice in B.C., which prosecutes all drug cases, said the pot possession law still exists because of an earlier B.C. Court of Appeal ruling in a case called Caine (presently under appeal).

According to Chief Battershill of the Victoria Police Department, it's 'business as usual' and people will continue to get busted.

Marc Emery, president of the B.C. Marijuana Party, sees the issue in a different light and had a banner erected in front of party headquarters in Vancouver proclaiming that marijuana possession is legal in B.C..

Confused?

The reality of the present situation, while appeals are being heard and/or a new possession law is passed, is that in Victoria, for instance, the police will continue to charge an individual with possession (but will the courts hear the charges?). Are you willing to take that chance?

The VICS recommends that our members continue to be discrete and considerate of others.

Source: <http://www.mapinc.org/print/v03/n1395/a06.html>

A REAL Fish Story (honestly):

Amid all the serious stories of life and death comes one on the sheer tenacity of a fish, specifically a Comet Shebunkin (goldfish). Seems that this wee creature wanted to explore terrestrial life in the editor's home (dog and all), only to get wedged in the metal fins of a floor heating register behind the tank. Estimated to be in this position for at least an hour, and possibly overnight, the dusty fish was carefully extracted and dropped into fresh water, just to see what would happen. To our astonishment, it flicked it's tail and started to swim, and is happily cruising about to this day.

And the moral of the story? You just never know.

Cannabis News:

U.S.A.

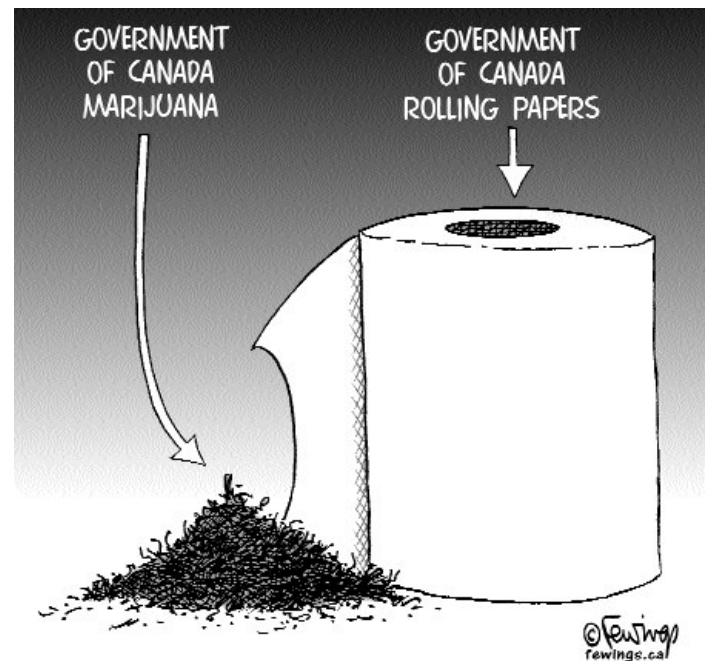
Actor Tommy Chong received a 9 month jail sentence and a \$20,000 fine for distributing thousands of bongs and pipes online through his company, Nice Dreams Enterprises.

Chong was among those arrested across the country as Operation Pipe Dreams and Operation Headhunter continues to smash heads, so to speak. Both operations are part of an anti-paraphernalia offensive that began in Pittsburgh and Iowa in the 1990's and has resulted in 56 persons being indicted across the country.

While it is still possible to buy a pipe or bong today, head shops have toned back the rhetoric, put the merchandise into storage and scaled back on Internet transactions.

Smokers, being the creative and resourceful folks that they are, will always find other means. One hopes that the artisans who have been put out of work can find other ways to survive.

Source: <http://www.mapinc.org/print/v03/n1377/a01.html> and <http://www.mapinc.org/print/v03/n1035/a07.html>



* With thanks to John Fewings (the 'cheque' is in the mail)

RESOURCE DIRECTORY:

AIDS Vancouver Island
1601 Blanshard, 384-2366

Hep-C Society of Canada
388-4311

BC Health Services
953--3547

Law Centre
388-4516

City of Victoria
Crisis and Info: 386-6323

Sacred Herb
106-561 Johnson, 384-0659
<http://www.sacredherb.com>

John W. Conroy, Q.C.
1-877-852-5110 (toll free)
<http://www.johnconroy.com>

BCCCS
Vancouver, 604-875-0448
<http://thecompassionclub.org>

Action Committee of People with Disabilities
383-4105

Canadians for Safe Access
<http://www.safeaccess.ca>

Canadian Cannabis Coalition
<http://www.cannabiscoalition.ca>

Canada Medical Marihuana
<http://www.medicalmarihuana.ca>

Media Awareness Project
<http://www.mapinc.org>

DrugSense
<http://www.drugsense.org>

Health Canada
<http://www.hc-sc.gc.ca/hecs-sesc/ocma/>
1-866-337-7705

Norml Canada
<http://www.normlcanada.org>

Cannabis Health
<http://www.cannabishealth.com>

Cannabis Research Institute
<http://www.cannabisresearchinstituteinc.com>

"Never doubt that a small group of thoughtful committed people can change the world. Indeed it is the only thing that ever has."

- Margaret Mead