

CANNABINOID CHRONICLES



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Medical Cannabis News and Information

Canada - Medical Cannabis Court Challenge

When the complete supply of organic cannabis intended for Vancouver Island Compassion Society (VICS) members was seized during a May 2004 raid of a sophisticated growing operation, it set into motion a constitutional challenge of the federal government's medical cannabis program. Part one is now over - part two and three (and four?) are about to begin starting June 11th at the downtown Victoria courthouse.

"This was different from your normal grow-op," says Philippe Lucas, VICS executive director. "We don't deny anything we're doing. It's the questions of why and how that are the main issues." Growing the entire amount required by the VICS members meant that the VICS did not have to buy from the black market and that the best growing standard could be maintained.

For several years medical cannabis has existed in a convoluted legal grey area. Since a 2001 decision, says Kirk Tousaw, a Vancouver lawyer working on the case, Canada's prohibition laws have been deemed constitutional only as long as there is an adequate program in place to provide cannabis to medical users. The program is in place, he says, but it's not good.

In 2003 the courts ordered Health Canada to make changes to its medical cannabis program that Tousaw says have not yet been made. "We're now five or six years into this program and it's still not doing the job it needs to do for sick people in this country," he says.

Lucas says the VICS legal team will argue the facility was filling a legally-recognized need the government was unable to fill. "Our goal is to illustrate the problems with the federal medical marijuana program." He describes the site, which cost around \$40,000 to start, as a

"white labcoat" operation where growers developed strains to treat particular conditions. If they had two strains that worked well for chronic pain, they would breed them together to see if they could create a plant that did an even better job.

"We lost about four or five years of strain research just through that raid," says Lucas. RCMP officers destroyed some 900 plants. "They chopped and took everything."

The facility also grew cannabis to use in clinical trials, and hemp, with none of the high-causing active ingredient THC, to use as a placebo in VICS research. The growers even had plants growing from seeds provided by the federal government to show that better growing techniques could improve the product Health Canada was offering medical cannabis users. "It didn't have to be as poor quality as what they were sending out," says Lucas.

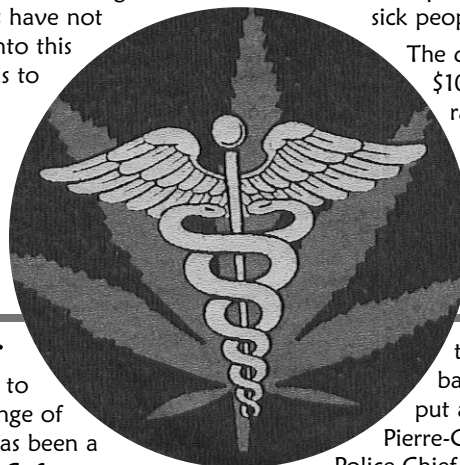
The judge could legalize VICS's work, says Lucas, and the case could also result in the court legalizing marijuana for all users. If cannabis prohibition prevents people who are legally allowed to use medical marijuana from getting their medicine, then those laws could be found to be unconstitutional. Says Lucas, "Although that's not the goal of our case, that's a possible outcome."

Or as Tousaw puts it, "If we didn't have marijuana prohibition, sick people wouldn't be in danger of going to jail."

The constitutional challenge will cost around \$100,000, Lucas says. The VICS has already raised about half of that through donations and continues to fundraise.

The over 670 VICS members presently get their medicine from (more expensive) black market sources.

Source: Monday Magazine May 9 2007.
www.mapinc.org/drugnews/v07/n583/a04.html



From Philippe Lucas, VICS Director

I apologize for not updating you all sooner as to the progress of the VICS's constitutional challenge of the federal medical cannabis program, but it has been a very busy time indeed! After 10 days in the B.C. Supreme Court, much progress has been made on this case. So far we have heard testimony about many of the access and supply problems of Health Canada's medical cannabis program from Lynne Belle-Isle (Canadian AIDS Society), and about the need for multiple strains and the potential dangers of gamma irradiation from Dr. Robert Melamede (University of Colorado, Colorado Springs). I have spent three days giving testimony, and will continue for a day or so. The scale and scope of this case has forced us to book additional dates to continue the trial (June 11th-14th, and August 7-10th). The June dates will allow me to finish my testimony and

to be cross-examined, and to bring L. Belle-Isle back for cross-examination. We also hope to put a few VICS members, Eric Nash, Senator Pierre-Claude Nolin and perhaps Victoria Deputy Police Chief Bill Naughton on the stand during the June dates. The August dates will likely be largely taken up by testimony from Health Canada staff. Other than a challenging prosecution, everything has gone well (other than higher cost of this important challenge). A victory in this challenge would have a significant impact on medical cannabis access in both Canada and the US but this kind of high-level legal work is expensive. As such, the VICS would welcome any and all donations.

My thanks to many of you for your kind thoughts, kudos and financial support during this trying time. Huge thanks to an incredible legal team. Philippe Lucas, VICS

Science: Schizophrenia

British scientists analysed symptoms of 757 subjects, who developed schizophrenia, of whom 182 (24 per cent) had used cannabis in the year prior to first presentation to a psychiatrist due to the disease. There were no significant differences in the symptoms between cannabis users and non-users that have been observed in some small studies. In addition, cannabis users who developed schizophrenia had no greater family history of schizophrenia. The authors concluded that this "argues against a distinct schizophrenia-like psychosis caused by cannabis."

Source: Boydell J, et al. Schizophr Res 2007 Apr 24

Science: Pancreatitis

Researchers of the University of Heidelberg, Germany, found that patients with acute inflammation of the pancreas (pancreatitis) showed elevated levels of cannabinoid receptors and endocannabinoids in the pancreas. In studies with mice with pancreatitis a cannabinoid that as THC binds to CB1 and CB2 receptors reduced pain and inflammation of the disease.

Source: Michalski CW, et al. Gastroenterology 2007;132(5):1968-78.

Science: THC in sweat

In a study with 11 daily cannabis users THC was detectable in the sweat of all subjects above a concentration of 1 ng/ml in the first week after abstinence. In the second week their sweat was positive in eight of eleven subjects and one participant produced THC positive sweat patches for four weeks after abstinence. Daily oral doses of up to 14.8 mg THC caused no positive sweat test above a concentration of 1 ng/ml.

Source: Huestis MA, et al. Forensic Sci Int 2007 May 2

Science: Schizophrenia and cognition

German researchers compared cognitive performance of 39 schizophrenic patients (19 cannabis-users and 20 non-users) and 39 healthy controls (18 cannabis-users, 21 non-users). On the whole, schizophrenic patients performed worse than healthy control subjects. Regular cannabis use prior to the first psychotic episode improved cognition in some tests. On the other hand, cannabis use deteriorated test performance in healthy controls, especially in cases when regular consumption started before the age of 17.

Source: Jockers-Scherubl MC, et al. Prog Neuropsychopharmacol Biol Psychiatry 2007 Mar 16

Science: Pain

THC and morphine were shown to act synergistically in an arthritis model in mice. Researchers noted that this observation may have relevance for the treatment of chronic pain.

Source: Cox ML, et al. Eur J Pharmacol. 2007 Apr 20

US: Rhode Island makes state medical cannabis law permanent

The Rhode Island Senate passed a bill on 3 May that would make the state's medical cannabis law permanent. Under the program, patients suffering from HIV or AIDS, cancer, glaucoma, severe nausea, seizures or other debilitating illnesses can get state permission to possess up to 12 cannabis plants and 2.5 ounces (approx. 70 grams) of cannabis in a usable form.

Sources: Boston Globe of 3 May 2007, Pawtucket Times of 4 May 2007

Cannabidiol Lowers Incidence of Diabetes

A study out of Israel reports that cannabidiol treatment (CBD) significantly reduces the incidence of diabetes in non-obese diabetic (NOD) mice from an incidence of 86% in non-treated control mice to an incidence of 30% in CBD treated mice. CBD treatment also resulted in the significant reduction of plasma levels of the pro-inflammatory cytokines. Histological examination of the pancreatic islets of CBD-treated mice revealed significantly reduced insulinitis. Source: L. Weiss, M. Zeira, S. Reich, M. Har-Noy, R. Mechoulam, S. Slavin, R. Gallily; Autoimmunity, Volume 39, Issue 2 March 2006

Sounding more like a bush than a guru, the federal government is proposing a drug strategy that takes the US-style 'war-on-drugs' approach. It proposes to crack down on grow-operations and dealers and retreat from harm reduction measures such as safe injection sites. It is also understood to include more money for treatment and a national drug-use prevention campaign (just say maybe?).

The federal budget last March offered a glimpse of the future by allocating an additional \$64-million over two years for enforcement, treatment and prevention. Harm reduction measures were not mentioned.

"They haven't explicitly said they are getting rid of harm reduction, but the budget numbers speak for themselves," said Leon



Mar, spokesman for the Canadian HIV-AIDS Legal Network. "There is no money for harm reduction, which is quite ominous for what will be."

Joanne Csete, the network's executive director, recently wrote in a letter to parliamentarians that the Conservatives are contemplating "a US-style

war on drugs, an approach that has proven time and time again to be counterproductive and a tragic waste of public funds."

Of the new money allocated in the federal budget, \$22-million would go to law enforcement efforts to crack down on cannabis grow operations and to catch and convict dealers. Drug treatment programs would get a boost of \$32-million, including money for research aimed at treating crystal methamphetamine addicts.

And another \$10-million would be spent on a prevention campaign for young people and their parents. Tony Cannavino, president of the Canadian Police Association, said a national "say-no-to-drugs" campaign would counter a perception among young people that marijuana is legal (?), in light of a failed Liberal bid to decriminalize the possession of small amounts of the drug. The new Tory drug strategy is expected to be accompanied sometime soon by proposed legislation to impose minimum mandatory prison terms for serious drug crimes, a Conservative election promise that has been delayed for more than a year.

[Deja vu all over again? Are we doomed to repeat the past?]

Source: National Post, 23 May 2007, www.mapinc.org/drugnews/v07/n637/a03.html

In Memorium: Dr. Tod Mikuriya

On 21 May Dr. Tod Mikuriya died at his home in Berkeley, CA, at the age of 73. Dr. Mikuriya was a psychiatrist and a well-known advocate of the medical use of cannabis. He was an architect of Proposition 215, the Californian law that legalized growing and using cannabis for medical purposes with a doctor's recommendation in 1996. He was a member of the Advisory Board of the International Association for Cannabis as Medicine (IACM).

Until May of 2007 he continued in private psychiatric practice limited to cannabis clinical consultation. He has approved cannabis for medical purposes in over nine thousand patients, not solely in terminal cases, but also alleviation of physical and emotional pain in non-terminal cases.

More information on Dr. Mikuriya at: <http://www.counterpunch.org/gardner05242007.html> Sources: San Francisco Chronicle of 22 May 2007, National Association of Public Health of 21 May 2007

Harm Reduction - Stick To The Point

Canadian scientists, doctors and public health researchers have started openly protesting against what they call the federal Conservative government's US-style "politicization of science" in the controversy over supervised-injection centres for drug addicts. Prominent addictions researchers from BC, Ontario and Quebec have written an open letter to Health Canada criticizing the department's recent proposal call for new research on the centre in spite of four years of existing research at the site showing positive outcomes. (See <http://www.communityinsite.ca/index.html>)

They say the terms for the new research ensure that it will be superficial, inadequately funded and subject to an unreasonable demand that researchers not be allowed to talk about it for six months after reports are submitted.

Besides that letter, a Toronto medical researcher has written a commentary piece signed by 130 academics and researchers, condemning the federal government for a move towards U.S.-style manipulation of scientific research because of the doubts it has been attempting to cast over existing research.

Shortly before Mr.

Clement announced his refusal last year to extend InSite's permit for 3-1/2 years, his top policy advisor ordered federal officials to debunk five "myths" about Vancouver's Safe Injection Site. The document, "Debunking the Myths", declared there were five widely held but 'false' public views: that safe injection sites are "commonly used" in other countries; they operate "all across Canada;" they are legal; they present "a complete solution" to drug-use harms; and that the SIS site "has the complete support of the community."

Each of the "myths" - there is no indication which individuals or groups were espousing these views - is then shot down. Clement was much more blunt in a letter, obtained by the Vancouver Sun, that was addressed to Vancouver Coastal Health Authority president Ida Goodreau.

Clement said the purported positive benefits were "questionable" and said InSite's alleged impact in reducing overdose deaths is "difficult to determine." (??)

SIS's supporters have alleged that Prime Minister Stephen Harper is ignoring research, including a new report released lately, and is being driven by ideology as he plans to unveil a tough new National Drug Strategy that excludes safe injection sites.

No doubt. If Mr. Clement had really cared to look at the science, positive benefits were in evidence by the "extensive peer-reviewed research demonstrating that InSite has significantly limited public disorder, prevented drug overdose deaths, reduced the spread of HIV/AIDS, and moved more people into detoxification programs, addiction treatment, housing and primary health care programs."

As for reducing overdose deaths, there was none reported within the facility - what is difficult to determine about the number zero?

Source: Vancouver Sun, 26 May 2007, www.mapinc.org/drugnews/v07/n649/a02.html, and Calgary Herald, 28 May 2007, mapinc.org/drugnews/v07/n656/a10.html

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

Grinspoon & Russo - Med Cannabis Future

Lester Grinspoon recently published a thesis on the future of cannabis as medicine (see abstract below). Ethan Russo replied (see excerpts below) (Sativex is produced by GW Pharmaceuticals). Both are available online. Any comments?

Lester Grinspoon

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On the future of cannabis as medicine

Abstract - The use of herbal marijuana as a medicine is here to stay. Both its safety and efficacy have been well established through much anecdotal and clinical experience. Pharmaceutical cannabinoid products will be developed, some of which may successfully compete with the de facto gold standard, legally available herbal marijuana.

Published in *Cannabinoids* Vol 2, No 2 May 13, 2007

http://www.cannabis-med.org/english/journal/en_2007_02_2.pdf

Ethan B. Russo

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Cannabinoid medicines and the need for the scientific method

"To gain the widespread trust of physicians and medical consumers, cannabinoid medicines must be standardized, efficacious and safe preparations as demonstrated in statistically significant randomized clinical trials (RCTs) acceptable to regulatory bodies in various countries and adhering to the modern scientific method." "Patients worldwide are seeking symptom relief with an approved pharmaceutical that their physicians can prescribe with confidence that is standardized, safe, effective and reimbursed by governmental agencies and third-party payers. Thus, there may be a clear division between those who are ill, and those seeking a thrill. Sativex is the new gold standard for cannabinoid medicines and with its advent, one solution to the cannabis prescription problem is close at hand."

Published as Letter to the editor, *Cannabinoids* Vol 2, No 2, May 13, 2007

http://www.cannabis-med.org/english/journal/en_2007_02_3.pdf

Vermont Expands Medical Cannabis Access

Vermont has made some changes to their medical cannabis program that will expand eligibility for the state's medical marijuana registry.

The bill broadened the eligibility established in Vermont's 2004 law by allowing those with chronic debilitating conditions, not just life-threatening diseases, to participate in the program. It also increases the number of plants that participants may grow at home and reduces the annual registration fee from \$100 to \$50.

Source: Burlington Free Press, Jun 1 2007,

www.mapinc.org/drugnews/v07/n665/a13.html

DEFINITIONS

chaos *n.* formless primordial matter; utter confusion; hence chaotic *a.*, chaotically *adv.* [French or Latin, from Greek *khaos*]

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

guile *n.* treachery, deceit, cunning devices; hence guileful, guileless, adjs. [Middle English from Old French, from Scandinavian *wihl-wile*] (*ibid.*)

stamen *n.* male fertilizing organ of flowering plants, including anther containing pollen; hence **staminiFEROUS** *a.* [Latin *stamen staminis* warp in upright loom, thread] (*ibid.*)

vicarious *a.* deputed, delegated (vicarious authority); acting or done for another (vicarious work; vicarious suffering); experienced imaginatively through another person (vicarious pleasure); hence vicariousLY *adv.*, vicariousness *n.* [from Latin *vicarious* substitute] (*ibid.*)

Health Canada Cuts Off Patients

Three residents of Victoria, BC who have approval under Health Canada's medical cannabis program have been cut off and threatened with collection action.

Jason Wilcox, Ann Genovy and Linda Rushton each owe money for cannabis that, though not ideal, serves to alleviate various medical disorders, usually in a kinder fashion than the cocktail of pharmaceutical prescribed for their conditions.

Although the health care system will pay for conventional drugs, including synthetic forms of THC, whole plant cannabis and cannabis by-products are not covered. This can put some individuals in a very tight financial situation, adding further stress to a life that is already dealing with a serious issue.

Wilcox believes synthetic drugs are harmful to his system and says cannabis works better for issues such as pain and nausea.

"They're all covered, except I don't want to take them because I don't want to wreck my internal organs," he said.

Health Canada spokesperson Renee Bergeron said cannabis is not approved as a therapeutic drug in Canada and therefore any decisions regarding medical coverage would be up to provincial officials and individual insurers.

Recent court rulings have ordered the federal government to provide cannabis to chronically ill patients, making Health Canada a reluctant supplier of the drug.

Source: Victoria News, June 1, 2007, page A6



OxyContin Maker Misled Public, Fined

The maker of the powerful painkiller OxyContin (a trade name for oxycodone, a time-release painkiller that can be highly addictive) and three of its current and former executives pleaded guilty to misleading the public about the drug's risk of addiction, a federal prosecutor and the company said. Purdue Pharma LP, its president, top lawyer and former chief medical officer will pay \$634.5 million in fines for claiming the drug was less addictive and less subject to abuse than other pain medications, US Attorney John Brownlee said.

"With its OxyContin, Purdue unleashed a highly abusable, addictive, and potentially dangerous drug on an unsuspecting and unknowing public," Brownlee said. "For these misrepresentations and crimes, Purdue and its executives have been brought to justice."

Privately held Purdue learned from focus groups with physicians in 1995 that doctors were worried about the abuse potential of OxyContin. The company then gave false information to its sales representatives that the drug had less potential for addiction and abuse than other painkillers, the US attorney said. Ken Jost of the Justice Department's Office of Consumer Litigation said this case should put pharmaceutical companies on notice that they won't be able to get away with breaking the law to make a profit. From 1996 to 2001, the number of oxycodone-related deaths nationwide increased five-fold while the annual number of OxyContin prescriptions increased nearly 20-fold, according to a report by the US Drug Enforcement Administration. In 2002, the DEA said the drug caused 146 deaths and contributed to an additional 318.

Source: Charlotte Observer 11 May 2007,
www.mapinc.org/drugnews/v07/n587/a09.html

Libby Davies Questions Med Cannabis Program

Libby Davies, NDP MP in Vancouver East, has begun the preliminary stages of checking into certain user fees attached to Canada's current medical marijuana program.

Davies said on May 23 she would like to see the auditor general take a close look at Health Canada's medical marijuana regulations. The MP said she believes the federal government is only satisfying previous court rulings that have called it unconstitutional to prevent sick people from resorting to marijuana as medicine.

Government is complying, said Davies, but only just, and only reluctantly.

"It's like the government doesn't really want it to work," she said.

Source: Victoria Times-Colonist, May 24 2007,
www.mapinc.org/drugnews/v07/n642/a07.html



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Canadians for Safe Access

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Victoria, BC V8V 2Z8

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John W. Conroy, Q.C.

1-877-852-5110 (toll free)

<http://www.johnconroy.com>

BCCCS

Vancouver, 604-875-0448

<http://thecompassionclub.org>

DrugSense

<http://www.drugsense.org>

Action Committee of People with Disabilities

383-4105

Canadian Cannabis Coalition

www.cannabiscoalition.ca

Canada Medical Marijuana

www.medicalmarijuana.ca

Media Awareness Project

<http://www.mapinc.org>

Drug Policy Alliance

<http://www.drugpolicy.org>

Health Canada

http://www.hc-sc.gc.ca/dhp-mpps/marihuana/index_e.html

1-866-337-7705

Norml Canada

<http://www.normlcanada.org>

Cannabis Health

www.cannabishealth.com

ICRS

<http://cannabinoidsociety.org>

CannabisLinks.ca

"Cannabis is leading the way for a more holistic type of medical care, a general revolt against corporate rationed care and traditional pharmaceutical company approaches to medicine. Patients use marijuana to get off toxic drugs. They find fellowship in compassion clubs. They find empowerment in fighting against prohibition, standing up to police and demagogues."

- Dr. Tod Mikuriya, M.D., 1933 - 2007