

Jane Weirick Recovering

Cannabis Trimmer Attributes Illness to Pesticide Exposure

By O'Shaughnessy's News Service

After six weeks in the hospital, Jane Weirick returned to her home in Hayward in mid-February. She is recovering from a rare, extremely debilitating illness that her doctors attribute to a chemical exposure. Jane is convinced the chemical assault came from Avid, a pesticide that a few growers of "medical" marijuana reportedly spray on their plants to control spider mites.

Jane has been on the cutting edge of the medical marijuana movement — literally — since 1996, when she was responsible for packaging at Dennis Peron's SF Cannabis Buyers Club. After Prop 215 passed, she began trimming and packaged cannabis for growers and for new Bay Area dispensaries.

When the state forced the SFCBC to close in April '98, leaving thousands of patients without their drug of choice, Jane and Wayne Justmann, Randi Webster and Gary Farnsworth found a building for rent at 350 Divisadero and transformed the drab, vacant space into the San Francisco Patients Resource Center. In 2003 Jane opened her own club in the East Bay while continuing to run her trimming-and-processing service.

As 2004 was winding down, Jane decided to sell the dispensary. Maybe her body sensed trouble coming and her mind got the message. The trouble arrived, as she tells it, on Thanksgiving. "I thought I had the flu. I was tired, I had a headache, I felt sick. I went to the doctor. They gave me painkillers — hydrocodone. They told me 'Take two of these every four hours.' I did that. After two weeks it occurred to me that I was hooked on the painkillers and decided to kick them, which took me three days. But then I couldn't walk.



Buds drying

"I kept going downhill through Christmas. New Year's Eve they moved me by ambulance to Kaiser Hayward. Nine neurologists looked at me. They checked for viral meningitis, brain tumors, you name it. It took them 29 days to come up with a diagnosis. Then they moved me to Kaiser Vallejo. When I got there my entire right side was paralyzed. I couldn't talk, couldn't move. I was in total pain, getting dilaudid intravenously every four hours. I couldn't lift my head up.



Jane in happier times — outside the San Francisco Department of Public Health as the city's medical marijuana card program was announced in 2000. To her right, Randi Webster, Ellen Komp and Gary Farnsworth.

"The second day I was there Big Mike came and brought me a joint. Went out in the back and smoked it. I started holding my head up. Next day he brought me another and I held my head up all day. Three days later I could hold my back up. A week later, starting to walk.

"We don't know if cannabis helped bring me back, but Kaiser Vallejo gave me a place to go smoke. Security would wave. Everyone knew what I was doing. I would have brought a Volcano in but I couldn't use my hands. I signed my name today (2/23), that was a first. I'm learning how to type again, starting to catch up on my emails."

Jane says that when she began packaging extensively for the San Francisco CBC, all the cannabis passing through her hands had been grown outdoors. Now, she estimates, 75 to 80 percent of the cannabis sold in Bay Area dispensaries is grown indoors. The outdoor percentage "goes up somewhat around harvest" for a few months. (Cannabis grown indoors is much more susceptible to spider mites.)

Avid, manufactured by Syngenta (formerly by Novartis), is a so-called "natural" pesticide, extracted from a soil bacterium. It is applied to plants in the flowering stage. It is classified by the industry as "slightly" toxic, but by entomologists as "highly" toxic.

Jane says that only "five or six" of the vendors for whom she used to trim admit they used Avid, "and only two used it a lot. But we have no idea how much exposure it takes to cause this, so we don't know how many other people might be affected."

Jane regrets working for one vendor who now admits using Avid heavily. "Over the years I trimmed for him, I packaged for him, I quality-controlled for him. I also found out that my next door neighbor was using it and I could have picked it up from the property I was living on. There's been a lot of exposure."

Jane says the onset of her illness was preceded by about seven months by a severe allergic attack. At that time, she says, "I had to stop trimming and packaging because it made me sneeze so bad."

Jane's advice to those who package or trim cannabis: "Wear masks, wear long sleeves, wear gloves, ventilate the area, and don't do it as much as I did."

Jane was off cannabis for about a week and a half when she first went to the hospital. The initial diagnosis was a brain tumor and she received three days of chemotherapy, during which she says she was "Miserable and nauseous, not eating and throwing up. On the second day they didn't give me any painkillers and when I screamed, they shut the door. The third day I ate a bunch of cannabis caramels and slept all night. Woke up, ate breakfast and didn't throw up. The nurses are in there going 'What happened?' And I told them. The doctor came in and I told him what I was doing and he said



PREPARING MEDICAL CANNABIS FOR DISTRIBUTION takes labor — manicuring, drying, weighing, and packaging.

'Fine.' So I ate caramels and when I got to Vallejo, Mike came up and we smoked. And when I could use my hands, I went out there myself."

Jane says she was "off cigarettes a lot longer because nobody would bring me those." She's now using her Volcano vaporizer but her fingers are still not nimble enough to load it.

Tod Mikuriya, MD, thinks "presumptive delayed allergic hypersensitivity" is a reasonable diagnosis and advised Weirick to undergo to confirm it. Mikuriya has been urging since the mid-1990s that cannabis dispensed for medical purposes be screened for pesticide residue. "Patients with HIV and other illnesses that compromise the immune system are at even greater risk [than Weirick]," he observes.

Dr. Russell Jaffe, apprised of Weirick's history, sees "a good chance that a hormone disrupter chemical is at work, perhaps along with its metabolite (epoxide, usually)."

Dr. X comments: "Avid works as a GABA agonist. So if Jane was given any GABA-agonist medications she would have gotten worse (valium or other muscle relaxants, alcohol). If you go to Pubmed, you'll find lots of research that suggests THC decreases GABA in parts of the brain, so Jane's treatment makes sense!"

Just because a toxin is made by a bacterium doesn't mean it's safe for human ingestion.

A serious organic agronomist consulted by O'Shaughnessy's comments, "Abamectin [the active ingredient in Avid] is called by some a "soft" pesticide because it's made by a bacterium, it's 'natural.' But just because a toxin is made by a bacterium doesn't mean it's safe for human ingestion. Occasionally people have called to ask what pesticide to use and I say, 'Absolutely no, out of the question.' There need to be cultural practices initiated up front that prevent the need for controlled materials.

"Prevention is the key, period. There are truly 'soft' materials: Soaps, oils, water pressure. There are tools to control pests, there's no excuse to use these pesticides — it's greed, it's dumb, it's just not right."

Jane is in a wheelchair as we go to press, but steadily improving. She says she wants to show herself in her current state "to scare people." An irony of her situation is that just prior to falling ill, Jane had been trying to revive the Medical Cannabis Association, a trade group she helped organize in 1998, to promote production and safety standards. Now she's even more committed to the idea (see story, next page).

Can We Reverse the Trend to a Police State?

"One of the longest and most cherished traditions of this nation is that the military is subservient to the civilian government, and that military might shall never be engaged in domestic matters. It is the American version of the Rubicon. For as long as we have been free, we have disavowed the existence of a national police force. We have insisted that law enforcement is the business of local police agencies. Federal grants and financing of multi-level government task forces coupled with military assistance and the use of military intelligence in domestic matters seriously jeopardize local control of police action. The federal government is presently deeply involved in domestic drug law enforcement. This policy must change for no reason less important than the freedom of all individuals."

"There is an understandable temptation for state officials to shape their policies and programs to conform to federal grant requirements. What the Constitution prohibits the federal government from doing as an exercise of delegated power it does indirectly in numerous areas of endeavor, including the drug war, by placing conditions on federal grants. In many instances state governments have abdicated lawful control in the grab for federal funds."

—U.S. District Judge John L. Kane

Medical Cannabis Association comes out of dormancy

Can Trade Group Set Standards For Growers and Dispensaries?

By Jane Weirick

When Proposition 215 became law in 1996, the more optimistic among us envisioned a new age of research into medical cannabis. An organization was formed to set product and dispensary standards and to devise reasonable, cost-efficient and appropriate ways of providing safe access to patients. It was called the Medical Cannabis Association.

It was hoped that all dispensaries and providers of medical cannabis would be a part of this organization, which would not only insure the safety of the medicine but provide a tool with which to regulate cultivation and distribution in the best interest of the patients.

The hope did not pan out. Most dispensaries exist in a bubble, competing for quality product and patient/members. Their commitment to research and education is nil. The average dispensary staff person has no idea what an appropriate dosage or strain would be for any particular condition, and most patients themselves are unaware of their own preferences.

A patient visiting a dispensary might overhear or take part in this dialogue:

"I want something good. What's good?"

"This is good."

"What is it?"

"Heavenly Humboldt."

"Okay..."

So the patient takes her medicine home and tries it — and it may or may not be what's best for her particular condition. She may be aware that certain varieties are different — one tastes different, one doesn't provide the relief she is seeking, one may work perfectly, one may put her to sleep. And each visit to the dispensary is another guessing game.

The situation undoubtedly has an inhibiting effect on doctors, even those who accept that cannabis is helping certain patients. Most physicians are uncomfortable having to rely on a patient telling them the appropriate amount of medicine to use. Many who would otherwise approve their patients' use of cannabis are reluctant to do so because of questions around dosage and strain.

From the patient's perspective, nothing could be worse than spending their precious dollars on medicine only to find out that it does not have the desired effect.

The situation is problematic for the dispensary staff, too. Suppose a patient reports that a particular strain provided particularly effective relief for her symptoms, and she wants more. How does the dispensary replicate it?

Feedback from Patients

At our East Bay dispensary we decided in 2004 to revive part of the MCA's ambitious agenda: creating a feedback loop between patients and the people who are growing their medicine.

Most dispensaries rely on semi-anonymous producers to supply them with medicine. (The risk of a dispensary growing its own is extremely high, witness the federal government's recent forfeiture action against the proprietor of a dispensary in Roseville.) The dispensary staff has to find out from the vendor what kind of cannabis is being offered. How was it grown? Is it organic, or were systemic pesticides used?

We created a rating system that assumes three grades of medical cannabis. An "A" grade would require the producer to register with the association, describe completely his growing methods, be able to verify his genetics, and allow inspection of his facility. All producers would be required to submit a physical sample of each variety for testing purposes. Obviously, due to the Prohibition, few if any producers would be willing to open themselves up so completely, and no facilities exist for testing the cannabinoid content of the product samples. So at this time no product can carry an "A" grade. Ultimately, all cannabis would require an "A" to qualify as "medical grade."

A "B" grade requires the producer to give us enough information to rate the product without putting himself at grave risk. Therefore the producer would describe the method (indoor, outdoor, greenhouse, soil, hydro, etc.) and the variety (indica, sativa, crossbreed), inform us of any pesticide use or possible contaminants, and again, submit a physical sample for testing, in the hopes that someday we can test them in a lab. Until we have access to a lab, the only option is to trust the producer's word.

A "C" grade indicates that little or nothing is known about a product or that a belief exists that it may not be what it is represented to be. Dispensaries should only use "C" grade except as a last resort, since its safety and efficacy are uncertain.

As of Fall 2004, all the medicine we were seeing was of the "B" grade.

Under our system, which we hoped other dispensaries would adopt, each producer would be given a sequential number, which indicates the size of the data pool but also allows identification of the producer without actually identifying the producer. Ideally, anyone wishing to provide medical cannabis would register with the association, and would

Criminal or Medical?



DISPENSARY STAFF are ideally positioned to monitor which strains patients are using and with what results — in other words, to collect data for clinical trials.

Photo by Pat McCartney

not be able to provide cannabis to a dispensary without having a valid number. In this way dispensaries could be assured that there was some recourse should there be any problems, and the producer could maintain his anonymity.

Names mean little. What's more important is the indica-to-sativa ratio.

The next bit of data captured is the popular strain name. This is merely a label. As most dispensaries and patients are well aware, names mean little. What's more important is the indica-to-sativa ratio. That is determined by the genetic background of the variety. So many different crossbreeds exist that it is difficult, but not impossible, to accurately judge the exact ratio. Again, analytical labs would conquer this hurdle, but as we have no access to them, we can only give our best estimate and keep a physical sample for that day when they are available.

The last bit of data is the date the product was received. This is important for keeping the samples in order and for quality control. Since medicine degrades over time, a date is needed to insure the patient is not receiving "old" medicine.

The resulting code looks something like this :

B0045ROMULANI100S0100904.

Every product at the dispensary is given a label which, when translated into a bar code, can be easily scanned.

The second phase involves encouraging patients to participate in the research. In the case of the nonprofit dispensary, a card is issued to each participating pa-

tient which also entitles them to a discount on the cost of their medicine. The card contains no personal information so as to protect the patient's confidentiality, but only has a sequential number (to establish the size of the data pool) along with the primary and secondary conditions the patient is using medical cannabis to treat, by way of ICD-9 numbers. When the patient visits the dispensary, their card is scanned along with the labels on the medicine being dispensed. The result is a database of what was used to treat what conditions and in what quantity. Over time the data could be used to establish dosage and effectiveness of particular varieties as they relate to certain conditions.

Patients who participate in the research are also given a booklet in which they can place the labels from their medicine along with space for comments. That way they can make notes of the effectiveness of certain strains. The patients who are participating in the research at present are learning, through the use of the labels, to accurately judge what works best for them. They can now request certain varieties according to the indica/sativa ratio that has been most effective for them in the past. Since the inception of this system, patient satisfaction has risen dramatically, and returns are nearly nonexistent.

Best of all, a database is being created that can show with reasonable accuracy what varieties and what dosages are normal and effective for any particular condition.

Granted, this is merely a start. After eight years, I would have thought that a study of the effectiveness of strains on conditions would have been long completed and we'd be on to studying the effects of the many different cannabinoids by now. With so many different cooperatives and dispensaries in operation, the opportunity to study is there — so what is the cause of the delay in research? Simply put, there has been no financial incentive for for-profit dispensaries and producers to participate. The few organizations that have attempted to research their own controlled supplies in most cases have been wiped out by drug-war zealots who can't differentiate between science and drug dealing.

During my recent illness, other activists — some involved in the original MCA and some newly involved — have taken steps to revive it. Several exploratory meetings have been held among stakeholders and more are planned. How ambitious the research agenda will be depends on the outcome of the Raich case. But don't mourn for us, we're getting organized.

SFPD Returns Cannabis from page 31

Figueroa, who arranged for him to plead no contest to a reckless driving charge (not "under the influence" of anything) and then sought the return of his modest stash, which the CHP had given to SFPD for analysis and custody. On Oct. 5 Figueroa filed a motion asking the Superior Court to order the return of Heid's property.

Under the California Constitution, no state agency has the power to "refuse to enforce a statute on the basis that federal law or federal regulations prohibit the enforcement... unless an appellate court has made a determination that the enforcement of such statute is prohibited by federal law or federal regulations." Figueroa pointed out that no ap-

pellate court had determined that enforcing Prop 215 would violate federal law.

"Contrary to a somewhat common misconception," Figueroa wrote, "the opinion of the US Supreme Court in the civil case of U.S. v. Oakland Cannabis Buyers' Cooperative did not consider — much less decide — the question of whether federal regulations prohibit the enforcement of Proposition 215 (codified as Health & Safety Code 11362.5)." Figueroa pointed out that Justice Stevens's dissent "took pains to make clear that the only question presented was whether the federal Controlled Substances Act countenanced a medical necessity defense" by the Oakland co-op and its co-defendants (clubs in Ukiah and Marin).

Figueroa also cited the Ninth Circuit's ruling in *Raich v. Aschcroft* "that an individual who possesses and cultivates marijuana for medical use in accordance with California law does NOT violate federal law provided he or she does not engage in interstate commerce."

Figueroa's request for an order directing SFPD to return Heid's marijuana was heard by Judge Donald J. Sullivan on Oct. 26. Judge Sullivan signed the order and Figueroa handcarried it up to "Police Legal" on the fifth floor. Lt. Martinez glanced at the paperwork, then did a take. "This will take a few days," he said. "Fine," said Figueroa, smiling broadly. Scotch-taped to an adjoining

wall was a frayed, yellowing photocopy of a newspaper story headlined "Citizens Can't Get Pot Back." It referred to a ruling by Judge Wallace Douglass in the Lal case. Martinez had posted it to save himself the trouble of explaining the situation to disappointed lawyers and citizens. It is now outdated.

"The Heid case is a victory for justice and compassion," says Figueroa. "Cannabis was recognized as lawful medicine by Judge Sullivan, and both the CHP and SFPD respected a patient's need and right to have it."

Heid used his medicine soon after retrieving it. "Seemed to be in perfect condition," he reports. "A bit smashed, as if it had been under a ton of paperwork."