

CANNABINOID CHRONICLES



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Medical Cannabis News and Information

Canada - Mr. Harm Reduction Mayor?

Not necessarily the first person to come to mind when thinking of medical cannabis supporters, Victoria's Mayor Alan Lowe has waded into the controversy surrounding Health Canada's dysfunctional medical cannabis program by drafting a letter to federal Health Minister Tony Clement criticizing (lack of) public access. He has thrown his support behind local medicinal cannabis users and called upon Health Canada (HC) to conduct an immediate review of how it provides medical cannabis to Canadians.

A presentation to council by local compassion clubs (Cannabis Buyers' Club and Vancouver Island Compassion Society) last month prompted Alan Lowe to draft a letter to the Federal Marijuana Medical Access Regulation (MMAR) program.

"Many of these citizens rely on marijuana for the purpose of pain management and have expressed an inability to access the... program," he wrote in the March 20 letter.

Without proper access, "many Canadians will continue to suffer."

"Victoria City Council therefore respectfully requests an immediate review of current policies and regulations to determine where improvements can be made to ensure a better quality of life for those Canadians in need of medical assistance." Both groups praised the mayor, and council, for their support.

"This is not only an endorsement of our work, but certainly points out quite clearly that the federal government has been irresponsible," said Ted Smith of the Cannabis Buyers' Club.

"I'm encouraged by the City of Victoria's continued support of medical cannabis," said Philippe Lucas of the Vancouver Island Compassion Society.

Lucas, who has just finished a five-year study of the program which is scheduled to be published, called the HC program "completely unsatisfactory" and unable to stand up to scrutiny. Lowe downplayed the letter (the second he has sent), however, saying that he is not "expecting much" of a response from the federal government. From the perspective of patients and activists,

the letters are a good beginning but the pressure needs to be maintained to affect long term change. Now that ex-Mayor Larry Campbell has vacated Vancouver, perhaps Lowe could pick up the harm reduction torch and really turn up the heat? (Let's not forget that he promised a safe injection site in Victoria by 2006, but that was before the conservatives won a minority government.)

Source: Victoria Times-Colonist, Mar 27, 2006

US - Raich's Medical Cannabis Plea

Angel Raich, a medical cannabis user from Oakland and a plaintiff who has been challenging the US federal laws regarding state regulation of medicinal use, took the government to court again on Mar. 27 seeking protection for use of medicinal cannabis. The judges questioned repeatedly why she was seeking their protection when she's never been prosecuted for using cannabis, which her doctor swears she needs to stay alive.

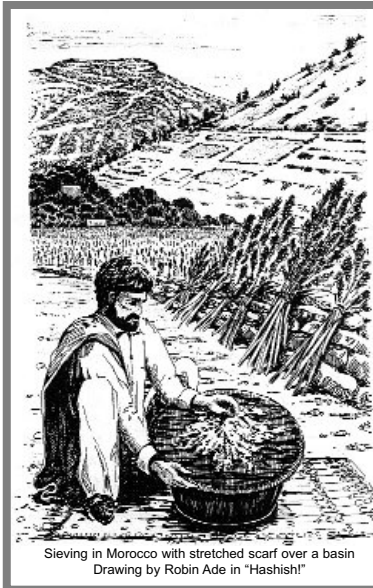
Judges of the 9th US Circuit Court of Appeals sounded sceptical this time. The judges suggested that the appropriate way to assert her legal rights would be to raise a defence of medical necessity after being charged with a crime - a situation that a government lawyer called "incredibly unlikely."

Raich, now 40, was the plaintiff in last year's US Supreme Court case concerning the power of the federal government to regulate cannabis within the borders of states that permit medicinal use. After winning a 2-1 decision from the 9th Circuit, she lost the states' rights argument 6-3 in the Supreme Court.

But other issues raised in her case remain unresolved, including the "medical necessity" doctrine as it applies to medicinal cannabis users and a closely related argument that the Constitution gives people a fundamental right to make their own "life-shaping" decisions.

Prosecution isn't Raich's only worry. A more likely scenario is that federal agents will confiscate her supply without prosecuting her, a pattern that has been emerging in California in recent years. For some patients, seizure is "tantamount to a death sentence".

Source: Mar 28, 2006. www.mapinc.org/drugnews/v06/n379/a08.html



Sieving in Morocco with stretched scarf over a basin
Drawing by Robin Ade in "Hashish"

"ENDING THE WAR ON DRUGS"

The VICS is proud to present a lunch-time lecture titled "Ending the War on Drugs" on Wed. April 12, 12 noon to 1 pm, at Victoria City Hall Council Chambers. It features Norm Stamper, retired Seattle Chief of Police and member of LEAP (Law Enforcement

Against Prohibition). who will explore why the war on drugs is doomed to fail and will offer up some solutions on restoring healthy urban communities.

The event is free and open to the public. Coffee and sandwiches will be provided. Contact Philippe Lucas of the VICS at 884-9821 for further info.



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Science: Moderate regular cannabis use does not deteriorate memory and attention

Researchers of the University of Utrecht in the Netherlands did not find any differences in the performance of moderate regular cannabis users, who were abstinent from the drug for one week, and non-users in tasks on working memory and selective attention. They also did not find differences in overall patterns of brain activity measured by functional magnetic resonance imaging (fMRI). However, a closer look at brain activity revealed a significant alteration in a small area of the left cortex.

The regular cannabis users had used between 675 and 5.400 cannabis cigarettes during their life and between 75 and 900 (median: 350) cannabis cigarettes in the past year. Non-users had used between 0 and 15 cannabis cigarettes during their life. In the working memory task participants had to memorize five consonants. Later consonants were presented and subjects had to press a button when a consonant appeared that belonged to the memorized list. The selective attention task required participants to detect tones with a higher or a lower pitch than a baseline tone, and similarly to detect dots with a larger or smaller size than the baseline dot.

Researchers concluded that they "did not find evidence for robust long-term deficits in working memory and selective attention in frequent but relatively moderate cannabis users after 1 week of abstinence." However, they noted that they "cannot completely rule out effects of cannabis on brain function," because of the difference in activity in one brain region that is involved in working memory. They wrote that most previous studies focussed on extremely heavy users who are not representative for the majority of recreational cannabis users.

Source: Jager G, Kahn RS, Van Den Brink W, Van Ree JM, Ramsey NF. Long-term effects of frequent cannabis use on working memory and attention: an fMRI study. *Psychopharmacology (Berl)* 2006 Mar 7

Science: Childhood leukaemia

A large case control study did not find an increased risk of childhood leukaemia in children whose mothers had used cannabis during pregnancy. This report from the Children's Cancer Group of the United States and Canada included 517 cases of childhood acute myeloid leukaemia (AML) diagnosed between 1989 and 1993 and 610 controls. Neither over lifetime use of cannabis by mothers nor cannabis use during pregnancy was associated with an increased risk of childhood leukaemia. Researchers concluded that "the previously reported positive association between maternal marijuana use before or during pregnancy and childhood AML was not confirmed."

Source: Trivers KF, et al. *Paediatr Perinat Epidemiol* 2006;20(2):110-8

Science: Cannabis and THC effective in the treatment of idiopathic intracranial hypertension

Scientists of the New York State Psychiatric Institute in New York City presented a case report on a woman diagnosed with a long-standing history of idiopathic intracranial hypertension reported improvement of headaches, photosensitivity, transient blindness, enlarged blind spots, and tinnitus after smoking cannabis. All these symptoms and signs, including papilledema (swelling of the optic nerves where they enter the eyes), were associated with increased intracranial pressure. This means that the use of cannabis effectively decreased intracranial pressure. Treatment with THC at a dose of 10 mg twice a day, then reduced to 5 mg twice a day, was also effective.

Idiopathic intracranial hypertension is a neurological disorder characterized by high pressure in the fluid around the brain. It is also known as pseudotumor cerebri because there are some of the

signs and symptoms of a brain tumour without a brain tumour being present. The space around the brain is filled with a water-like fluid, the cerebral-spinal fluid (CSF). If there is too much of CSF present the pressure on the brain rises. The cause of the disease is unknown. It is mainly found in overweight women of childbearing age and only rarely in thin men.

Source: Raby WN, Modica PA, Wolintz RJ, Murtaugh K. Dronabinol reduces signs and symptoms of idiopathic intracranial hypertension: a case report. *J Ocul Pharmacol Ther* 2006;22(1):68-75

Science: THC reduces nocturnal agitation in patients with Alzheimer's disease

Scientist of the Charité in Berlin presented a small study with positive effects of THC on nocturnal agitation in six patients with advanced dementia, among them five patients with Alzheimer's disease. Participants received 2.5 mg THC in the evening for two weeks. The drug resulted in an objective reduction of nocturnal motor activity, measured by a device fixed at one arm that registers number and intensity of movements. Nocturnal movements reduced to 59% of baseline values on average.

In an accompanied assessment of neuropsychological symptoms by the investigators using a standardized questionnaire, the Neuropsychiatric Inventory (NPI), a positive influence of THC on motor behaviour, agitation, irritability, and appetite disturbances was observed. Side effects were not noted. The new study confirms investigations of 1997 and 2003, which showed reduction of agitation by THC in patients suffering from Alzheimer's. Treatment of agitation is often insufficient by the available medicinal drugs such as neuroleptics. The authors of the current study note that THC may be a new treatment option for this group of patients and could help to prevent costly and long-term hospitalisation. A somewhat higher dosing may possibly have an even higher therapeutic efficacy.

Source: Walther S, Mahlberg R, Eichmann U, Kunz D. Delta-9-tetrahydrocannabinol for nighttime agitation in severe dementia. *Psychopharmacology (Berl)* 7 March 2006

Science: Arthritis

In cell studies with cartilage cells British researchers investigated the effects of two synthetic cannabinoids on degradation of cartilage constituents that was induced by Interleukin-1-alpha. Interleukin-1 is a protein involved in inflammation. The cannabinoids protected the cartilage matrix from degradation, an effect that was possibly mediated by cannabinoid receptors.

Source: Mbvundula EC, et al. *J Pharm Pharmacol* 2006;58(3):351-8

Argentina: Medical use

For the first time the Argentine judiciary considered the possession of cannabis for personal use as justified if it was for therapeutic purposes. The court of appeals has revoked the conviction of a woman accused for the possession of cannabis by a lower court, because it did not take the reason for the use of the drug into account. María Romilda Servini de Cubría said that she used cannabis to alleviate her pain resulting from a spinal cord disease and to improve her sleep.

Source: *El Pais* of 13 March 2006



Poverty Is Worse Today

So you think things are getting better, or have stayed the same, for those living on low incomes in BC? Think again. Jean Swanson spent 25 years working for the Downtown Eastside Residents' Association in Vancouver and now volunteers at Carnegie Centre. Her experience and observations make for a chilling realization.

Thirty years ago, as now, most Downtown Eastside residents depended on low-wage work, pensions, unemployment insurance or welfare for their income. The purchasing power of three of those sources of income has declined drastically since then.

And unlike 30 years ago, businesses today along East Hastings are boarded up and city hall planners work to get businesses to invest and "revitalize" the neighbourhood.

Look no further than government policies for a big part of the answer. In 1975 the minimum wage in British Columbia was 122% of the poverty line for a single person in a city. Today the \$8 an hour minimum wage is only 78% of the poverty line for a 37.5-hour week.

To look at it another way, a single person would have to make \$12.51 an hour at a full-time, 37.5-hour-a-week job to have the same purchasing power as a minimum-wage worker had in 1975. A person who depends on today's \$6 an hour so-called training wage will make only 58% of the today's poverty line with a full-time minimum-wage job.

Today, about 30% of Downtown Eastside residents get their income from welfare, according to the city. Welfare for a single person whom the ministry considers employable is a maximum of \$510 a month -- \$185 for support and \$325 for shelter. In 1981, the support portion of welfare was \$205. To have the same purchasing power as it had in 1982, the welfare support allowance would have to be \$355.48 today. The current shelter portion of welfare is so low that most people have to use their food money for rent.

If the current welfare rate were raised to provide the same purchasing power as it did in 1989, there would be roughly \$750,000 per month more purchasing power in the Downtown Eastside. Before 1996, the federal Canada Assistance Plan made provinces provide welfare to people in dire need. In 1996, CAP was abolished. Today, numerous welfare rules and procedures effectively deny welfare to people in dire need. Two major studies have said that this is the main reason homelessness has doubled since 2002. Homeless people have virtually no purchasing power.

In the book *The Impact of Inequality*, Richard Wilkinson, professor of social epidemiology at the University of Nottingham medical school, quotes study after study to show that great inequality destroys community, undermines democracy, fosters illness, makes learning difficult for poor students and increases despair, alienation and street crime.

As Jean Swanson states, the way to "revitalize" the community would be to restore purchasing power to the low-income residents who live there: Raise welfare rates, end the barriers to getting on welfare and boost the minimum wage. (And consider upping the poverty line to reflect inflation and regional cost of living).

Source: Vancouver Sun, February 21, 2006, by Jean Swanson

A **Statistics Canada** report released last March revealed that women are still losing the gender equality game. In 2003, women working full-time had average earnings that were 71% of what their male counterparts made. This gap is almost the same as a decade earlier.

Got questions about growing? Our resident guru Mat has made available an e-mail address where you can direct queries -

askmatb@hotmail.com

A Brief History of Hashish

Ah, the wonder of a concentrate.

Hashish is the product of separating out the resin or resin glands from the female (pistillate) *Cannabis* plant, performed historically by sieving or hand-rubbing mature plants. Resin glands are highly specialized plant cells that secrete and hold resins and essential oils, and are the primary site of synthesis for the principle psychoactive cannabinoid, THC, and a host of other cannabinoids and terpenoids.

Found globally, cannabis flourishes at nearly every latitude supportive of plant life. The earliest home of cannabis was most likely Central Asia. Cannabis was dispersed to China, Persia, and India during conquests by the Aryan and Scythian peoples from Central Asia and during the advance of Mongols into Europe. Traders later carried Cannabis from Persia to the Arabian Middle East.

The earliest recorded use of cannabis comes from China over 6000 years ago where seeds were used for food. Other areas of early cannabis domestication are in Central Asia (Caucasus to the Altai mountains) and Southern Asia (foothills of Himalayas and Hindu Kush mountains).

The psychoactive properties of cannabis were exploited much later than its fibre and food qualities, which were documented by Chinese, Persian and Indian historians.

The first evidences of hashish use, made by hand-rubbing plants, appear much later in the Arabian historical record. Methods involving sieving (more efficient than hand-rub) and drying plants came much later.

Until tobacco smoking was introduced into Europe and Asia in the 16th century from the New World, all cannabis and hashish were consumed by being mixed with food and drink. Once people began smoking hashish, its popularity grew quickly across Eurasia. Use peaked during the late 19th and early 20th centuries.

Techniques of harvesting, drying and sieving plants to make hashish became increasingly widespread in the 18th century to satisfy the rapidly increasing Eurasian hashish trade. During the late 19th and early 20th centuries, large scale production in Central Asia shifted from Russian Turkestan into Chinese Turkestan, eventually into Kashmir, and finally into Afghanistan. Greece, Syria, Nepal, Lebanon, Turkey, and finally Morocco became major exporters of hashish by the mid-20th century.

VICS members can attest to the properties of hashish as medicine - simply put, a little goes a long way (try explaining that to Health Canada and the MMAR program).

Extracted from: "Hashish!" by Robert Connell Clarke. 1998 Red Eye Press, Inc.

Definitions:

confuse *v.t.* throw into disorder; make indistinct (*confuse the issue*); mix up in the mind; abash, perplex; (*in past participle*) mentally decrepit; hence **~edly** *adv.* [19th c. back-formation from *confused* (14th c.) from Old French *confus* from Latin *confusus*] (The Concise Oxford Dictionary, 7th ed., 1983)

conundrum *n.* riddle especially with punning answer; hard question. [16th c.; origin unknown] (*ibid.*)

halcyon *n. & a.* **1. n.** bird said by the ancients to breed in floating nest on sea at winter solstice, and to charm wind and waves into calm for the purpose; (Zool.) Australasian kingfisher. **2. a.** calm, peaceful, especially ~ days (originally 14 days about winter solstice; (of period) happy, prosperous. [Middle English from Latin (*h*)*alcyon* from Greek (*h*)*alkuon* kingfisher] (*ibid.*)

rhizome *n.* prostate or subterranean rootlike stem emitting both roots and shoots. [from Greek *rhizoma* (*rhizoo* take root)] (*ibid.*)

Toronto Cannabis Café

The Hot Box Café in Toronto was visited by none other than the Globe and Mail's restaurant critic Joanne Kates. The verdict: the hours are uncertain, menu item names reflect an adolescent maturity (e.g. Stonerwiches) but the food is good ("The sandwiches are quite delightful...."), and dinner for two with tax and tip costs roughly \$30.

The first (?) public cannabis café in Toronto is operating where folks over 18 may also indulge in their own cannabis either on the outdoor patio or via vaporizers on the tables inside. Rules state no mooching or dealing, dogs must be well behaved and on a short leash, and there is a \$2 minimum/one hour maximum stay in effect. Cookies of both persuasions are also available ("soft and yummy").

They share space with Roach-o-Rama on Baldwin St.

Source: Globe and Mail, Apr 1, 2006. www.mapinc.org/drugnews/v06/n398/a04.html

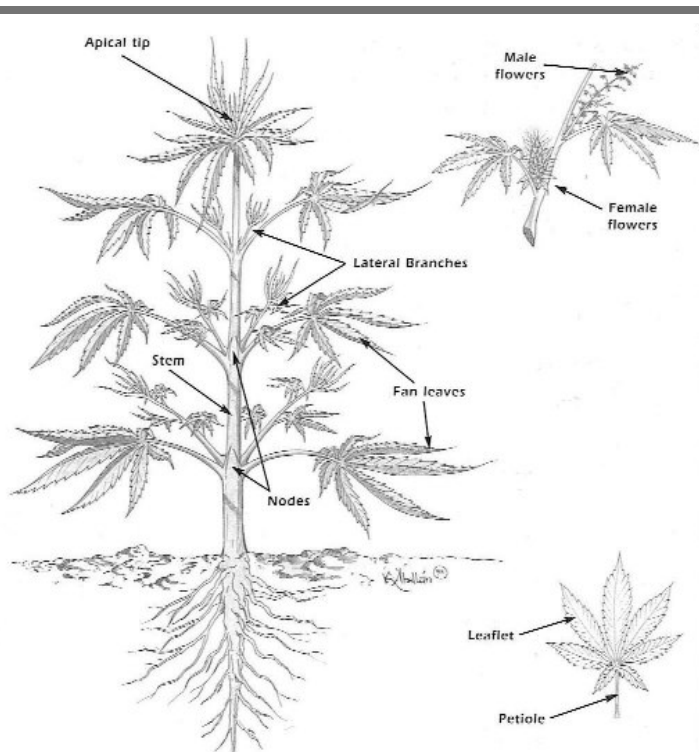
Kubby's Revolving Door

Steve Kubby, a medical cannabis activist who was sent back to California from Canada to serve jail time, was released early from Placer County jail because of his good behaviour and a need to reduce crowding. He had served 40 days of his 120-day sentence.

However, shortly after Kubby left the prison in early March he was convicted of violating his probation when he had fled north to Canada in 2001, Kubby was sentenced to a further 60 day sentence which he began serving March 15. He again hopes for an early release because of good behaviour and possible jail overcrowding. Not permitted cannabis in prison to treat his rare form of adrenal cancer, Kubby has been 'managing' his symptoms with the synthetic THC drug Marinol.

Source: Sacramento Bee, Mar 14, 2006.

<http://www.mapinc.org/drugnews/v06/n318/a05.html>



Above-ground parts of the Cannabis plant

Picture taken from "The Big Book of Buds",
Ed Rosenthal, Cultivation Editor, 2001, Oakland, California.

Hey, did you know that the known number of northern spotted owls living in Canada, all in southwest BC, has dropped to only 22? OWCH!

Loss of old growth habitat is a primary cause in the decline.

Habitat protection in Washington, Oregon and California, however, has resulted in roughly 4000 known pairs of spotted owls.

It's great how we love and \$value\$ our nature up here.



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<http://thecompassionclub.org>

DrugSense

<http://www.drugsense.org>

Canadians for Safe Access

<http://www.safeaccess.ca>

Canadian Cannabis Coalition

www.cannabiscoalition.ca

Canada Medical Marihuana

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/dhp-mps/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>

"You meet saints everywhere. They can be anywhere. They are people behaving decently in an indecent society."-- Kurt Vonnegut, Ohio State University campus, March 2006