



Cultivating *C*ompassion

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Operating in a legal no-man's-land and facing criminal action at any time, dedicated activists at compassion clubs across Canada are working to make medicinal marijuana available to any PHA who needs it.

Derek Thaczuk explores how they work and why they are so important.

On

April 23, 2004, at the New Brunswick Cannabis Café in Saint John, owner Lynn Wood phoned a new applicant's doctor's office as usual to check that all was above board—unaware that she was actually speaking to a detective. The café, a compassion centre that provided medical marijuana to people with conditions including HIV/AIDS, was short-staffed that day. An inexperienced employee missed the step that usually came next—verifying the doctor's name with the College of Physicians and Surgeons—and Wood went ahead with supplying a gram of marijuana to the applicant. Shortly afterwards, more than a dozen police officers burst through the door, and Wood was on her way to jail for selling marijuana to an undercover police officer. Six months pregnant, Wood received a one-year sentence, with only enough time off to deliver her baby outside the jail.

The New Brunswick Cannabis Café (NBCC) isn't the only compassion centre in Canada to have found itself busted. In August 2002, six plainclothes police officers knocked down the door of the Toronto Compassion Centre (TCC). Despite prior verbal agreements between police and the centre that any problems would be resolved peacefully, programs coordinator Mary Jane Morgan found herself with a gun pointed at her

head. “Even the fish in our aquarium were freaked out,” she says.

And recently, in March 2007, London Compassion Society owners Peter Young and Robert Newman were arrested and charged with marijuana cultivation and trafficking. Both spent two days in jail and, at the time of writing, are out on \$25,000 bail awaiting trial, prohibited from having any contact with one another and not allowed in the downtown core of London, Ontario.

There is one precedent Young and Newman can look to for hope. It’s the case of Vancouver Island Compassion Society (VICS) founder and director Philippe Lucas, arrested and charged with drug trafficking and possession in November 2000. More than 20 court appearances later, on July 5, 2002, Lucas received not only an absolute discharge but praise from the court. A report on the case in the September 17, 2002 issue of *The Canadian Medical Association Journal* noted that the judge “lauded Lucas’s motives, transparency and meticulous record-keeping.”



WHAT ARE COMPASSION CENTRES?

Compassion centres (or compassion clubs)—businesses that exist to sell marijuana to people with medical conditions including HIV/AIDS—are clearly outlaws. They differ dramatically from “garden-variety” dealers in that they grew out of the medical marijuana activist movement and, accordingly, treat marijuana as a medicine—albeit a controversial and often illegal one. Clubs will only sell to people with officially documented medical conditions—such as HIV/AIDS, cancer, glaucoma, hepatitis C, chronic pain and multiple sclerosis. With access to clean, inexpensive, high-quality cannabis in a welcoming, wellness-oriented setting, clients aim for relief from their symptoms—pain, stress and the nausea and loss of appetite often caused by pharmaceutical treatments for their conditions. Some clubs provide relaxed settings for clients to take their medication on the premises.

According to the Canadian AIDS Society, 16 compassion centres are currently operating in Canada (see list, page 22). While not governed by any formal umbrella organization, they form a loose-knit network ascribing to common principles. *Guidelines for the Community-Based Distribution of Medical Cannabis in Canada*, co-authored by Rielle Capler, advocacy and research coordinator at the British Columbia Compassion Club Society, and Philippe Lucas, defines a set of voluntary standards by which most compassion clubs choose to operate.

For instance, cannabis can only be sold to members—people who have applied, provided ID, and whose medical information is confirmed by their physicians. (Patients must provide written permission to their doctors to share

confidential medical information with the clubs.) Members may not resell or share any product they buy, on threat of expulsion. Nearly all clubs also provide advice and guidance on how to use cannabis, avoid unwanted effects and stay within the law—tips that are especially helpful for new users. “Maybe half of our members are people who weren’t hippies,” says the TCC’s Mary Jane Morgan. “They don’t know about marijuana. We get to know them and what’s going to help them best: which strain, how much, how to take it...whatever they need to know.”

Recognizing how rigorous most clubs are in restricting their sales to people with medical conditions, many police

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departments let them operate under the radar in a sort of unwritten, off-the-record truce, but it is a truce that can give way without warning at any moment.



CRIME TO TREAT SICKNESS?

While pot will probably never lose its tie-dyed toker Cheech and Chong rep, thousands of people with HIV/AIDS, cancer and other serious illnesses find it an effective way to help manage their symptoms. Many rely on marijuana to settle stomachs sick from HIV, antiretroviral treatments and cancer chemo—and to bring on the famous munchies. Smoked cannabis quells AIDS-related neuropathic pain twice as well as a placebo, according to a study by Dr. Donald Abrams, professor of clinical medicine at University of California, San Francisco (published in *Neurology*, February 2007), and research is investigating other potential benefits.

Today, despite the fact that marijuana is illegal, Health Canada can make exceptions for people with grave and debilitating illnesses. In 1998, however, marijuana was not legal under any circumstance in Canada. Back then, AIDS activist Jim Wakeford and epileptic Terry Parker took to the courts in two landmark cases, defending their right to better their health without fear of arrest. (As Wakeford told *The Positive Side* in 2002, “It’s not a crime to be sick.”) In May 1999, Wakeford was granted the legal right to use marijuana. Furthermore, in July 2000, the court ordered Health Canada to set up a mechanism by which other seriously ill Canadians could do the same. The Marijuana Medical Access Regulations (MMAR) came into force in July 2001: armed with a doctor’s support and the proper paperwork, sick people could now legally grow, possess and use marijuana to treat their illnesses.

But the battle didn’t end there. The MMAR allowed for legal possession but made no provisions for legal supply.



ACCESSING MEDICAL MARIJUANA

Things to consider:

Marijuana is illegal. Health Canada can make exceptions for people with “grave and debilitating illnesses.”

Having HIV/AIDS does not, in itself, qualify you for this legal exemption. If you are HIV-positive and suffering from severe pain, nausea, wasting or weight and/or appetite loss, you can apply to Health Canada’s Marihuana Medical Access Division—you will need a doctor’s support as well as medical documentation of your condition. Details and application forms are available on Health Canada’s Web site:

www.hc.sc.gc.ca/dhp.mps/marihuana/index_e.html

This site also describes how to gain access to Health Canada’s medical marijuana supply. The government of Canada does not recognize compassion clubs as a legal source.

For more info and a list of Canadian compassion centres, see the Canadian AIDS Society’s *Medical Marihuana: A Guide for PLWHIV/AIDS and their Caregivers*, online at:

www.cdnaids.ca/web/backgrnd.nsf/pages/cas-gen-0040

Things to look for in a club:

Any place can call itself a compassion club. The standards and guidelines discussed in this article are voluntary—not everyone adheres to them. Use your own judgment when using services.

Questions to ask:

- How secure is my confidential information—medical and otherwise?
- How is your cannabis grown? Is it safe for sick people to use, free of pesticides, moulds and toxins?
- Can you offer advice for new users?
- Can you offer alternatives to smoking (vaporizers, ingestibles)?

Above all, never forget that compassion centres are still illegal—even if it’s legal for you to use medical marijuana, it’s not legal for anyone but Health Canada to sell it to you.

After further court hearings by Wakeford and others, the Ontario Superior Court ruled in January 2003 that legal permission without a legal supply amounted to no permission at all. Health Canada—which had already contracted Prairie Plant Systems (PPS) of Flin Flon, Manitoba, to grow marijuana for research purposes in December 2000—now reluctantly began distributing the PPS crop. As a result of that court decision, legal MMAR holders can now apply to Health Canada to purchase dried marijuana at \$5 a gram (and/or seeds to grow their own), delivered directly to them by courier.

Health Canada’s most recent statistics (April 2007) reveal that 1,742 Canadians are currently legally entitled to possess marijuana under the MMAR and, of those, 351 are accessing the government’s legal supply. A further 444 have ordered Health Canada-supplied seeds, of whom 170 are receiving a temporary supply of cannabis until their seeds yield a usable crop. Yet far more Canadians—close to 10,000—are estimated to be registered with compassion clubs.

Why do they brave such thin legal ice? Arguments have raged over the quality of the PPS product. Recipients of PPS pot have criticized it for low strength and purported contamination by toxic metals. (Health Canada’s own data shows a biologically pure product with THC—the active ingredient in marijuana—content near 12 percent and metal and other toxin levels well within Canadian safety standards.) PPS president Brent Zettl has stood by his product, rejecting criticisms he says are not backed up by evidence. Yet in 2006, through the Access to Information Act, VICS founder and director Philippe Lucas obtained copies of more than 2,000 complaints received by Health Canada about the quality of its program and product—more than one complaint for every day of operation.

As well, the knowledge, experience and support of compassion clubs give them a significant edge over the Health Canada program, which is set up only to provide and deliver the marijuana. Although PHA activist and retired physician Greg Robinson acknowledges that he feels much more secure having the government’s legal entitlement to use marijuana, he says: “The government supply is not a good solution. The compassion clubs offer me advice, information and experience—an understanding of how to use this substance for my benefit. Health Canada has demonstrated that they simply can’t provide that kind of experience and knowledge.”



THE FIRST SEEDS SPROUT IN B.C.

Canada’s first compassion clubs were established before any such thing as a legal government source existed. The very first such centre, the British Columbia Compassion Club Society (BCCCS), was founded by medical cannabis user and activist Hilary Black in 1997. As BCCCS’s Rielle Capler tells it: “Hilary was working at a hemp store downtown, seeing more and more older people and sick people

asking where they could get cannabis to help with various illnesses. Cooperatives were just opening up then in other countries. Hilary spent some time in Holland and California studying their operations, then got together with some people up here and started BCCCS.”

Anyone with a grow lamp and a mind to do so can sell pot. So why go that extra mile? Why do compassion club owners, staff and volunteers paint bull’s eyes on their foreheads—risking arrest by setting up such visible, vulnerable operations?

Pete Young and Rob Newman co-founded the London Compassion Society (LCS) in 1998 in Ontario with a donated pound of marijuana “out of an old army safe in the back of a head shop.” Newman, HIV-positive himself, says, “I’m a huge AIDS advocate. I like to do things that push the envelope, to get involved in things that pose questions and challenge things. I think the whole AIDS community is known for that, for pushing tough issues like this one.”

When Philippe Lucas tested positive for hepatitis C in 1995, he started doing research to see if cannabis might be harmful to his liver. All the published studies he found showed nothing of the kind. Instead he found out that it could potentially help the symptoms he was starting to experience (nausea, loss of appetite, pain from liver swelling). “Our drug policies were not in keeping with the science or evidence,” says Lucas. “As a 25-year-old white male I had no trouble finding cannabis in the city of Victoria. But I did have trouble finding a *consistent* supply—something effective every time. So I started growing my own and learning about it.” Four years later, in 1999, Lucas met with BCCCS director Hilary Black and went home determined to start a similar organization. He opened the Vancouver Island Compassion Society from a storefront in October that year.

On the legalities of operation, Lucas says: “Compassion clubs take the most vulnerable victims—medical cannabis users—off the front line of the drug war. I don’t think there’s any jurisdiction in Canada where the police actually want to arrest people with HIV or cancer [who use cannabis for medical reasons]. By providing this service, we’ve served not only our membership but also the police, by helping them to distinguish medical from recreational users.”

No doubt medical users would rather find effective treatments that are legally available. For that matter, why not stick to the perfectly legal synthetic cannabinoids, nabilone (Cesamet) and dronabinol (Marinol)? Robinson explains why many people avoid them: “If I could get the right effects from a pill, I’d use it. But Marinol and Cesamet just wipe me out.”



HERE DOES THE MONEY GO?

Best intentions there may be, but cannabis still means business. Even a smaller centre like the LCS has 200 clients. Some 2,000 are registered with TCC; double that with

BCCCS. At roughly \$10 a gram, couldn’t that add up to a tidy profit?

Not at the LCS, says Newman. Interviewed before his bust early this spring, he put it plainly: “I don’t drive a Cadillac. All our employees rent, nobody owns a home. We just turn all the money back over to the club because that’s what it’s all about. We have actual employees now, with salaries to pay, but even that’s bare minimum. [Founder] Pete Young doesn’t take a salary at all.”

At BCCCS, a registered non-profit agency (which has recently become a member of the Canadian AIDS Society), Rielle Capler says, “We are as accountable as any other non-profit agency. We do everything we possibly can to enhance our transparency and accountability—we want to show the vision of what this could be if we operated in a



MEDICAL CANNABIS PATIENTS BILL OF RIGHTS

Written by Philippe Lucas of the Vancouver Island Compassion Society, this Medical Cannabis Patients Bill of Rights was designed to outline the basic rights of medical cannabis users, and to protect them from stigma, arrest and prosecution.

- I am not a criminal; I am a person living with a medical condition and use cannabis to alleviate my suffering; I am capable of making fundamental decisions about my health.
- I have the right to live free of unnecessary suffering, social stigma and interference from the state, and should not have to choose between my personal liberty and my health.
- I have the right to produce my own medicine if I am willing and able to do so, or to access it from a safe source without fear of arrest and persecution.
- It is the federal government’s moral, legal and constitutional obligation to defend these basic and inalienable human rights, and to ensure that no organization or individual unduly interferes with them.

<http://compassionatecanadians.com/billrights.php>

legal environment.” Does BCCCS set the industry gold standard? That’s what it has been striving for. Two years ago, the centre applied for and received a grant from a large financial institution. “We went through a really intense process,” says Capler. “Their ethics committee looked under every rock and found that our ethical standards equalled or exceeded their requirements.”

MORE THAN JUST MARIJUANA

Whether they operate under a for-profit or non-profit model, many operations channel funds from sales back into other projects that support their clients’ health and the future of the medical marijuana movement. BCCCS operates a wellness centre, as did the LCS before it ceased operations. The BCCCS model has always been a holistic healthcare centre, says Capler. “People come to us because they’re interested in natural and holistic health. They’re finding there’s more to healthcare than what the pharmaceutical industry has to offer. But many holistic services are hard to access because their costs are not covered.” The BCCCS uses money from sales to subsidize complementary and alternative services offered by herbalists, nutritionists, Reiki therapists, doctors of Chinese medicine and craniosacral therapists. “There are wait lists, but once clients get to see a practitioner they can see them for as long as they need to. At any one time about 300 people are using the services.”

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Before the LCS shut down, three rooms were rented out to therapists. While therapists weren’t LCS employees, they had to be completely knowledgeable about what LCS did. The therapists ran their own registered massage therapy, hot-stone therapy or aromatherapy services and gave LCS clients a 50 percent discount.

REEFER RESEARCH

At the Vancouver Island Compassion Society, the emphasis is on research—an area still moving at a glacial pace through “official” research channels. “Cannabis has been well researched internationally,” says Lucas, “but Health Canada and the Canadian Medical Association keep saying ‘we don’t know enough about this, there’s no research.’ I realized that with all our members we’d be great research centres. It made eminent sense in terms of recruiting and gathering info quickly, efficiently and at low cost.” In a prime example of community-based research,

Lucas took the initiative, teaming up with academic partners from the University of Victoria and the University of British Columbia (UBC) to develop research protocols and ensure the project’s scientific rigour and credibility. In January 2006, the respected *Journal of Complementary Therapies in Clinical Practice* published the first fruits of their labour, a paper entitled “Survey of Cannabis Use Among Childbearing Women,” jointly authored by Lucas, Capler, Rachel Westfall from the University of Victoria, and UBC’s Patricia Janssen.

Several other studies are also in the works, in collaboration with academic researchers and intended for publication in respected journals: “If it’s not peer-reviewed and published it’s simply not going to carry much weight. That means a longer, more cumbersome and more expensive research process, but if we’re serious about showing ourselves as credible research providers, we have little choice but to jump through those hoops,” says Lucas. “I love the research we’re doing.” So do others, apparently: in April, the University of Victoria honoured Lucas for “remarkable contributions to the university and the greater community.”

HELPING THE FEDS

Many of the activists behind compassion centres are working to improve the very federal system they often find themselves pitted against. “We feel it’s important,” says Lucas, “even as we’re working outside the system, to try to fix the federal medical marijuana program.” A research study he is working on with McMaster University will collect user feedback about the Health Canada program—something, Lucas points

out, the federal program itself has never done.

It’s not as if compassion clubs’ business base is threatened by Health Canada’s program—today, the clubs serve some 10,000 critically and chronically ill Canadians. What activists want first and foremost is to compassionately provide people in need with high-quality medical marijuana and knowledgeable advice. Pushing for change comes with the territory. Those 10,000 Canadians, after all, would be best served if the federal system was improved *and* clubs were granted legal status. Meanwhile, the last word may belong to Lucas: “We’re doing more research than Health Canada, producing a better and safer cannabis supply and we’re doing it all at no cost to the Canadian taxpayer.” +

Derek Thaczuk has worked in the HIV community for many years, providing support services and accessible treatment information. He has worked as a treatment educator with CATIE as well as a freelance writer and editor.





COMPASSION CLUBS ACROSS CANADA

Treating Yourself.com Inc.

Canada-wide
E-mail: weedmaster@treatingyourself.com
Web site: www.treatingyourself.com

Cannabis Buyers' Club of Canada

Victoria and Coombs, British Columbia
Halifax, Nova Scotia
Tel: (250) 381.4220 on the West Coast
(902) 497.3941 on the East Coast
E-mail: normlms@hotmail.com

The Vancouver Island Compassion Society

Victoria, British Columbia
Tel: (250) 381.8427
E-mail: info@thevics.com
Web site: www.thevics.com

Island Harvest-BC Certified Organic Medical Cannabis

Vancouver Island, British Columbia
Tel: (250) 748.8614
E-mail: info@medicalmarihuana.ca
Web Site: www.islandharvest.ca

The Mid-Island Compassion Club

Vancouver Island, British Columbia
Tel: (250) 954.0363
E-Mail: MidIslandCompassionClub@Shaw.ca
Web site: www.Members.Shaw.ca/MidIslandCompassionClub

British Columbia Compassion Club Society

Vancouver, British Columbia
Tel: (604) 875.0448
E-mail: info@thecompassionclub.org
Web site: www.thecompassionclub.org

remarcable foods

Vancouver, British Columbia
Tel: (604) 721.7461
E-mail: info@remarcable.ca
Web site: [http://increationwetrust.org/
Remarcable%20backup/remarcable/THC.html](http://increationwetrust.org/Remarcable%20backup/remarcable/THC.html)

Nelson Cannabis Compassion Club

Nelson, British Columbia
Tel: (250) 354.4206
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Mobile Access Compassionate Resources Organization Society (M.A.C.R.O.S.)

Edmonton, Alberta
Tel: (780) 457.6824
E-mail: admin@macros.ca
Web site: www.macros.ca

London Compassion Society

London, Ontario
Tel: (519) 850.5221
E-mail: info@londoncompassionsociety.com
Web site: www.londoncompassionsociety.com

Cannabis As Living Medicine (C.A.L.M.)

Toronto, Ontario
Tel: (416) 367.3459
E-mail: info@cannabisclub.ca
Web site: www.cannabisclub.ca

Cannabis Common Inc.

Toronto, Ontario
Tel: (416) 400.3134
E-mail: cannabiscommon@sympatico.ca
Web site: www.toronto420.com/cc

Hemp Users Medical Access Network

Toronto, Ontario
Tel: (416) 253.1021
E-mail: info@humanhemphealth.ca
Web site: www.humanhemphealth.ca

Toronto Compassion Centre

Toronto, Ontario
Tel: (416) 668.6337
E-mail: postmaster@torontocompassioncentre.org
Web site: www.tccentre.org

Montreal Cannabis Club/ Marijuana Home Delivery

Montreal, Quebec
Tel: (514) 521.8764
E-mail: contact@marijuanahomedelivery.ca
Web site: www.marijuanahomedelivery.ca

Montreal Compassion Club

Montreal, Quebec
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