

VICS Newsletter



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News and information on medical cannabis

Medical Cannabis News:

Canada/UK - Health Canada Gives Quick OK for Sativex, UK Approval Fails First Test

Canada is poised to become the first country to endorse a cannabis-based medicine after issuing final terms for the approval of a painkiller for multiple sclerosis patients. GW Pharmaceuticals said that it was poised to receive approval for its Sativex drug next year after receiving outline support from Health Canada.

Health Canada has issued a qualifying notice for Sativex, setting out terms on matters such as marketing, after which endorsement is considered a formality. "Under the Canadian system, full approval should be relatively straightforward from here," Jon Senior, the Evolution analyst, said.

Full consent would make Sativex, which is derived from thousands of marijuana plants grown at a secret location in England, the first cannabis-based medicine approved for prescription, GW said.

While meeting what appears to be light-speed approval in Canada, Sativex has not been so fortunate in the UK where it has failed an initial round of regulatory approval amid a prolonged drive by GW. The Committee on Safety of Medicines (CSM), an advisory body to the Medicines and Healthcare products Regulatory Agency (MHRA), in December 2004 said that further study was needed to confirm that the drug was sufficiently beneficial for patients. The CSM noted that the extract did not meet one of three criteria of drug approval. They acknowledged that the cannabis extract that is sprayed into the mouth met the required criteria for quality and safety but not for efficacy. It noted that positive effects were seen on spasticity of patients with multiple sclerosis (MS) in clinical data, but that the clinical relevance of these effects was uncertain. The CSM asked for a further confirmatory study, which, if sufficiently positive, would enable grant of a product licence, meaning that Sativex will not be launched in Britain for at least six months.

"I am very disappointed that the CSM has not followed my recommendation that the data fully supports the approval of Sativex," said Professor Mike Barnes, the president of the World Federation of NeuroRehabilitation.

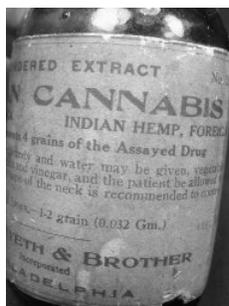
The British MS Society said the news was "extremely disappointing". GW Pharmaceuticals already has a trial under way which it intends to model to the regulator's requirements but it will not be completed by the end of next year at the earliest. The firm also intends to appeal the decision to the Medicines Commission, a separate body. This will take six months. It will also try to get approval from the Home Office to sell its extract unlicensed.

Sources: Press Release by GW Pharmaceuticals, Dec.3, 2004, Guardian Unlimited, Dec. 4, 2004, and The Times (UK), Dec. 21, 2004, www.mapinc.org/drugnews/v04/n1817/a05.html

Canada - Cannabis and Pain Study Finally Begins

Pain patients in London will be able to join a national study to test the safety of medicinal cannabis. It's believed to be the first scientific look at how medical marijuana interacts or interferes with health problems and conventional medicines, said pain specialist Dr. Mark Ware, leading the study from McGill University Health Centre.

"As far as I know, nowhere else in the world" has this been done, he said. Known as the COMPASS study (Cannabis for the management of pain: assessment of safety study), the research initiative will follow 1400 chronic pain patients, 350 of whom use cannabis as part of their pain management strategy, for a one-year period; most will be people whose pain stems from multiple sclerosis, arthritis or spinal cord injuries. Seven pain clinics across Canada are now enrolling patients for this study.



Other studies test how well cannabis relieves pain, which isn't the intent of this work. Pain researcher Dr. Dwight Moulin of London Health Sciences Centre and Lawson Health Research Institute is heading the London study. He will work with 50 people who use medicinal cannabis against pain and 150 pain sufferers who don't use pot.

"We'll be looking at a range of safety issues, including adverse events, kidney, liver, heart and lung function and hormone levels," adds Dr. Jean-Paul Collet, also a principal investigator and Professor of Epidemiology at McGill University. "Patients will also do tests at the start and end of the study, to help determine whether medical use of cannabis affects cognitive function."

The cannabis for the study is produced by Prairie Plant Systems under contract to Health Canada, the same cannabis that has raised concerns in the medical cannabis community due to product irradiation and levels of heavy metals.

Source: Dec. 9, 2004, London Free Press, <http://www.mapinc.org/drugnews/v04/n1764/a05.html>

CORRECTION

Last issue we mentioned that the latest Health Canada cannabis is now supplied as ground, whole bud only, and not the ground, whole plant as was supplied previously.

We forgot to mention that the ground cannabis that they now supply still includes any stem contained in the bud. Seems that they still don't quite get it....

HAPPY NEW YEAR FROM THE VICS!!

POLICY OF PROHIBITION A FAILURE BY J.B. PARADIS

I was appointed to the provincial court of British Columbia on Feb. 15, 1975.

I retired on Aug. 13, 2003.

During those 28 years, I presided over at least 1,000 cases, some big, most small, involving the possession or sale of illegal drugs. And a scan of those notes makes it clear that nothing much has changed: the same number of people are still choosing to ingest mood-altering substances, the same proportion are addicted and there is the same persistent, but increasingly lucrative and efficient system of supply.

Over those years we - citizens, police, judges - lived and worked within the orthodoxy that all drugs are inherently evil (except, of course, alcohol) and that prohibition and punishment can rid us of them.

How wrong we were. So wrong, it is distressing to consider the evils we spawned in our hopeless attempt to impose criminal sanctions for private choices.

The inclination in humans, other mammals, birds and even some insects to seek out mind-altering substances is innate. Leaving aside the substantial research on the subject, any observant person can see the enduring popularity of everything from coffee and tobacco to alcohol and ecstasy. There is, always was and always will be a demand for such substances and, therefore, there will always be a supply.

Which is not to suggest that drugs are harmless. In fact, it is their very potential for harm that, more than anything else, highlights the abject failure of the policy of prohibition. But almost all present-day non-medical drugs, properly regulated and taken with care, can provide a respite from the toil, strife and illness that life inevitably serves up, whether you are a Kurdish goat-herder smoking hashish or a Vancouver school teacher sipping a scotch. We have already conceded that much in our acceptance of alcohol, a serious intoxicant we can consume without being criminals but which we recognize as dangerous when not consumed in moderation or consumed by those too young to deal with its effects. In the face of that innate desire, prohibition becomes nothing more than an irresistible force butting up against an immovable object.

There are two other options available to determine if the policy of prohibition has had any impact during its almost century-old lifetime: American information and statistics on drug crimes in British Columbia.

The Americans are far more rabid in their approach to drugs so it would be reasonable to assume that drug consumption there has fallen. Not so. From the mid-1960s to 2002, marijuana and cocaine use among 18- to 25-year-olds increased from 5% to 54% and from 1% to 15.4%, respectively.

That growth has taken place not only in the face of the threat of serious jail time for possession of even small amounts and "three-strikes" laws, but also in spite of draconian laws in a number of states that prohibit the drug convict, upon release, from collecting welfare, living in public housing, receiving food assistance, obtaining a driver's licence, securing student loans or applying for a job with any government department or agency.

Government has a legitimate role in the regulation of recreational drugs because they are potentially poisonous substances. Only the purest free-marketer would advocate unregulated market. The LeDain Report of 1973, still one of the most careful, thorough, balanced and well-written explorations of modern non-medical drug use, contains a sort of cost-benefit analysis of the various options for the regulation of drugs. It concludes that prohibition

is one of the least desirable approaches and identifies four good reasons not to resort to prohibition.

First, it creates an illicit market, an irresistible playing field for serious criminals. Furthermore, all those offences that are reported as "drug-related" are nothing of the kind. They are prohibition-related.

Second, it inhibits any efforts to seek help or treatment when consumption gets out of hand and it constrains the creation of resources for those purposes.

Third, it inhibits education about the dangers of drugs. If the law prohibits them outright, it is difficult to discuss them, particularly with teenagers, in the context of a wise exercise of freedom of choice.

Finally, prohibition places a disproportionate demand on law-enforcement resources. By 2001, policing drugs in Canada (just drugs themselves, not "drug-related" offences) cost \$500 million a year, an amount that significantly exceeded the amount, over the same period of time, spent on the vilified gun-registry program - and with apparently as little bang for the taxpayer's buck.

Add to those unfortunate results the demonizing of citizens whose only sin is to become addicted to the wrong drug, as well as the corruption of enforcement officials and the erosion of civil liberties that inevitably creep into investigation of victimless crimes, and the picture is truly dismal.

But the most telling consequence has been the inevitable unreliability, in a black market, of the quality and strength of the product - or its outright misidentification - and the resulting threat of serious illness or death from overdose, let alone the spread of AIDS and hepatitis from needle re-use.

In other words, if the regulation of poisons is a reasonable pursuit of government, one which justifies a policy in the first place, prohibition has enhanced, not diminished, the poisonous potential of street drugs.

The federal government has said repeatedly over the past two decades that misuse of drugs is a health issue. It is past time that it acted accordingly, shelved its costly and useless policy of prohibition and created a rational structure to deal with all non-medical drug use, the one presently in use for alcohol: a system of regulated distribution. At a stroke, we would destroy the black market, remove a principal source of revenue for organized crime and terrorist groups, free up hundreds of millions of dollars now spent on enforcement and corrections, create a new source of government revenue - to be devoted to drug treatment and education - and greatly reduce the incidence of property crime.

Only two things stand in its way. The first is the Law of Natural Inertia of Governing Bodies: if a policy would be bold, socially beneficial and fiscally prudent, but risky with the electorate and requiring the overhaul of entrenched structures, study it some more. The second is the anticipated response from our neighbours to the south.

Neither can justify persisting in such a demonstrable failure.

Source: Nov. 24, 2004, North Shore News,
<http://www.mapinc.org/drugnews/v04/n1670/a12.html>

[original piece has been abbreviated for space reasons - Ed.]



New Compassion Club on Vancouver Island:

Starting January, the West Vancouver Island Compassion Society will be up and running, literally. The mid-Vancouver Island operation is a delivery-only service with no storefront presence.

Basing its model upon the Vancouver Island Compassion Society (VICS) and the BC Compassion Club Society (BCCCS), membership requires that a physician sign on with the patient before cannabis can be provided. VICS members who can present proof of membership (confirmed and in good standing) can take advantage of this service while out and about.

They are open for business Mon. to Sat., 10 am to 5pm.

Call (250) 731-7266 for more info.

Cannasat Ventures Into Cannabis R&D:

Cannasat Pharmaceuticals Inc., a new company created January 2004 with backing from Hill & Gertner Capital Corp., is set "to develop, produce and market a variety of prescription medicines derived from the plant *Cannabis sativa*."

Both co-founders, media guru Mr. Znaimer and retailer Joseph Mimran, have already made careers packaging the latest trends into consumer products. Now they are looking for new ways to process the whole cannabis plant into pharmaceuticals, or new methods of taking the drug.

"We're an R and D company working in cannabinoid-based medicines," Cannasat vice-president Andrew Williams said. "There's a whole new receptor system that's been discovered in the body over the last 10 years and there's drugs companies looking to develop drugs based on that."

Mr. Williams said that one promising idea involves vaporizing marijuana instead of smoking it because people who use marijuana legally to relieve medical symptoms might appreciate the option of inhaling a mist with fewer toxins than smoke. (VICS members already know this - are they proposing another vaporizer or medicine catering specifically to vaporizer use?)

This summer, Cannasat purchased a non-controlling minority stake in Saskatoon-based Prairie Plant Systems Inc., the privately owned biotech company that grows cannabis in a mine in Flin Flon, Man. for Health Canada's medical cannabis program (MMAR).

Brent Zettl, president of Prairie Plant, confirmed in an interview that Cannasat bought a small stake in his 15-year-old company and had been granted a seat on the board of directors.

Alan Young, an Osgoode Hall law professor and well-known lawyer for medical marijuana cases, said he is consulting for Cannasat and the company hopes to issue a formal announcement in the near future.

Source: Dec. 18, 2004, Globe and Mail,
<http://www.mapinc.org/drugnews/v04/n1804/a01.html>

New Resource Organizations in Victoria:

Two new organizations have convened in Victoria, hoping to address issues that many of the VICS members live with daily.

In their words, the non-profit **Disabled Rights Alliance (DRA)** "has been initiated by a group of disabled Canadians, committed to providing a community focus of support, intervention and empowerment for people with disabilities." They can be reached at #15-950 Humboldt St, Victoria, BC V8V 2Z8.

For those living with HIV and AIDS, the **Vancouver Island PHA (Persons Having AIDS) Caucus** is striving to bring people, governments and community support groups together in the common pursuit of improved quality of life and health. They can be reached at (250) 217-9833 or e-mail: v.i.caucus@telus.net

Substance Use Numbers Increase:

Canadians are smoking cannabis more than ever before and the majority want police and government to leave people to indulge in peace, even as police, the business community and the U.S. step up opposition.

A new poll for the advocacy group NORML Canada shows for the first time that more than half of Canadians effectively support legalization, with 57% reporting that people should be "left alone" if they are caught with small amounts of marijuana for personal use.

The federal government released a study of 13,000 Canadians showing that marijuana use has doubled in the last decade. 14% of those surveyed for the federal study said they smoked pot in the last year, up from 7.4% in 1994.

A telephone survey of 1,000 adults was conducted by SES Research of Ottawa from Oct. 26 to Nov. 1, 2004. SES president Nikita Nanos attributed the hike to the government "normalizing" marijuana use through its policy of allowing people to smoke for medicinal purposes.

However, the numbers probably haven't increased that much over the past few decades if one goes by anecdotal evidence - many smokers have always been there but have not revealed themselves. It's likely that people feel more comfortable speaking about cannabis, their lives and their private indulgences today than in the past. Cannabis just doesn't have the same resonance of fear and retribution as other drugs and associated lifestyles, at least in the general population.

"This is really a rude awakening for the government," said Jody Pressman, executive director of NORML (National Organization for the Reform of Marijuana Laws) Canada.

"Government is going in the wrong direction if it thinks decriminalization is a step forward," said Pressman, whose pro-marijuana group commissioned the poll. NORML wants the federal government to scrap its controversial decriminalization bill and end to prohibition and begin regulating the industry.

The survey also reveals that only 8% support criminalizing marijuana if it leads to jail time. The survey also found that just over half of Canadians support government regulation of the pot industry and 37% are against it, while 27% were uncertain.

Source - Canada Addiction Survey available from the Canadian Centre on Substance Abuse website at <http://www.ccsa.ca/index.asp>, Nov. 25, 2004, Vancouver Sun

Definitions:

efficacious *a.* (Of thing) producing, sure to produce, desired effect; hence or cognate ~LY *adv.* ~NESS, efficacy, *ns.* [from Latin *efficax*]
(The Concise Oxford Dictionary, 7th ed., 1983)

folly *n.* being foolish, lack of good sense, unwise conduct; foolish act, idea, or practice, ridiculous thing; costly structure that is (considered) useless (Theatrical, in plural) (revue with) glamorous female performers. [Middle English from Old French, or from Late Latin *fomentatio*] (ibid.)

sapid *a.* having (especially agreeable) flavour, savoury, palatable, not insipid; (literary; of talk, writing, etc.) not vapid or uninteresting; hence *sapidity n.* [from Latin *sapidus* (*sapere* taste)] (ibid)

turbulent *a.* disturbed, in commotion; tumultuous; insubordinate, riotous; (Physics of flow) having irregular variations in the course of time; hence or cognate ~ENCE *n.* ~entLY *adv.* [from Latin *turbulentus* (*turba* crowd)] (ibid.)

Cannabis News:

Europe - European Union Drug Strategy

With a narrow margin of 285 votes in favour, 273 against with 23 abstentions, the European Parliament adopted a recommendation on December 15, 2004 to the European Council on the European strategy on fighting drugs. The members of the European Parliament adopted a strategy which differs considerably from the US strategy.

It says that it wants to "lay much greater stress on harm reduction, information, prevention, care and attention to protecting the lives and health of people with problems caused by the use of illicit substances, and define measures to prevent them from being marginalised, rather than implementing repressive strategies which verge on and have frequently led to violations of human rights."

How, dare we say, world class. It remains to be seen how this strategy will be implemented and enforced.

Source: Press release of 15 December 2004, text of the resolution

Canada - Physicians Call For Decriminalization

The Canadian Medical Association (CMA) is among a growing number of organizations supporting the decriminalization of pot. The CMA calls the health effects of moderate use "minimal" and estimates that 1.5 million Canadians smoke marijuana for recreational purposes. The real harm is the legal and social fallout, it says.

"About half of all drug arrests in Canada are for simple possession of small amounts of marijuana: about 31,299 convictions in 1995 alone."

Marijuana is also far less addictive and far less subject to abuse than many drugs now used as muscle relaxants, hypnotics, and analgesics. The chief legitimate concern is the effect of smoking on the lungs, says the CMA.

"Cannabis smoke carries more tars and other particulate matter than tobacco smoke. But the amount smoked is much less, especially in medical use, and once marijuana is an openly recognized medicine, solutions may be found such as vaporization, tinctures, extracts and oils."

[Indeed, many VICS members already take advantage of alternate means of ingestion via vaporization, edibles, tinctures and oils, and several are using the VICS tincture-based sublingual spray for body-related issues. And if the CMA is really concerned about the legal and social fallout, it should support the legalization and regulation of cannabis and lobby for the end of prohibition.]

Source: Windsor Star, Nov.13, 2004, www.mapinc.org/drugnews/v04/n1614/a03.html

VICS Part Of Constitutional Challenge:

The Vancouver Island Compassion Society (VICS) is part of a group that is requesting the Auditor General of Canada to perform an investigation into Health Canada's (HC) medical cannabis program. More specifically, "this would include an investigation into the Office of Medical Access (OCMA), the Medical Marihuana Research Plan out of the Canadian Institute of Health Research and the Prairie Plant Systems production contract."

Health Canada's program, now called the Medical Marihuana Access Regulations (MMAR), has been fraught with problems from day one. In 5 years they have registered only 753 Canadians, while their own research suggests that there are nearly 300,000 medical cannabis users in BC alone.

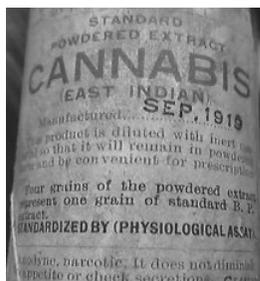
The Ontario Court of Appeal in the November 2003 *Hitzig* case found some parts of the program unconstitutional.

Very few research projects have been approved; one is finally up and running (McGill pain study) but the rest have been cancelled despite a \$7.5 million, 5-year clinical research grant.

Health Canada's foray into producing medical-grade cannabis has been a widely-publicized failure. The 5 year, \$5.7 million contract has resulted in a product that contains elevated levels of both lead and arsenic, has low strength, and is presented in an unpalatable and inappropriate manner. No wonder that some of the 83 persons who decided to purchase HC's product have returned their medicine.

And the list goes on. One might guess that the MMAR was set up to fail, while Canadian taxpayers suffer alongside those who need access to the best quality medical cannabis.

We hope that the Auditor General can uncover the problems and irregularities of the federal government's medical cannabis program, and help to create a system where access to safe, high quality medical-grade cannabis is the priority.



VITCRI Trial Update:

Hurry up and wait, so the saying goes. The preliminary trial set for Dec. 15 and 16, 2004 in Colwood got bumped, again, this time to the end of July 2005. We'll keep you posted.

The VICS wishes to thank everyone who has lent support/donated during this time of stress. PEACE

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

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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>

"It is difficult to get a man to understand something when his salary depends on his not understanding it."
-- Upton Sinclair, "The Jungle"