CANNABIS HEALTH

THE MEDICAL MARIJUANA JORNAL
Volume 1 Issue 1 November / December 2002

Philippe Lucas

COMPLIMENTARY

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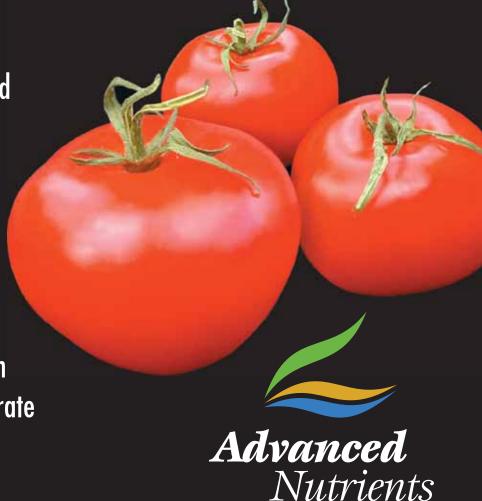
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When you see this symbol, visit our web site at cannabishealth.com for extended versions of the stories and links to information and resources

cannabishealth.com website poll results 270 total votes 71% legalize and 29% decriminalize

The Cannabis Health Foundation was formed in the spring of 2002 as a non-profit foundation.

The foundation is dedicated to:

- Promoting the safe medicinal use of cannabis.
- · Research into efficacy and genetics of cannabis.
- Supporting and protecting the rights of the medical cannabis patients.
- Educating the public on cannabis issues.

The first initiative of the foundation is this complimentary hard copy publication of Cannabis Health Journal.

Other activities will include financial and practical support for low income patients and the establishment of a legal defense fund.

The free hard copy Cannabis Health Journal is also reproduced in whole on the World Wide Web at cannabishealth.com (the foundation web site) with extended stories and hot links to resources and information.

If you would like to make sure you receive your 6 copies each year of the most infomative resource for medical marijuana available, subscribe to the Journal by sending your name and address and a cheque for \$25.00 to Cannabis Health Foundation or visit the web at www.cannabishealth.com

(US and foreign send \$45.00cdn)

Visit Cannabis Health Mall, a virtual mall with 5 stores and more coming soon.

Grand Forks Hemp Co.: where you have a choice of hemp related products to buy, from t-shirts to hemp string.

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Brian Taylor Editor in Chief

Welcome to the first edition of Cannabis Health Journal. What we are about to do with this publication would not have been possible ten years ago. Impossible because even 5 years ago the

technology was not available that would enable a dedicated few to publish on this scale.

Impossible too, because politics, the law and society were not ready. The highly successful medicinal cannabis lobby has increased acceptance by the general public of the medicinal properties of cannabis, instilling confidence in more closet smokers to courageously step forward and admit a lifetime pattern of modest and responsible use.

Over the past several years the cannabis hemp movement has calmed the fears of the masses with the comforting message that hemp is not marijuana. Indeed, the differences between the strains are significant and this strategy has allowed modest gains for the hemp movement. I remember vividly a heated discussion with famous author Jack Herrar in Salmo in 1996; Jack was arguing that hemp would open the

door for marijuana legalization, while I on the defensive was pressing the alternative, that marijuana must be dealt with first to avoid the proliferation of rules, regulations and people to enforce them. I was much younger then and more naïve, but alas, I was right. Western society's fear of marijuana is rapidly diminishing and cannabis is again being embraced in all its identities: as clothing, as food, as building materials, and as medicine.

My respect and admiration goes out to the patients in California who are facing the force of the DEA and the US federal government; the Journal will follow their couragious struggle in more detail in the next edition. Also look out for more on the tomato growing myth, titled, "No Wonder We're Confused". My apologies for not delivering on the "Question for Health Canada". Our sympathies are with HC; I am sure the last few weeks has been hell.

We will continue to submit questions to Health Canada and hope to report the responses in the coming edition. Cannabis Health Journal is owned by the Cannabis Health Foundation, a registered non-profit society. The hard copy Journal is fully integrated with the cannabishealth.com web site. The site offers information, shop-

ping and more in depth reporting than we have room for in print and will offer readers multiple web links to more information and other sites of interest.

The Journal will focus on the responsible marijuana user, who under Canada's new laws will soon have the right to grow a small quantity of cannabis at home for personal consumption. We will celebrate the brave pilgrims that courageously and routinely place their lives on the line for their beliefs and we will encourage the pioneers of the cannabis movement to tell their stories and share their secrets. I welcome and would like to personally thank those forward thinking individuals and businesses that have stepped forward and advertised in this first edition. The response to the Journal from the professional community and from medical users has been inspirational.

Decisions that will affect the lives of millions will be made in the next few months. The Canadian Senate report was released on September 4/02 and recommended dramatic changes in Canadian law that would extensively treat marijuana the same as alcohol. Senator Nolin, who chaired the committee, predicted that the Canadian Commons committee reviewing the same topic and due to report in November, would substantially concur with the Senate's recommenda-

cur with the Senate's recommendations. Other politicians have warned of a backlash from the U.S. should we dare to legalize. Regardless of the slowdowns or bends in the trail, I have no doubt Canada will continue down the path to more enlightened and humane drug policies.

Cannabis Health Journal will be there as the decisions are made, as the consequences unfold and as the laws change. We will be a strong and credible voice in the rapidly evolving cannabis culture.

Congratulations to all the Journal contributors, staff, volunteers and supporters; thanks for sharing the vision.

staff@cannabishealth



Cannabis Health Staff

Back row, left to right: Gordon Taylor, Alixe Laden, Brian McAndrew, Brian Taylor, L. L. Soley, Barb St. Jean Front row, left to right: Mandy Nordahn, Tammy Little, Harvey Mathison

Who reads CANNABIS HEALTH?

THE MEDICAL MARIJUANA JOURNAL

cannable Health Journal will reach licensed medical marijuana patients as well as individuals that are considering the use of marijuana for personal reasons.

It will be read by doctors, nurses and a broad range of health care workers as well as by scientists, students, teachers and parents.

Many of these people will be reading about cannabis for the first time.

There is a need for small personal sized growing systems with a turnkey type of operation.

The medical marijuana user is a new market type for nutrient companies and any other suppliers of growing equipment or accessories.

Small all-in-one packages for the inexperienced or physically challenged patient are needed.

The readers of CANNABIS HEALTH JOURNAL
will be the type of people
who are looking at alternative solutions
for their medical problems as well.

For more information on how you can better target this new market e-mail us at info@cannabishealth.com / web site: cannabishealth.com



The VIC's staff: left to right: Mat, Steve, Mike, Philippe, and Chad

There were no guarantees. Of course, we were all optimistic, but as I walked into the courtroom that

day, no one could be certain of the outcome. We stood up as the judge entered. As we sat down again – myself behind my able attorney John Conroy - my wife, friends and supporters in the audience, silently awaiting my fate (and the fate of the Vancouver Island Compassion Society) – the judge announced that he was going to read the entire legal decision aloud.

Judge Higinbotham began to outline the background of the long case. Since my arrest in November of 2000 I had appeared in court over 20 times:

"Philippe Lucas is President of the Vancouver Island Compassion Society, an organization that provides marijuana to its members for medical purposes. His activities in that regard resulted in a charge of possession of less than 3 kilograms of marijuana for the purpose of trafficking, contrary to section 5(2) of the Controlled Drugs and Substances Act, to which he entered a plea of guilty. Mr. Lucas has requested he be discharged absolutely, and the issue in this hearing is whether an absolute discharge is justified."

Over the 25 minutes that it took the judge to read through his decision, I had a chance to reflect on the long court battle, as well as what had gone right (and wrong) since our opening day on the 1st of October, 1999.

At the VICS, our goal has always been to help those with a legitimate medical need gain access to a safe, affordable supply of cannabis. As a secondary goal, we hope to demonstrate that this can be done in a manner that is both legally and socially acceptable. For us, this means two things: 1) complete transparency of action and

accounting. 2) anticipating and addressing possible public and police concerns regarding our actions and organization.

The former has been addressed by registering as a provincial non-profit society. Nonprofit status takes away one of the prosecutor's main line of argument: that we are in this for the money. As a non-profit, ownership of the Vancouver Island Compassion Society remains in the hands of its 250 current members. All of the financial records for the organization are submitted to and reviewed by the relevant government organization. During the court case, Judge Higinbotham had the prosecution agree that there was a clear distinction between the VICS making enough money to continue its operations helping those in need, and actually profiteering from the desperation of the sick.

Our status as a non-profit also helps us gain public support; it reflects our efforts to work within the system when possible. Furthermore, non-profit status serves as a business licence, allowing us to forgo the city bureaucracy involved with obtaining a licence. Lastly, as a non-profit, we receive discounts on some essential services, such as the internet, intra-office security, banking, etc. Any and all money saved can be a real boost to a small start-up organization.

The VICS' original location - in a residential area in Oak Bay - meant that we had to anticipate the very real concerns of the local community in our business model. Firstly, we were wise enough to look at what was already working. The British Columbia Compassion Club Society (BCCCS) had been in operation for almost three years before the VICS came along, and we learned much from their experience and success. Bureaucracy and paperwork are the most dreaded aspects of any

legitimate business, so instead of reinventing the wheel, we modeled our forms on those of the BCCCS, making appropriate changes where necessary.

continued page 7

The Court Decision at a Glance

[4] The Compassionate Society carried on its program in a commercially zoned premise within the Municipality of Oak Bay for fourteen months with what appears to be the tacit approval of the police.

[5] The attitude of the police changed when Mr. Lucas reported to them that the Society's premises had been broken into, and that two pounds of marijuana had been stolen.

[6] This frank disclosure by Mr. Lucas led to an investigation of him and his activities, even though his activities were known to the police and tolerated by them up to this point.

[8] Mr. Lucas is a 32 year old resident of Victoria with a degree in English Literature and a secondary education certificate qualifying him to teach English and Theatre. He is articulate, intelligent and fluently bilingual in both official languages. He has earned an income most recently by writing articles for magazines and by teaching. The principal of a school where he recently taught French to grade 2 and 3 students described him as a wonderful teacher and a gift to children.

[9] He has also become an important resource both in Canada and our local community on the issue of the medicinal use of marijuana. He has consulted with, and influenced, both federal cabinet ministers and local city councillors. During the course of this hearing I was made aware through correspondence and video evidence that he is highly regarded by these levels of government as a source of information on the subject of the medicinal use of marijuana.

[44] A judge is guided by a number of principles set out in section 718.2. A sentence should be increased or reduced to account for any relevant aggravating or mitigating circumstances relating to the offense or the offender. The mitigating factors in this case include:

[47] This case must be viewed in a broad context in which, to date, the combination of federal regulations and College of Physicians trepidation has made it extremely difficult for applicants to obtain approval to use marijuana.

...This was not truly a commercial operation in the sense that we usually understand it. Profit was not the motive. Nor can she sustain the argument that the community was put at risk. Further, the Crown cannot rely upon the argument that there is a lawful option for those in need of the drug when the evidence establishes that the drug is only theoretically available through legitimate

[49] I find that while there is no doubt that Mr. Lucas offended against the law by providing marijuana to others, his actions were intended to ameliorate the suffering of others. His conduct did ameliorate the suffering





OVERDRIVE

Ultra Premium Liquid Flower Enhancer

continued from page 5 Our residential location meant that (unlike the BCCCS) no smoking was to be allowed on site. Furthermore, we created a contract informing members that any redistribution of product would lead to their immediate expulsion. It is important for applicants to realize that, due to the continued prohibition on cannabis, membership in a compassion society is a benefit, rather than a right. We hope to extend this benefit to as many people with a legitimate need as

possible, but always with the goal of protecting the integrity and legal security of the society and its 250 current members.

Modern science has proven time and again that cannabis is an incredibly

diverse, safe and effective medicine. As such, the VICS operates under the belief that the medical and research communities should be natural allies in the fight for patient access to cannabis therapies. We have worked hard to provide information to physicians on a one-on-one basis as well as through public presentations. The VICS encourages continued research (and free access to information) in the area of therapeutic cannabis; we are currently engaged in the development of a Strain/Symptom Survey Protocol with Dr. Marc Ware from McGill University. We are also in the process of developing a survey protocol with Dr. Diana Sylvestre from the University of California, San Francisco and the BCCCS, that will monitor the potential increase in the success rate of Hep-C sufferers who use cannabis while undergoing interferon ribovarin treatment.

Since scientific research and observational studies have found cannabis to be effective in treating the symptoms associated with serious conditions like Hep-C, HIV/AIDS, MS and cancer, the VICS strived to establish a relationship with the relevant social/welfare organizations in our area. We have also felt it to be our responsibility to address the federal government regarding the practical needs of Canadian medical marijuana users. This has led to a meeting with then Health Minister Alan Rock, and to two invitations for an audience from the Senate Special Committee on Illegal Drugs, to whom we presented practical information on the unworkability of Health Canada Marijuana Medical Access Regulations, as well as the problems currently facing the compassion clubs that have arisen to fill this void in the safe supply of cannabis treatments.

And yet, despite all of our hard work, in November of 2000 we had the poor luck of having our organization broken into and robbed. When I made the naïve mistake of dutifully reporting this incident to the local authorities, the police showed up at the VICS with a warrant for my arrest.



For better or for worse, the VICS would never be the same. Whereas we had previously gone out of our way to maintain a low public profile, we were now

forced to call upon the support of the public and the press in order to assert a stronger voice in this debate and to call attention to this inexcusable breach of justice and compassion. We had not asked for this public role - I had honestly hoped to continue to quietly help those in need with as little fanfare as possible - but now I was being charged with trafficking, and the VICS had been dragged into the legal system. Overnight, a petty thief and then the Oak Bay Police had taken the medicine

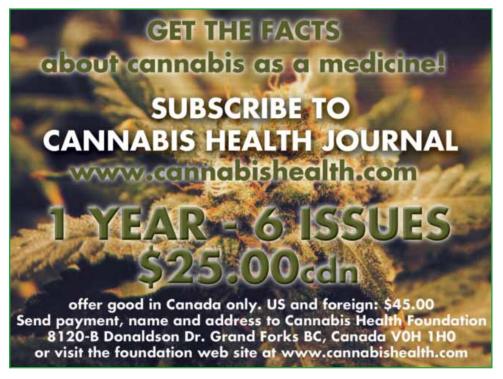
of others. By this Court's analysis, Mr. Lucas enhanced other people's lives at minimal or no risk to society, although he did it outside any legal framework. He provided that which the Government was unable to provide a safe and high quality supply of marijuana to those needing it for medicinal purposes. He did this openly, and with reasonable safeguards. The fact that he has stated he will continue this activity points to the sincerity of his principles, and points to our need as a society to get this thorny issue resolved quickly by either Parliament or the Supreme Court of Canada.

[50] Mr. Lucas has established that he is a man of good character, who would benefit from receiving a discharge. He has also established that in the circumstances of this case, the granting of a discharge would not be contrary to the public interest. As there is no need to apply rehabilitative principles in terms of a conditional order, I grant him an absolute discharge.

[51] I am not satisfied that all of the items seized by the police were sufficiently related to the offense to justify blanket forfeiture....I therefore order all monies seized to be returned to Mr. Lucas. I further order that the seized computer be returned to him, as there is no legitimate purpose in ordering it forfeited. Finally, I order the return of any unused paraphernalia only. The seized marijuana and any used paraphernalia are forfeited to the federal Crown.

from the mouths of some of the area's sickest citizens. Overnight, my ability to travel, my work with children, my legal status, all were instantly in serious jeopardy. Overnight, everything had changed.

In March of this year, as part of a deal with the prosecution, I went into the local provincial courthouse, stood before a judge, and was asked how I continued on page 8



continued from page 7
plead to the charge of "possession for the
purpose of trafficking". I looked up, and
against all of my instinct, and despite all
that the VICS had done to contribute to the
health and happiness of its many critically

[34] It is clear that marijuana has both a recreational and medicinal use. This case has to do with medicinal use only, and ought not to be viewed as relevant to the debate over the legal prescription against the recreational use of marijuana...In the medicinal sense, the drug clearly has value, and this value probably outweighs the risks to the individual and the community.

and chronically ill members, I answered "guilty, your honour". Those were the hardest, most frustrating three words that I've

ever had to utter in my life. And now, four months later, I was standing before that same judge, listening to him read off the closing chapter in this long legal battle.

Judge Higinbotham was nearing the end of the sentencing:

"Mr. Lucas has established that he is a man of good character who would benefit from a discharge. He has also established that in the circumstances of this case, the granting of a discharge would not be contrary to the public interest. As there is no need to apply rehabilitative principles in terms of a conditional order, I grant him an absolute discharge."

Relief immediately swept over me. As I turned and hugged my beautiful wife, the cheering supporters were told by the court officer that there was to be "no clap-

ping!", a round of applause went up anyhow. In Judge Higenbotham's wise 21 page legal decision lay the sweat, tears, and dedication that has made the society strong through a bust, 3 locations, and almost 3 years of constant hard work. The VICS hadn't changed the laws governing the distribution of medicinal cannabis, but the club's members and its incredibly dedicated staff had presented a way to successfully work within them.

Through the extensive experience and observation, the compassion clubs of Canada have become an invaluable source of information in regards to cannabis therapeutics. By continuing to work with all levels of government as well as the health/welfare community, the VICS is engaged in making this information available to researchers, physicians and the general public alike, with the sincere hope that with knowledge and understanding will finally come laws and policies that reflect compassion, caring and common sense.

Phillippe Lucas, Director, Vancouver Island Compassion Society

P.S. My special thanks to my wife Mary, John Conroy, Hilary Black, Marc Emery, and especially the VICS staff and members. Without all of your help, the 20 months may have turned out very differently.



the comfortable waiting room





Legal Eagle!

Dear Mr Conroy,

Myself and a number of friends with MS have been cooperatively growing our own medicine for many years. For a variety of reasons, most of our group are opposed to applying to Health Canada for legal permits. One of the arguments is that soon we will be able to grow legal anyway. What will happen if you are successful with the Supreme Court challenge in Clay, Malmo-Levine and Caine? Will we finally be able to grow our own?

A: While it remains unlawful, according to the Controlled Drugs and Substances Act (CDSA), to possess, to grow, to possess for the purpose of distribution, to traffick (which includes "giving" and merely "transporting"), and to export or import cannabis or to conspire to do so, without a federal government permit of one kind or another, arguably the law remains unconstitutional insofar as the use of cannabis by genuine medical patients are concerned. This argument is based on the submission that the Marijuana Medical Access Regulations do not meet the test for

constitutionality required by the Ontario Court of Appeal in Parker, in that "access" is now arguably more difficult than before, when only the support of your treating physician was required. Hopefully this argument will be sustained in the pending challenge in Hitzig et al that is being pursued currently in the Ontario Superior Court by Alan Young. I understand it will be heard on the 18th and 19th of September 2002. (last-minute-update-next court date is October 18th)

The Malmo-Levine, Caine and Clay trio of cases will now be heard together in the Supreme Court of Canada on December 13th, 2002 in Ottawa. It is virtually certain that the court will reserve judgement until some time in the future before giving full written reasons for this decision. The court might find the law to be unconstitutional, but suspend the declaration of unconstitutionality for a period of time to let the government try and get it right, as the Ontario Court of Appeal did in Parker. While the Senate Report is encouraging and the Parliamentary Committee will report in November, I wouldn't put any money on any progressive action by any politicians pending the decision of the Supreme Court of Canada, perhaps by late 2003.

If we win on all points in Clay and Caine, then possession will be lawful for any purpose -

medical or otherwise. I'm uncertain what they will say about growing for personal use consistent with possession, as the growing issue arising in Clay is not being argued directly. Malmo-Levine deals with self-regulated distribution that minimizes the black market risks to vulnerable groups, such as immature youths, the mentally ill and pregnant women, as well as requiring members of the Harm Reduction Club to learn to smoke more safely and pledge not to drive, fly or otherwise operate complex machinery while high. Probably the Natural Health Care Products regulations will cover situations where someone markets Cannabis as "medicine". Certain consumer protection standards will have to be met if the product is to be sold on the open market, at least as medicine and eventually for recreational purposes as well. Hopefully, you will all be able to grow your own again, at least for medicinal purposes, but the status of co-operatives, etc. remains up in the air. **JCQC**

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Welcome Aboard!



Neil Boyd Criminologist at Simon Fraser University

Public health is the linchpin of drug control the state justifies the criminalization of use and distribution on the

and most areas of the world.

nutritional concerns.

of the female gender.

Cannabis Oil Extract

portions of the flowering tops

grounds that our collective well-being is threatened by the presence of the allegedly dangerous substance. This assertion is becoming increasingly difficult to maintain with marijuana. Cannabis is so clearly a world apart from alcohol and tobacco, drugs that are, paradoxically, rarely described as drugs. Even when rates of use of all three substances are taken into account, the harms of marijuana are

insignificant, in contrast to the lung cancer and emphysema epidemics produced by tobacco, and the cirrhosis, cancer and heart disease produced by alcohol abuse. And so B.C. Ferries (be thankful don't fly they planes) recently did its bit for the ill-conceived war on marijuana, inviting a dozen police officers and their sniffer dogs onto the Horsehoe Bay-Nanaimo run to randomly search cars for cannabis. You would think this was a matter of pressing national importance - so many lives at risk that the normal process of obtaining a search warrant unnecessary. was There might well be

circumstances

which the Ferry Corporation would be sensibly serving the public good by inviting officers and their dogs on board without a warrant to track a bomb or bombs that had been placed on the ferry, to arrest a man who was fleeing a mass homicide, to find a terrorist about to unleash a biological weapon of mass destruction.

But cannabis? As many commentators have noted, there will likely be no convictions arising from this poorly conceived search, and the \$30,000 worth of marijuana seized was probably replaced by nightfall with the constant yield from our

provincial growoperations. need to yield to

science in the matter of marijuana. This is a drug that provides medical benefits for some people in some circumstances, and the harm that it produces for recreational users is almost always less significant than the harms produced by the drugs that our culture endorses, respects and embraces. If public health is our mandate, we should think of shifting our focus from cannabis to tobacco, alcohol abuse, the excessive consumption of fats and sugars, and the failure to exercise. These issues deserve more attention from the state than does the use of cannabis by consenting adults.





PRISON Pain

by Arlene Smith

I was in my early 20's when the constraints of physical pain became a regular part of my day and it was medical marijuana use that has led me to a life of freedom. Let me explain...

In '92 I was badly injured by a car that collided with my bicycle. I spent several weeks on the floor of our rental home and another 8 weeks on crutches. After 6 months of therapy, I was able to get back to work. To this day, it is unwise to do activities that could twist the knee or put too much pressure on it. Weather changes and overexertion affect my elbow and knee, causing aches and loud snapping noises.

Five years later, I was involved in a 3vehicle accident in which all parties were injured. I had such a severe case of whiplash that my left arm was numb for months and my lower back throbbed painfully. I had chronic and acute pain from headaches, muscle spasms and sleep-deprived nights. After a year of fulltime physiotherapy, massage therapy and counseling for depression and anxiety attacks, I was only able to do a few hours of my previous work load a day.

For the pain, I was prescribed Tylenol 3's, which made me vomit, have constipation and feel dope-sick the next day, yet I had to take up to 2 of these a day (1/2 at a time) for years. When I could, I chose non-prescription painkillers (i.e. Advil, etc) which I took like candy for 5 years. I was also prescribed muscle relaxants that resulted in exhaustion that day and dope sickness the next. For Chronic Depression I was prescribed Paxil, an addictive antidepressant, which made me feel so disconnected and displaced that I

quit taking it. When my doctor urged me to try again, but to take only 1/2 a pill, I did try one more time, and hated its effects enough to stop using this drug. For the Anxiety Attacks, I have been taking Lorazepam. Aside from the immediate side effects of prescription drugs, is a long-term one to be wary of as well - the body can become so addicted to medication it can actually create 'false' pain!

Lifestyle changes were the first challenges I had to face if there was to be any hope of getting off prescription drugs. I learned the art of pain management and movement modification. Massage therapy and exercise are vital components for my pain management. Dietary changes included decreasing caffeine intake, drinking more water and taking natural supplements such as: herbal teas, glucosamine and MSM. But despite these measures and so many years passing, I still suffer enough pain and discomfort to require me to stay at home, or else suffer every day.

Incorporating the use of medical marijuana over the last 4 years, I noticed a huge decline in the medication I was taking. This last year, for instance, my prescriptions actually expired before being completely used up! My headaches are not so severe and I can carry on duties throughout the day when I take regular breaks.

It is very easy to become consumed by thoughts of despair and loss. After all, I am

not quite 33 - yet I live like an elderly person! My physical future is not clear and I am utterly dependent on my husband. However, I have noticed that certain varieties of marijuana, such as Bubble Gum and Shady Lady, tend to alleviate depression. Marijuana takes the mind to other places. I do not dwell on thoughts, but pass through them, and am able to smile and carry on with a lifted heart. On the negative side, however, I find marijuana isn't conducive to shopping, appointments or driving as my anxiety is actually heightened.

According to a recent article in the local paper, marijuana is said to cause apathy. It is my opinion that certain strains actually stimulate creativity. My favorite variety of all time, is Shady Lady, an old strain from Nepal, for this reason.

Smoking anything is damaging to the lungs, so to reduce these effects I have incorporated other methods to take marijuana. My first goal became to eliminate using papers, which often contain chemical residues. Instead, I use a little wooden box that has a brass pipe to grind in the chopped bud. These little 'boxes' are discreet and are much easier to manage than joints, especially when only a few puffs are needed. When burning joints, one can almost see the dollars go up in the unused smoke between puffs. These boxes & pipes reduce wasted smoke. For muscle spasm and sleepless nights there is no medication better than marijuana brownies for me. I sleep well and wake up alert, rather than drowsy and disoriented from medication. Keif, which I prefer to smoke in a pipe, is especially useful for day spasms, headaches and depression because it causes less sleepiness.

However, with only one income in our family, using marijuana regularly can become quite a financial sacrifice. I am not a criminal nor am I comfortable dealing with criminal elements, or paying high street prices. But until growing marijuana for one's own use is legalized, people like me are forced either into undesirable circles or taking the risk of growing this illegal herb ourselves. Neither option is conducive to the peaceful life that victims of chronic pain, depression or illness have the right to enjoy.

Choosing medical marijuana as an alternative to prescription drugs has given me freedom from my sentence of pain, sleepless nights, depression and the consequences of heavy medication.

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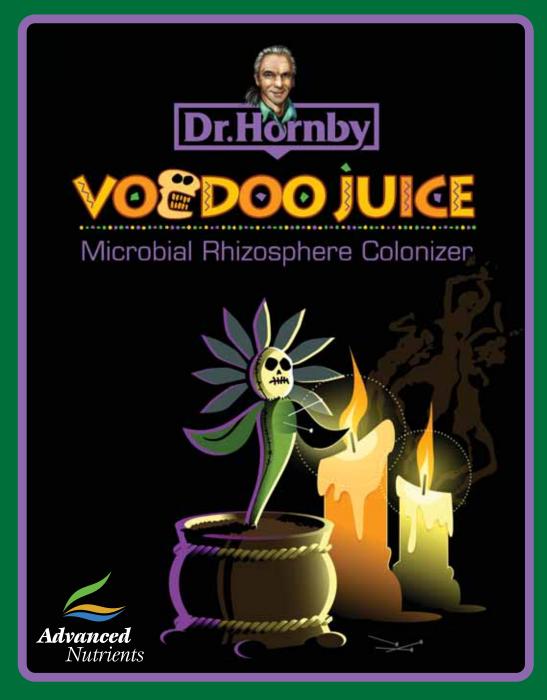


VOSDOO JUICE

Voodoo Juice took 2 PhDs to create and formulate. Voodoo Juice is a liquid solution consisting of five strains of microbes, one of which is a nitrogen fixer. These microbes colonize the plant's root system facilitating the conversion of nutrients both organic and chemical. Voodoo Juice is not a mycorrhizal mixture. Every 4 litres of Voodoo Juice contains 200 billion microbes. Nutrients are converted to forms that become bio-available to the plants while also stimulating explosive root growth. Plants are better able to acquire vital nutrients and moisture. In testing, root mass has been found to increase over control plants as much as 90%.

The number of feeder and traveler roots are significantly increased. Plants are larger, more robust, grow faster, are healthier and better able to ward off disease and overcome stress. Plants treated with Voodoo Juice have demonstrated that they provide larger yields.







Ask Dr. Ethan

My question is: I am on no other drugs and, for the first time

in a long time, I feel good. Am I fooling myself, cured or just stoned?

Dr. Ethan Russo



n Russo designed solely for educational purposes, and neither the author, publisher, nor other parties, will assume any liability whatever for application or misapplication of any information imparted. We cannot claim scientific proof or accuracy of

Medicine is an ever-chang-

ing science. While sugges-

tions for therapeutic use of

cannabis or other drugs may

be made herein, this forum is

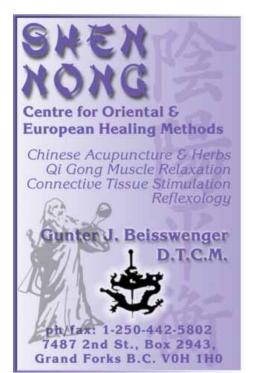
the material discussed, and no warranty, expressed or implied is advanced with regard to the information.

Cannabis is illegal in most jurisdictions, and the reader must apply awareness of this fact when considering its usage. Medical use of cannabis may or may not be a viable legal defense where you reside. Canadian clinical cannabis patients are encouraged to seek exemptions under existing law from Health Canada. The proper forms and procedures are available on their web site.

Full disclosure and discussion of medical issues with your health care providers is encouraged, as is proper education with respect to effects and side effects of existing medication.

Q1: Dear Dr. Russo,

I am diagnosed as bi-polar with both the mania and the depression crash following. I am 50 years old and had my first full-blown attack at age 30. Over the following 20 years I crashed several times and was subjected to all the standard pharmaceutical solutions. For the past 2.5 months I have been using cannabis to keep me focused and stable. I am finding that cannabis improves my concentration and attention span and is a cognitive stimulant.



A1: Bipolarity:

The use of cannabis to treat bipolar problems (previously known as manic depression) is a fascinating development. A surprising number of people so afflicted have independently made the discovery that cannabis has improved their condition, whether the mania or depression. It may also reduce side effects of other drugs used in its treatment, such as Lithium, Carbamazepine (Tegretol) or Valproate (Depakote). Some people have found cannabis more effective than "conventional drugs" so you are by no means fooling yourself, or "just stoned."

No doubt, cannabis is affecting the balance of neurotransmitters that are at the basis for this disorder. Endocannabinoids seem to be intimately involved in emotional regulation mechanisms in the limbic system. Because THC and other chemicals in cannabis mimic our own internal biochemistry, they may help replace what is missing. Cannabis strains that contain cannabidiol (CBD) also have anti-anxiety and anti-psychotic benefits.

The best documentation available for this is an article by the eminent clinical cannabis prophet, Lester Grinspoon, that was published in *Journal of Psychoactive Drugs* in 1998:

If you go to the search engine on Lester's WWW site, Marihuana, the forbidden medicine, and plug in the search term bipolar, you will see many accounts of people such as you, that have benefitted from cannabis for their condition.

Unfortunately, despite Dr. Grinspoon's plea for more research, no one has more formally studied this issue, most likely due to the politically-conspired near impossibility of doing clinical research on cannabis. Hopefully that situation will change soon.

Q2: Dear Dr. Russo,

My partner Bill smokes 15 to 20 large 1

gram or more joints per day. He also smokes tobacco, sometimes mixed into his joints. So what is going on here? He says he could quit, but never does. The other peculiar thing is that he never seems to be stoned. How much damage is he doing to himself and how is the addictiveness of pot when mixed with tobacco?

A2: Tobacco and Cannabis

It is difficult to fully analyze this situation, but certain things are evident. Firstly, your partner should know that smoking tobacco is distinctly unhealthful!

The amounts you mention him as using are very great, and one should ask why? What is missing in his life, or what might he be treating by his use of tobacco and cannabis? I cannot answer that, but counselling could help discover the underlying issues.

While I never recommend smoking tobacco, it is true that concomitant cannabis mitigates some of the harm to a degree. I would refer you to my Chronic Use Study, available online, and to an article that indicated that cannabis-only smoking does not seem to provoke emphysema, and to an interesting study by Roth et al. that demonstrates how THC actually helps prevent carcinogenic deterioration.

Remember, there has never been a documented case of a lung tumour in a cannabis-only smoker.

Q3: Dear Dr. Russo,

I am considering the use of cannabis for pain control. I am on two other drugs that I do not wish to give up, because they seem to be helping me. The drugs are Paxil and T3's for my headaches. I have seen what mixing cannabis and alcohol can do, what interactions does cannabis have with other drugs? Am I safe to try it?

A3: Pain Control

It is always difficult to advise people specifically about their particular situations without having the whole story. By T3's, I assume that you mean Tylenol #3. If so, there is no way that I would recom-



mend its chronic use. Tylenol, or acetaminophen, is a potential cumulative hepatotoxin. That means, if you take too much too long, or mix it with alcohol, it may produce irreparable harm to the liver. The other ingredient is codeine, which is addictive and counter-productive to good headache control in the long term. Both components produce analgesic rebound when overutilized. That is, they actually perpetuate headache, probably through a mechanism of overstimulating glutamate receptors.

Interestingly, cannabis is one of the few drugs that is not toxic that inhibits glutamate toxicity.

A very long article I wrote on cannabis and

headaches in the *Journal of Cannabis Therapeutics* also addresses these issues. I would expect cannabis to render use of Tylenol #3 superfluous. Paxil is an SSRI antidepressant, and has more side effects such as sedation and dry mouth than other drugs in the class (Zoloft, Paxil, Celexa). Certainly cannabis could have additive side effects with it.

Many clinical cannabis patients find that they no longer need additional antidepressant treatment. This is addressed in the Chronic Use Study mentioned in the answer to question 2.

The long history of cannabis as an antidepressant is addressed in a section of my Handbook of psychotropic herbs, also online. Cannabis has few noteworthy drug interactions, but you may want to look at a chapter on that written by Franjo Grotenhermen in our book, *Cannabis and Cannabinoids*.

Finally, I have written a book chapter on cannabis in pain management that may be useful

Unfortunately, cannabis remains illegal in most areas, so I must recommend that you seek an exemption or other medical recommendation before using cannabis to treat your pain, for your own protection. As to whether it could help, the answer is that it likely would, especially if your problem is neuropathic pain.

LEGALIZE IT

Exciting developments in Ottawa reached the media last month, with the Senate Committee's published report to the Federal Government of Canada, which recommended the government create the following:

- 1) A position within the Privy Council Office, with staff assigned by relevant federal departments and agencies.
- **2)** A high-level conference of representatives from provinces, territories, municipalities and associations, for the purpose of setting goals and priorities, for action over a 5 year period.
- **3)** A name change from the Centre on Substance Abuse to the Canadian Centre on Psychoactive Substances and Dependency, with accountability to parliament, a \$15 million annual budget and report, research co-ordination, and strategy assessment every 5 years.
- 4) Legislation to create the Centre and set up a monitoring agency to study and report drug use trends and problems in adult and student populations.
- **5)** Adoption of a policy on risks and harmful effects of all psychoactive substances, with focus on prevention and treatment of excessive use.
- 6) Amendments to the Controlled Drug and Substance Act allowing criminal exemptions for obtaining licences and producing and selling cannabis, and penalties for illegal trafficking and export or other activities outside the exemptions.
 - 7) An amnesty for all persons convicted

cannabis has a high level of abuse.

- of possession of cannabis, under current or past legislation.
- **8)** Amendments to the Marijuana Medical Access Regulations with new rules for eligibility, production and distribution of therapeutic cannabis, and research.
- **9)** Amendments to the Criminal Code to lower permitted alcohol levels (in the presence of other drugs), and admission of evidence from trained police experts in cases which involve operating vehicles while under the influence of drugs.
- **10)** A national fund for research on therapeutic applications, prevention and treatment programs, and tools for detecting infractions under the Criminal Code.
- 11) Instructions for the Minister of Foreign Affairs and International Trade to inform the United Nations that Canada requests an amendment to the conventions and treaties governing illegal drugs, and develop a Drug and Dependency Monitoring Agency for the Americas.

U.S. Initiatives



Al Byrne for the Coalition for Rescheduling Cannabis

Cannabis filed a petition on September 5, 2002, with the U.S. Drug Enforcement Administration. The regulatory process in the U.S. that determines the medical availability of cannabis is known as scheduling; the petition summarizes the scientific data that supports changes in the scheduling of any prohibited agent, and argues that none of the three requirements for any substance to be placed in Schedule One apply to cannabis.

The U.S. government contends that

is unsafe for medicinal use, and has no medical value. Cannabis is regulated by the Controlled Substances Act (CSA), and would never be available to patients while classified as a Schedule One substance. Unless formally pressed to justify their position, the DEA has no motivation to review its own decision or recommend a positive revision to the CSA for therapeutic cannabis use.

Dr. Jon Gettman, PhD., began this petition procedure in conjunction with *High Times* magazine and the New York law firm of Michael Kennedy. Dr. Jon states "The purpose of this rescheduling petition is to have the federal government acknowledge that cannabis does not have high

potential for abuse, has a relatively low dependence liability, is safe for use under medical supervision and has accepted medical use in the United States". After years of delay, the most recent Gettman submission was returned with perfunctory comment and the contention that the deprivation of cannabis, or damages, to patients in the U.S. was not indicated, and therefore his request was denied. The Coalition was formed by involving Patients Out of Time, a national non-profit organization providing education, to health care professionals and the public, about the therapeutic value of cannabis. The Coalition leadership includes 5 of the 7 U.S. supplied cannabis patients, NORML, the Los Angeles continued on page 14 continued from page 13

Resource Center, the Oakland Cannabis Buyers Cooperative and California NORML. The addition of these key groups as petition participants will ensure the focus is on the patients and their inability to receive even minimal cannabis therapy. Individual patients are encouraged to join the petition. To aid in this process, the Coalition has expanded to include: Americans for Safe Access, the Drug Policy Forum of Texas, Iowans for Medical Marijuana, the American Alliance for Medical Cannabis and New Mexicans for Compassionate Use. Patients with medical conditions that would benefit from treatment with medical cannabis may join the Coalition under the sponsorships of these organizations. You need not be using therapeutic cannabis to join the petition. While many individuals are already represented through their membership in Coalition organizations, it is important to have a specific patient list for future access to federal courts. See <www.drugscience.org> after september 5, 2002, for patient registration, contact information and petition status.



Coming to Canada?



Cannabis Health Journal has received many requests for information about the procedures

Canada. As the government moves toward decriminalization and eventual legalization, the interest in becoming a permanent resident of Canada has increased. We offer a brief view of what you need to know, and where to find more complete information.

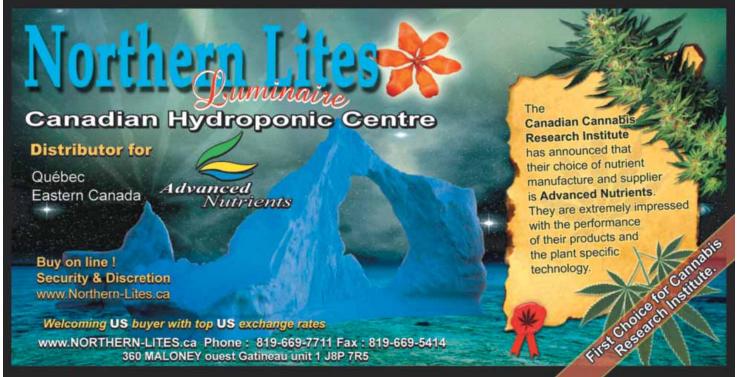
There are six basic classes of immigrant applications:

- Business (Investors, Entrepreneurs, self-employed)
- Skilled Worker
- Family Class
- International Adoption
- Provincial Nomination
- Quebec Selected

In this article, our focus is on the Skilled Worker, and applicants within this category will need to provide the following:

- A minimum period of work experience (at least 1 year within the last 10) from a list of approved occupations
- Proof of funds (the amount will vary depending on the size of your family, and must usually be enough to live on for six months)
- Demonstrated language skills in one of the official languages of Canada (French or English)
- A passing mark in a point system of six selection factors, which includes: years of education; language proficiency; years of work experience; age of applicant; arranged employment (a confirmed job offer or a temporary work permit allowing the applicant to work in Canada); and adaptability (your spouse's education, family relationship in Canada, years you may have already studied or worked in Canada).

Visit the Canadian Immigration website (www.cic.gc.ca) for more complete information. You can take a self-assessment test online, and determine your chances of successfully becoming a Canadian resident.



After 20 years of unanswered questions, 147488 Canada inc. Has finally solved the enigma, the U.F.O. grinders available in different size and color. Once again the largest distributor with the latest fashion in HerbGrinder fashion is also introducing the all new locking grinder.





Losing control, keeping it together, hallucinations, good trips, bad trips, getting high, addiction, spiritual enlightenment or Dante's Inferno.

These are some of the issues that users of marijuana and other psychedelics are confronted with. Aside from the medical benefits of marijuana, smoking it has certain predictable effects on people as well as the unpredictable. It is the predictable that gives it what I call the framework in which all the unpredictable happens.

For the first time user, this unknown and unpredictable part can be not only a deterrent, but can amplify the negative effects.

How does one maintain a level of control? What is the formula that will minimize the possibility of a "Bad Trip"?

Back in the late 60's a Harvard professor, Timothy Leary, who was doing research on the effects of psychedelic mushrooms for treating psychological disorders, was given LSD by another scientist to try and later through his research came up with the control formula of "Set - Setting - Dosage". Three simple checks to follow that stabilize not only a marijuana experience, but which I found can be applied in general to life experience as well.

physical [FT] (

"SET"

The mind set.

It involves the kind of expectations you have. Are you looking for pain control, to relax, relief from depression so you can start the day, or something to put you to sleep at night?

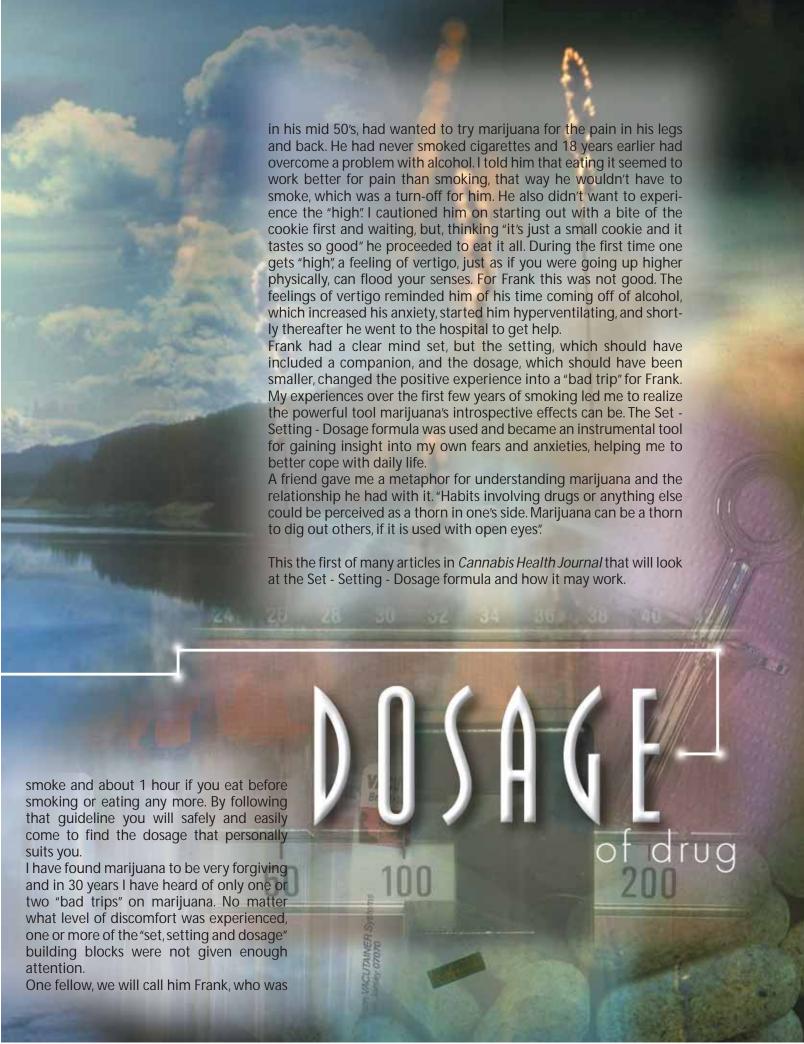
Marijuana seems to amplify the ability for your mind to, on the good side, focus and, on the bad side, obsess. If you approach your expected experience with a strong mind set, or a clear reason for doing it, then you acquire the first block in the foundation to a positive and focused experience. The chances of a bad experience in which you become obsessed with fear, or even the lack of fear, for example, are then greatly reduced.

"SETTING"

The second block of your foundation to a positive experience is the setting. If relaxation is your "mind set", then a setting that includes things that help in the relaxation process naturally should follow. The choice of the drug you are using is part of the setting. If it is your first time, then having someone with you who has smoked before will also be part of the setting. This person may be able to help you create a positive mind set as well.

"DOSAGE"

How much of the drug you have chosen to use is the third and final foundation block to a positive, focused experience. If it is your first time, it is advisable to smoke or eat a small amount and wait approx. 15 minutes if you





ers down the spine considering the atrocities that would follow in the war. But both anecdotes have something in common as they relate to the widespread Drug Abuse sistance Education (DARE) program. ne DARE program began in 1983 and was created by Los Angeles Police Chief Daryl Gates. Today DARE is all over the U.S. and increasingly in Canada. The California corporation that controls the curriculum and merchandising is governed by a 25-person board of directors including a number of Hollywood celebrities. The executive director is Glenn Levant, a former policeman who earns well over \$200,000 per year. The DARE program sees police officers come into grade 5 classrooms for one hour a week for 17 weeks to, ostensibly, teach kids about drug abuse. But the DARE program is increasingly being questioned, criticized and, in some instances, cancelled altogether. With enlightened vision we can see that the ridiculous caricatures presented in Reefer Madness are merely laughable and how the idea of uniformed Nazi officers hammering home doctrine while recruiting informants instills revulsion. With that same vision the DARE program is being closely examined. The laundry list of cities dropping the DARE program, based on the fact that

There is a considerable list of criticisms of the DARE program, not the least of which is study after study recounting the ineffectiveness of the program, including reports from the U.S. Surgeon General and the Journal of Consulting and Clinical Psychology. In brief, the latter study found, "There appear to be no reliable short or long-term positive outcomes associated with receiving DARE intervention." Criticism of the actual program's contents includes the fact that the curriculum is rigid and outdated lumping all drugs together, which surely only muddles and confuses kids. In fact, the program does not even differentiate between drug abuse and use. Even very casual use of alcohol is treated as pathological, which, assuming kids are not stupid, only leads to them further dismissing other possibly valid information disseminated about much harder drugs.

Parents everywhere are becoming alarmed

every independent and methodologically

sound evaluation of DARE has found that

it is either ineffective or counterproduc-

tive, includes: Austin, Houston, Spokane,

Toledo and, most recently, Cincinnati,

Seattle, Omaha, Milwaukee, Salt Lake City,

at the ineffectiveness, the cost, the time wasted, the lack of truth in the curriculum. and the possible boomerang effect DARE may have, "daring" kids to try drugs. Most disturbing of all, to some, is the idea of having a police officer in the classroom. Teachers study for years to become qualified instructors of children, and here they are asked to step aside so a high-school graduate with two weeks of DARE training comes in to teach mental health, psychology and drug education with a standardized curriculum. In this way the DARE program mocks teachers and the educational system.

Beyond the credibility of cops as teachers there is an increasing realization that the real intent of the program may have more to do with recruitment and finding unpaid informants.

Recently the Los Angeles Police Department, where the program originated, decided to slash the number of DARE officers in the district from 119 to 44 citing lack of efficacy. That seems a logical reason, but the LAPD fought to retain some DARE officers as a recruitment tool, according to commanding officer Mark R. Perez, who heads the LAPD's DARE divi-

"What we want to do is recruit good people for the community and help cultivate them, and we do that through the DARE program," he said.

Kent Dowell, a former District Attorney's Narcotics Unit agent in Oklahoma City, recounted a case where a child turned in her own parents after graduating from the DARE program. According to Dowell the 8 year old girl called and reported that her parents wouldn't stop taking drugs. "She listened to her DARE officer and we got involved," Dowell proudly told the Shawnee News-Star in Oklahoma. "The little girl did thank me."

One component of the program is the DARE Box put in the classroom into which students are encouraged to drop "drug information" or ask questions anonymously. It is through this anonymous information that cops are using schools as a tool for the war on drugs, but worse, instilling confusion and fear in young children. DARE instructors are not allowed to deviate from the program and allow for local values, issues, problems or concerns. In a community where many teachers and parents might be marijuana users, the DARE program puts 9 and 10

year old kids in a tough situation as well as raising all kinds of other questions about drugs that look for link:

DARE does not answer. Do I tell the police about mommy and daddy's plants? Do I ignore this officer since he or she is clearly lying about marijuana? What about Uncle Joe and the pot he smokes for his multiple sclerosis? What about daddy's scotch, mommy's mood-stabilizers and my Ritalin? Aren't they drugs? Are we all bad? Recently, in a Terrace, B. C. Coast Mountains School Board meeting, the RCMP corporal who trains all the officers to deliver the program was asked why some students opt out of the classes. In a letter to the Terrace Standard, parent Gail Murray wrote of the incident: "The only reason she (the Corporal) could offer was that it was likely due to the fact that their parents are drug users themselves." The examples of the abuse of power go on and on. Reportedly an Arizona DARE officer took out a search warrant on the

home of a student whose parents held him out of the program. A Colorado DARE officer got a student to turn in his own parents and then he bragged to the national press that informing is what he had, "taught him to do."

The culture of fear surrounding drug dialogue is palpable. Rational talk of illegal drugs is discouraged and kids are scared to speak out.

In researching this story the writer was tipped about a number of kids who had been involved with the program and who had criticisms of what they saw. When asked for an interview for this magazine, each and every one of them declined to comment - even anonymously - about their experiences for fear of "retribution"! One young girl who bravely asked the DARE officer about medical marijuana and was dismissed

out of hand, was considering speaking, but hesitated at the last minute. What are kids afraid of and, more importantly, is this any way to inform and educate?

While there are undoubtedly a good many well-intentioned DARE officers, the program is at once combining the authoritarian presence and fear of the uniformed officer, with the lying and misinformation put forth in propaganda films, at which we can all now laugh. As the war on drugs collapses and rational drug dialogue is increasingly permitted, one day DARE will surely go away. Maybe then we will all look back and laugh at the joke that was DARE the way we look at Reefer Madness. Or maybe - like the Nazi officers feeding students propaganda we'll look back in horror at what a generation of kids were subjected to.

US FEDS lack of compassion

SANTA CRUZ - Calling Santa Cruz a "sanctuary" from federal authorities, medical marijuana advocates joined by city leaders, passed out pot to about a dozen sick and dying people Tuesday at City Hall. "Santa Cruz is a special place, and today we're letting the world know how compassionate we can be," said Mayor Christopher Krohn. "We're taking a stand." More than 1,000 community members jammed into the garden-like courtyard for a supportive demonstration during the giveaway.

Several people in the crowd lit marijuana cigarettes, but it was mostly an alcohol- and drug-free gathering, which was what organizers requested. "Please do not confuse our message. Our message is not about defiance, our message is about peaceful assembly," said Valerie Corral. Marijuana is illegal as a medicine or as a recreational drug under U.S. federal law. But state law, and county and city ordinances say it's legal if recommended by a doctor. In Santa Cruz and many California communities, local law enforcement works closely with growers and distributors who help sick people obtain marijuana. The City Hall pot distribution comes less than two weeks after DEA agents arrested Valerie Corral, founder of Wo/Men's Alliance for Medical Marijuana. WAMM provides medical marijuana,

grown by members on a farm owned by Michael and Valerie Corral, to about 280 patients with recommendations from their doctors. Community members in this liberal community repeatedly have supported medical marijuana. In 1992, 77% of Santa Cruz voters approved a measure ending the prohibition of medical marijuana. Four years later, state voters approved Proposition 215, allowing marijuana for medicinal purposes, but despite this the DEA has focused its raids on medical marijuana growers and distributors in California. The Drug Enforcement Agency has already raided

marijuana clubs in San Francisco, Oakland, Sebastapol and West Hollywood.

The Corrals have been in hiding since DEA agents raided the farm at their Davenport home. "We are not the enemy," Valerie Corral told the crowd. "We are the hungry, we are the infirm, we are the dying... and when we speak to the federal government, they have no ears for us." "We are not the victims of drug traffickers - we are victims of the DEA," she said. "With a gun to my head the DEA stole the medicine that over 250 sick and dying people worked to grow."







What inspired Canadian activists to build the framework for a united voice to represent a

diverse cross-section of the

cannabis movement?

What led to transforming a steering committee into a board of directors, into a general consensus, and maybe beyond?

Actually, the Canadian Cannabis Coalition (CCC) unintentionally manifested from collective and conventional

cannabis wisdom, gaining definition in response to the ever-changing cannabis climate. It has no



budget, salaries, offices or officials, just the strong and steadfast convictions of people who have expressed themselves on-line or at meetings. These dialogues have led to interesting and lively discussions, debates, changing structures and some proud accomplishments.

Throughout these formative years, the CCC has been leaderless, but not rudderless, as driving forces steer it through unchartered waters.

The earliest incarnation began as a small e-mail networking list, set up in April 1999 by Deb Harper, to explore the idea of creating industry standards within the medicinal cannabis movement (1) and to exchange information between compassion clubs and other interested parties. In June of that year, list members and other activists met at a gathering, initiated and hosted by Brian and Teresa Taylor and friends in Grand Forks, B.C., (2) to further discuss the role for the fledgling medicinal cannabis



First CCC meeting at Broadacres in Grand Forks B.C.

network. It was decided among the approx. 20 participants who represented wide-ranging interests from non-government organizations (NGO's), entrepreneurs, professionals and grass-roots activists, that the propagation of a broad unifying entity encompassing the whole cannabis community would be more desirable.

A name, the Canadian Cannabis Coalition, and a purpose - a nation-wide

umbrella organization for cannabis organizations and activists - was agreed upon. A mission statement was crafted. "The

Canadian Cannabis Coalition is dedicated to facilitating access to a safe supply of cannabis through research, education and advocacy", and an interim steering committee was elected.

Networking continued over the internet, a website was designed, (3) and a second meeting was held in Grand Forks on September 5th (4) that brought several more organizations on board. The number of attendees almost doubled by the next meeting that was held once again in Grand Forks in June of 2000. (5) The last annual get-together happened in October 2001, hosted by Matt Elrod and friends on Vancouver Island.

The undaunting task of creating a position that represents so many within the movement has produced tangible results on several occasions. A press release issued in February 2000 stated the CCC would re-evaluate its "unwritten policy of encouraging people to apply for section 56 exemptions to the Controlled

Drugs and Substances Act in direct response to the government's obvious mismanagement of the process". (6) On August 2nd, 2000, an open letter to Health Minister Allan Rock, precipitated by Reille Capler of the British Columbia Compassion Society (BCCCS), specifying

recommendations for the upcoming clinical trials (7) was noticed by the media. (8) A group project to develop documents to file for intervenor status at the upcoming Supreme Court case of Malmo-Levine, Caine and Clay was initiated and is now pending.

The voices of the CCC have also been heard in a more individualistic fashion. An on-line newsletter written and compiled by Deb Harper was published on the website in the spring of 2000, which highlighted some individuals, members and events of CCC. The responses from participating organizations to the Medical Marijuana Access Regulations were also posted (9) between April 7th and May 7th, 2001, as there was no official CCC position. (10) The CCC's networking list has approx. 65 subscribers representing 40 organizations from Vancouver Island to Nova Scotia and international affiliates from the U.S. and Australia. Currently the focus is on issues the government is refusing to deal with that are vital to medicinal cannabis users such as practical regulations and a distribution system. Members also have court cases pending at every level of court system in this country.



Dr. Paul Hornby and Hilary Black

The coalition advises persons who contact it concerning medicinal cannabis, legal problems or other cannabis-related issues. Cannabis experts within the CCC have the ability to consult, make recommendations, hold conferences, design research protocols, develop products and services, and devise a regulatory framework. By default, the combined experience, knowledge, resources and talents of the participants assert the CCC's role as a leading national authority on cannabis.

www.drugsense.org drugsense@drugsense.org



Lance Van Den Nieuwendyk

Bloombooster Challenge

Lance Van Den Nieuwendyk lives in the Vancouver area

and is licensed to grow 25 plants under the new Canadian

medical marijuana access programs. Lance has studied

horticulture at Camosun College in Victoria and has

grown his own medicinal marijuana for many years.

Although his health is fragile (he is licensed under catego-

ry 1, terminally ill), Lance would like to share his extensive

knowledge of cannabis cultivation with other patients.

This regular information spot is sponsored by Advanced

Nutrients, who provide Lance with personal support.

products and resources to conduct his experiments.

advertorial

Numerous bloom additives are currently in the marketplace. Cannabis Health Magazine and Advanced **Nutrients** have agreed that test-

Editor's Note:

ing so-called bloom boosters would be an excellent starting point for the confused new grower. My task was to set up a situation that would dis-

cover the truth about which product performs best in a real-life marijuana growing test.

My grow room is a perfectly sealed chamber kept at 76with the

78° F with 1500 ppm of CO2 and 45-50% humidity. I focused on how 10 clones same genetics would perform (by weight) in a

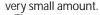
7 week flowering cycle. I am the first to admit that my scientific techniques could be improved or more variables that could be controlled, however, the plants were chosen of similar size, colour and robustness. 5 different products were chosen for this test. Advanced Nutrients Bloom Booster, Advanced Nutrients Dr. Hornby Big Bud, General Hydroponics KaBloom, Grotek Monster Bloom and Supernatural Bud Blaster. Instructions on the labels were followed and the boosters were added to the base nutrient Advanced 3-step Grow Micro and Bloom at 1000ppm. As you can see by the graph results, not all Bloom supplements are the same.

By harvest time, Dr Hornby Big Bud was ready for harvest a full 5 days sooner than the rest of the boosters. I called Advanced Nutrients and spoke to them about the results. They said that the reason Dr. Hornby Big Bud did so well is

> because it's the first bloom supplement specifically made for Cannabis and both Advanced products have citric acid in them. Citric acid has been proven to help release phosphorus bound up in sphagnum moss mixes (phosphorus binds very easily with soils) and both

contain magnesium. Big Bud also contains a full 20 amino acid profile in L-form and the correct phosphorus to potassium ratio that is cannabis specific.

Also, Dr. Hornby Big Bud contains no Diammonium phosphate (D.A.P.) or mono ammonium phosphate (M.A.P.). All the rest do, even Advance's own Bloom Booster does, but only a



The reason companies put in M.A.P. and D.A.P. is because customers want to see an immediate growth response and the ammonium component of both M.A.P. and D.A.P. products is actually a strong nitrogen source for plants. The growth response that the customers see is a vegetative response, not a flowering response. Big Bud contains 0% nitrogen, no M.A.P. or D.A.P.. Extensive research has found that lowering your nitrogen during flowering increases T.H.C..

The 3 poorest performing brands are general purpose flowering products. Big Bud and Bloom Booster are built from the ground up for one purpose only, growing Cannabis.

Patients can call Lance directly for advice or to suggest ideas for research at 1-604-255-1949 between the hours of 9 to 5 PST

To recap the results: 1st place was Advanced Nutrients Dr Hornby Big Bud (Big Bud also finished 5 days earlier and had a great smell and taste). It had a total manicured plant weight of 492.7g wet, 98.6g dry and the manicured top cola weighed 98.5g wet, 32.6g dry.

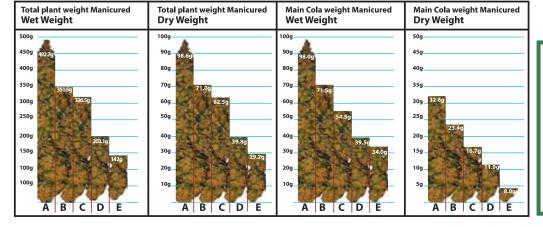
2nd place: Advanced Nutrients Bloom Booster. It had total plant weight (manicured) 351.5g wet, 71.0g dry and the top cola weight (manicured) was 71.5g wet, 23.4g dry.

3rd place: General Hydroponics KaBloom. It had a total plant weight (manicured) of 326.5g wet, 62.5g dry and the top cola weight (manicured) was 54.5g wet, 16.7g dry.

4th place: Supernatural Bud Blaster (plants given this product experienced phosphorus leaf burn and smoking it was extremely harsh). It had a total plant weight (manicured) of 203.1g wet, 39.8g dry, and the top cola weight (manicured) was 39.5g wet, 11.9g dry.

5th place: Grotek Monster Bloom. It had a total plant weight (manicured) of 142.0g wet,

29.2g dry and the cola weight (manicured) was 34.0g wet, 8.0g dry.



- A: Advance Nutrients Dr. Hornby Big Bud
- **B: Advance Nutrients Bloom Booster**
- **C: General Hydroponics** Kabloom
- D: Supernatural Bud Blaster
- E: Grotek Monter Bloom

Advanced Nutrients is the leading manufacture of synthetic and organic nutrients for the medical marijuana industry. What makes our company unique is that all of our products have been scientifically researched, designed and formulated to grow medical marijuana.

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Marvin's Gardens

Bob is 36, married, with no children. He and his wife live in a northern community of rural Quebec and have relied on their mini production system to supply their cannabis needs for several years. Bob came to the Journal's attention when he inquired as to the marketability of very small cold light systems.



CH: When did you first get interested in these systems and this technique of growing cannabis?

B: In about 1987 I purchased one of the fluorescent light grow units advertised in *High Times*. The unit was small, octagonshaped and used a series of side lights. These units are great, and I was truly shocked at the production I was able to get for minimal cost. Over the next several years, I began to modify and improve on that system, by putting in hydroponics, clay beads as the medium and basically improving the lighting.

CH: Tell me about what has evolved, how does it work now?

B: After a while I had made so many modification I knew it was time to branch out

and try my own design; also, the new 100 Watt plus high intensity compact fluorescents with self-contained ballast were just hitting the retail market. The box we settled on was compact and by paying attention to air flow, we were able to use 6 fluorescents to produce about 30,000 lumens without substantial heat build-up.

The unit is at a comfortable working height and uses an ebb and flow with expanded clay as the grow medium. The reservoir sits under the top grow chamber and is a 20 litre plastic bin with a 250gph submersible pump. I wanted a simple design that was inexpensive to operate. This unit uses under 4.8 amps and should cost around \$4 to \$6 per month in electricity.

CH: Are there special techniques to growing, any tricks and tips?

B: Honestly, this is one of the easiest systems I have ever used. I use a 3 step nutrient, a bloom booster and periodically H₂O₂. Bug control is a breeze, with the unit being closed I simply fog with an organic pesticide. As far as strains, both my wife and myself like variety and we have had success with a wide variety of indicas and sativas. I like to use up to 6 plants per tray and trigger the plants almost immediately. You could grow fewer plants, but you will waste time vegging and shaping to get the same leads (flower heads) as you can achieve by using multiple plants. Shaping and trimming is still needed and very important. The plants tend to grow out, not up and the grower needs to be vigilant in keeping the branches away from the lights. The space does not lend itself to seeds and sexing at all, you need to start with clones.

CH: How much will it produce in a cycle and is it good smoke?

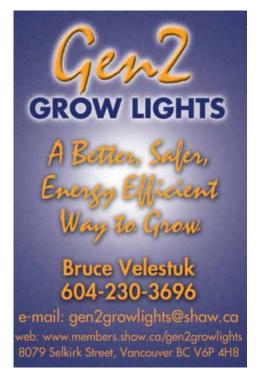
B: On average I estimate you should produce 4 to 5 ounces of tight thumb-sized buds in 8 weeks from triggering. The best I have seen is 6.5 ounces in 9 weeks. In my opinion and that of my wife, the smoke is



excellent, crystal content is high, and you do not have a lot of woody stems. Meets our needs.

CH: Where are you going with your project from here?

B: I am intrigued at how much we continue to learn about this plant. I hear of people that are still paying exorbitant prices for pot and I think there will be a market for even smaller units than the pizza oven size units now on the market. I am enjoying what I have achieved and plan to continue with my experiments, improving the odour control and maybe even adding CO₂ injection. Maybe I would even consider a commercial venture. The next few months will tell.



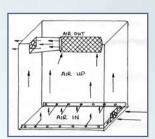
Back to Basics

by Bonzai

Airflow is the most important factor when considering setting up your own medicinal marijuana garden. Having adequate airflow will help you control many other factors including temperature, humidity, pests, molds, mildews, and it also supplies a fresh source of carbon dioxide.

Airflow consists of hot air being exhausted out while cool fresh air is being pumped in. Fresh air is circulated with the help of oscillating fans. Since hot air rises, exhaust fans should always be vented as close to the ceiling as possible. Carbon filters can be used in conjunction with your exhaust fan to eliminate odour problems (see diagram). Intake fans pump fresh air in via a

4" or 6" ducting running along the floor (see diagram). Smaller rooms, fewer than 1000W, will not require an intake fan due to the low volume of air to be transferred. The exhaust fan will pull fresh air up through the ducting on the floor. Larger rooms will need an intake fan of less CFM's (cubic feet per minute) than your exhaust fan in order to create a negative vacuum in your room allowing no air to escape the room except through the carbon filters.



A well-vented room should exchange the air about every three minutes. To calculate what size of exhaust fan you will

require, find the cubic feet of your room: length x width x height = cubic feet. Now divide that by three, giving you the CFM's required for your exhaust fan.

EXAMPLE:

A room measuring 6 x 6 x 6 = 216 cubic feet, 216 / 3 = 72, therefore a 72 CFM fan is needed. Unfortunately, a 72 CFM fan is impossible to find, so you will have to find the closest possible replacement, 80 or 100 CFM fans will do fine.

With a well thought out airflow plan, temperature and humidity are easily controlled, molds and mildews are less likely to appear and CO² levels are constantly being replenished. If you are thinking about setting up a garden, your first step should be to think about how the air will be flowing through your room. This kind of planning solves all kinds of problems before they begin. It's worth a thought.

The Cold Revolution

Bruce Tait Gen2 Grow Lights www.Gen2growlights.com

Growers want healthy, lush growth that produces many flowers, full of aroma and precious oils. They want to do it safely, with a highly efficient light, and with an eye on the hydro bills. Growers now have an alternative to achieve these goals, and the "cold" vs "hot" light debate is starting to heat up.

Introduced within the last year, cold lights are winning converts with each success story. Gen2-type cold lights are well suited for small spaces, and can produce fantastic

results. Cold lights can be used as primary lights, supplemental lights, or for cloning. As primary lights, they can be placed inches away from the vegetation without burning. Used as supplemental lights (bud boosters), they can be strategically placed beside the lower parts of the plant, increasing bottom flower yield and the overall health of the plant.

Cold lights are much safer than "hot bulbs". They are low wattage and have no remote ballast (125W, 1.4 Amp). They are lightweight and can use standard timers and electrical service. Because very little heat is generated, the risk of injuries and fire is greatly reduced.

How cold lights work involves a discussion of physics, colour spectrums, photo bi-optics and lumens, and is probably best left to future articles and research. Do cold lights compare with the lumen output of a 1000 Watt hot bulb? The answer is "no", but cold lights are used differently, and it is important to remember that plants use a different colour spectrum than the often quoted visible light measurement of lumens.

Cold lights are excellent for cloning, achieving results that are approximately 50% better than alternatives. In a recent test, a cold light was placed 6" above a tray of clones, with others placed under normal fluorescent grow tubes (3" away) and a 400 Watt sodium (2 feet away). The clones under the cold lights were bushier, greener, healthier, and produced roots up to 10 days faster.

Mother plants kept under cold lights showed compact, bushy growth, with many nodes. Production of clones was impressive, because lower branches produced usable cuttings. Cold lights (125 Watt) used as bud boosters add light intensity (and bud) to dark areas of your room. If you are getting 90% of your yield on the top foot of a plant (as most people do) and nothing below that level, you need to add a bud booster light. Cold lights are a safe and inexpensive answer.

More formal research needs to be done, but initial results are very encouraging. Take a few minutes to examine your grow room; is it safe, are you a slave to hot bulb technology, and could you do the same in a smaller space?





Some folks are a little more educated. When you say hemp, they identify it as the non-euphoric strains for the cannabis plant, you know, good for textiles, paper, plastics, alternative fuels, skin care products and 25,000 other uses, but lousy in the elements that make for the psychoactive punch that recreational tokers, medical users and spiritual seekers are looking for. Some of the more discriminating might further identify hemp with the adjective "industrial" - this is to distinguish it from all the other "hemp" varieties that exist out there.

this opinion range from the Drug Enforcement

Industrial hemp is clearer, but it can be clumsy to use all the time. I prefer to use hemp as a stand-in for industrial hemp. Just so you know.

But this column isn't about hemp etymology. I merely bring it up to show that hemp has a bit of an image problem. Hemp means many things to many people, so it can be confusing to talk about it. Certainly hemp is a resource that has many sides to it. And most definitely, some sides are better known than others.

One of the least known, but most important uses of hemp, is as a food. More and more the word is getting out of what this "superfood" is about.

In talking about the hemp seed, of course, you don't want to munch on the stalk fibre. That's not edible for humans.

A smorgasbord of finished hemp foods are now available in Canada, including energy/nutrition bars, waffles, granola, cheese substitutes, salad oil whole and blended with other good oils, premixed salad dressings, peanut-like butters, toasted and salted whole seeds, flour, pasta, tortilla chips, wrap and flat breads, paté, and hemp ice cream, too. There's more product development on the way. Hemp foods are moving quickly and interest is growing. You'll also find "raw" hemp packaged in whole seed, oil or dehulled forms.

So why should you eat hemp? According

to one analysis, a whole hemp seed contains about 22.5% protein, 35.8% carbohydrates and 30% fat, as well as minerals such as Calcium, Phosphorus, Iron, Thiamine, Niacin and Riboflavin. It's a good source of dietary fibre, too, with 35.1% dietary fibre (3.0% soluble). Hempseed is also a powerful source of amino acids. Note that 100 grams (1/2 cup) of hemp seed have about 500 calories.

Hemp seed is also cold-pressed to make a marvellous vegetable oil. Hemp oil contains 80% polyunsaturated fats. These are the good fats that we need for energy and are one of the highest counts of all vegetable oils. Hemp oil is also quite low in monounsaturated (12%) and saturated fats (typically 8.0% or lower). With this profile, hemp oil is very heart smart.

It gets better: hemp oil is also a rich source of Essential Fatty Acids, namely Omega-6 (LA-linoleic) and Omega 3 (ALA alpha

linoleic). Hemp has a balance of three parts Omega-6 to Omega-3, very close to the body's nutritional requirements. EFA's are called essential for the very good reason that our bodies can't make them and they are needed for the healthy functioning of the body's cells. As regulators, the LA and ALA fatty acids provide stability and control the movement of all substances in and out of our bodies' building blocks. Very key and very basic stuff.

puter screen flashes a drug education banner ad.

Hemp is also a good source of Gamma Linoleic Acid (GLA), which stimulates the production of hormone-type substances. For this reason, many women find hemp oil supplements help to relieve PMS cramps and extreme symptoms of menopause.

Some of the many other benefits of having all these EFA's in our diet include an increased metabolism, lower cholesterol, better digestion, general vigour, improved skin and hair condi-continued on page 28



continued from page 27 tion, and a boosted immune system.

I think the best part is that hemp tastes great. Many people compare it to walnuts or sesame seeds. Hemp's nutty taste makes it easier for people to try and keep using hemp.

Not everyone likes nutty taste of course. And not everyone thinks food and diet have a link with health. And not everyone is comfortable eating a food that hasn't played a major part in the Canadian diet... yet.

Yeah, hemp foods have their detractors too. It seems to go with the cannabis territory. I'm glad there is controversy, it makes for fertile ground for a good column. Anyhow, I will be covering a wide range of hemp foods topics and issues in the future for the *Cannabis Health Journal*, In the meantime, enjoy your seed

Arthur Hanks is a Saskatchewan writer who has written extensively on all aspects of industrial hemp. He can be reached at hcfr@sk.sympatico.ca

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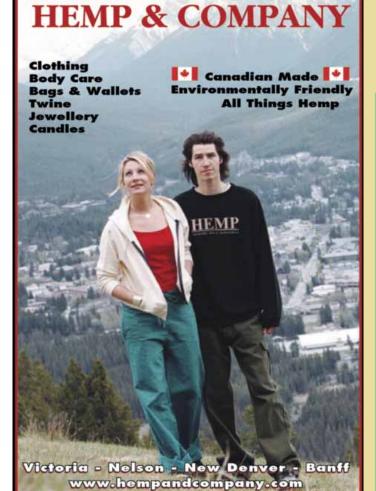
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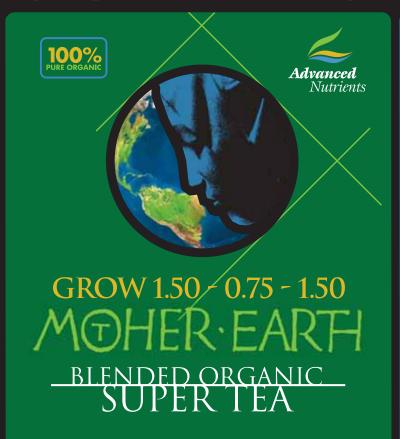
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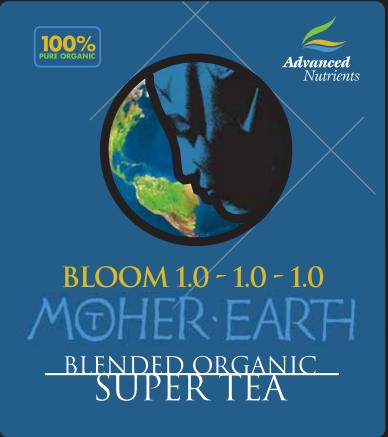


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Vaporial zationalis, since moking sustains high levels of

advertorial by John Stahl

The use of marijuana as medicine has aroused considerable controversy. The medical community has long known that smoking anything on a regular basis is very bad for your health. This is true simply from the smoke involved, whether cannabis, tobacco, or other substances.

There are "hemp activists" who assert that the entire plant is good in every way, although the facts do not support such blind faith. The negative side effects of smoking cannabis are well known.

It is important to make my own position clear (and it is my own, not necessarily that of this Journal) - any questions about the use of marijuana are health and social issues, not legal or criminal ones. The medical benefits (or lack thereof) should have no bearing on the legal status of cannabis use by free individuals in a free society.

There are a host of issues which relate to the problem of the smoke. A regular habit of smoking anything - tobacco, marijuana, damiana - will cause havoc with your respiratory system. The smoke contains heat, tar, particulate matter, carbon monoxide, benzene, and hundreds of other toxic materials. However, you don't have to smoke marijuana to experience the medical benefits! The easiest alternative to smoking is to eat the cannabis. This

method of ingestion presents the following problems: the timing is often inconvenient, it is difficult to regulate the dosage, and eating cannabis is generally considered to be only half as effective as smoking it.

In the last few years, the vapourizer has entered the scene, providing a superior experience in every way when properly administered. Modern improvements in vapourizer design have changed the minds of many people who previously rejected vapourizers in favour of their reliable joint or bong.

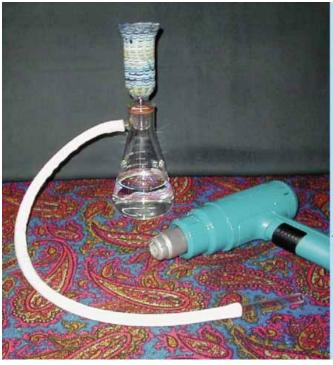
There is some truth to the idea that there is "something missing" when you vapourize cannabis. Many users declare that it is "not as potent" as smoked cannabis. By this, they may mean the degree to which it disorients or incapacitates them, or makes them feel drowsy or sluggish. These symptoms derive from the smoke, not the cannabis. More typical effects of cannabis (without the smoke) are: increased sensory stimulation and heightened cognitive imagination. Pure cannabis can be psychedelic and entheogenic, and is associated with religious experience for many users, whereas smoked cannabis becomes more of a narcotic in its effect. Vapourization of cannabis is, in my opinion, the purest form of delivery.

Many frequent smokers have lost the ability to appreciate cannabis, since smoking sustains high levels of CBD, which acts to block the effectiveness of THC, and contributes to the tired, sluggish feeling. The pure effect of cannabis is most commonly experienced (by smokers) from the most potent preparations of hashish, so that large amounts of THC may be ingested with a minimum of smoke. The vapourizer takes this concept one stage further, so the progression is: bottom leaf, top leaf, flower tops, hashish, pure cannabis oil, and finally, the pure experience released in a light cloud of vapour.

Using a vapourizer results in an experience that is cleaner, richer and clearer, without the disorienting effects of smoked marijuana. The effect also lasts longer. A toke in the morning can keep a medical patient free of pain all through the day. People who sometimes use a vapourizer, but also smoke, don't get this effect. The CBD in the smoked marijuana builds up and blocks the THC. This explains why the "morning toke" works so well. Many smokers are familiar with the experience of smoking a large amount of cannabis the night before, waking up to have one little toke, and experiencing a better "high" than the night before. This happens because the night's sleep has metabolized enough of the CBD to allow a fresh burst of THC before the CBD takes over again.

Which is the best model of vapourizer to buy? Because I am the designer of the "Ultimate Vaporizer" (www.vapormagic.biz), I believe my own design is the best, but I will try to give a balanced overview of the devices on the market.

Most designs fall into one of two categories: 1) those with heat guns pushing forced hot air (at a carefully regulated temperature) over the cannabis into a vapour chamber, which is then inhaled; and 2) those that feature some sort of "hot bowl" without an assisted air flow. I believe the designs (like my own) which use the power of a heat gun offer the most effective experience. When comparing models, the main thing to look for is a high quality heat gun with fully adjustable temperature controls and a ceramic core. The ceramic core is important because it isolates the metallic heating element so there is no adulteration in the quality of pure hot air delivered. If you are considering a "hot bowl" device, portability is the main advantage. These are simple units that can be carried anywhere. People with a serious medical need for



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cannabis would probably want to have a high quality vapourizer for their primary use and a portable unit for travel.

If cannabis can be taken in vapour, without the use of smoke as a vehicle, most of the potent objections against the use of cannabis melt away. An entire world of possibility opens up to the medical patient, who can now obtain relief from his symptoms without the toxic complications of the smoke.

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Watch Nevada

The odds are out, the bets are in and the race is on November 5th 2002, citizens of Nevada will vote on whether to legalize or not. Nevada once again could be the liber-

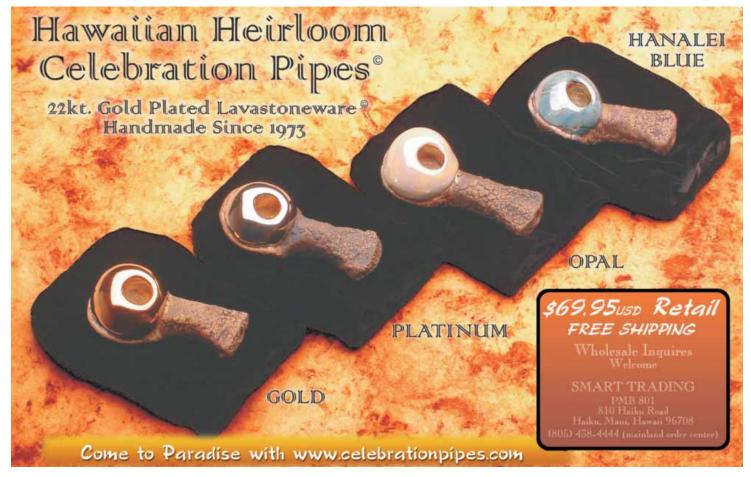
al wedge, the big prize fight in the US drug war. It is estimated that bringing marijuana into a regulated market would generate \$200 million in annual tax revenues for the state.

Legalization has been running neck and neck with the opponents. Early on it appeared that the Chiefs of Police were on side, but in the home stretch they bailed out. Approaching the finish line, legalization organizers have countered with a strong TV campaign.

Watch for international coverage November 5

Constitutional Challenge

Allen Young, who represents several seriously ill people from across Canada and one caregiver, launched a constitutional challenge against two federal laws, the Medical Marijuana Access Regulations, and the section of the Controlled Drugs and Substances Act that prohibits possession of marijuana. Three other individuals have joined the leagal action, and the court is hearing all the challenges together. Watch for the next court date of Octobe r 18th.



\$1.00 per word including taxes.. Submit and pay for your classifieds on the web at cannabishealth.com,or pay by phone, MasterCard, or mail cheque money order to Cannabis Health. Reply to CH-Box #'s at Cannabis Health 8120-B Donaldson Drive, Grand Forks, B.C. VOH 1H0

The stores listed below are friendly to medical marijuana users and will gladly help you with your growing questions.

If you are a store that is friendly to medical marijuana users, we will list your business on 3 lines for \$25.00



three years in a row.

Did you live in Gilpin between 1971 & 1975? Would you attend a reunion? Write to Box 21 Have you been banned from the U.S for Marijuana charges? Please contact us at Cannabis Health Journal, Attention Banned.

Kudos to the R.C.M.P for their "Cops 4 Kids" fundraising program. Enforcing socially unpopular laws has cost the R.C.M.P. credibility with the youth in our communities. CH magazine applauds their efforts to show the humanity that has motivated many officers to dedicate their lives to this career.

Kudos to Nelson British Columbia, WAL-MART for responding to community need for small hydroponic corner in their gardening department. Thanks from the medical mariiuana community!

BRITISH COLUMBIA

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1610 Elizabeth St. Port Alberni, BC, V9Y 6L7 ph:250-724-4769

Backwoods Hydroponics

10590 Carlson Rd., Prince George, BC, V2K 5E5 ph:250-963-9541

Duncan Plant & Ponics

#4-2985 Breen Rd. Duncan, BC V9L 6C7 ph:250-746-5591

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OMING EVENTS

The Marijuana Policy Project and Students for Sensible Drug Policy present ... National Conference 2002, November 8-10, Anaheim, * perspectives on the drug war from political conservatives, religious leaders, judges, and law-enforcement officials important election results from across the

announced and analyzed * standup comedy by Bill Maher * and much, much Register right away www.mpp.org/conference for a substantially discounted early bird rate! For more information on the Marijuana Policy Project / Students for Sensible Drug Policy conference, please call 202-293-4414.

HEALTH AND HEALING

Quantum Healing Associates Suzanne Forgeron B.A./C.S.T./D.Ac 32 Milrun Cres. Bedford N.S. B4A 1H7 ph: 902--832-1312 / fax: 902-832-9217

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