

# CANNABINOID CHRONICLES



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## Medical Cannabis News and Information

### US - FDA Continues to Politicize Medical Debate

Doing a superb imitation of an ostrich with its head in the sand, the US Food and Drug Administration (FDA) trotted out a one-page message on April 20 stating it does not support the use of cannabis for medical purposes.

Disregarding scientific and medical evidence, the FDA said it and other agencies with the Health and Human Services Department had "concluded that **no sound scientific studies** supported medical use of marijuana for treatment in the United States, and **no animal or human data** supported the safety or efficacy of marijuana for general medical use." (emphasis added)

Bruce Mirken - director of communications for the Marijuana Policy Project, which supports medical cannabis - said the FDA issued the statement at the behest of Republican Mark Souder who opposes medical cannabis. Souder, chairman of the House Government Reform Subcommittee on Drug Policy, has said the promotion of medical cannabis "is simply a red herring for the legalization of marijuana for recreational use."

Representative Maurice Hinchey, a New York Democrat who has sponsored legislation to allow medicinal uses of cannabis, said the statement reflected the influence of the Drug Enforcement Administration, which he said had long pressured the FDA to help in its fight against cannabis.

A Supreme Court decision last year allowed the federal government to arrest anyone using cannabis, even for medical purposes and even in the eleven states that have legalized its use.

Commenting on states legislation allowing cannabis use for medical purposes, the FDA said, "These measures are inconsistent with efforts to ensure that medications undergo the rigorous scientific scrutiny of the FDA approval process and are proven safe and effective."

The statement directly contradicts a 1999 finding from the Institute of Medicine, part of the National Academy of Sciences, which reported that "marijuana's active components are potentially effective in treating pain, nausea, the anorexia of AIDS wasting and other symptoms, and should be tested rigorously in clinical trials." (visit <http://www.nap.edu/readingroom/books/marimed/> for a copy of the report)

The statement also ignores growing international evidence via properly conducted research protocols.

As well, in yet another self-serving move, the FDA has actively discouraged research according to interviews with scientists who study the use of cannabis as medicine. In addition, the monopoly

on the supply of legal cannabis by the US government through the National Institute on Drug Abuse (NIDA) is a fundamental obstruction to privately funded research.

Disingenuous, no?

It's obviously easier and safer to issue a brief, dismissive statement than to back research that might undermine the administration's inflexible opposition to the medical use of cannabis. Enough said.

Sources: Source: New York Times, April 21, and Seattle Times, April 22, 2006.

<http://www.mapinc.org/drugnews/v06/n495/a01.html> and .../v06/n500/a05.html

Note: FDA Statement is at [www.fda.gov/bbs/topics/NEWS/2006/NEW01362.html](http://www.fda.gov/bbs/topics/NEWS/2006/NEW01362.html)

### Canada - The Real Harm Reduction Mayor

Will the harm reduction advocate who is also a mayor please stand up? It turns out that it's Vancouver Mayor Sam Sullivan. Mayor Sullivan says he's willing to risk his political career to bring in a program to provide drugs or drug substitutes for addicts in an effort to protect victimized women in the Downtown Eastside and deal with Vancouver's social-disorder problems by the 2010 Olympics.

In a lengthy interview about his plans for drug-addiction strategies, Sullivan confirmed that an anonymous individual who has been in contact with his office has offered \$500,000 to fund some kind of innovative harm-reduction program in the city.

He emphasized, as he has many times before, that he would like to see something done especially for the Vancouver women who take up street prostitution to support their drug habits.

"I'll do whatever I can to get to a situation where we've done something important for these women," he said. He also said his goal is make a significant dent in the city's drug problem before the Olympics. But he also made it clear that he thinks the emphasis should be on one pillar in particular of the four-pillar drug strategy that Vancouver introduced five years ago: harm reduction.

"I believe where we haven't put real energy is in the more interesting harm-reduction efforts that have proven to work," he said. While Sullivan didn't dismiss the other pillars (enforcement, treatment and prevention), saying they are all necessary, he said that he doesn't believe police and treatment need to be the priorities right now. Sullivan said he doesn't claim to know everything about treatment, but he hasn't seen overwhelming evidence yet that it makes significant inroads in addiction.

"I've looked at mandatory treatment in the United States and still seen open drug use there."

Source: Vancouver Sun, April 21 2006, [www.mapinc.org/drugnews/v06/n495/a05.html](http://www.mapinc.org/drugnews/v06/n495/a05.html)



### Science: Echinacea

Researchers of the Swiss Federal Institute of Technology in Zurich demonstrated that compounds of Echinacea, so-called alkylamides, exert their immunomodulatory effects by several mechanisms that are partly dependent and partly independent of the activation of CB2 receptors. They showed that several alkylamides of Echinacea bind to the CB2-receptor more strongly than endocannabinoids. They reduce inflammation by effects on cytokines, e.g. by the inhibition of TNF-alpha (tumour necrosis factor alpha).

Source: Raduner S, et al. J Biol Chem Mar 17 2006

### Science: Pain

Scientists of Schering-Plough in Italy presented animal research that showed that CB2 receptors in the spinal cord may be involved in analgesic effects mediated by this receptor. So far, it was known that the activation of peripheral CB2 receptors causes pain reduction. This research confirms that CB2 receptors are present in the central nervous system, which contribute to effects of CB2 agonists.

Source: Beltramo M, et al. Eur J Neurosci 2006;23(6):1530-8

### Science: Cannabinoids reduce inflammation of the bowel in animal model

In a mouse model for inflammatory bowel disease cannabinoids reduced inflammation and diarrhoea. Mice received oil of mustard that caused a severe colitis. Both a CB1 receptor agonist and a CB2 receptor agonist reduced colon shrinkage, colon inflammation, and diarrhoea, with the CB1 receptor agonist being somewhat more effective.

There were more CB1 receptors in nerve cells of the large intestine if the bowel was inflamed compared to healthy bowels. There were also more CB1 receptors in the inner wall (endothelium) of the large intestine compared to non-inflamed tissue. There was a high number of CB2 receptors in immune cells that infiltrated the inflamed tissue. Authors note that the demonstration of CB1 receptor effects "reinforce the importance of neuronal activation in intestinal inflammation."

Source: Kimball ES, Schneider CR, Wallace NH, Hornby PJ. Agonists of cannabinoid receptor 1 and 2 inhibit experimental colitis induced by oil of mustard and by dextran sulfate sodium. Am J Physiol Gastrointest Liver Physiol Mar 30 2006

### Science: Cannabis and THC reduce incontinence in multiple sclerosis in large clinical trial

Clinical study data published in March 2006 show that both a cannabis extract and isolated THC caused a significant reduction in incontinence compared to placebo. The study was part of a multicentre trial on cannabinoids in 630 multiple sclerosis patients (CAMS study) conducted in the UK, whose main results had already been published in 2004.

Participants received either the encapsulated cannabis extract Cannador, the THC preparation Marinol or a placebo for fifteen weeks at a maximum daily dose of 10-25 mg THC depending on body weight. Subjects completed incontinence diaries. The cannabis extract resulted in a reduction of incontinence by 38%, THC by 33%, and placebo by 18%. Researchers concluded that these "findings are suggestive of a clinical effect of cannabis on incontinence episodes in patients with MS."

Source: Freeman RM, Adekanmi O, Waterfield MR, Waterfield AE, Wright D, Zajicek J. The effect of cannabis on urge incontinence in patients with multiple sclerosis: a multicentre, randomised placebo-controlled trial (CAMS-LUTS). Int Urogynecol J Pelvic Floor Dysfunct 2006 Mar 22

### Netherlands: Isolation of cannabinoids

Farmalyse BV announced that the company in cooperation with the University of Leiden had developed a new method for the isolation of cannabinoids from the cannabis plant. Many of the

cannabinoids the company is offering would not be available from any other supplier. In an e-mail Farmalyse wrote that the purity for the isolated THC (dronabinol) reached more than 99%. "Together with Feyecon BV, a new formulation has been developed. This new formulation, in which the active is encapsulated, enables sublingual administration. THC is encapsulated, such that it becomes a dry powder allowing the production of tablets."

Source: E-mail of Farmalyse BV of March 27 2006

### Science: Pain

Researchers of the University of Arizona in Tucson demonstrated by different means that the activation of the CB2 receptor indeed resulted in the reduction of pain. They used specific cannabinoid receptor antagonists and genetically modified mice.

Source: Ibrahim MM, et al. Pain Mar 21 2006

### Italy: Certificate of exemption

The former Health Minister Francesco Storace issued a certificate of exemption to a man from South Tyrol with multiple sclerosis that allows him the medical use of the cannabis extract Sativex. This caused some sensation in Italy, since it set a precedent.

Source: Die Neue Suedtiroler Tageszeitung of 23 March 2006

### Germany: Cannabis pharmacy

According to information of the cannabis pharmacy ([www.hanfapotheke.org](http://www.hanfapotheke.org)), so far 29 patients got access to the cannabis pharmacy through recommendation by a physician working with the pharmacy. Of these, 22 could be supplied with cannabis through a donator, who is sending cannabis for free and anonymously to the patient. At present 12 patients are regularly sponsored by a donator who reliably takes over the supply of a patient. 11 patients are on the waiting list without supply.

Source: Personal communication March 10 2006

### Science: Amyotrophic lateral sclerosis

In a mouse model for amyotrophic lateral sclerosis the application of a synthetic cannabinoid (WIN55,212-2) and the inhibition of endocannabinoid degradation delayed disease onset without affecting life span. In contrast, in genetically manipulated mice without CB1 receptors there was no effect on disease onset but significantly extended life span. Researchers suggest that the beneficial effects of cannabinoids were mediated by non-CB1 receptor mechanisms.

Source: Bilsland LG, et al. FASEB J Mar 29 2006

### Uruguay: Support for legalisation

"The drug business would disappear if drugs were legalised," ex-president Jorge Batlle said in an interview. He supported "investing resources in the care and cure of addicts instead of in totally useless campaigns of repression. Prices would crash, the trillion-dollar market would cease to exist, paramilitary terror gangs, maintained by drug trafficking, would be weakened to eventual disbanding."

Source: ABC Color April 5 2006

### Science: Vaporizer

Researchers of the University of Leiden investigated the performance of the vaporizer Volcano in terms of reproducible delivery of THC. They summarized: "It was found that an average of about 54% of loaded THC was delivered into the balloon of the vaporizer, in a reproducible manner. When the vaporizer was used for clinical administration of inhaled THC, it was found that on average 35% of inhaled THC was directly exhaled again. Our results show that with the Volcano a safe and effective cannabinoid delivery system seems to be available to patients. The final pulmonary uptake of THC is comparable to the smoking of cannabis, while avoiding the respiratory disadvantages of smoking."

Source: Hazekamp A, et al. J Pharm Sci 2006 Apr 24

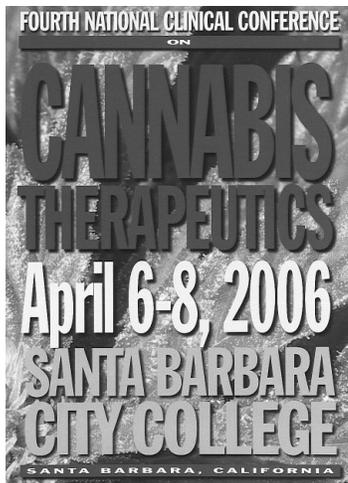


## Conference on Cannabis Therapeutics 2006

The Fourth National Clinical Conference on Cannabis Therapeutics, hosted by Santa Barbara City College, ran from April 6 through April 8. The conference featured lectures from international doctors, health care researchers and patients.

Allan Byrne, co-founder of the non-profit organization Patients Out of Time ([www.medicalcannabis.com](http://www.medicalcannabis.com)) who presented the conference, hoped the event would educate health care professionals on the medical benefits of cannabis and lend scientific validity to the use of medical marijuana.

The conference linked anecdotal evidence from patients such as Montel Williams with scientific research to show that marijuana serves a valid, medicinal purpose.



"We're accredited and blessed by the American Medical Association, [so] how could [marijuana] not be a medicine?" Byrne said.

Philippe Lucas, director of the Vancouver Island Compassion Society, presented the recent study of therapeutic cannabis use during pregnancy and its efficacy treating nausea. Lucas and three others worked with Rachel Westfall PhD (UBC) on her doctoral thesis that has since been published in a peer-reviewed journal.

(full report available at [www.thevics.com/PDF/cannabis\\_ nausea2006.pdf](http://www.thevics.com/PDF/cannabis_ nausea2006.pdf)).

Melanie Dreher, Dean of the College of Nursing at University of Iowa, spoke of a multi-year study to assess the well being of infants and children whose mothers used cannabis during pregnancy, and the politics of trying to get this research published.

"Marijuana use by pregnant women is a big red herring that prevents us looking at the impoverished conditions in which women throughout the world have to bear and raise children."

One investigator revealed very positive results using cannabinoids to treat PTSD. Cannabis serves to decrease external and internal input via synaptic inhibition and produce a calming, anti-depressant effect.

Another investigation by researchers in Israel has revealed how cannabinoids act to protect nerve cells, reduce inflammation, affect bone mass, regulate blood pressure and hold potential to become an anti-cancer drug.

Hmmm, no medicinal value eh?

Source: Proceedings of The Fourth National Clinical Conference on Cannabis Therapeutics, Santa Barbara, CA

Every day is Earth Day

### Short Memory.....Or Just Greedy?

"... when we are pleading with foreign governments to stop the flow of cocaine, it is the height of hypocrisy for the United States to export tobacco."

Everett Koop, US Surgeon General, testifying at a 1989 trade panel hearing to consider a tobacco industry request to impose retaliatory sanctions against Thailand for restricting US tobacco imports and advertising.

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

[askmat@hotmail.com](mailto:askmat@hotmail.com)

## Debunking "Amotivational Syndrome"

A study funded by the Marijuana Policy Project and conducted by Sara Barnwell, a graduate student in the psychology department at the University of Southern California, used a survey to assess whether or not cannabis use undermines motivation.

Receiving over 1300 responses, Ms. Barnwell analyzed the responses of everyday users (244) and those who had never used (243). The mean age of participants was 33 years, and they were mostly Caucasian, predominantly students. One in three frequent cannabis users described their use as medical. The questionnaire comprised an "Apathy Evaluation Scale" and a "Satisfaction with Life Scale."

Using statistical methodology, Barnwell et al conclude:

"Participants who used cannabis seven days a week demonstrated no difference from non-cannabis users on indices of motivation. These findings refute hypothesized associations between heavy cannabis use and low motivation ... Daily users reported slightly lower median subjective well-being scores (2 points less on a 28-point scale) ... Post-hoc tests find that some portion of the differences in subjective wellbeing arose from medical users, whose illnesses may contribute to low subjective wellbeing more than their cannabis use."

The authors acknowledge that their results may have been skewed by not taking into account respondents' use of alcohol and other drugs.

Fred Gardner, writing for CounterPunch (<http://www.counterpunch.org/>), states,

"Common sense tells us that the main motivator in this society is the prospect of remuneration. Millions of [N.] Americans, young and old, are destined to do unfulfilling work for wages that won't enable them to support a family let alone own a home and retire with a sense of security. To define our condition in terms of amotivational syndrome or apathy is to conflate symptom and cause, to individualize a social phenomenon, to medicalize the political. Anti-prohibitionists should turn the meaning of amotivational syndrome around and peg it for what it obviously is: a manifestation of socioeconomic hopelessness."

Source: CounterPunch (Web) April 1 2006, by Fred Gardner (editor of O'Shaughnessy's Journal of the California Cannabis Research ([www.ccrmg.org/](http://www.ccrmg.org/))) [www.mapinc.org/drugnews/v06/n400/a06.html](http://www.mapinc.org/drugnews/v06/n400/a06.html)



### MAY IS HEP-C MONTH - LEND YOUR SUPPORT

#### DEFINITIONS

**bract** *n.* (usually small) leaf or scale below calyx. [ from Latin *bractea* thin plate, gold-leaf]

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

**coddle** *v.t.* treat as an invalid, keep from cold and exertion, feed up; cook (egg) lightly. [ probably dialect variation of CAUDLE ] (ibid.)

**disingenuous** *a.* insincere, having secret motives, not candid; hence ~LY. [ from DIS+INGENUOUS ] (ibid.)

**toxic** *a.* of poison (*toxic symptoms*); poisonous; caused by poison (*toxic anaemia*); hence toxicALLY adv., toxicity, toxicOMANIA, *ns.* [ from medieval Latin *toxicus* poisoned from Latin *toxicum* from Greek *toxikon pharmakon* poison for arrows (*toxa* arrows) ] (ibid.)

## Mexico Poised to Legalize Drug Possession

Possessing cannabis, cocaine, and even heroin will no longer be a crime in Mexico if the drugs are carried in small amounts for personal use, under legislation passed by the Mexican Congress. The measure given final passage by senators April 27 allows police to focus on their battle against major drug dealers, the government says. President Vicente Fox, whose office proposed the bill, is expected to sign it into law.

Under the legislation, police will not penalize people for possessing up to 5 grams of cannabis, 5 grams of opium, 25 milligrams of heroin, or 500 milligrams of cocaine.

People caught with larger quantities of drugs will be treated as narcotics dealers and face increased jail terms under the plan.

"No charges will be brought against ... addicts or consumers who are found in possession of any narcotic for personal use," according to the Senate bill. The legal changes will also decriminalize the possession of limited quantities of other drugs, including LSD, MDA, MDMA (ecstasy, about two pills' worth), amphetamines, hallucinogenic mushrooms, and peyote (a psychotropic cactus found in Mexico's northern deserts).

Under current law, it is up to local judges and police to decide on a case-by-case basis whether people should be prosecuted for possessing small quantities of drugs.

"The object of this law is to not put consumers in jail, but rather those who sell and poison," said Senator Jorge Zermeno of the ruling National Action Party. "We cannot continue to fill our jails with people who have addictions."

Some of the amounts are considered large, e.g. Mexicans would be allowed to possess 1 kilogram (2.2 pounds) of peyote. Selling all these drugs would remain illegal under the proposed law, unlike the Netherlands, where the sale of cannabis for medical use is legal and it can be bought with a prescription in pharmacies.

While Dutch authorities look the other way regarding the open sale of cannabis in designated coffee shops - something Mexican police seem unlikely to do - the Dutch have zero tolerance for heroin and cocaine.

Mexican officials declined to explain how the law would work, including whether drug use in public would be tolerated, or discouraged by other means.

Sources: Boston Globe, and East Valley Tribune (AZ), April 29, 2006. <http://www.mapinc.org/drugnews/v06/n535/a05.html> and [...../v06/n546/a08.html](http://www.mapinc.org/drugnews/v06/n546/a08.html)

## Cannasat Hits Stock Market

Cannasat Therapeutics Inc., a company that is researching and developing medicines derived from cannabis plants, announced that they are now trading shares on the TSX Toronto Venture Exchange. Executives acknowledged at a media conference that the fledgling firm faces an uphill battle on many fronts - from the enormous cost and risk involved in developing new drugs to fighting a social stigma.

About half of the \$6.5 million raised privately in the last two years has been spent on research and development. The focus of its work is coming up with effective drug-delivery systems.

Source: Toronto Star, April 6, 2006 [www.mapinc.org/drugnews/v06/n421/a01.html](http://www.mapinc.org/drugnews/v06/n421/a01.html)

## FREE PUBLIC LECTURE

### **Pot, Politics and the Press: The Cannabis Infringement Notice Scheme in Western Australia.**

Friday, May 12, 12:00 to 1:00 pm,

Clearihue Building, Room A127, Univ. of Victoria.

Simon Lenton, of the National Drug Research Institute, Perth, WA, will address the background, process and evaluation of the 'decriminalization' of cannabis use in Western Australia.

Co-sponsored by the Centre for Addictions Research of BC and BC Mental and Addictions Research Network.



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#### **DrugSense**

<http://www.drugsense.org>

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

<http://www.safeaccess.ca>

#### **Canadian Cannabis Coalition**

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

#### **Canada Medical Marihuana**

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

#### **Media Awareness Project**

<http://www.mapinc.org>

#### **Action Committee of People**

**with Disabilities**

383-4105

#### **Health Canada**

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

1-866-337-7705

#### **Norml Canada**

<http://www.normlcanada.org>

#### **Cannabis Health**

<http://www.cannabishealth.com>

#### **Cannabis Research Institute**

<http://www.cannabisresearchinstituteinc.com>

**"You can't convince a believer of anything; for their belief is not based on evidence, it's based on a deep seated need to believe." - Carl Sagan**