

# Visions

BC's Mental Health and Addictions Journal

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# Cannabis



## background

- 3 Editor's Message **Sarah Hamid-Balma**
- 4 What Do We Know About Cannabis?  
**Philippe Lucas**
- 6 Cannabis Glossary
- 7 Cannabis Background
- 8 Cannabis and Psychosis  
**Alasdair Barr, Ric Procyshyn & Heidi Boyda**
- 9 Why People Use Cannabis **Rielle Capler**
- 11 Cannabis, Tobacco and Alcohol Use in  
Canada **Gerald Thomas & Chris Davis**
- 12 The Legal History and Cultural Experience  
of Cannabis **Andrew Hathaway**



## experiences perspectives

- 14 From Thrills to Ills: Why pot smoking is risky  
business **Geoffrey Griffiths**
- 16 Cannabis and My Road to Healing  
**Kerry Porth**
- 17 Cannabis and Me: A cautionary tale...  
**Anita Smith**
- 19 Alternatives: Miracle marijuana  
**Michelle Rainey**
- 20 Marijuana: Help or hassle? **Emily Smith**
- 22 Should We Have Been More Aware? How  
cannabis changed my life **Matt**



## web-only articles

available at [www.heretohelp.bc.ca/publications/visions](http://www.heretohelp.bc.ca/publications/visions)

Should We Have Been More Aware?  
Epilogue: Mom's View **Gina**

Cannabis: A mental challenge **Mark Ware**

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Seven provincial mental health and addictions non-profit agencies are working together as the BC Partners for Mental Health and Addictions Information. We represent Anxiety BC, British Columbia Schizophrenia Society, Canadian Mental Health Association's BC Division, Centre for Addictions Research of BC, FORCE Society for Kids' Mental Health, Jessie's Hope Society and the Mood Disorders Association of BC. By working together we have a greater ability to provide useful, accurate and good quality information on mental health, mental illness, substance use, and addictions including how to prevent, recognize, treat and manage these issues. Our goal is to help people feel empowered and improve quality of life.

### visions

Published quarterly, *Visions* is a nationally award-winning journal which provides a forum for the voices of people living with a mental disorder or substance use problem, their family and friends, and service providers in BC. *Visions* is written by and for people who have used mental health or addictions services (also known as consumers), family and friends, mental health and addictions service providers, providers from various other sectors, and leaders and decision-makers in the field. It creates a place where many perspectives on mental health and addictions issues can be heard. To that end, we invite readers' comments and concerns regarding the articles and opinions expressed in this journal.

The BC Partners are grateful to BC Mental Health and Addiction Services, an agency of the Provincial Health Services Authority, for providing financial support for the production of *Visions*



## alternatives approaches

- 24 When Help is Not at Hand: Teens turning to marijuana for emotional problems  
Joan Bottorff, Barbara Moffat & Joy Johnson
- 25 Tips for Cutting Back *Rielle Capler*
- 27 The Health Effects of Medical Marijuana Project (HEMMP)  
Linda Balneaves, Joan Bottorff, H. Bindy Kang, Rielle Capler and the HEMMP research team
- 28 Vaporizers: Safe alternatives to smoking?  
*Mridula Morgan*



## regional programs

- 30 Compassion Clubs: Working for health and liberty *Kailey Willetts*

After our Visions issues on alcohol and tobacco, I'd been hoping for some time to round out the trilogy with cannabis. Cannabis is undoubtedly a hot issue and even though Visions is a substance use journal in its own right, we were pretty sure we'd have—like in Alcohol and Tobacco—a lot of crossovers into mental health. We were right on all counts.

In researching this issue and trying to find contributors, a quick stroll around the Internet reveals a lot of very strong pro-cannabis and anti-cannabis advocates. We don't want this issue to be either. We wanted it to be based on credible research so we could set myths aside, but also grounded in real experiences and context. Because the context of use is so important. The more I've personally learned about cannabis, the more I knew that we didn't want to paint it just in black and white, just the extremes. We want to fill in the middle.

Our Vision at the BC Partners—the group that brings you Visions Journal, the HeretoHelp website and many other resources—is to help provide good quality information to help you feel empowered to make more informed choices about your health. Each author speaks for themselves and/or their agency only. More than any other issue, I encourage you to read many articles in this issue, even ones that don't fit your current opinion of cannabis. I want you to think about what your attitudes and assumptions are, suspend them for a little while, and listen to the various perspectives in this issue. Be curious. Ask questions. Talk to other people. Look up the research that's brought up in many articles. Share this copy of Visions with others. And make up your own mind. If an article excites or angers you—or just makes you think—tell us about it. Be part of the conversation.

Visions is no stranger to controversy. Our sexuality issue back in 1999 ruffled some readers and we'll be looking at that topic again with our GLBT issue in the Fall. We want to pick themes that are timely and that add to important conversations—or even help fill gaps in knowledge. So whether you smoke weed or not, I think you'll find this issue fascinating. You are bound to, as I did, learn something new.

Sarah Hamid-Balma

*Sarah is Visions Editor and Director of Public Education and Communications at the Canadian Mental Health Association's BC Division. She also has personal experience with mental illness*

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*The opinions expressed in this journal are those of the writers and do not necessarily reflect the views of the member agencies of the BC Partners for Mental Health and Addictions Information or any of their branch offices*

# What Do We Know About Cannabis?



Philippe Lucas

Philippe is the founder and Executive Director of the Vancouver Island Compassion Society, a non-profit medical cannabis research and distribution centre ([www.thevics.com](http://www.thevics.com)). He's also a Graduate Research Fellow with the Centre for Addictions Research of BC, a Victoria city councillor and a federally authorized medical cannabis patient

*“Marihuana is not an approved therapeutic product and the provision of this information should not be interpreted as an endorsement of the use of this product, or marihuana generally, by Health Canada.*

*Since this marihuana product has not been authorized through the Health Canada drug approval process, its safety and efficacy have not been established. The use of this product involves risks to health, some of which may not be known or fully understood.”<sup>1</sup>*

## What do we know about marijuana (cannabis), its therapeutic (healing) potential and its side effects?

According to the Health Canada quote above, it may seem like we don't know much at all. And yet, a search for “marijuana” or “cannabis” on Google Scholar turns up a total of 563,000 hits.

The same search on PubMed (a database of scientific publications) turns up 25,976 published scientific articles on marijuana and/or cannabis.

Cannabis is one of the most studied herbs in the history of mankind. However, as a result of the international prohibition on cannabis, government-funded research has largely examined harms and side effects rather than its potential as a medicine.

Recent developments and discoveries, though, have changed this landscape considerably. In 2005, Health Canada approved Sativex,<sup>®</sup> a cannabis-based oral spray developed by UK company GW Pharmaceuticals, for treatment of pain in multiple sclerosis.<sup>2</sup> And as you read this, most major pharmaceutical companies in the world are studying cannabis and cannabinoids. They all hope to come up with the next treatment for chronic pain, depression, addiction, movement disorders, appetite loss, schizophrenia, diabetes, obesity and Alzheimer's disease. Many scientists are even looking at this plant and its compounds as a potential cure for cancer.

## What does the scientific community know about cannabis?

We know that:

- Cannabis isn't nearly as physically dangerous or addictive as either alcohol or tobacco.<sup>3</sup>
- It doesn't lead to violent or criminal behaviour, or decrease motivation.<sup>3</sup>
- It's highly unlikely that smoking cannabis leads to upper respiratory or lung cancer. Evidence suggests that it could actually have a protective effect on the lungs.<sup>4</sup>
- It appears to be associated with the potential development of psychosis and schizophrenia in people with a predisposition for these conditions, but this is still a highly debated issue with new evidence emerging every day.<sup>5</sup> Additionally, I believe there is

evidence to suggest that this may have as much to do with high levels of ammonia resulting from nitrogen-based fertilizers used to grow the cannabis as it does from the plant itself.<sup>6-7</sup>

- About 10% of regular users develop a mild psychological or physical dependence on cannabis, but it doesn't lead to the use of other illicit substances.<sup>3</sup> In fact, cannabis is often used as a treatment (or “exit drug”) for addiction to both legal and illegal substances like cocaine,<sup>8</sup> crack,<sup>9</sup> alcohol<sup>10</sup> and opiates.<sup>11</sup> (This area of research is the basis for my master's thesis in the University of Victoria's Studies in Policy and Practice program.)

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## What about the social consequences of cannabis use?

In terms of its impact on the Canadian criminal justice system and limited police resources, we know that cannabis prohibition results in more drug arrests than all other illegal substances combined, costing taxpayers over \$384 million per year.<sup>3</sup> There are more than 50,000 cannabis-related arrests made each year in Canada,<sup>3</sup> and over one million Canadians now have criminal records

Recent polls show that over 50% of Canadians support the legalization of cannabis



### footnotes

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for cannabis-related offences.<sup>12</sup> We also know that over 70% of these arrests are for personal possession, rather than for trafficking or cultivation.<sup>3</sup>

And, despite the legalization of medical cannabis in Canada, most medical users are not protected from arrest and prosecution by our federal program. According to government-funded research, there are currently about one million Canadians using cannabis for medical purposes,<sup>13</sup> but fewer than 3,000 patients are currently protected through Health Canada's Marihuana Medical Access Division (MMAD).<sup>14</sup> MMAD has been found unconstitutional five times in as many years when courts in Ontario, Alberta and BC ruled that it created unnecessary obstacles to legally accessing medical marijuana.<sup>15</sup> As a result, dozens of critically and chronically ill Canadians—people living with HIV/AIDS, hepatitis C, cancer, MS and other serious conditions—are arrested and forced to defend their medical use in court every year.

### Where do we go from here?

As the articles in this issue of Visions will show, there may still be much to learn about cannabis. But through the hard work of world-class researchers, front-line service providers, patients and recreational users like those in the following pages, we are slowly understanding more and more about both potential harms and benefits of cannabis.

Substance use, however, is a very complex and emotional issue. It has been influenced by years of often misguided or misinformed anti-drug campaigns. Even amongst the many contributors to this issue, there is some disagreement about how best to regulate access to this plant. Although this social debate will likely continue for some time, it's clear that criminalizing otherwise law-abiding and responsible adults isn't supported by the available evidence, nor is it reducing rates of use or potential harms to vulnerable populations.<sup>16</sup> In fact, cannabis prohibition may actually be making use more dangerous by driving its production, distribution and use underground and surrendering control and profits to the black market. Additionally, we are missing opportunities to make cannabis use safer through quality control measures, age-restricted access, and evidence-based drug education focused on public health, harm reduction and human rights.

And that leads me to one final thing that we know about cannabis: it has been used at least once by over 44% of Canadians.<sup>13</sup> In fact, Canada's cannabis policies have a very unique distinction: they are the only federal laws that don't enjoy the majority support of citizens. Recent polls show that over 50% of Canadians support the legalization of cannabis,<sup>17</sup> and that over 90% support medical access.<sup>18</sup>

Ultimately, Canadians want and deserve drug policies based on science and compassion, and not fear and misinformation; that much we know for certain about cannabis. ■

I'm a Visions reader formerly from BC and now in the Czech Republic. I read your Workplaces issue with interest. Factual information on human rights and disability accommodation in the workplace is particularly useful in the context of new anti-discrimination legislation in the Czech Republic. What works in Canada could be applied to the Czech Republic too for the mutual benefit of people with disabilities and the general public. This issue will be an inspiration for a similar publication of the Czech Association for Mental Health.

*Pavlina Vagnerova, Prague, Czech Republic*

I am a new Visions reader and was so pleased to see all the practical and helpful information included in the Workplaces issue. I found Jennifer Lynch's article, *Human Rights and Employer Responsibility to Accommodate Disability in the Workplace*, one of the most informative. I was unaware of the legal rights and responsibilities discussed in the article. I think a knowledge of their rights and the duty to accommodate is important for all workers, and I am very happy to be able to find so much information about a single topic like Workplaces in one spot.

*Marie Willetts, North Vancouver*

## we want your feedback!

*If you have a comment about something you've read in Visions that you'd like to share, please email us at [bcpartners@heretohelp.bc.ca](mailto:bcpartners@heretohelp.bc.ca) with 'Visions Letter' in the subject line. Or fax us at 604-688-3236. Or mail your letter to the address on page 3. Letters should be no longer than 300 words and may be edited for length and/or clarity. Please include your name and city of residence. All letters are read. Your likelihood of being published will depend on the number of submissions we receive.*

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**Footnotes Reminder:** If you see a superscripted number in an article, that means there is a footnote attached to that point. Sometimes the footnote is more explanation. In most cases, this is a bibliographic reference. To see the complete footnotes for all the articles, see the online version of each article at [www.heretohelp.bc.ca/publications/visions](http://www.heretohelp.bc.ca/publications/visions). If you don't have access to the internet, please contact us for the footnotes by phone, fax or mail using the contact information on page 3.

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## cannabis glossary

*Disclaimer* These definitions are adapted from trustworthy sources. We hope they will help readers to better understand some of the special terms used in this issue. They are purposely brief and in plain language. As such, these definitions may not include all nuances or variations of a term, and alternate or expanded definitions may be used by some organizations. These have been developed by editorial staff and may not be definitions in use by members of the BC Partners or its funder.

<b>Additives</b>	Substances added to marijuana, usually to enhance the experience. Additives like herbs or tobacco may simply change the taste or aroma of the marijuana. Drugs like cocaine, salvia or PCP may be added to produce a different high. When other drugs are added to marijuana, it is also called laced marijuana.
<b>Bong</b>	A smoking device similar to a hookah. Smoke is drawn through water to cool and filter it. Also known as a water pipe. Inhaling smoke from a bong may be referred to as taking a bong rip or a haul.
<b>Cannabinoid</b>	A group of chemical compounds found in marijuana. It generally includes substances related to tetrahydrocannabinol (THC) and substances that bind to cannabinoid receptors.
<b>Cannabis derivative</b>	Extracts from the <i>Cannabis sativa</i> plant, usually in the form of an oil. Tinctures, which use alcohol to extract substances from plants, are also common. Derivatives can be natural or synthetic (man-made).
<b>Cannabis forms</b>	In general, five forms of cannabis are consumed: the flowers of the female plant, hashish (a resin created by heating and pressing glandular trichomes from the plant), kief (glandular trichomes from the cannabis plant), hash oil (an essential oil extracted using a solvent) and resin (a tar-like byproduct of heating the cannabis plant).
<b>Cannabis sativa</b>	The scientific name for the marijuana plant. The genus is <i>Cannabis</i> and the species is <i>C. sativa</i> .
<b>Hookah</b>	A water pipe commonly used to smoke tobacco or herbal blends. Plant material may be heated directly or indirectly, and the smoke is drawn through water to cool and humidify it. Hookahs are also known as Shishas.
<b>Joint</b>	Popular slang for a marijuana cigarette.
<b>Marihuana</b>	An alternate spelling of "marijuana," most common in the early 1900s. "Marihuana" appears in Canada's Controlled Drugs and Substances Act. As a result, Health Canada uses "marihuana" in legal documents related to the Act, such as Marihuana Medical Access Regulations.
<b>Marihuana Medical Access Regulations (MMAR)</b>	Canadian government regulations that allow approved and licensed patients to possess and use marijuana to treat specific medical illnesses or conditions. To read the Marihuana Medical Access Regulations online, visit: <a href="http://laws.justice.gc.ca/PDF/Regulation/S/SOR-2001-227.pdf">http://laws.justice.gc.ca/PDF/Regulation/S/SOR-2001-227.pdf</a> .
<b>Marihuana Medical Access Division (MMAD)</b>	A division of Health Canada that administers the Marihuana Medical Access Regulations.
<b>Medicinal marijuana (or medical cannabis)</b>	Marijuana that is used to treat medical conditions or to lessen the symptoms of medical conditions.
<b>Pipe</b>	A smoking device. Material is placed in a bowl and lit. Smoke is then drawn through a stem and mouthpiece. A pipe used to smoke marijuana is often called a bowl.
<b>Strains</b>	Breeds of <i>Cannabis</i> that have been manipulated (such as through selective breeding) or cloned to enhance certain properties or to increase market value.
<b>Vaporizer</b>	A device to heat plant material until the active ingredients are released as vapour.

# Cannabis Background

## What is cannabis?

Cannabis is the scientific name for the hemp plant. The hemp plant has roots, a stalk, leaves, flowers and seeds. There are three species of the hemp plant: *Cannabis sativa*, *Cannabis indica* and *Cannabis ruderalis*.

Cannabis stalks are fibrous and are used to make clothing, paper, textiles and fuel. Cannabis seeds contain essential fatty acids and are used for nutritional purposes. Cannabis leaves and flowers are used for medical and psychoactive (mind-altering) purposes.

Cannabis is commonly called marijuana, a slang word that originated in Mexico and refers only to the leaves and flowers of the hemp plant. Hemp typically refers to plants grown for fiber and seed.

The earliest record of cannabis use comes from Taiwan over 10,000 years ago. Today cannabis grows wild and is cultivated in many parts of the world. Breeders have developed hundreds of different strains of cannabis.

Cannabis is consumed in several forms, including:

- dried flowers or 'buds' (marijuana)
- pressed resin from flowers and leaves (hashish or hash)
- loose resin (kief)
- concentrated resin extracted with a solvent (hash oil)

Cannabis in these forms can be smoked in a joint or through a pipe or bong (water pipe). It can also be vaporized to produce a vapour instead of smoke. Sometimes cannabis is mixed with other herbs and smoked. Cannabis can be swallowed when added to cake, cookies and other foods or brewed into a tea or other beverage. It can be extracted into alcohol as a tincture and absorbed through the mucous membranes in the mouth. And it can be applied to the skin in a salve.

## How does cannabis work?

Cannabis leaves and flowers have a resin containing unique chemicals called cannabinoids. There

are more than 60 types of cannabinoids, but the best known is commonly called THC (delta-9-tetrahydrocannabinol). It has the most significant psychoactive effect.

Concentrations of THC may range widely from plant to plant, but most contain 2–5% THC. Resin products typically contain 8–14% THC.

Cannabinoids fit into the body's cannabinoid receptor sites found in the brain and other parts of the body, particularly in the nervous and immune systems. For example, cannabinoids bind to receptors on the pain centre of the brain and provide temporary relief. They suppress hormones normally produced in response to stress. They also stimulate an increase of dopamine in the brain. Dopamine is a naturally occurring chemical (neurotransmitter) which activates the brain's "pleasure pathway."

When cannabis is inhaled, cannabinoids are absorbed through the lungs and into the bloodstream. The effects are felt within minutes and generally last a few hours. When swallowed, cannabinoids are absorbed through the stomach and travel through the body. The effects take longer to be felt, are stronger and last much longer.

Cannabis has different effects on different people. It can make one person feel calm and relaxed. It can make another person feel energized and stimulated. And it can make yet another person feel anxious and paranoid. The effects depend on many factors, including:

- dosage
- strain of cannabis
- setting or environment
- person's history of use
- person's biochemistry
- person's mood or mindset
- person's diet



2009. Excerpted from Learn about cannabis fact sheet developed the Centre for Addictions Research of BC for the BC Partners for Mental Health and Addictions Information.

To see the full  
fact sheet, go to:  
[www.heretohelp.bc.ca](http://www.heretohelp.bc.ca)

# Cannabis and Psychosis

Alasdair M. Barr, PhD

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Heidi N. Boyda, BSc

*Heidi is a doctoral graduate student in Alasdair and Ric's research laboratory*

*Their research interests include understanding the causes of mental illness and addiction, from the molecular level through to clinical trials with patients*

## What is cannabis and how does it affect the brain?

Cannabis is a flowering herb, originally from Asia. It has been used for thousands of years for a variety of purposes, including drug use. Cannabis is now the world's most popular recreational drug. In BC, more people have used cannabis than anywhere else in Canada.<sup>1</sup>

There are many different chemicals in cannabis that can affect the brain. The most powerful of these is a compound called delta-9-tetrahydrocannabinol (THC). Once THC has entered the bloodstream through smoking cannabis or ingesting it (e.g., eating brownies), it can rapidly enter the brain. This is where it produces its main effects.

Like many other drug factors that are derived from plants, the THC molecule is able to interact directly with nerve cells in the brain. By chance, the THC molecule closely resembles several naturally occurring chemicals in the brain (endocannabinoids) that allow nerve cells to communicate with each other. The THC is therefore able to bind to a part of these nerve cells known as the CB1 receptor, similar to the way a key fits into a lock. These receptors are present on many different nerve cells, spread widely throughout the brain.<sup>2</sup> THC is much more effective at binding to the CB1 receptors and affecting the nerve cells than the natural endocannabinoids are. This is why you feel "high" or "stoned" after consuming cannabis.

## What are the harmful effects of cannabis?

Cannabis is generally known as a "soft" drug. This means that it is considered less harmful to the general population than "hard" drugs such as cocaine or heroin. Cannabi-

sis is less addictive than caffeine, and it doesn't have any serious withdrawal effects compared to a drug like alcohol.

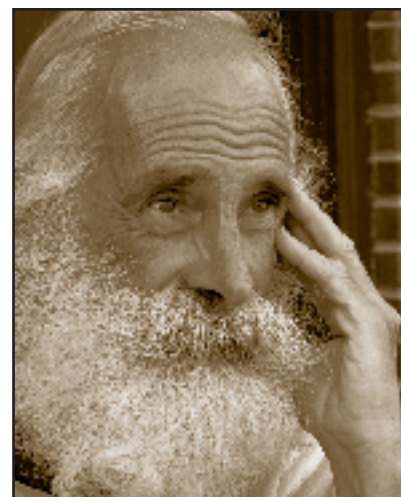
A large number of scientific studies have used techniques like magnetic resonance imaging (MRI) to study the brain in living people who have previously used large amounts of cannabis. Those studies have found very little evidence for major brain damage in people who use cannabis on a regular basis.<sup>3</sup> For many, the major health hazards of cannabis use are those related to smoking the drug—such as lung damage—rather than the effects of THC on the brain.<sup>4</sup>

## So why is there so much concern about cannabis and mental illness?

A major concern is that ongoing use of cannabis by people who have developed psychosis (i.e., a loss of contact with reality, commonly associated with hallucinations and delusions) results in a poorer future outcome. Relapses and hospitalization are more common. This is now well-established.<sup>5</sup>

At the BC Mental Health and Addictions Research Institute, we've recently completed a study of first-episode psychosis patients in the south region of the Fraser Health Authority. (Lead investigator is Dr. G.W. MacEwan; results are currently being prepared for submission to a scientific journal.) We examined the links between cannabis use and psychosis. Cannabis use in this group of patients was notably more common than in the general population. Importantly, we observed that the patients who used cannabis had an earlier onset of psychosis than the patients who didn't use cannabis.

Based on this study and other



recent studies, researchers have started to question whether cannabis use itself can actually *cause* psychosis.<sup>6</sup>

## What is the link between cannabis and psychosis?

It is commonly known that smoking cannabis can produce a number of effects in the average person that resemble some of the symptoms of psychosis. These include anxiety, paranoia and delusional beliefs. Generally, these effects are fairly short-lasting, and there are no remaining problems after the drugs have worn off.

Researchers are now concerned that there may be a small proportion of the general population who are much more vulnerable to the effects of cannabis. With enough use of the drug, these people may develop long-lasting or even permanent psychosis.

There have been several major international studies that followed a large number of healthy young people, mostly in their teens, over a period of 10 or more years.<sup>7-8</sup> These studies found that people who were heavy cannabis users were more likely to develop psychotic disorders, such as schizophrenia, as they got older than were people who didn't use the drug. However, this may be a fairly subtle effect: a review of the



literature found that using cannabis increased the risk of developing schizophrenia two-fold.<sup>9</sup> While this may sound dramatic, remember that only 1% of the general population ever develops schizophrenia.<sup>10</sup>

What researchers have learned from these studies is that cannabis can potentially cause psychosis, but only in a select group of people who are naturally vulnerable.

### What makes you vulnerable to the effects of cannabis?

We're not sure yet what makes people vulnerable to the effects of cannabis. As with most forms of illness, there is a complex mix of genetic factors and effects of the environment you are surrounded by.

We have some pretty good ideas, though. What we know is that people who have a stronger predisposition to psychosis are at greater risk. They may have a family history of psychosis or may have had previous brief psychotic experiences. Age is an important factor: teenagers are more at risk than adults. Scientists have even identified a gene, known as catechol-O-methyltransferase, which may make a person more vulnerable to the effects of cannabis. That is, they may have an up to five-fold greater risk after cannabis use in adolescence of exhibiting psychosis and developing schizophreniform disorder (like schizophrenia, but lasting no longer than six months).<sup>11</sup>

### Summary

Cannabis is a common recreational drug. The majority of people who use cannabis are unlikely to develop any lasting mental illness as a result of its use. However, continued cannabis use may result in a poorer long-term outcome in those with an existing psychotic disorder. Cannabis use may increase the chances of developing psychosis. Its use may also cause psychosis to begin at an earlier age in those who are at a greater risk for psychosis than the general population. ■

# Why People Use Cannabis

Cannabis users are often portrayed as unmotivated, lazy “stoners.” But research into why people use cannabis paints a different picture. It shows that most people use cannabis as a rational choice to enhance their quality of life.<sup>1-2</sup>

Cannabis affects people in different ways. It depends on the person, the situation, the type and quality of cannabis, and the method of use. Research shows most people who use cannabis use it moderately. Since cannabis has a low risk for physical addiction,<sup>3-5</sup> most people are not compelled to continue to use it. Instead, people use cannabis when they perceive its effects are beneficial. People all over the world have used cannabis for thousands of years—for social, medical and spiritual reasons. Sometimes these reasons are distinct, but often they overlap.

### Social Use

The social use of cannabis includes its use for recreation, socializing and generally improving quality of life. Most people who use cannabis today do so for these reasons.

Historical records also point to the social uses of cannabis. Ancient Hindus in India were against the use of alcohol, but accepted social cannabis use. In ancient Rome, wealthy people finished banquets with a cannabis-seed dessert that was known for the good feeling it caused. At ancient Indian weddings, cannabis (*bhanga*) was served for good luck and as a sign of hospitality.<sup>6</sup>

Today, people often use cannabis for specific activities and occasions. When used properly, it helps some to relax and concentrate, making many activities more enjoyable. Eating, listening to music, socializing, watching movies, playing sports, having sex and being creative are some things people say cannabis helps them to enjoy more. Sometimes people also use it to make mundane tasks like chores more fun.<sup>1</sup>

Cannabis, used socially, often becomes part of a person's daily routine without negative health, social, legal or economic consequences.<sup>7</sup> Most people use it responsibly to improve the quality of their lives, similar to the way others use alcohol or coffee.<sup>1</sup>

The World Health Organization Constitution defines health as “a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.”<sup>13</sup> Therefore, the social uses of cannabis sometimes coincide with, or complement, its medical uses.

### Medical Use

Like people who use cannabis for social reasons, people who use cannabis for medical

Rielle Capler, MHA

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**On stigma:**

"Lots of people know me, know I do pot, and they think that I'm a pothead. But really, the thing they don't realize is that I have a reason for it."<sup>15</sup>

**On social use:**

"Just about any activity is enhanced while under the influence of cannabis. I like hiking, cycling and dancing when I'm stoned or high and... I enjoy art, music, philosophy and meditation while intoxicated. Going to a museum is one of my favourite activities under [the] influence."<sup>1</sup>

"In my humble opinion, weed is not a drug; it's a seasoning... like salt for your life. So, just the same as a person would use salt to enhance a bland soup or what have you, smoking weed can make things more intense and enjoyable..."<sup>1</sup>

**On medical use:**

"Those persons in our lives that we met that think it's all about getting high often misunderstand that that high often relieves us of the tears, of hurt, of stress, of living with a terminal illness and a lot of other things in our daily lives."<sup>16</sup>

"It relieves the nausea from the meds and allows me to have an appetite and to stick to the regimen of taking pills. And certain strains work better for the pain."<sup>16</sup>

**On spiritual use:**

"Marijuana actually, what it does to me beyond all other social aspects of it, it actually really combines me with nature. A lot of my religious experiences have actually come through marijuana. It is just that connection, an awareness of yourself, I think, and that you are part of nature..."<sup>1</sup>

"When you ingest plants that have psychoactive effects, it's sort of like the consciousness of the plant expresses itself vicariously through your body and your mind... I like to use it for learning and to gain knowledge on how to treat people and how to live..."<sup>14</sup>

reasons also use it to improve their quality of life. Medical use is linked to managing physical and mental problems and to preserving health.

Cannabis has been used medically for thousands of years. In 2700 BCE, Shen Neng, Chinese Emperor and father of Chinese medicine, used cannabis as a remedy. The Ebers Papyrus, an ancient Egyptian medical text, also mentions cannabis. It was written in 1500 BCE and is one of the oldest pharmaceutical works known.<sup>6,8</sup>

In Canada, cannabis was used as a medicine until it was added to a list of controlled substances in 1923.<sup>9</sup> In 2000, patients won the right to again use cannabis legally as a medicine. The court ruled that people should not have to choose between their liberty and their health because both are protected in the constitution. In July 2001, in response to the court's decision, Health Canada introduced the *Marijuana Medical Access Regulations (MMAR)*.<sup>10</sup> Under the MMAR program, people can apply for a licence to legally possess and grow cannabis for medical use.

Currently, there are many barriers to the Health Canada program. For example, some physicians don't want to participate. Also, the options for a legal supply of cannabis

are limited. As a result, only about 3,000 people have licences at this time. However, about 4% of Canadians (1.2 million people) use cannabis medicinally.<sup>11</sup> In BC, about 200,000 people report using cannabis as medicine.<sup>12</sup>

Cannabis is used to treat many medical conditions and symptoms. It is effective in treating nausea, loss of appetite, pain, anxiety, insomnia, inflammation

and muscle spasms. These symptoms are often part of physical or mental conditions. Arthritis, cancer, HIV/AIDS, multiple sclerosis, epilepsy, Parkinson's disease, ADHD and post-traumatic stress disorder are some conditions cannabis can help treat.

Sometimes cannabis is more effective than pharmaceutical drugs and has fewer negative side effects. Some people use cannabis to help them cope with the side effects of, or to replace, these medications. Others use cannabis to deal with withdrawal symptoms from other legal or illegal drugs.

**Spiritual Use**

Spiritual well-being is widely accepted as an important part of overall health. Spiritual use of cannabis relates to seeking a sense of meaning, enlightenment and connection.

Cannabis has a rich history of spiritual use. It is listed as one of the five holy plants in the *Atharvaveda*, a sacred Indian text from the second millennium BCE. The Scythians, who lived in what is now Eastern Europe, used cannabis at funerals to pay respect to departed leaders. Ancient Chinese texts say that cannabis can lighten a person's body and allow them to communicate with spirits. The Persian prophet Zoroaster (7 BCE) relied on the intoxicating effects of *bhanga*, a cannabis drink, to bridge heaven and earth. Some researchers believe that *kannabosm*, a plant mentioned in the Old Testament as an ingredient in the sacred anointing oil, was an ancient name for cannabis.<sup>6</sup>

Today, some people use cannabis in their spiritual practice. Rastafarians and some Hindus and Sikhs use cannabis in religious ceremonies. Other people use it in ways they consider spiritual, such as for reflection, contemplation or personal growth. The relaxing effects of cannabis help some people gain a different perspective when trying to understand difficult life situations.<sup>1</sup> Some believe that cannabis, as a plant, has something to teach them.<sup>14</sup>

Cannabis is used by some to increase an appreciation for and connection with nature.<sup>1,14</sup> People also use cannabis to bond with each other. These feelings of connectedness contribute to an overall sense of "oneness."<sup>1</sup>

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Despite the criminal laws in Canada surrounding cannabis, about 50% of Canadians have tried cannabis at some point in their lives. About 14% of Canadians are current users.<sup>11</sup> People who don't use cannabis may not understand why others do use it. The same is true for those who have tried it and didn't see any benefit. However, with a better understanding of the reasons people use cannabis, we can look past the stigma and assumptions. From here, it will be easier to find ways to enhance the benefits and reduce potential harms to individual cannabis users and the wider population. ■

**footnotes**

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# Cannabis, Tobacco and Alcohol Use in Canada

## Comparing risks of harm and costs to society

When we study the harmful impact of substances in Canada, cannabis, tobacco and alcohol are often the focus. This is because many more people use these drugs than drugs like heroin and ecstasy.

All substance use brings some risk of harm. The harms from substance use can be divided into those related to intoxication, such as car accidents due to drinking and driving, and those related to long-term use, such as lung cancer from lifetime smoking. Some harms are relatively minor, such as missing work due to a hangover, and some are very severe, such as contracting HIV from sharing dirty needles.

There are several major categories of harms, including health harms to individuals, social harms to families, and economic harms to businesses (i.e., lost productivity due to absenteeism, disability or death). And there are even societal harms such as social costs related to providing health care and enforcing laws related to substance use. For example, in 2002 an estimated \$1.2 billion was spent treating people with substance use problems in Canada.<sup>1</sup> We all pay these costs through our taxes, so they are a form of social harm to society.

The notion of risk relates both to the severity of consequences of substance use and the likelihood that they will occur. Risk of harm from substance use varies according to the type of substance, the amount being used, the ways it is used, where it is used, and so on.

Substance use can be low-risk, moderate-risk or high-risk. For example, low-risk drinking for men is normally defined as no more than two drinks on a single occasion and

no more than 14 drinks per week. Use at this level carries few risks of health or social harm. High-risk drinking, on the other hand, is defined as regularly drinking five or more drinks on a single occasion for men. This type of “binge drinking” has been shown to greatly increase the risk of short-term harms due to intoxication.<sup>2</sup>

In order to compare the harms of various substances across Canadian society, we need to take a

least once in the previous year:<sup>2-3</sup>

- 14 % used cannabis
- 20 % used tobacco
- 80 % used alcohol

The patterns of use for the three substances also varied greatly, as shown in Figure 1.

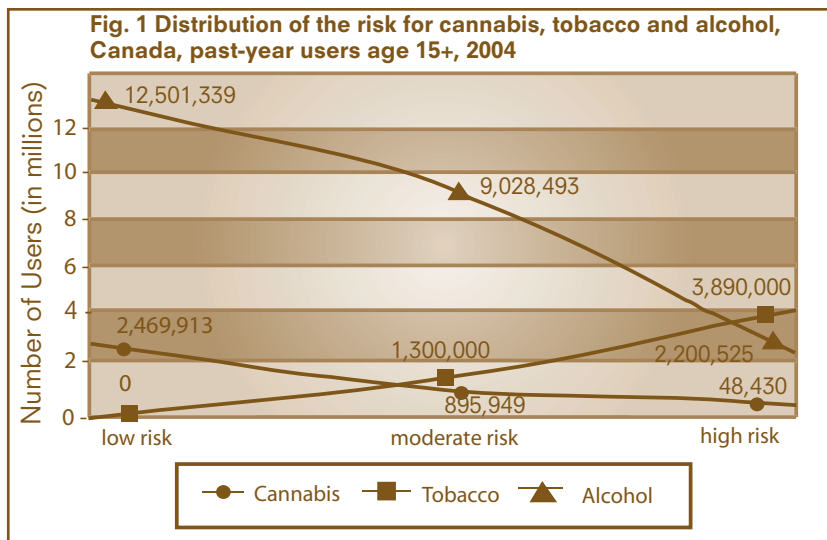
Alcohol is used by a very large number of people with the vast majority of these using in low- or moderate-risk ways. Conversely, cannabis and tobacco are used by

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Sources: Adlaf et al. 2005; Health Canada n.d.; Davis et al. 2009.<sup>2,4</sup>

number of different factors into account. These include the overall number of users in society, their patterns of use, the environmental and social contexts under which this use occurs, the physical effects of substances, and more. Due to the various factors involved, directly comparing the harmful effects of cannabis, tobacco and alcohol is quite complex.

### A look at patterns of use and risk

These 2004 statistics show the percentage of Canadians who used cannabis, tobacco or alcohol at

far fewer people. The majority of cannabis use is low- and moderate-risk, however, while the majority of tobacco use is high-risk.

Understanding patterns of risk in society is important. A large number of people engaging in low- or moderate-risk use can account for a large share of overall harm.<sup>5</sup> This is the situation with alcohol. In Canada, there are many (over 21 million) low- and moderate-risk drinkers. These drinkers account for 40% to 60% of alcohol-related health and social harms.<sup>2</sup>

**Continued on page 13 >>**

# The Legal History and Cultural Experience of Cannabis

Andrew D. Hathaway,  
PhD

*Andy is a sociologist who teaches in the area of crime and criminal justice at the University of Guelph. His research on cannabis, spanning more than a decade, examines use patterns, benefits, problems and their implications for social policy development*

The legal history of cannabis (marijuana) in Canada is a tale of ban, or prohibition of ‘the drug.’ For much of the past century, its use, for any reason, has been considered criminal under the law. Yet this is a plant that can be grown and prepared for use at home, with little risk or threat—apart from its illegal status.

Our country’s drug laws have created a hugely profitable ‘black market,’ inviting criminal involvement in selling cannabis. Social problems such as violence, unsafe street drugs and a declining respect for government and the police have also been linked to prohibition.

A recent survey of Canadians over age 14 found that 44% reported using cannabis at least once in their lifetime.<sup>1</sup> Despite these high rates of use and growing public recognition of the many problems with the law, marijuana users are considered unconventional and looked upon as criminal or deviant. Whether we ourselves are ‘users’ or whether we’ve never smoked it, our relationship to cannabis is shaped by its status as a banned substance.

## When the law is the problem

In 1923, when cannabis was outlawed in Canada, few people in this country had ever seen or heard of marijuana. Opium and cocaine had been outlawed some years before, and no further debate was needed to include cannabis among the banned narcotics. But nearly 10 years passed before the first arrests for cannabis possession were reported. Thus, this early legislation has been called by some observers: “the making of a law without a problem.”<sup>2</sup>

Until the 1960s, marijuana use was rarely encountered in the mainstream population. But then its popularity and use began to increase among educated, white youth of higher means and social status.

The law itself began to pose a problem. In the ‘60s, the maximum penalty for possessing small amounts of cannabis was six months in prison and a \$1,000 fine for a first offence.<sup>3</sup> Criminal conviction was a serious consequence for otherwise conforming, law-abiding young Canadians.

Enforcing a law that was increasingly disregarded became a problem. So, a government inquiry was commissioned to examine the issue and put forward a solution. The Le Dain Commission of Inquiry did extensive research, consulted experts and held public hearings across the country over a three-year period. A report was published in 1972.<sup>4</sup>

The Le Dain Commission recommended removing criminal penalties for cannabis possession. However, despite the drug’s low toxicity and low potential for abuse, the commission did not propose that it be legalized. They still preferred measures that would discourage young people from taking up the habit.

A common form of ‘decriminalization’ now practised in some countries, such as the US, Australia and Europe, is using fines to punish users. This retains the presumed advantage of withholding state approval, while reducing social costs and the legal consequences of criminal convictions.

In Canada, the government rejected the Le Dain proposal to remove criminal penalties for cannabis possession. And, in the post-Le Dain years, there have been ongoing calls for law reform and growing popular support for relaxing penalties for cannabis possession. These appeals have also been rejected and neglected.<sup>5</sup>

## Recent reform suggestions stalemated

Three decades after Le Dain, the pressure to change the legal status resulted in Parliament striking two committees to study the problem of illicit drugs in Canada. In 2002, the House of Commons Special Committee on Non-medical Use of Drugs and the Senate Special Committee on Illegal Drug Use both released reports. And both committees recommended reforming laws on cannabis possession and supply.<sup>5-6</sup>

In the spirit of Le Dain, the House Committee recommended decriminalizing the possession and cultivation of small amounts (up to 30 grams) of marijuana. The Senate went much further, suggesting that cannabis be legalized in Canada. The Senate recommended that the production and sale of marijuana be licensed, while keeping criminal penalties for export, trafficking and other activities outside the regulations.

The Senate’s view departs from that of the Le Dain and the House committees. The Senate recognizes both the social harms of prohibition and the violation of the user’s rights. That is, the law should not be used to restrict behaviours that do no harm to other people, as is the case with cannabis consumption.



Neither Parliament committee had the mandate to do more than research, consult and recommend solutions to ‘the problem.’ And so the legislative stalemate on the issue continues unresolved. Opportunity for reform has been denied, and cannabis use still has criminal consequences in Canada.

### Marijuana as medicine—well, maybe...

The most significant new-century development may be the federal government’s begrudging recognition of the value of using cannabis for medical conditions. Since 2001, legal access has been granted to people with HIV/AIDS and other serious illness under the *Medical Marihuana Access Regulations*.<sup>7</sup>

The government’s commitment to this program, though, is suspect. Few medical exemptions have

been granted (approximately 3,000), when there are several hundred thousand Canadians who self-medicate with cannabis. And for many people who apply for exemption, the application process has been onerous, confusing and not supported by physicians, and the program has failed to guarantee a safe, affordable supply.<sup>8-9</sup>

### The future?

The legal history of cannabis over the next 100 years is a tale yet to be written in Canadian experience. But, without question, the experience of marijuana users needs to be acknowledged and respected. Actual and meaningful reform of harmful drug laws must be based on both scientific knowledge and concern for human rights, democracy and justice. ■

### footnotes

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## Cannabis, Tobacco and Alcohol Use in Canada | continued from p. 1 |

The situation with tobacco is very different. (In fact, tobacco use is never considered low risk, thus zero low-risk users). Here we have about four million users who account for a large proportion of the overall harms. In the case of cannabis, we have much fewer people overall using the substance across all levels of risk.

### Social costs of substance use

While it is difficult to directly compare the harms of cannabis, alcohol and tobacco, harms can be indirectly compared by measuring the social costs connected to each of the substances (Figure 2).

In terms of social costs, the vast majority of the social costs of cannabis are enforcement-related while the vast majority of tobacco costs are health-related. The social costs of alcohol are about evenly distributed between health care and enforcement.

In terms of costs per user: tobacco-related health costs are over \$800 per user, alcohol-related health costs are much lower at \$165 per user, and cannabis-related health costs are the lowest at \$20 per user. On the enforcement side, costs for cannabis are the

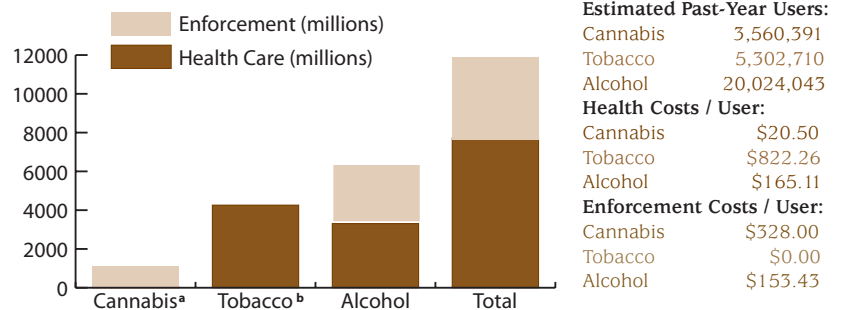
highest at \$328 per user—94% of social costs for cannabis are linked to enforcement. Enforcement costs per user for alcohol are about half those for cannabis (\$153), while enforcement costs for tobacco are very low.

### Conclusion

The harms, risks and social costs of alcohol, cannabis and tobacco vary greatly.

A lot has to do with how the substances are handled legally. Alcohol and tobacco are legal substances, which explain their low enforcement costs relative to cannabis. On the other hand, the health costs per user of tobacco and alcohol are much higher than for cannabis. This may indicate that cannabis use involves fewer health risks than alcohol or tobacco. These variations in risk, harms and costs need to be taken into account as we think

**Fig. 2: Direct health and enforcement costs for cannabis, tobacco and alcohol, Canada 2002**



a. 1) Cannabis health care costs: \$73 M, enforcement costs: \$1,167.8 M.

2) The cannabis-related enforcement costs reported are estimated by assigning 50% of all illicit drug enforcement costs in Canada to cannabis. This figure is reasonable given that around 60% of illicit drug offenses reported by police involve cannabis.

b. There are enforcement costs to do with illegally importing and selling tobacco and with enforcing laws against selling tobacco to minors, but these are likely very minor and weren't included in the source study

Sources: Health Canada. n.d.; Rehm et al. 2006.<sup>31</sup>

about further efforts to deal with the use of these three substances in Canada. Efforts to reduce social costs related to cannabis, for example, will likely involve shifting its legal status by decriminalizing casual use, to reduce the high enforcement costs. Such a shift may be warranted given the apparent lower health risk associated with most cannabis use. ■

### footnotes

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# From Thrills to Ills

## Why smoking pot is risky business

Geoffrey Griffiths

*Geoff is a 55-year-old information technology worker. When he lost his job due to company downsizing, the greatest adventure of his life began—self discovery. What Geoff thought was burnout from constant stress turned out to be post-traumatic stress disorder. Geoff now works part-time as Strategic Office Support for AnxietyBC*

I started smoking pot when I was 13. I was not a happy camper as a kid. School was misery right from the start. I had great difficulty learning to read and write—and failed grade one. I had no sympathy or support from my teachers. In fact, I was frequently bullied and physically abused by several elementary school teachers—interestingly, two of them female, both redheads. One beat me up—punching, kicking and screaming at me. Shame (from feeling stupid), anxiety, low self-esteem and sleep issues escalated. I didn't want to fall asleep—it would just bring the next school day, and more trouble. And a recurring dream of a woman's looming, glaring face would jar me awake, terrified.

Smoking pot was new and fun. It introduced me to a social scene that was an exciting mix of parties, drug deals, fast cars and readily available drugs. One of the most exciting aspects of this scene was the thrill of 'not getting caught.' This was risky behaviour for the 'excitement' of it.

Until I was 23, I smoked pot or hash regularly—two or three joints on weekdays; more like a few 'nickel' bags on weekends. The more stoned I got, the less other parts of my life existed.

### **Flying high—laughing it up without a safety net**

My pals and I were deeply involved in the 'culture' of pot smoking. When I was 15, I had a hookah (a water pipe) in my room in the basement and a variety of smoking pipes and papers. My hair was halfway down my back, and I wore 'hippy clothes'—headbands, paisley shirts, bell-bottom pants, beads and leather vests. It was 1967.

Fun was a weekend of parties. A party wasn't considered good unless the police had broken it up. We also spent a great deal of time in cars just driving around. Occasionally, the police would pull us over to check IDs. On many of these occasions we narrowly escaped being caught in possession of drugs.



Once we tried to cross the US border while we were stoned and carrying joints. The American border guard pulled us out of line, calling us "farmers" after finding cannabis seeds in the car seats. He sent us through US customs and immigration, where they searched us for drugs, but found none. Nevertheless, we were refused entry to the US of A. We thought this was quite a joke and had lots of laughs.

My friends and I drove everywhere as fast as we could, stoned or sober. One dark and foggy night, we were driving out to Mission along the Dewdney Trunk Road, smoking up as we went. We were climbing a hill when the driver was blinded by oncoming headlights. Because he was driving too fast—and he was too high—we found ourselves plummeting into a wooded ravine. We thought this was a joke too, until the RCMP officers told us how

lucky we were to be alive. Apparently there'd been many fatalities at this location.

Buying pot can be a very risky business. The dealer could be selling to support his hard drug habit. Cocaine was the popular drug, and people who used it heavily were usually very paranoid and aggressive, thinking they were under police surveillance. Someone I knew had his arm broken by a dealer because he didn't pay up when required to.

One house I walked into to buy pot reeked of ether (a chemical used for "freebasing"<sup>1</sup> cocaine so it can be smoked for an immediate high). People were slumped in chairs smoking cigarettes dipped in the freebase solution. All I could think about was how, if the police showed up, being caught here could jeopardize my future. Cocaine possession is a federal offence, and although I wouldn't go to jail for a first-time offence, the record can limit job opportunities and travel. I left without scoring and never went back.

Another risk was that you couldn't tell how safe the pot you were buying was. At the time, as part of the USA's war on drugs, paraquat (a herbicide, toxic to humans when ingested) was regularly sprayed on illegal crops to kill the plants. The marijuana growers soon learned that if they harvested the crop immediately, they could still sell it.<sup>2</sup> The people involved in this illegal trade were more interested in profit than in the ethics of selling a tainted product.

Then there are the 'special additives' that promise a different or even more enhanced high. One night a friend and I dropped LSD (lysergic acid diethylamide, a powerful hallucinogenic drug; also known

as “acid”), then smoked some pot laced with “angel dust.” This was like nothing I’d ever experienced before. Dropping acid had always been a mild shift in reality: colours were brighter, sounds clearer, everything old seemed new again. But with the angel dust pot I had vivid auditory and visual hallucinations. I saw cartoon characters in the mist, and my french fries turned into a wriggling mass of snakes. Later in life, I found out that angel dust was PCP, a dangerous drug that can cause harm if used regularly.<sup>3</sup>

Another additive I tried in pot (and hash) was opium. This was a smooth, forget-all-your-worries high. I could sit or lie for hours in the middle of bedlam and not be bothered. It was a good thing that product was rarely available, because it’s highly addictive.

### Coming down

As tends to happen in life, my luck started to run out. When I was 22, I rolled my car. This certainly wasn’t my first car accident; I’d had numerous near misses as both a driver and a passenger. But for a year after this one, I’d awake to flashbacks of the accident. Some of my friends were involved in serious accidents as well. One lost control driving around a curve because he was looking for a lit joint he’d dropped.

The future wasn’t looking very good. Friends got arrested for pot possession. Others were getting more involved in using and selling harder drugs. Having a drug conviction for small amounts of pot in Canada is not taken very seriously. Other countries, however, have very different attitudes. One of my friends with a possession record had to change honeymoon plans for Hawaii because he couldn’t travel to the US.

For me, the final wake-up call came when I was 23. I had no car and was fighting the insurance

company over my accident. I was having a difficult relationship with my girlfriend. I’d been burning the candle at both ends—staying up late smoking pot with my friends, then getting up early to go to a labouring job. Paranoia and anxiety were increasing. One day, in a friend’s car, we had two collisions within minutes of each other—looking at a map rather than the

“My friends only cared about the pot-smoking me; they didn't care about me”

road. Stoned. Then the car quit because the radiator had been damaged. I started crying. I realized that smoking pot didn’t make anything better.

Right after that pivotal day, I developed a liver and spleen infection. I was in bed for a month recovering; all I could do was sleep. And it was then I realized that my friends only cared about the pot-smoking me; they didn’t care about me.

I wanted to have a future. When I recovered from the infection, I moved out of the house I was sharing to live on my own. I stopped taking drugs, went back to school and earned a telecommunications certificate.

### All things in moderation?

I’m sure that pot smoking is safe if done moderately. As you can see, though, there was nothing moderate about my use.

Later in life I realized that in my early teens I was using pot to cope. It allowed me to suppress symptoms of a developing post-traumatic stress disorder (PTSD). It wasn’t until my 30s that I sought help. I was at a social gathering where about 50% of the people present were teachers, and such an overwhelming and irrational rage welled up in me that I knew I needed help.

A counsellor encouraged me to get testing around my school fear issues. I discovered that I’m a high-functioning dyslexic and not at all stupid. My struggle with language

arts in grade one was because of a learning disability.

I’m now using CBT (cognitive-behavioural therapy) to manage my anxieties. For example, when I have an anxiety attack at my local Starbucks, I now know that it’s because of the red-haired, female barista. I understand that my breathlessness, trembling and instant loss of concentration is a PTSD-triggered event and

I’m better prepared to handle it.

I consider the greatest harm from using drugs to be the illusion they give you—that you have

greater control over your life. If I hadn’t been stoned all the time, I’d have felt my real feelings—anger, rage and fear of intimate relationships. I may have made better decisions.

Cognitive-behavioural therapy techniques give me much more control over my life than recreational drugs ever did. Cannabis was escape; CBT is confidence and clarity. ■

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# Cannabis and My Road to Healing

Kerry Porth

*Kerry is 44 years old and was born in Vancouver.*

*She is married, with two children, and runs a small non-profit organization in the Downtown Eastside of Vancouver, which provides assistance to sex trade workers*

*\* See the article about compassion clubs on page 30*

I was one of those children who simply “fell under the radar”—no one knew I was unwell. I was sexually abused as a child and have suffered from post-traumatic stress disorder (PTSD) since I was about 11 years old. Despite a suicide attempt at 17, I was never given the help I desperately needed.

## Full circle

I smoked pot in my teens—it was easy to get because I knew someone who sold it. But I stopped at the age of 17 after making myself ill by smoking too much on several occasions. I didn’t drink much because it was too hard to get a hold of the alcohol.

In my first year of university, though, I started drinking a lot of alcohol. I was experiencing insomnia and night terrors, and drinking helped me get a few hours of sleep. I did stop drinking when I was 25, but unfortunately my PTSD symptoms kicked up a notch. Intrusive thoughts and memories, flashbacks, persistent nightmares and difficulty sleeping made life intolerable.

So, I spent five years in my late twenties trying various psychiatric medications (and staying sober), but was overwhelmed by side effects. These included uncontrollable stuttering. I isolated myself because I was so embarrassed by my inability to speak clearly. These drugs turned me into a zombie who could barely stay awake to care for my young son.

Eventually, at the age of 29, my pain and frustration led me to use heroin and crack cocaine. Over the next 10 years, my life spiralled out of control. I contracted hepatitis C from sharing needles. I supported myself as a sex trade worker for five years—then found myself at rock bottom and homeless in the fall of 2004.

Just when my life had become absolutely intolerable and my ninth attempt at detox had failed, a close friend offered me a different life. I needed to remove myself from the environment and people with whom I used. With his loving support, I moved from the suburbs of Metro Vancouver to his home in East Vancouver to start on my road to healing.

I decided to go on methadone to ease my transition off of heroin, but found that the symptoms of my PTSD returned to plague me. I was becoming frustrated with my recovery and fearful that I’d relapse if I couldn’t find something to alleviate my symptoms. I absolutely refused to consider psychiatric medications again.

A friend suggested that I get in touch with the Compassion Club\* and try smoking pot again. I was now 40 years old and hadn’t smoked cannabis since I was 17.

I was very nervous about this idea; I was afraid that I’d simply be exchanging an addiction to heroin for an

addiction to cannabis. By this time, in the spring of 2005, I had made some amazing new friends while attending support groups for sex trade workers at two agencies in the Downtown Eastside. All were recovering addicts—some were practising harm reduction and some were practising abstinence. I also connected with an amazing therapist, also a recovering addict, who I still see today. I talked it over with my friends, my therapist and the doctor

who was supervising my methadone. All of them felt that cannabis represented real possibilities for me.

I agreed to try it.

## The Compassion Club and cannabis—worked for me

The employees of the Compassion Club were extremely knowledgeable about the varieties and strains of cannabis. They worked with me to find the type that was best for me.

During the first year, I smoked pot to help me to calm down and sleep at night. Pot also stimulated my appetite, which was suffering due to the hepatitis C. After years of barely eating or sleeping, I put on weight and was able to consistently sleep through the night. A healthy diet and lots of sleep is the best treatment for hep C in its early stages. Within nine months, my liver enzymes had returned to normal and I no longer needed to smoke pot to help with eat-



*“My friends, my therapist and doctor felt that cannabis represented real possibilities for me. I agreed to try it.”*



ing, though I continue to use it to help with anxiety and sleep.

Cannabis also helped me stop taking methadone—I got through a withdrawal process that took 30 days. I haven't touched heroin or cocaine in nearly four years and I've been off methadone for three years.

**Cannabis = harm reduction = a blessed life**

I am so grateful to have found a harm reduction plan that works for me. Smoking cannabis means that I can live the life I want to live without being enslaved to an addiction or suffering side effects that limit my freedom. I never wanted to be medicated 24 hours a day, seven days a week with alcohol, heroin and cocaine.

And I definitely don't want the side effects of psychiatric medications. Cannabis has eliminated the harms I experienced from these other substances.

I have since married that dear friend who took a year off work to hold my hand through my first year of recovery. My son and I are closer than ever, and I am now blessed with a lovely stepdaughter as well. I've found incredibly meaningful work as the coordinator of a Downtown Eastside non-profit agency that helps sex trade workers. In my work, my past experiences, dark and horrible as they were, have daily meaning and value. I'm proud to model a harm reduction lifestyle for the women that I work with every day. I lead an authentic life and am loved for the person I am. ■

# Cannabis and Me

## A cautionary tale...

In January 1998, when I was 27, I began hearing voices. The first voices I heard told me they were going to kill me. I literally ran out of the warehouse studio I was living in and into the street. I was petrified. I rode the buses all night, trying to escape the voices—but they followed me. I couldn't figure out how these voices could observe me, hear me, know me. I decided they used 'mind technology' to do this. The voices had names and histories—some of them were intriguing, others terrifying.

After four days of this assault, one voice, which identified himself as Noah, seemed to be rescuing me from the voices that threatened to harm me. So when Noah told me to go to the hospital, I did what he said. I went to St. Paul's Emergency and had myself checked into the psych ward.

After a six and a half week stay, I was diagnosed with paranoid schizophrenia. This was painful to

grasp, and I don't know if I've come to terms yet with that diagnosis.

But I do realize now that I'd been delusional and very sick for at least two years before that first terrifying episode.

**“I was slipping into another world and pot made it so pleasurable, like a waking dream.”**

**Weed—very bad for me**

In the summer of 1995, at my film school graduation ceremony, I thought a helicopter overhead was tracing my whereabouts and that my life was on display. But that delusion was mild compared to what followed once the voices arrived.

The summer of '95 was the first time I'd ever smoked marijuana. Before that I'd been a straight-arrow, hard-working kid—a tree planter, finance clerk in the Canadian Army reserves, university student and now film school grad. But that summer my life changed. I was living in a house with other

students; that's where I was introduced to weed. I started smoking it casually with friends—no big deal. But I can remember even then that I felt people could see me when I was in my bedroom, even if I closed the curtain and door. It felt as though I no longer had privacy, that my life was 'on record.'

After two years of smoking pot casually, my use increased and became a chronic thing. I think it was because I was getting sick; I found I was slipping into another world and pot made it so pleasurable, like a waking dream. I smoked pot every day during the week (I managed to straighten up for a weekend care aide job). I smoked first thing in the morning, right before bed and anytime in between that I could—probably nine times a day.

My life started to deteriorate. I decided to live in a van for the summer and then moved into a warehouse space in the Downtown Eastside that had no kitchen or

**Anita Smith**

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66 When I was diagnosed, no one told me marijuana could cause psychosis 99

bathroom. I proudly called myself a “starving artist”—but, in fact, I was losing touch with reality. And the stressful street scene in that neighbourhood really upped my paranoia.

Interlude: still, I wonder...

I often wonder whether I’d even have schizophrenia today if I hadn’t been smoking a lot of marijuana back then. I’ve been doing some research, and there is information out there that says marijuana may cause psychotic illness.<sup>1</sup>

You’d think that after being diagnosed with schizophrenia I’d lay off the pot. But smoking pot was part of my lifestyle. It was how I socialized, relaxed, had fun and related to the world. I would play records, write screenplays and daydream about making it in show business as a Canadian screenwriter.

When I was diagnosed, no one told me marijuana could cause psychosis.<sup>1</sup> Or that someone with a mental illness shouldn’t use pot because it makes the symptoms worse and recovery more difficult.<sup>1</sup> Although, I don’t know if I’d have listened even if they had told me. I was given antipsychotics and antidepressants—and I continued to take up whenever I had a chance.

The seductive world of weed and psychosis

Smoking marijuana got me into a terrible state: I was in and out of the hospital system 11 times over the next 12 years.

When I smoked the voices and hallucinations were amplified and took on a life of their own. I believed what the voices were saying to me. Increasingly, I gave up on ‘ordinary’ life, would stay at home, smoke weed and retreat into this ‘theatre’ of fun and drama.

Late night talk show host Conan O’Brien wanted to marry me (eromatic delusion).<sup>2</sup> Famed film director/producer George Lucas wanted to mentor me. My days came to revolve around the delusions and voices, as I went deeper and deeper into my psychotic world.

An awakening of sorts

Five years ago, I got pregnant. Because of the pregnancy, my psychiatrist recommended that I stop all medication. I was still smoking pot, however. The delusions were growing stronger and stronger, and the voices were now with me 24 hours a day, seven days a week. They threatened to kill my unborn child and me.

I travelled to a homeless shelter in another province, trying to outrun the voices that ravaged my mind—20 voices speaking all at once, non-stop. The wild visual hallucinations—like the fancy dinner parties where secret societies used mind technology to ‘own’ people—were unbearable. These voices were going to ‘own’ me and my child. This was life? I decided to kill myself, to prevent all the future pain my child and I would suffer, to make sure we would die together.

In June 2004 I took an overdose of antipsychotic drugs—and for three days drifted in and out

of sleep. In the more conscious moments, I could feel the baby kicking—I was now eight months pregnant. I still thought I was dying—not realizing that antipsychotics weren’t an effective suicide choice. When I awoke, I was full of remorse, shame and guilt.

I decided that I was unfit to be a mother; that my child needed to be raised in a healthy family. I returned to my home province, where I found, through my personal networks, a wonderful family for my daughter. I gave her up for an open adoption, which means that I and my family are part of her life.

I quit the weed—and life is good

I no longer smoke marijuana (though continue faithfully with antipsychotic medication). I was sick of the psychosis—even hospital no longer offered refuge—that in May 2008 I stopped. I’d never have escaped the pull of the voices if I hadn’t.

Giving up marijuana did create a void that I needed to fill. I find other ways to keep myself happy. I write, volunteer and take classes.

For some people, cannabis can be harmless stuff. But it took me away from everything life had to offer and made me focus only on what was happening inside my head—and that was a pretty scary place.

Since giving up smoking pot, my symptoms have been reduced by at least 50%, which is a life saver. I’m no longer suicidal, and the terror and fear I used to feel is gone. I’m enjoying mental well-being. And I’m able to enjoy seeing my daughter grow up. Giving up marijuana was the best thing that ever happened to me! █



footnotes

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# Alternatives: Miracle Marijuana

**A**t the tender age of 15 I started to experience severe stomach pain, nausea, cramping and diarrhea; a cycle that, I didn't know then, would repeat my whole life. Nobody seemed to know what it was or how to treat it, and my symptoms persisted with no relief for over two years. After many uncomfortable and painful tests, I was eventually diagnosed with Crohn's disease by my gastroenterologist, who specializes in diseases of the bowel. There is no known cause or cure for Crohn's disease, also known as inflammatory bowel disease.

Technically speaking, Crohn's is a wasting disease; the body is depleted of nutrients that are vitally important for survival. Treatment includes a whole list of medications that have side effects that are each miles long, including prednisone (a steroid), anti-inflammatory pills and painkillers. In severe cases, like mine, surgery may be required. The delayed diagnosis caused me further damage, and I needed immediate surgery. In 1989 the doctors removed a small portion of my small intestine and appendix. Unfortunately for me, surgery was not the solution and the disease continued, maintaining its destructive course.

I started a full-time bank career when I was 18 and just out of high school, all the while dealing with painful spells of uncontrollable diarrhea and constant nausea. The prescribed medications were costly and didn't really alleviate any of the symptoms of my illness, but helped enough that I could continue working at the bank. Then my weight ballooned up over 20 pounds due to the prednisone. Food became my enemy. At any moment the disease could flare up and the cycle would repeat itself. Over and over again. I was on a merry-go-round with, seemingly, no way off. I began to seek alternative treatment.

## Wonder weed

A friend, who saw my terrible suffering, suggested that I experiment with marijuana. He had done an extensive research report in college on cannabis and its broad-range medicinal benefits. I had smoked marijuana a few times, recreationally, during my high school days, but hadn't been a regular user. In 1993, at his suggestion, I tried it—and the results were immediate and amazing.

I began self-medicating with marijuana—hiding in my bathroom with my vent-fan on high to avoid the

stigma of being caught by neighbours or family. Far from getting high; I was getting well—my nausea subsided and my intestinal spasms, along with the still persistent diarrhea, were much less painful. My appetite increased, eating became healthy again, rather than damaging, and my overall energy levels increased. I had none of the side effects I'd experienced with pharmaceuticals (which I had quit at that time). I'd found a miracle!

## Illegal "miracle"?

Acquiring marijuana was not easy—or legal. I risked the possible consequences of using cannabis because I needed the relief I got from smoking pot. But finding a trustworthy dope dealer with a reliable supply of a quality product at a rational price is virtually impossible. And the expense—I paid \$80 for a quarter-ounce and that wasn't

enough to last a week for my medical needs.

Finally, in the late '90s, information

started to trickle to the surface about the benefits of medicinal marijuana, even though it has been used for its therapeutic value for centuries. And in 2001, the federal government's *Marihuana Medical Access Regulations* (MMAR) came into effect. Under the MMAR, Health Canada started a program for individuals suffering from certain diseases and life-threatening illness. People who were eligible could apply for a licence to legally access marijuana for medical use in Canada.

Even though Crohn's is considered an autoimmune disease and other autoimmune diseases such as AIDS were eligible, it wasn't until 2005 that Crohn's disease was included in the list of eligible conditions.

The MMAR application process was overwhelming. There are 33 pages of paperwork; a doctor's approval and/or specialist acknowledgement is required and much, much more. (I never had to fill out forms for the pharmaceutical drugs that were actually causing me harm!)

I wasn't able to convince my family doctor of 34 years to sign the Health Canada MMAR application. My doctor was completely supportive—and still is supportive, because he has documented how cannabis has helped me. However, there is still anti-cannabis propaganda in the medical field and a stigma that doctors who sign have to contend with. The College of Family Physicians of Canada has, to date, not stated an official

**Michelle Rainey**

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**Far from getting high; I was getting well—my nausea subsided and my intestinal spasms were much less painful. I'd found a miracle!**

**Continued on page 20 >>**

# Marijuana: Help or Hassle?

Emily Smith\*

*Emily is a nurse who has worked in a variety of clinical and community settings. For the past 20 years, she has been a clinician in the mental health field. Emily's article is based on her clinical observations as well as her research on the topic of medicinal marijuana use*

\* pseudonyms

I've been a nurse for a very long time, in acute and long-term care, public health and health education for professionals and non-professionals of all ages. Over the years, I've noted that some people benefit greatly from alternative medicines. But in some cases, patients are restricted from pursuing health alternatives. Cannabis, or marijuana, is a good case in point.

The controversy about the medical use of marijuana has always interested me. I've worked with health care professionals who, flat-out, say that cannabis is bad for all people. It's easy to get along in the health field if you agree with this opinion, or if you avoid the topic altogether. But, as a nurse and mental health clinician, I've had experiences that give me a different view from those who disdain marijuana's medicinal use.

As I near the end of my career, I want to speak out for an important freedom that is being threatened: the freedom of choice in health care.

Health professionals are trained—no, it's *drilled* into them—to respect patients' rights to self-determination and choice. Care is client-centred, based on the specific needs of the individual, and our practice decisions are made *with* clients and families, we have been told over and over.

When our patients seek controversial treatment, we constantly struggle with our loyalty to our clients' wishes—because health professionals have legal and ethical responsibilities to consider. But those health care providers who have rigid views that exclude offering treatment alternatives such as marijuana may be missing this important element of patient choice.

## Cannabis—new uses for an old medicine

Many people with specific mental health disorders and/or severe addictions find marijuana, or “pot,” to be a more effective medication than any other substance available to them, legally or illegally. Mental health consumers of all ages know that quality of life is linked to symptom management. And they make sincere attempts to improve their quality of life in ways that are effective for them, including the use of cannabis products in various forms.

I've seen people in dire circumstances—homeless, isolated, afraid and suicidal—show clear improvements when marijuana was used to reduce anxiety levels in social situations. I've noticed that many middle-aged clients (who may have used pot at some other time in their life) and crystal meth-ad-

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## Alternatives: Miracle Marijuana | continued from previous page

position on cannabis' therapeutic value. The Canadian Medical Association has officially been opposed to the MMAR, and Health Canada hasn't assigned cannabis a DIN (drug identification number). Thankfully, my gastroenterologist was willing to sign my application and now I can legally possess and use cannabis.

### Beyond a licence to use—taking control of your own health care

After a three-month wait, a few tense phone calls and a few faxes, I was finally approved for a Health Canada licence in 2005. Health Canada has had a contract with a producer that grows only one strain of marijuana. That strain of isn't suitable for my disease: I tried it and wasn't impressed.

Compassion clubs, which still operate under a grey zone legally, sell to Health Canada-licensed users and to some unlicensed users. But the compassion clubs purchase their marijuana from underground growers who can't be identified, questioned, inspected or

second-guessed by users. For these and many, many other reasons, I've chosen to grow my own medicine. It's grown under my quality control and with my love and care—naturally as well as organically. By growing my own medicine, I can cultivate the strains that work best for my illness and can also maintain a certain high standard for curing it and using it.

Marijuana saved my life many times. I encourage everyone to investigate and research alternative medicines. Taking control and being responsible for your own health can only benefit you and your family. ■



dicted youth respond particularly well when marijuana is combined with life skills education and counselling. I've also seen marijuana aid the management of serious drug or medication withdrawal symptoms, which is essential for successful recovery and improved quality of life.

**Joe\***

Joe was just turning 50 when I met him. He was very lonely and his addiction to alcohol had already cost him his job, his friends and his family. After his marriage broke down, Joe had a hard time controlling his intense feelings of sorrow and anger. He had no self-esteem, no family, no job and "no hope," as he told me several times.

Joe was using alcohol dangerously—and then he found cocaine. His cocaine addiction began, ironically, when he sought help at an Alcoholics Anonymous meeting and was introduced to it by a group member. He liked it a lot. And, after years of social isolation, Joe bonded quickly with the cocaine lifestyle and the people using it. It was his escape from reality and responsibility. He soon found, however, that the escape was short, and reality was inescapable.

Joe finally agreed to go to a residential cocaine treatment program after several unsuccessful attempts to quit on his own. When he returned home, he found it almost impossible to manage his drug cravings and his re-entry into the community without relapsing. So Joe started using a small amount of marijuana to control his social anxiety and to manage the cravings for cocaine that he was still experiencing. He told me he'd used pot in his "wild youth," but not as an adult. He hadn't even considered using it again until he became overwhelmed by the effects of his depression and anxiety as well as the "call of cocaine."

As I worked with Joe in his recovery, I noticed that he presented in a calmer manner and had better emotional control when he used pot. He was able to get out of the

house and get involved in the community more often. He felt that his quality of life was much better.

Now, almost two years later, Joe is still free of cocaine, has stopped drinking alcohol and has reduced his marijuana intake to a rare event. At last report, he was off all his psychiatric medications and has developed a more balanced lifestyle that includes both paid and volunteer work.

**Ray\***

Another case I clearly recall is that of a youth, just turning 19, who had been fighting the effects of early psychosis and schizophrenia since childhood. His mother had reported how Ray had changed from a happy, carefree youngster to a suspicious, delusional youth who isolated himself from everything and everybody.

When I met Ray, he was drug-free, but had significant and disturbing psychotic symptoms. He refused antipsychotic medication and, instead, found reasonable relief from smoking marijuana. Ray used pot to "ground" himself, he told me. When he wasn't smoking pot, Ray was very agitated and paranoid. When he used pot, even in small amounts, he was able to work and share the responsibilities of home maintenance with his brother. He could work, eat, sleep and play like everyone else. He fit in like never before. I saw it happen.

**It's about risk assessment**

There are risks to weigh against the beneficial effects when choosing to use marijuana—just as there is with any medication, prescribed or otherwise.

I do want to acknowledge the health risks associated with smoking in general,<sup>1</sup> since smoking is the most common way that marijuana is used. Smoking tobacco is known to cause several respiratory illnesses such as asthma, bronchitis and lung cancer, and it's

assumed that smoking marijuana use would have the same effects on the body. But there is a better way to use cannabis in terms of both health risks and effectiveness:

vaporization,<sup>2</sup> where the user inhales vapour rather than smoke. \*\*

Clients who do use marijuana for medical purposes also risk legal problems—unless they get federal government approval. To get this approval, they must undergo an exhausting amount of paper work. The application isn't easy for clients with serious mental health and addictions problems to understand, let alone complete. Doctors who don't agree with marijuana use may agree to fill out the forms, but the application can lack the necessary emphasis on need, and so may be unsuccessful.

**Clients not given a choice—or a chance**

Many clients aren't even given a chance to choose marijuana treatment. This is because some doctors aren't willing to make the suggestion due to their own biases. But marijuana can be beneficial for some clients in the same ways that conventional treatments can be beneficial (or perhaps not so beneficial, in some cases). Each case must be assessed separately and a variety of treatment strategies must be made available, without judgment.

Marijuana should be a ready option—within all the necessary government health guidelines and warnings about its use—for those who would like to test its relief potential for themselves. ■



\*\*For more information, see the article on vaporizers, page 28.

**footnotes**

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**related resource**

McManis, S. (2009, May 24). *US CA: Pro-, anti-marijuana forces cite their studies.* The Press Democrat. Media Awareness Project:

[www.mapinc.org/drugnews/v09/n559/a05.html](http://www.mapinc.org/drugnews/v09/n559/a05.html)

# Should We Have Been More Aware?

## How cannabis changed my life

Matt

*Matt\* is a 17-year-old youth. He loves people, animals, nature and cars. Currently, Matt is exploring an interest in computer coding and programming, plus he's trying to get his first car ready for the road*

\*pseudonym

**I**t started in the summer before high school. I mysteriously developed strange vibrations in my neck and head that caused pain and headaches—and fear. It was a turbulent summer in many ways: parents breaking up, a bad plane ride, general angst about the coming school year. I felt an increasing need to protect my neck and my brain. I stopped doing anything that required me to move my neck and head. Anything that vibrated or had frequencies—electronic stuff like computers, TVs, microwaves, for instance—made me anxious and I avoided them.

When I began school in September 2005, my symptoms and behaviours worsened. I spent more and more of my time on rituals and coping with fears around mind contamination by electromagnetic frequencies (EMFs). Two months later I was diagnosed with obsessive-compulsive disorder (OCD).

In December I wound up in the hospital Emergency, and agreed to go on medication for the first time. I didn't like being on the medication—it affects the very thing I was trying to protect: my mind. It's ironic, this OCD, because my whole modus operandi has been to preserve my mental health. So, over the next few years, my meds were off and on.

School and my social life were basically off and on too, depending how I was doing. But I did notice that the people who seemed to be enjoying high school most were those using substances.

Occasionally I'd try to hang out with some of my buddies, who were by then into experimenting with marijuana. I tried smoking tobacco, but avoided cannabis and alcohol because of the antidepressant medication I was taking for the OCD. I'd go to parties without being intoxicated. The friends I chose were aware of my mental health issues and that I was on meds, so they didn't pressure me. But sometimes it was hard being the only one straight in a large group of high and drunk kids.

### Fascinated by cannabis culture

For over two years, starting July 2006, I read about marijuana on the Internet. (Yeah. We got low-radiation flat-screen monitors at home, so I could handle being on

the computer.) I became skilled at rolling joints, without being tempted to smoke them. I knew all about the paraphernalia (items used for smoking cannabis, such as pipes, papers, etc.) and how to grow cannabis. I learned the names of hundreds of strains and how to tell good weed from bad. I also read people's testimonies that pot offered relief from anxiety and muscle pain—and I'd been having neck pain for a few years by this time (at least partially due to immobility).

So, in July 2008, after a few months of being off my meds, I decided to try smoking marijuana. My friend and I each had our own blunt (a hollowed-out cigarillo that you fill with marijuana instead of the tobacco it comes with). My first marijuana experience met all my expectations.

My anxiety was toned down, my neck pain was relieved for the first time in years, and I had a good time. It was such a positive experience that I started thinking about a day trip to Vancouver to check out the compassion club.

I was excited, thinking that a couple of puffs a day could make my life easier, and decided to experiment further. Not only was I looking for reduced neck pain and relief from my anxiety, but I also wanted to be like everyone else. I wanted to experience the things I had just been observing for a long time.

A month later, I did marijuana with a bong—I had waited to acquire some pot from a trustworthy friend who knew a grower: I was wary of mainstream dealers. But this time was not as enjoyable. I was a little tripped out and it was scary. Friends said it was normal to get dizzy and out of it, but I didn't like it. Not long after, I smoked a bong again...

### A terrifying trip

It was August 2008. I was hanging out on a friend's patio and looking forward to a really chill evening with my buddies. But one large bong rip was all it took to ruin everything.

Everything around me lost meaning. My entire grasp of reality slipped away. Every few seconds, just as I'd begin to get my thoughts organized, I'd slip away again. I felt a terror deeper than fear for my life. And



it felt like it would never end. I didn't know who and where I was. But somehow I made it home to my bed and eventually fell asleep.

When I woke up the next morning, the effect was still there, though different. I had a basic grip on reality, but felt like I was in a dream. Everything was foreign and uncomfortable. Everyone felt like strangers, even my mom and my sister and brother. Nothing mattered. I didn't really exist in my own reality.

### Cannabis aftermath

I never regained the grip on reality I once had. That single cannabis experience turned the best thing going—the positive cannabis experience—into my biggest nightmare.

In my mind, recreational drugs had become the 'enemy'—they terrified me. All traces from the days when I was fanatically interested in cannabis—the magazines, papers, bong, little dime bags—all of that had to go. My worry became excessive, and I spent my days depersonalized—I still don't feel like I'm in my body, on this Earth.

Whenever thoughts of my awful experience crept into my mind, I'd block these out by playing video games. (I wasn't worried about electromagnetic frequencies any more; that fear had been replaced.) When gaming, my overwhelming world was condensed to a smaller one where I was able to find comfort. Unfortunately, the crash back to the real world felt even worse after hours of being absorbed in my virtual reality. In conscious moments, I was stressed out about possible encounters with drugs.

I tried grade 11 in September. Within two days, I had dropped two of my four classes. One class had "stoners" (heavy dope smokers) who I couldn't imagine surviving a semester around for fear of contamination. Keyboards, desks—all the surfaces that kids who may have smoked dope between classes would come in contact with were a threat. Just being in the building could send me into panic. I believed that any contact, however small, would cause me to have the same experience. Logically, I knew that a trace exposure couldn't do that, but I couldn't defeat this fear. Public school was no longer feasible.

I tried two home-study courses, but was too preoccupied with fears and rituals to keep up with the work. I went back on antidepressant meds in December at my mom's urging (medications that are prescribed are not the enemy, though I don't like taking them), but still lost most of the school year.

I can't begin to go into all the ways my life was impacted on a daily basis. I would wash my hands hundreds of times a day, to the point that my hands got raw; this was about drug traces contamination, not germs. No friends could come to my home; I couldn't go to their homes or any public places. My brother, who is 15, and my sister (14) couldn't have their friends come here, especially if I knew the friend had done ec-

stasy or some other substance. If one of their friends came over, I'd go into panic mode.

### A cannabis 'high'? Or psychosis?

On the Internet I learned that many kids have their first psychotic break when they're using drugs. I realized that might be what had happened to me.

This spring, I agreed to try antipsychotic medication. Now that I've used recreational drugs, I worry that it's even worse on my brain to take the meds. But I do want to get better, so I agreed with my psychiatrist's suggestion to add this new drug (risperidone) to my treatment. It has taken the edge off my irrational fear of drugs and has given me the energy to start living a bit more. I'm washing my hands less and I'm swimming, biking and seeing my friends.

I still worry continuously about drugs, and I'm disappointed with my impaired grasp of reality—I don't expect my mind will ever work quite the way it did before my cannabis experience. But I'm working every day to recover. In addition to taking medication, I've had five sessions with a therapist who is "awesome."

I believe that we shape our own reality. I've got some work to do before I'll be comfortable in mine. ■

## Read Matt's Mom's Story...

### Epilogue—Mom's View

Available Online at:

[www.heretohelp.bc.ca/publications/visions](http://www.heretohelp.bc.ca/publications/visions)

## Are you an immigrant or refugee with a mental health or substance use story to share?

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BC Partners for Mental Health and Addictions Recovery  
**Visions**



# When Help Is Not at Hand

## Teens turning to marijuana for emotional problems

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*Joy is a Professor at the UBC School of Nursing. She is also Scientific Director at the Institute of Gender and Health, a branch of the Canadian Institutes for Health Research (CIHR), the Canadian government's agency responsible for health research funding*

In British Columbia, close to 15% of children and youth suffer from a range of mental health issues: 6.5% experience anxiety and 2% suffer depression.<sup>1</sup> One in seven children and youth experience mental health problems serious enough to cause significant distress and impair their functioning at home, at school, with their peers and in the community.<sup>2</sup>

So, we wanted to know what happens when youth, ages 13 to 18, have no one to turn to for help with their emotional challenges. According to the Canadian Community Health Survey, youth are the least likely of all age groups to seek assistance for mental health problems.<sup>3</sup>

### The TRACE project

The TRACE (Teens Report on Adolescent Cannabis Experiences) research project at the University of British Columbia is aimed at understanding the context and culture of frequent marijuana use. In 2006, we began data collection in communities in three regions of British Columbia (Vancouver Island, the Kootenays and Vancouver). During in-depth one-on-one interviews, a total of 77 teens have shared their experiences and perspectives on marijuana use.

Although there have been a number of interesting findings from the TRACE study reported thus far,<sup>4-6</sup> we were particularly struck by the number of teens who turned to marijuana to address uncomfortable feelings like depression and anxiety.<sup>7</sup> We also found that youth often didn't know of resources or support that could help them address their emotional problems. As a result, several described how they would isolate themselves and smoke marijuana in the confines of their bedrooms. At times, when teens shared their concerns with the adults they lived with, their concerns were not taken seriously. As a result, some turned to marijuana to find relief from their uncomfortable feelings. Teens often noted how they preferred marijuana over alcohol, believing it to be a healthier and safer option. However, many teens recognized that this was not the solution they were looking for.

### Amanda's\* story

For over a year, Amanda noticed that she was feeling increasingly sad and depressed. At 16 years of age, she moved with her mom from a large urban setting to a small community. Amanda had difficulty settling into her new school, felt lonely and missed her best friend. She reported that just a week earlier, a girl in her class

had teased her about her designer pants.

Amanda felt she had no one to talk to about how she was feeling. She felt distant from her mother, disliked her mother's boyfriend and wasn't comfortable talking to the school counsellors. Amanda confided in an older friend who lived with depression. This friend introduced Amanda to marijuana because "it helped."

Amanda said: "I use marijuana to battle my depression, so I don't have to feel anything. If I start to feel like I'm going into a low or am feeling really bad and need a quick pick-me-up, I'll get my bong from the closet and smoke a few bowls. When you're in a depression, you seriously believe it, so you need to get out of it. It's like a pot that you're boiling. You know, you put the lid on it and the water is boiling and it eventually starts boiling over."

For Amanda, smoking marijuana was a way to relieve the intensity of her depression. Although she found it was "usually" helpful, it didn't always work to help her feel better about herself. She also started to worry that she had become addicted to marijuana. During the interview, Amanda described how on her own initiative, she decided to see a psychologist at a health clinic to begin to explore her depression.

### Dylan's\* story

Two years prior to participating in the TRACE interview, Dylan discovered that smoking marijuana helped him calm down when he felt anxious. He was always nervous meeting new people. Last September, his family moved across town, and he started attending a new school where he had few friends. Up until four months before he was interviewed, Dylan spent most of his time with his girlfriend. She had recently broken up with him, however, because of his regular marijuana use.

At home, he often felt annoyed and aggravated. His relationship with his mother was strained, he didn't get along with his stepfather, and he had regular arguments with his older brother. He was concerned about his grades and worried that he'd have to repeat his school year or change schools again because of his academic performance.

Dylan reported that he didn't smoke marijuana to get high, but to manage his nervousness, to "feel normal" and to calm down before sleeping. Dylan said: "I'm nervous talking to people. So it's better when I smoke marijuana, because I'm not as nervous. I don't usually smoke just to get high. Instead, I feel normal when I'm smoking marijuana."

\* pseudonyms; these are constructed stories using real data



Dylan was concerned about having to rely on marijuana in this way. He was aware that his marijuana use was a temporary solution that “helped at the moment.” But he also recognized that he wasn’t really addressing his problems. Two of his friends were attending weekly meetings at his school. The friends described the meetings as opportunities to talk about some of the “stuff” going on in students’ lives, and there was free pizza. At the time of our interview with Dylan, he had decided to attend to see if this might help.

### New approaches needed to help teens with mental health concerns

There are health risks for youth that use marijuana, including dependence to marijuana. Withdrawal symptoms and cravings are signs of dependence among some youth who smoke marijuana regularly.<sup>8</sup> Research suggests that dependence on marijuana affects one in six to seven youth who use marijuana, and that those who are dependent are at risk for symptoms of depression and psychosis.<sup>9</sup> This evidence, together with published findings from the TRACE project,<sup>7</sup> indicates that new approaches to addressing teens’ mental health concerns are needed. By linking teens with supportive community resources and appropriate health care providers, fewer teens may choose to rely on marijuana for relief from their emotional problems.

School staff are well positioned to recognize changes in students’ academic performance and emotional well-being. And schools are the logical place for

students to access support in times of need. For example, Vancouver’s SACY (School Age Children and Youth) substance abuse prevention program has piloted an alternative suspension program for students caught drunk or stoned. Suspended students work with a helping adult at a central location to do a substance use self-assessment and develop a plan to re-enter their school, substance free. The plan includes identifying an adult ally at their school who they can approach for support.<sup>10</sup>

Other community-based programs are also available. One example, the Freedom Quest Regional Youth Services in the Kootenays, offers counselling and advocacy while focusing on reducing risks associated with substance use (website: [www.freedomquestonline.ca](http://www.freedomquestonline.ca)).

Some of the youth interested in finding better ways to manage their uncomfortable feelings were able to connect with programs like this in their school or community. They found turning to others instead of marijuana helpful. Several TRACE participants, at the end of the interview, talked about the benefits of being able to talk about marijuana and what is going on in their lives. They made the point that the TRACE interview was the first time they had been able to talk to someone about their problems.

Paying attention to youth with emotional problems like depression and anxiety, taking their concerns seriously and connecting them with the resources they need is essential for promoting youth mental health. ■



#### footnotes

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## Tips for Cutting Back

People develop patterns of cannabis use that fit their needs. As their needs change, people tend to change their patterns of use. For some this means stopping the use of cannabis completely. For others it means stopping temporarily or cutting back.

Often, patterns of use change quite naturally. For example, many people who use cannabis in their youth stop using it when they get older. Some use cannabis for medical purposes that may be temporary or change over time. Others use cannabis throughout their lives, with periods of non-use or less use.

There are different reasons why people decide to change their pattern of use. Some people may stop using cannabis temporarily to reduce their tolerance level. This means that they can use less cannabis to get the effect they want.

By cutting down on the amount used, they can maintain the benefits, but minimize possible



“Outline how you’ll deal with any withdrawal symptoms and cravings you may get”

#### Rielle Capler, MHA

Rielle worked eight years as a Policy Analyst and Research Coordinator with the BC Compassion Club Society. She was a Research Associate at the Centre for Addictions Research of BC (CARBC) and is currently an Associate Researcher at the Centre for Applied Research in Mental Health and Addiction at SFU

harms (e.g., respiratory problems such as bronchitis which can accompany heavy, long-term use). For other people, it may be a matter of cutting back on costs. Still others may be concerned about the potential legal consequences. And for some, their cannabis use may be a problem—due to misuse, stigma or legal status—for the people they care about.

Most people who want to cut down on or quit cannabis are able to do so easily. The way cannabis molecules work in the body typically leads to controlled use of low doses, rather than the compulsive use sometimes seen with drugs that are considered addictive.

Cannabis has a low risk for physical dependence. However, when someone uses cannabis a lot over a long period of time, they may develop a psychological or emotional dependence. This means they may have come to rely on the effects of cannabis and may have trouble functioning with less cannabis. People who do develop mild physical or psychological dependence may experience minor withdrawal symptoms. These can include irritability, anxiety, loss of appetite and disturbed sleep. These symptoms are usually slight and last for about a week.

If you've decided to cut down on or quit using cannabis, consider the following guidelines and tips.

### Tips to help you cut down on the amount of cannabis you use

- **Take a break**

You may have found that you need to use an increasing amount of cannabis to get the desired effects. This is called tolerance. If you want to reduce tolerance, stop using cannabis for a week or two, or take longer breaks than usual between use.

- **Use a variety of strains**

You may build up tolerance to one strain

## 6 Steps to changing your current cannabis use patterns

### 1 Think about your current patterns of use

Think about how much, how often and when you use cannabis in a day, week or month. This will help you understand your cannabis use and will help you monitor your progress as you cut down.

### 2 Think about why you use cannabis

If you're using cannabis regularly, chances are there are reasons why. Does it relax you? Does it help you sleep? Does it relieve physical pain or help you cope with difficult emotions?

### 3 Make a list of reasons why you want to cut down

Think about why you want to change your current pattern of use. Is it negatively affecting your health? Are you worried about the costs? Are you worried about legal consequences?

### 4 Be aware and prepare

It's important to know that, for some people, this change may be difficult to create and sustain. You can prepare by jotting down the things you think may be difficult and noting resources for support, such as counselling or relaxation techniques.

### 5 Make a step-by-step plan to make change happen

First, decide which day you're going to begin making the change. Then, write down what the change will look like and the things you can do on the first few days. Next, outline how you'll deal with any withdrawal symptoms and cravings you may get. Finally, think about what you can do to make a healthy transition.\*

### 6 Stay positive and stay active

Give yourself credit for the positive changes you make and fill your time with meaningful activities and healthy relationships in which your desired level of cannabis use is respected.

of cannabis, but not to another strain. Instead of always using the same strain continually, alternate between different strains.

- **Practise self-management**

Instead of smoking a whole joint or taking a puff every time a joint comes around, take a puff or two and then wait a few minutes. You may find that a smaller amount is enough.

- **Use higher potency cannabis**

Instead of smoking a lot of a weak strain of cannabis, smoke less of a more potent one.

- **Use a vaporizer**

Because of the way they are designed, a good quality vaporizer will allow you to use less cannabis

to get the effects you want.

- **Avoid adding tobacco**

Tobacco contains nicotine, which can quickly create nicotine dependence. Rolling tobacco and cannabis together in a joint may make it harder for you to cut down on using cannabis.

- **Buy less, so you smoke less**

Buying cannabis in bulk is cheaper, but you may end up smoking more than you want to just because it's available.

For more information about cannabis and other substances, visit [www.heretohelp.bc.ca](http://www.heretohelp.bc.ca) or [www.carbc.ca](http://www.carbc.ca).

\* See the *Problem Substance Use Workbook* at [www.heretohelp.bc.ca](http://www.heretohelp.bc.ca) for more information



# The Health Effects of Medical Marijuana Project (HEMMP)

**A** growing number of people with chronic illnesses use marijuana to help them cope with their symptoms. In fact, it is estimated that up to one million Canadians use marijuana for its medicinal effects.<sup>1</sup> There are a limited number of clinical trials supporting the effectiveness and safety of marijuana. However, observational studies<sup>2-5</sup> and other personal observations suggest that marijuana helps people cope with a number of symptoms, including pain, nausea, muscle spasms, depression and anxiety. In addition, marijuana may improve sleep and appetite.

Today, there is access to marijuana for medical purposes through Health Canada's Marijuana Medical Access Division (MMAD). MMAD is the government office that approves access to medical marijuana for people who are eligible under the *Marihuana Medical Access Regulations* (MMAR). People living with specified chronic diseases no longer need to fear legal penalties associated with marijuana use, if they are approved by MMAD. Those who are approved can purchase marijuana grown for MMAD. They may also be allowed to grow a limited number of plants for their own use (depending on their daily dose requirements),<sup>6</sup> or they can designate another person to grow marijuana for them.

To date, only 2,812 Canadians are registered through MMAD.<sup>7</sup> Community-based compassion clubs also provide non-legal marijuana to thousands of Canadians with or without a MMAD licence. Although, MMAD's authorizations to possess marijuana have steadily increased from 2003, the onerous 33-page application and the reluctance of the Canadian medical community to support the therapeutic use of marijuana continue to serve as barriers for compassionate access.<sup>8</sup>

## Understanding the health effects from the point of view of users

More people are turning to marijuana for medical purposes. This has created a need to develop better resources to provide information about the health benefits and risks of marijuana use. In order to develop a toolkit for better practices, the UBC School of Nursing

undertook a research study: the Health Effects of Medical Marijuana Project (HEMMP).

The objectives of the project are to 1) understand the health and social effects for individuals who use marijuana for medical purposes, and 2) examine how the social and political context around marijuana influences people's decisions to use it. This includes exploring issues such as the stigma around marijuana use and its continued illegal status beyond the Health Canada program.

Since 2007, the HEMMP study has interviewed 25



people who obtained marijuana for medical use as members of a compassion club or as holders of MMAD authorization. The sample includes men, women and transgendered individuals ranging in age from 20 to 69. This study includes people living with a wide range of debilitating illnesses, including HIV/AIDS, cancer, hepatitis C and irritable bowel syndrome. Fourteen of our participants also reported using marijuana for mental health issues, including anxiety disorders and depression.

The stories of people taking part in the study reflect the importance of marijuana use in the lives of ordinary people as they deal with a complex range of symptoms. For many, marijuana was a last resort after other prescription drugs and therapies proved unsuccessful. Marijuana helped individuals take part in everyday activities, such as going to work, shopping or simply getting out of bed, and it provided them with a way to feel normal.

### Alia's story

Alia is a woman in her 50s living with arthritis and chronic pain. She doesn't sleep well and lacks the energy she needs to carry out normal everyday activities. Over the years, she tried various medications and supplements to deal with her sleep problems and pain, but found nothing really helped.

She started using marijuana at the suggestion of a friend. She found that one particular strain of marijuana, available through a local compassion club, improved her

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**And the HEMMP Research Team**

sleep immensely and decreased her pain. Alia smokes marijuana once a day in the evening. She has been using marijuana for 14 years. For her, the health and social risks of marijuana use are few and hold little importance when compared to the benefits she receives.

*"It reduces the pain enough that I can get through the next few hours without worrying about how I'm going to do what I'm doing. So I don't have to make so many concessions... and that's a really big plus. Because then I can get three or four hours worth of stuff done and not worry about how tired or sore I'm going to be afterwards..."*

### John's story

John, a 38-year old man, has been living with multiple diagnoses, including fibromyalgia and chronic pain syndrome. For over a decade, he has been seeking help from specialists—trying to find relief from the intense pain he experiences, with little success. His family does not support his use of medical marijuana. So, for a period of time, John "gave up" marijuana.

"I quit and started pursuing much more rigorously the medical aspect of it. I went through all the medications they said should work, might work, never did work and I gave them a full shot at it..."

John later returned to using marijuana and found instant relief.

*"Having one short toke was enough to make my muscles all relax... It has a dramatic effect on muscle pain, stiffness, aches and pain."*

### Marijuana as a lifeline

Alia and John are like many of our participants who found prescribed drugs and other medical therapies to be largely ineffective. Many of our participants believe that marijuana is a "lifeline" for them and that they couldn't function without it.

Almost all of our participants shared concerns about using marijuana. As an illegal substance, marijuana continues to be identified as a potentially dangerous product that there should be limited access to. Many of our participants shared concerns about disclosing their medical use to work colleagues, neighbours, acquaintances, healthcare professionals, law enforcement staff, family and friends. They worried about consequences of disclosure such as losing their jobs, being evicted from their homes, being 'fired' by their physicians, being targeted as a 'criminal,' and social isolation. They were also worried about the influence of their marijuana use on children in their social circles. Some individuals also expressed concern about possible health-related side effects, such as the effect on their lung health. Despite these concerns, participants were very clear that the benefits of marijuana far outweighed the risks or concerns they had.

The HEMMP research study is now in its second year. With interviews now complete, data analysis is underway and reports are being prepared to submit for publication this fall. If you would like more information about the study, contact Dr. Lynda Balneaves at 604-822-7679 or at [lynda.balneaves@nursing.ubc.ca](mailto:lynda.balneaves@nursing.ubc.ca). ■

### footnotes

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## Vaporizers Safe Alternatives to Smoking?

Mridula Morgan

*Mridula is a Vancouver writer and researcher. She is currently a Program Coordinator at Canadian Mental Health Association, BC Division*

We're regularly exposed to anti-smoking campaigns. Ads on TV, on websites and on buses warn us about the health risks linked to smoking cigarettes. Tobacco smoke contains many harmful substances that can lead to cancer, heart disease, stroke and lung disease.<sup>1</sup> Furthermore, people who inhale second-hand smoke are also exposed to toxins that can cause breathing problems and irritate the eyes, lungs and throat.<sup>2</sup> "Butt out," the ads warn, before your health and the health of those you love is compromised.

Cigarettes aren't the only cul-

prits we're warned to avoid. The effects of smoking taboo substances such as cannabis aren't any better. Cannabis smoke also contains a range of harmful chemicals.<sup>3</sup>

Cannabis users generally smoke the plant form of the drug. They inhale the smoke and hold it in their lungs for long periods of time. This may increase the risk of cancer, lung damage, respiratory problems and poor pregnancy outcomes.<sup>4</sup>

A recent study shows that when both tobacco and marijuana are smoked they work together to further increase the risk of respiratory symptoms and lung disease.<sup>5</sup>

What if the negative health risks related to smoking were removed? What if one could simply inhale without absorbing most of the harmful toxins of cannabis, tobacco or other plants?

### Vaporization: a not-so-new 'technology'

A technique called vaporization is considered a relatively safe alternative to smoking. Herbs and plants aren't heated to where they burn and release combustion toxins. They're heated just enough to release their active compounds into vapour for inhalation. The vapour is

then drawn through a mouth piece attached to a hose or pipe, a section of which may run through a water bowl for cooling before inhaling or storing for later use.

The vaporizer principle is based on a device commonly known as a hookah, which has been used for hundreds of years. Its origins are in India, but it is widely used in the Middle East for tobacco smoking and is gaining popularity in other countries.

In recent years (1990s) the technique of vaporization has been extended to the use of cannabis and together with that many different types of devices have been developed. Canada was at the forefront of this development with the first electric vaporizer prototypes in 1994.<sup>6</sup> However, a device that has received considerable attention is the Volcano<sup>®</sup> vaporizer.

### The Volcano Vaporizer: a high-tech 'hookah'

In the late 1990s, a German named Marcus Storz invented what is known as the Volcano vaporization system.<sup>7</sup> This device has been formally validated by researchers as a "safe and effective cannabinoid delivery system" for clinical trials.<sup>8</sup>

The Volcano is made up of a few easy-to-assemble parts. There is a plug-in cone-shaped base (the 'volcano') that has a heating element and temperature regulator. Herbs such as cannabis are put into the conical filling chamber and vaporized. At temperatures between 180°C and 200°C, cannabinoids are released in a gaseous form, before they reach a burning point. The cannabinoids are thus extracted without creating smoke toxins.

The herb is put in a heating chamber that sits at the top of the 'volcano.' A valve connects a heat-proof bag or balloon to the top of the cone. When the expandable bag is filled with rising vapour, it's removed from the cone. A mouth piece is inserted so the vapour can be inhaled from the bag.

In 2006, Dr. Donald Abrams, a cancer specialist at the University

of California, San Francisco, studied how inhaling *Cannabis sativa* (the most widespread variety of cannabis) through the Volcano Vaporizer differs from smoking a standard joint of marijuana. Abrams and his fellow researchers found that vaporization reduced the amount of carbon monoxide and tar that was generated compared to smoking, possibly reducing exposure to gaseous combustion toxins.<sup>9</sup>

Other researchers found that electric vaporizers can completely suppress the formation of harmful compounds such as benzene.<sup>10</sup> Exposure to benzene has been reported to have major long-term health effects.<sup>11</sup>

What does this mean for cannabis users? It may open the door to using cannabis while promising to lessen the negative health effects normally linked to smoking. It may also give hope for an emerging safe use of cannabis for medicinal and therapeutic purposes. This would be good news for those who use cannabis to manage chronic health conditions.

### Are vaporizers an answer to the smoking dilemma?

The Volcano vaporizer Internet sites and blogs market the Volcano Vaporizer as a device that helps people to "quit smoking." One can be weaned off the toxins and simply "inhale the benefits." This is designed to dispel the common mantra that "smoking is bad for you." In fact, smokers are made to believe that they can indulge, without experiencing the negatives connected with smoking.<sup>12</sup>

The evidence around safe use of vaporizers is not yet conclusive. Much research is necessary to scientifically resolve the issue of medical marijuana use, yet research itself seems to be controversial. The Multidisciplinary Association for Psychedelic Studies (MAPS) sponsored solid scientific research from



A woman removes the expandable bag from the Volcano Vaporizer after it has filled with rising vapour. She passes the ready bag to her partner so he can inhale the vapour.

© by Storz & Bickel 2007

1993 to 2002. However, the association claims that the US National Institute on Drug Abuse (NIDA) has discouraged further vaporizer research by enforcing a tight monopoly on the supply of marijuana that can be used in research. This has been interpreted as an unwelcome triumph of Drug War politics over science.<sup>13-14</sup>

Finally, access to, or compliance with, using vaporizers may also be an issue. There are dozens of models of cannabis vaporizers on the market and some are not cheap. They run anywhere from around \$50 to upwards of \$550 for the Volcano vaporizer. For many people, a vaporizer may be a luxury item. For many others, a vaporizer may be simply unaffordable. Why invest in a vaporizer when you can simply light up for much cheaper?

Debate surrounding the use of substances such as cannabis and tobacco, with or without a vaporizer, continues. Smokers continue to indulge in cigarettes and cannabis users take their joints. The use of vaporizers is relatively new and still under scrutiny but hopefully further research will prove them to be effective, safe and affordable tools for smokers. ■

### footnotes

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# Compassion Clubs

## Working for Health and Liberty

**Kailey Willetts**

*Kailey is a Communications intern at the Canadian Mental Health Association, BC Division and an English Honours student at the University of Victoria*

\* pseudonym

The BC Compassion Club Society can now claim “12 years of civil disobedience and 12 years of non-profit medical cannabis distribution in Canada... The BCCCS will continue to work towards ensuring that those who use cannabis as a medicine never have to choose between their liberty and their health...”<sup>1</sup>

### Meet Louis

When Louis\* was diagnosed with cancer in 2005, he immediately applied for membership in the BC Compassion Club Society (BCCCS). Louis is also a licensed user through Health Canada’s Medicinal Marijuana Medical Access Division.

Louis used marijuana through several rounds of chemotherapy.

“Not only was I not overcome with nausea, but I was able to gain weight during the last, difficult six-month course of chemotherapy,” Louis wrote in an e-mail interview.

“This last chemotherapy course devastated the nerve endings in my hands and my feet, and I now suffer from peripheral neuropathy,” he added. “Associated with peripheral neuropathy are throbbing pains in my feet that come by for a visit each evening, usually in bed. My neurologist concedes that there are therapeutic properties in marijuana and encourages me to use it.”

Despite being a Health Canada licensed user, Louis doesn’t get his medicine from Health Canada. Instead, he relies on the BC Compassion Club.

### The BC Compassion Club

Compassion clubs came to Canada in the late 1990s, based on similar medicinal marijuana clubs in the United States. The goal of compassion clubs is to provide safe access to medicinal, or medical, marijuana when there is no government-sanctioned program, or when such a program is not effectively meeting the need. About 12 major clubs currently provide medicinal marijuana to an estimated 10,000 people across Canada.<sup>2</sup>

The BC Compassion Club Society—Canada’s largest compassion club, located in Vancouver—opened its doors in 1997. At that time, there was no government-sanctioned program to provide medical marijuana in Canada.

The Health Canada Marijuana Medical Access Regulations (MMAR)<sup>3</sup> was enacted in 2001. Now people can apply for federal government approval to use marijuana for medical purposes. However, the Health Canada eligibility requirements are very restricted and the application process is lengthy. There are currently only around 2,800 people licensed by Health Canada to access medical marijuana,<sup>4</sup> out of an estimated 600,000 Canadians that use marijuana for medical purposes.<sup>5</sup> Currently, the BCCCS has around 5,000 members.<sup>6</sup>

“The courts have ruled that people who are ill have the right to access medicinal cannabis if they have need of it, without fear of prosecution,” says Jay Leung, communications coordinator for the BCCCS (see sidebar re court rulings).

Compassion clubs exist to provide medical marijuana to people in need, but not all their members are licensed by Health Canada. While the clubs usually have their own strict guidelines for membership and providing cannabis—for chronic conditions, most clubs require a doctor’s note confirming a patient’s condition; for some conditions, a doctor’s prescription may be required—this does not make unlicensed members’ use legal. So, fear of prosecution is still a concern.

Compassion club operations, in fact, are illegal under Canadian law. Under the MMAR, growers can apply for a licence to produce medical marijuana for a licensed user. But the regulations restrict the number of users a producer can grow for (was one; now two) and restrict the number of plants they can grow based on how much cannabis the user is licensed to smoke (usually enough to ensure a constant supply of 1 to 3 grams a day). Producers must also get their seeds from Health Canada.<sup>7</sup> To provide the quality product and quantity that their members need, however, BC-



A member hands her membership card to the receptionist in the waiting room at the British Columbia Compassion Club Society.

J.K. Leung, 2008

CCS contracts growers who operate outside the Health Canada regulations, so are “engaged in civil disobedience, and risk getting arrested and charged.”<sup>1</sup>

“Health Canada programs have been a half-hearted attempt to meet the requirements that the court rulings have mandated,” says Leung.

### So, why does Louis get his marijuana from the compassion club and not Health Canada?

Many Health Canada licensed users choose to use compassion club or other sources instead of the Health Canada product. Often, it’s a quality concern.

“I have never used MMAR [cannabis] because they sell an inferior, overpriced product,” wrote Louis.

“We provide a much higher quality of medicine,” says Leung. The BCCCS offers organic cannabis and has different strains of cannabis (at least seven), which affect people and conditions differently. Health Canada offers one strain, and only sells cannabis as seeds or dried. While the BCCCS only measures potency (THC levels) anecdotally, they trust their experienced suppliers to provide them with high-quality medicine, which is tested for mould and other harmful products. High-potency cannabis is supposed to contain 15% THC (main active ingredient).<sup>1</sup> According to Health Canada’s website, their product currently averages 12.5% THC. But an independent study in 2004 found an average 5% THC level, when Health Canada was claiming 10.2%.<sup>8</sup>

### BCCCS: more than a dispensary

According to Leung, the BC Compassion Club also has “a lot more resources on hand for people to access—just in knowledge and expertise.” The people who dispense the cannabis are able to assist clients in picking a strain that will best help their symptoms. Members browse the dispensary “menu” while they sit in the plant-filled waiting room, before being called upon to receive their medicine. Cannabis is dispensed and paid for in privacy, behind a curtain or bamboo divider.

Medicinal cannabis from the BCCCS is typically \$8 to \$9 per gram; however, the society offers cannabis at \$3/gram up to two days a week. Also, any donated cannabis is passed along to BCCCS members free of charge.<sup>1</sup> Health Canada cannabis, comparatively, is \$5/gram, plus GST and PST where applicable.<sup>7</sup> Health Canada also charges interest on amounts unpaid for more than 30 days<sup>9</sup>—and, as has been said, the quality is considered to be inferior.

The compassion club offers more options than the traditional cannabis ‘cigarette.’ “Most of the harm associated with cannabis is actually due to the act of combusting,” notes Leung. He adds that BCCCS has vaporizers for their clients to use, which produce the same effects as smoking without the health risks. The club also provides non-smoking options such as cannabis-infused oils and butter, tinctures (cannabinoids are extracted into an alcohol or glycerine base, then

## Medical Marijuana in the Courts

Section 7 of the Charter of Rights and Freedoms says that everyone has the right to life, liberty and security of person.<sup>1</sup>

**1997:** An Ontario judge ruled that sections of Canada’s narcotics and controlled substance laws violate an individual’s Charter rights when marijuana is needed for medical purposes. The ruling came during the trial of Terry Parker, who was found not guilty of growing and possessing marijuana. Mr. Parker used marijuana to help control his epilepsy.<sup>2</sup>

**2000:** The 1997 decision was upheld in the Ontario Court of Appeal.<sup>3</sup>

**2003:** The Ontario Court of Appeal upheld the decision by the Ontario Superior Court that the rules for producing your own marijuana were too restrictive and forced many medicinal users to turn to the black market. It further ruled that medical users are entitled to reasonable access.<sup>4</sup> In response, the government didn’t change its regulations, but opened up its own growth operation in Manitoba

**2008:** The Federal Court of Appeal upheld a decision by a Federal Court judge in BC, who ruled that the regulation that said a designated medical marijuana producer could only grow for one approved user was unconstitutional because it created a barrier to access. Health Canada was given one year to fix the regulation.<sup>5</sup> In April 2009, the Supreme Court of Canada refused to hear an appeal that loosening federal restrictions would promote deregulation.<sup>6</sup> In May 2009, Health Canada introduced a new regulation: producers could grow for two users. Medical marijuana advocates called the new legislation “a slap in the face” and said it ran contrary to the court ruling.<sup>7</sup>

dropped or sprayed orally) and a variety of baked goods. And the dispensary sells items such as the vaporizers, forest-friendly rolling papers, glass pipes and more, which help members consume cannabis safely and effectively.

Additionally, BCCCS runs a Wellness Centre in Vancouver that is supported by produce sales. The Wellness Centre offers services by licensed/certified alternative medical practitioners such as herbalists, nutritionists, counsellors, traditional Chinese medicine doctors and acupuncturists. Most of these services aren’t covered by the health care system, but are available on a sliding price scale between \$5 and \$30 a visit.<sup>1</sup>

“[The wellness centre] is just as important as the dispensary, but much less well known,” said Leung. It’s part of a holistic approach to health care. ■

### footnotes

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loss of enjoyment in life  
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can't seem to concentrate  
trouble functioning  
turning to alcohol  
appetite changes  
thoughts of suicide  
restless and worried

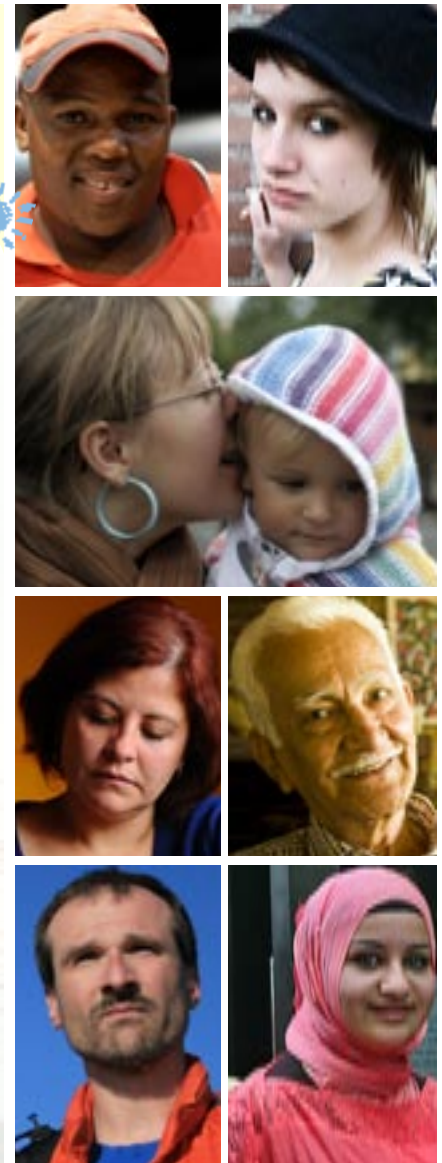
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