

## the Cana Dutch model

interviews with officials in the  
medical marijuana programs from both countries



### A Cannabis Odyssey!

A personal story from Dr. Lester Grinspoon

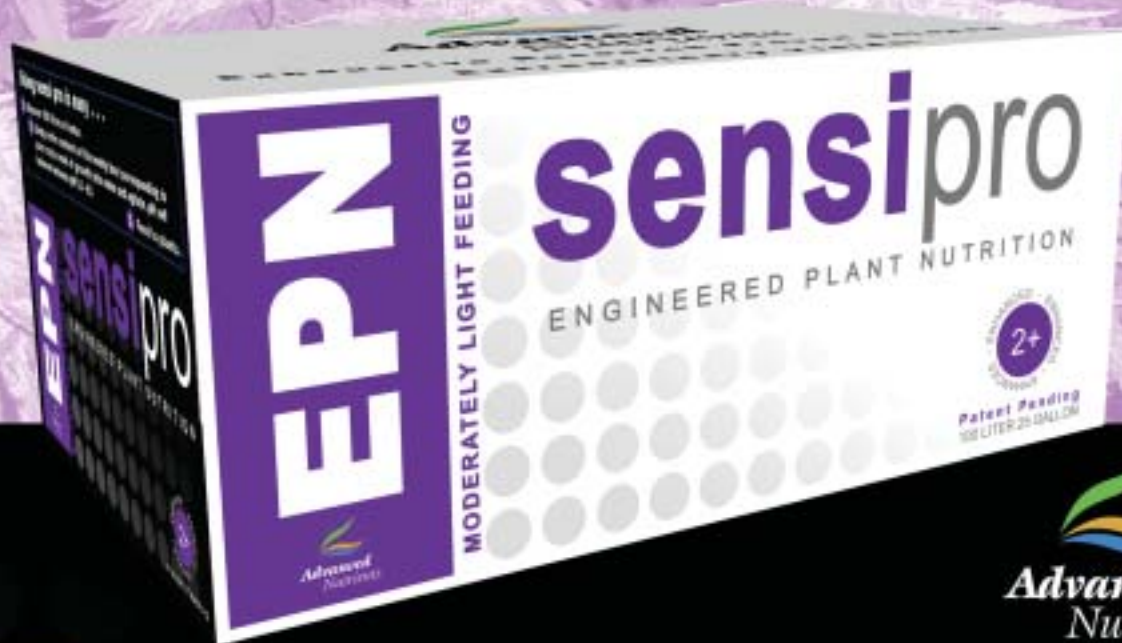
### Where is Dr. Ethan Russo?

Dr. Ethan Russo says good-bye to Cannabis Health Journal





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**Visit our website at cannabishealth.com**

for extended versions of the stories and links to information and resources.

**Looking for that perfect gift to put under that special tree?**

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for books, harm reduction supplies and more for the responsible Cannabis user!

**Cannabis Health Journal wishes everyone a Merry Cannabis and a Hempy New Year! Go Green!!**



**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 users.
- Educating the public on cannabis issues.

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

Other activities will include financial and practical support for low income patients and the establishment of a legal defense fund. The free hard copy of *Cannabis Health* is also reproduced in whole on the World Wide Web at cannabishealth.com (the foundation website) with extended stories and hot links to resources and information.

**SUBSCRIPTION INFORMATION**

If you would like to receive 6 copies per year of the most informative resource for medical marijuana available, subscribe to *Cannabis Health* by sending your name and address and a cheque to Cannabis Health Foundation, P.O.Box 1481, Grand Forks, B.C., V0H 1H0 (USA send CAN\$45.00cdn and foreign send \$75.00cdn)

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C O V E R



On the left, Cannabis is sold to pharmacies in containers similar to those used for other pharmaceutical starting materials in the Netherlands.

On the right is a sample of the vacuum-packed pouch sent to patients who have been approved to receive the government supply of medical marijuana in Canada.

# Volcano

BY STORZ & BICKEL

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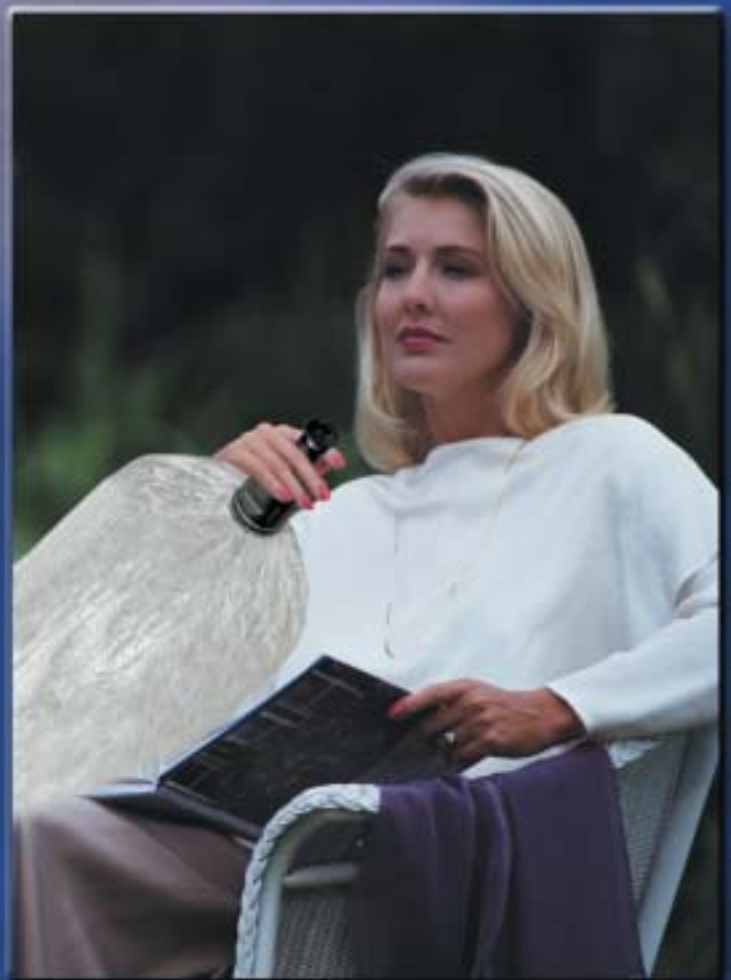
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Brian Taylor  
Editor-in-Chief

It's hard not to notice that most of the major US and Canadian financial journals have now covered or are planning to cover the "economics of marijuana".

Numerous US states are even

paying economists to give them the post-marijuana prohibition picture. Here in BC where the grassroots economy is estimated to be in the 4 to 6 billion dollar range, we cannot get the attention of the government opposition. I know now what drives Marc Emery to stand on soap boxes on street corners and shout, "My fellow businessmen. Wake up!!" Two months ago when we first considered the 4 corner story idea, we never imagined we would find ourselves stuck in the middle of a raging scientific and emotional controversy. Our initial strategy was to parlay our new found friendship with Willem Sholten, the head of the Dutch government's

marijuana program, into an interview with their supplier, American expatriate, James Burton, from the Dutch company SIMM, then use that to try to interview their counterparts, Valerie Lasher from Health Canada and contracted Canadian supplier Brent Zettle from Prairie Plant Systems. Somewhere between Willem Sholten's submission and our first interview with Brent Zettle, Canada released its first legal cannabis to the medical users and the fireworks began.

Rather than joining sides, (not to say we have no opinion), we think the most constructive role the journal can play is to help bring out the facts and define the problem. When the heat is on, most government representatives look for cover. We particularly want to thank PPS and HC for being accessible. For those who read this and say we could have gone deeper with this issue, keep your tickets. This situation has become world news and the story will continue to unfold.

To borrow a thought from James Burton, Canada has reached the point where chronically ill and sick people

are being asked who they trust more, their government or their dealer. Yesterday I had an intriguing discussion with Lester Grinspoon. It started with a comment he made several weeks before where he cautioned us not to make the mistakes the other publications had made. We talked at length about the evils that threaten the integrity of neophyte journalistic innocents. Most of all we talked about the boundaries that we still need to bridge in the marijuana debate. I realized that we have indeed been so focused on the hard core medical issues that we have neglected an important part of cannabis and health. Health is creativity, talking to your loved ones, laughing at funny stories, writing songs, painting pictures and making time to explore the beauty of your garden. The whole staff voted and our new year's resolution is to pay more attention to the enhancement and creative aspects of cannabis in the coming year. Thanks for the reminder Lester. From all of us at the journal, Merry Christmas North America 🌿

## LETTERS

### We underestimated the response!

Our branch managers love the fact that they will continue to receive the Cannabis Health magazines all of the time! I really have underestimated the response... our Winnipeg branch has given them out to several palliative care agencies in the Winnipeg area. They are quite happy to be receiving them! When can we expect the next shipment???

Thank you again  
Grant and Marie Krieger  
Krieger Foundation

### No longer standing alone!

I have used marijuana for depression for 3 years now and I sure feel so much better. When I didn't have any support for finding ways to get medical grade marijuana, times were grim. I bought my marijuana on the street and sometimes it wasn't flushed or would still be wet and I would buy because there was no choice.

Now I have found the BC Compassion Club Society, a place of peace, truth, kindness and caring. It has saved me

from the streets and suppliers who don't care.

Thank you Hilary Black and all the members and staff for saving my life.

Thank you Cannabis Health for letting me tell my story of one man's journey, who is no longer standing alone.

Michael



cartoon by Glenn Smith from Osoyoos, B.C.

### Where can we go for help?

I'm an individual who smokes cannabis for pain relief/control. I'm a full blown chronic fibromyalgic, who had an injury at work in January, and has graduated from the world's best pain management program. Still I can't get support from any doctors for medicinal cannabis, not even from those in the pain program. What am

I to do? Local hydroponic suppliers, alternative health care providers, family and friends are sympathetic, but I have to unlawfully attain this medicine and it is like, no one gives a damn!

I prefer to live within the law but my life will only be an unfortunate existence if I can't use this medicine, which I use daily to provide relief to the point

where I can function. Otherwise I am bedridden.

I am starting to think I am in a sadistic pipe dream where I can only attain medicinal cannabis unlawfully. So, tell me, am I going crazy, or is everyone else having trouble finding support for a Section 56 patient? If so, where is the support?

Randy

### Studies Canceled!

Dear Editor: (RE: cancellation of CRIT cannabis research study) I think the crowning irony is that, while Canadian clinical trials are stalled, not one but several similar research studies are being conducted at the Center for Medicinal Cannabis Research in California.

Canada had a chance to be a world leader on this issue, but has not only dropped the ball, but essentially has flung the ball down on the ground and stomped on it. I think it is grotesquely ironic that the war-on-drugs United States has taken the lead on the very kind of high-calibre clinical research that Anne McLellan is calling for. They'll probably be announcing their results while we're still trying to find the starting gate.

*Derek Thaczuk, Treatment Resources, Toronto People With AIDS Foundation and former chair, CRIT Scientific Committee*

### Canada's first cannabis HIV/AIDS study suspended

TORONTO, June 19 /CNW/ - The Community Research Initiative of Toronto (CRIT) today announced the cancellation of the first Canadian study evaluating the therapeutic effects of smoked marijuana, a direct result of Health Canada's decision not to renew funding for this groundbreaking project.

This study was to have assessed whether smoking cannabis can alleviate the debilitating nausea and weight loss experienced by many persons living with HIV/AIDS. Research was to have begun this spring as a pilot study in Toronto, involving a total of 32 individuals.



Our invitation to do business in friendly BC has resulted in numerous inquiries and we have made an increasing number of "drop sales" arrangements with suppliers. That is where we sell and mail out a wide range of products.

Uncle Gord who runs the shipping dept is ready to answer all your ordering ,shipping and product questions.

Heart of gold, bite like a dog

#### Thanks Uncle Gord

I hope that the exposure you received in Rolling Stone generates as much business as you can handle. I also hope that the exposure doesn't generate any problems. Of course Canada seems to be further ahead than the US in their

quest for intelligent pain relief solutions.

I broke my back on my last fire call in '95 and have been in terrible pain ever since. The pain doc has me on 80mg/day of oxycotin and it's not enough, although I am thankful for the bit it does provide. My wife almost ordered the Raydiator pipe without asking me if I would want one.

Any how, my best to you and my best wishes for a long and successfull business for you

God bless

Jim



*French Cannabis activist Michka visiting Grand Forks in Mid August*

### FRENCH CANNABIS ACTIVIST VISITS CANNABIS HEALTH IN MID AUGUST

First of all, fire had to be mastered. Then mankind was ready to discover that inhaling the smoke of certain plants had a particular effect, casting a different light over the world.

From the native Americans who gave us tobacco to the pious saddhus of India who sacramentally puff on ganja, smoke is holy.

It connects mankind to the divine element, inviting the gods to descend among mortals. It inspires human beings. "Before answering a question, one ought to light a pipe" commented Einstein.

Having now become an industrial product, tobacco has lost all sacredness. Condemned as harmful and addictive, cigarettes have fallen into disrepute, where as cigars, hemp, and a whole new range of smoking paraphernalia are gaining popularity. All in all, smoke has retained its mystery.

The Smoking Museum presents a practice as ancient as mankind. It also provides a vantage point for the observation of changing behaviors.

<http://museedufumeur.net/cadresa.html>





Lester Grinspoon circa 1971  
 By LESTER S. GRINSPOON  
 Published on Monday, September 15, 2003 for  
 the Harvard Crimson Online  
 Dr. Lester Grinspoon is an emeritus professor  
 of psychiatry at Harvard Medical School. He  
 is the author of *Marijuana Reconsidered* and  
 a co-author of *Marijuana, the Forbidden  
 Medicine*. He currently manages the website  
[www.marijuana-uses.com](http://www.marijuana-uses.com).

My improbable cannabis enlighten-  
 ment began in 1967. I was concerned  
 that so many young people were using  
 the terribly dangerous drug, marijuana,  
 so I decided to review the medical and  
 scientific literature on the substance and  
 write a reasonably objective and scien-  
 tifically sound paper on its dangers.  
 Young people were ignoring the warn-  
 ings of the government, but perhaps  
 some would seriously consider a well-  
 documented review of the available data.

As I began to explore the literature, I  
 discovered, to my astonishment, that I  
 had to seriously question my own under-  
 standing. What I thought I knew was  
 based largely on myths, old and new. I  
 realized how little my training in science

and medicine had  
 protected me  
 against this misin-  
 formation. I had  
 become not just a  
 victim of a disin-  
 formation cam-  
 paign, but because  
 I am a physician,  
 one of its agents  
 as well.

To share my

new skepticism, I wrote a book,  
*Marijuana Reconsidered*, which was  
 published in 1971 by Harvard  
 University Press. While writing the  
 book, I considered trying marijuana,  
 not because I thought it would inform  
 my work, but because it appeared to  
 be an interesting recreational experi-  
 ence. I decided against it in order to  
 avoid compromising my objectivity.

After publication, I began to explore  
 marijuana as a drug for relaxation and  
 recreation, and I was not disappointed.  
 In fact, it soon displaced alcohol alto-  
 gether. I was 44 years old in 1972, when  
 I experienced my first marijuana high.  
 I have found cannabis so useful and so  
 benign that I have used it ever since—as  
 a recreational drug, as a medicine and  
 as an enhancer of some capacities.

I am one of more than 12 million  
 Americans who use it regularly. We  
 smoke marijuana not because we are  
 driven by uncontrollable "Reefer  
 Madness" cravings, as some propaganda  
 would have others believe, but because  
 we have learned its value from experi-  
 ence. Yet almost all of the research, writ-  
 ing, political activity and legislation  
 devoted to marijuana has been con-  
 cerned only with the ques-  
 tion of whether it is harm-  
 ful and how much harm it  
 does. The only exception  
 is the growing interest in  
 the exploration of  
 cannabis as a medicine,

but as encouraging as that develop-  
 ment is, it represents only one category  
 of marijuana use. The others are some-  
 times grouped under the general heading  
 of "recreational," but that is hardly an  
 adequate description of, say, marijuana's  
 capacity to heighten the appreciation of  
 music and art or to strengthen the sense  
 of connection to the natural world. It  
 can deepen emotional and sexual inti-  
 macy, crystallize new ideas and insights,  
 and expand one's capacity to appreciate  
 new aspects of life. Experienced users  
 know that ideas flow more readily under  
 its influence. Some of these ideas are  
 good, some are bad; sorting them out is  
 best done while straight. Now, whenever  
 I have a difficult problem to solve or  
 decision to make, I try to think about it  
 both stoned and straight.

I often wonder whether, if I had begun  
 to use cannabis earlier, I would have

I am one of more  
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avoided making some choices I now regret. The worst career choice I ever made was to enter psychoanalytic training. Although I became skeptical about some aspects of psychoanalytic theory during that time, my qualms were not sufficient to dull the enthusiasm with which I began treating patients psychoanalytically in 1967.

It was not until the mid-'70s, shortly after I began to smoke marijuana, that my emerging doubts about the therapeutic effectiveness of psychoanalysis began to make me uncomfortable. The evenings when I smoke marijuana provide, among other things, an opportunity to review ideas, events and interactions of the day. This cannabis review-of-the-day is almost always self-critical, often harshly so, and its scope is broad. In 1980, the cumulative effect of these stoned self-critiques finally made me decide not to accept new psychoanalytic patients and then to resign from the Boston Psychoanalytic Institute.

I had been puzzled for many years over one aspect of another bad decision I made, this time as an adolescent. In later

years it was not difficult for me to understand why I made the decision to leave high school early in my senior year to enter the Merchant Marine. What I could not understand was why my loving father (since deceased) so readily acquiesced to this plan; he never lifted a finger to try to prevent his promising

high school student son from abandoning our shared dream of my going to college. One evening while stoned many years later it came to me,

and I now understand what had seemed so inexplicable about his behavior. Would I have eventually figured it out without the subtle alteration of consciousness that cannabis provides? Perhaps.

There is no denying that many people, especially young people, use marijuana mainly for "partying and hanging out". And most non-users (at least until they learn of its medical value) believe that is all cannabis is useful for. This stereotype is so powerful that reactions ranging from puzzlement to outrage greet claims

to the contrary. Anyone who attributes more than recreational and medicinal value to marijuana runs the risk of being derided as a vestigial hippie. So it is not surprising that many people who use cannabis do so behind drawn curtains.

If more people in the business, academic and professional worlds were known to be marijuana users, the government would not find it so easy to pursue its harmful and wasteful disinformation campaign. That campaign continues partly because of the widespread false belief that cannabis smokers are either irresponsible and socially marginal people or adolescents who "experiment" and "learn their lesson." These lies are perpetuated when those who know better remain silent. The gay and lesbian out-of-the-closet movement has done much to reduce homophobia in this country. It may be difficult in the current climate where dissenters are intimidated and profiled, but if the many people of substance and accomplishment who use cannabis could find the courage to "come out" in the same way, they could contribute greatly to the diminution of "cannabinophobia" and help to end the harassment, persecution and prosecution of innocent marijuana users.



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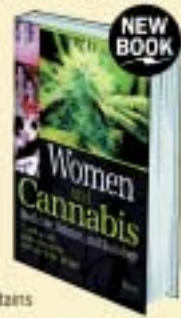
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A Note to Cannabis Health and its Readers: It has been my great pleasure and honor to write the "Ask Dr. Ethan" column for Cannabis Health in the year of its inauguration. During this time, many patients and their families submitted questions about the healing benefits or side effects of cannabis as medicine. Together, we have been able to explore the issues related to this ancient, venerable, but controversial remedy, the study of which finds Canada and

Canadians at the forefront in seeking compassionate and just answers for its people. We have discussed its use in seniors, cannabis in kids, and even veterinary indications.

I regret that I need to move on from the position at this point. Summer's end in 2003 finds me in the midst of many transitions: moving our household, closing my neurology practice after 20 years, and taking a new position as strategic medical advisor to the Cannabinoid Research Institute. Because that organization is privately funded by GW Pharmaceuticals, it is clear that many people will assume an unavoidable conflict of interest. It is my belief that the new position will

afford me better opportunities to promote research and development of cannabis medicines, and help more people more quickly in the long-term.

Thus, I expect to be extremely active and involved with cannabis health issues, if more behind the political scenes, in future years. I am very grateful to the staff of Cannabis Health, and its contributors and readers for their dedication and devotion to a worthy cause. The chance to contribute to this endeavor has been most rewarding to me. I look forward to reading each and every issue, and wish everyone concerned the very best.

Sincerely, Ethan Russo, MD



CALLING FOR INTERNATIONAL DEBATE ON PROHIBITION

By Richard Cowan

Richard Cowan is the publisher of MarijuanaNews.com and a former National Director of NORML in the US, and a consultant to the Free Canadian Party

Canada's cannabis communities should unite in calling for an international debate on prohibition.

Sometime in the next 6 months the government of Canada may or may not change its cannabis laws, depending on what the politicians feel like doing. It will also depend on how badly the Canadian police and their US allies can frighten them.

The proposed "modernization" of the laws is a complete fraud that would trade

a very limited de-penalization of possession of very small quantities in exchange for a major increase in penalties for cultivation and a huge increase in funding for prohibitionist propaganda.

Around the first of the year, the Canadian Supreme Court will rule on the constitutionality of the various aspects of prohibition. The provincial courts are forcing Health Canada to come up with a workable medical cannabis program. In fact, only court rulings may force the politicians to confront the issues in any realistic way.

**Our ultimate objective is obvious: full legalization.**

Although several of Canada's major newspapers have endorsed the full legalization of cannabis, the quality of the reporting and commentary seldom rises to the level of mediocrity. The same is

even truer of the political debate. Nowhere in the public discourse is there any visible prospect of considering informed public opinion, much less the views of the cannabis community. As things stand now, the freedom of millions of Canadians may be decided in ignorance behind closed doors in the Liberal Party Caucus. We are to be the targets, not the participants.

To a degree, this is our own fault. Sadly, Canada lacks any nationally coordinated challenge to cannabis prohibition. Part of this problem arises from the highly alienated and individualistic nature of cannabis users. It would be rather like herding cats, but as Benjamin Franklin said of an earlier challenge to authority, "We must all hang together, or assuredly we shall all hang separately."

Our ultimate objective is obvious: full legalization. However, there are also some immediate objectives, such as a workable medical access program and an ending of Health Canada's monopoly on medical grade cannabis.

The Justice Ministry should also call for an end to any arrests of users anywhere in Canada, and Immigration Canada should stop trying to kill medical cannabis refugees by sending them back to the US. These are simple common-

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sense moves that have overwhelming public support.

Despite this support, the only way that we are going to be able to participate in the process and influence the public, the media, and the politicians is by calling for a public debate on the issues. In March of this year, Justice Minister Martin Cauchon actually called for just such a debate, and we should take him up on his challenge.

As Mark Twain observed, the process of lawmaking can be as unappetizing as sausage-making, but it is really no mystery. Influencing the future of the cannabis laws is little different from influencing how any other laws are made, and because Canada has such a small population, I think that it may be possible to do this for as little as \$250,000.

First, we need a realistic survey of the situation in Ottawa. We don't have any idea about how either House will divide, or how the leaders really feel about the issue.

Secondly, we will need some presence in Ottawa. "Out-of-sight. Out-of-mind" is especially true in politics.

Thirdly, no modern political movement can succeed without the Internet, and this is where we are strongest, especially in comparison with our opposition. However, there should be a hub for the

movement on the Internet, so that the politicians and the media know where to start looking.

Fourthly, we should seek strategic allies in other areas of Canadian society, notably in academia and supporters of progressive and libertarian causes. Last year, the Canadian Senate report exhaustively analyzed the issue and strongly called for full legalization. Senator Pierre Claude Nolin, who chaired the committee that issued the report, is a very articulate and intelligent advocate.

Finally, given the blatant official US interference in Canada's internal affairs, Canadian reformers should not be bashful in seeking support from their American allies. The best place to start would be in the entertainment industry. Vancouver is famous for being "Hollywood North," and Toronto's recent film festival drew the glitterati, many of whom are "cannabis-friendly" – most notably Woody Harrelson and Canadian documentary producer Ron Mann.

Recently in Seattle, US Drug Czar, John Walters even echoed Cauchon's call for a debate on the legalization of cannabis. Because of the US policy of interfering in the internal affairs of countries that deviate from the prohibitionist orthodoxy, the debate will necessarily be international.

If Walters can demand that Canadians give up their freedom, I would like to offer my help to Canadians to defend everyone's freedom.

I want to tell the politicians in Ottawa and the people of Canada that if cannabis is important enough to justify arresting people, then it is important enough to have policies based on informed public opinion, rather than demonizing anyone with real knowledge of the subject.

Most importantly, Canadians must confront the fact that their police use public funding to lie to the people and the politicians. That appalling practice itself should be the real cannabis issue, here and everywhere. Prohibitionists always want to talk about cannabis, but never about how cannabis prohibition really works.

Steve and Michele Kubby have created the Free Canadian Party as a vehicle, and Advanced Nutrients has provided the initial funding, but this must be an inclusive effort. We will win, but only if we unite and make ourselves heard.

Canada is the perfect forum for an international debate on cannabis prohibition, and I urge those who want to help launch this debate to get in touch with me at [cowan@FreeCanadianParty.org](mailto:cowan@FreeCanadianParty.org)



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Jamaica in the '70s & '80s. Cannabis was being used in most of the homes for many different ailments, ranging from influenza to arthritis, and for more serious disorders such as chronic pain.

When Canada finally cracked open the door to total legalization by allowing the production and distribution of low THC cannabis, Med Marijuana Inc. was born. From years of accumulated research between them, they knew that low THC cannabis had been effectively used to treat high blood pressure, arthritis, high cholesterol and weakened immune systems. Research determined the most beneficial type of low THC cannabis to grow, as well as the best area in Canada for doing it. Then a licensed cannabis grower was chosen to provide raw cannabis for the company's product. At the same time, financing, marketing, distribution, production and packaging was being set up and coordinated.



In the Summer of 2001 the first crop for Med Marijuana Inc. was harvested, the oil was extracted from the plants in an "inert environment" (on a cold press in the absence of oxygen and light to preserve the delicate medicinal qualities). After micro biological testing is completed, the extract is packed into vegan gel caps and then into plastic containers to be distributed throughout Canada.

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COURAGE



by J. B. York

There are words in the English language that we all know by definition and immediately understand. There are plenty of words that we have to look up in the dictionary if we are to learn what they mean.

Is a soldier courageous if he follows orders and goes into battle? I'm not sure about that. What other choice does he have? In war-

time he'd be shot if he refused to fight. When there is no alternative is it really courage that is involved?

How many times do we hear, "So and so fought a courageous battle with cancer or some other disease"? What choice does a victim of a life threatening illness have except to get as much medical help as they can and carry on

Then there are words that we all think we know and that are bandied about to a point where the real meaning is obscured. I think that 'courage' is one that falls into the latter category.

with life as long as possible? Is survival really about being courageous?

What about police and firemen? They are often offered up as examples of courage but, let's face it, they receive specialized training and have all the equipment to do their jobs and they are paid well to do it, so isn't their situation more about having nerves of steel?

*continued next page*

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Some people look at daredevils and think they must have extra amounts of courage to be able to drive that car over the Grand Canyon or bail out of an airplane and free fall from tremendous heights. Again, is that really what courage is all about? I don't think so.

Don't misunderstand me. I have great respect for all the people I've just mentioned; it's just that I don't think courage is what they are examples of.



Grant Krieger at home

When it comes to real courage, I think there has to be an element of choice. You have to understand that there is something about what you are doing or going to do

that is a danger to you and, even though it's not your job or responsibility, you decide to do it anyway because of the greater need. It is the element of choice that has to be present for courage to be tested.

Am I being courageous taking what may be an unpopular stand on this subject, having the courage of my convictions? After all, I expect that most people will want to discuss examples of what they see as heroic deeds by great individuals. You know, stories of saving lives and great sacrifices by those special people we only hear about but will never know personally. That is all fine but the stories of ordinary men and women taking extraordinary measures to make life better for their families and even their communities intrigues me.

Take Grant Krieger for example. Here's a man who has suffered for years with Multiple Sclerosis, a disease that robs you of your life by sapping your energy, screwing up your insides and taking away your ability to walk. Most of its victims have known for some time that the symptoms of this curse are

eased by marijuana. Why would anyone who is suffering every moment of every day, take it upon himself to be a martyr and publicly smoke pot on the front steps of the Calgary courthouse? Why would he do it? He had to know that it would end with his arrest. He wouldn't be able to smoke pot in jail, so he'd end up suffering excruciating pain. His leg muscles would knot up and he'd have to live with continuous Charley Horses for days on end. This is such unusual behavior that most of us don't recognize it for what it is: raw courage. He had the choice to continue to buy the pot quietly and keep to himself and avoid trouble but he elected to take a stand that he knew would bring him hardship, even agony. He was trying to achieve something for his brothers and sisters in pain and now that the federal government is moving to de-criminalize simple possession, he may have succeeded. Grant Krieger is an example of courage personified.

Individuals who try to save a drowning person, stop a thief or 'give' their lives to the service of their fellow man or those who elect to become police, fire or emergency medical personnel in an effort to save lives, sometimes at the risk of their own, display tremendous courage. Their contribution to our society is invaluable and as far as the hundreds of thousands of victims of Multiple Sclerosis here in Canada and perhaps to others throughout the rest of the world, Grant Krieger's contribution, I believe, is also one of great courage.



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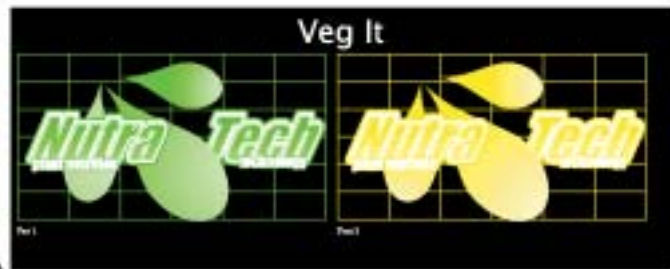
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There are marked differences when growing the 2 branches of the Cannabis family. Since the Indica plant grows in the Northern and Southern latitudes, its short-day triggered flowering reaction is well documented. An 18 hour day and 6 hour night will promote vegetative growth which is triggered by a 12 hour day/night cycle. The same cannot be said of the equatorial Sativa varieties (which are now being sown by medical growers for their ability to relieve symptomatic and severe clinical depression, and help ease withdrawal from hard drugs such as heroin and crack cocaine) This giant is a little more difficult to grow, requiring extra experience and time,

ening to 11 hours and lengthening the night to 13 hours, which allows the hormonal buildup that will trigger the plants to begin blooming.

Their size means a Sativa can be very difficult to tend, making them less likely to be cultivated inside, except in a ScROG type of grow where the height can be kept in check at all times. Often they are over 8 feet tall, and the largest can reach 16 to 20 feet tall, easily outgrowing the normal garden space. Clever gardening is needed to surmount this. For example, a seedling can be grown to a good size and many clones made of it to provide the right output for a medical garden. Using small pots and a floor tray, a "sea of green" (SOG) can be made from clones which grow into big bonsai buds as well, each yielding up to an ounce.

The length of the flowering cycle is much longer than an Indica plant, the shortest being around 12 weeks, and some others stretching to an unbelievable 20 weeks depending on the genetics of that particular variety. It is best to know in advance what the length of the flowering time is. Timing is everything, and if you are providing herbs for medical patients you need to know that you can be on time to fulfill their needs. (Being a compassionate grower and med MJ provider means being on time.)

Its flowering cycle typically occurs after a long vegetative phase at an even light/dark ratio, (13/11 to 12/12) and the change in light length is actually very slight indeed. After 6 months of growing through the summer season, the change in length of the day, short-

If you have gotten used to growing an Indica on a schedule, and realize a good consistent yield, then all you will have to do to be successful with a Sativa grow is adjust your expectations and adopt a new set of rules to govern the flowering behavior of the sub-species. All of the same general rules for growing Cannabis still apply other than that.

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Vegetative growth may be done under 12 to 18 hours of lighting, but on the equator it is likely to be:

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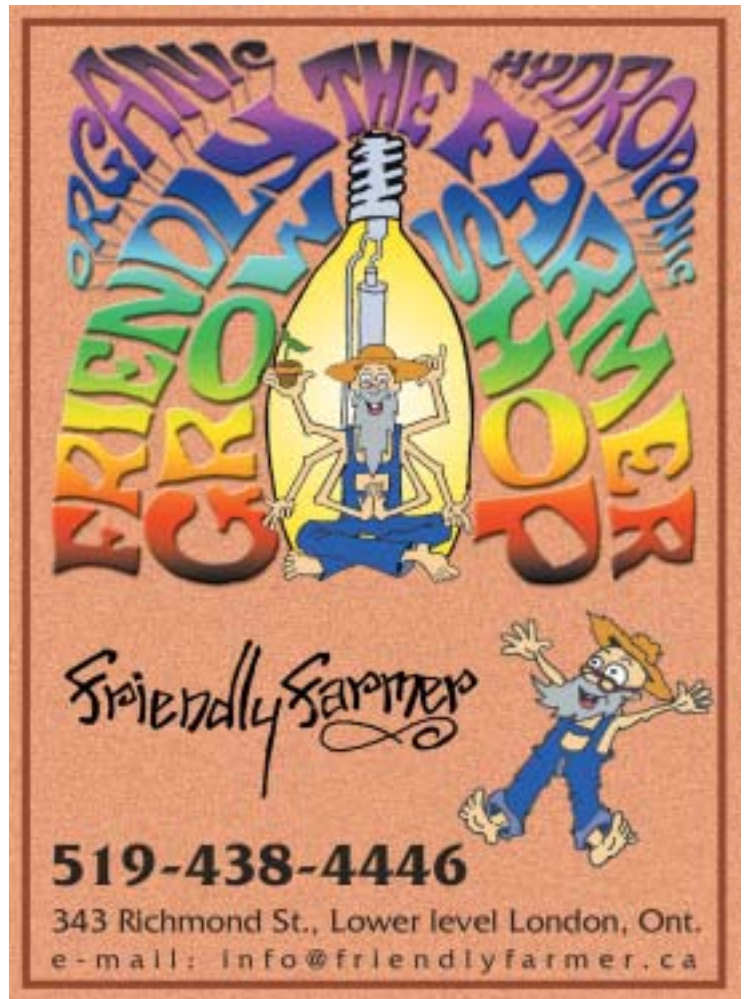


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# the Cana<sup>🌿</sup>D

Canada and Holland have long had a close and personal relationship tested by famine and war. Both countries have had relatively liberal marijuana laws and both have access programs for medical patients, the Dutch and the Canadian having one thing in common; both countries produce medicinal quality marijuana for patients, grown by a private company. Cannabis Health Journal contacted players in both countries and the following:



*pictures below and left illustrate controlled environment and sanitary conditions under which PPS produces its research-grade marijuana.*





# Dutch model

relationship  
liberal  
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users. As of this  
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*Right: A member of staff at the Office for Medicinal Cannabis handing over the first harvest of Bedrocan cannabis, May 2003*



*James Burton and his crop growing at SIMM, the Dutch contracted grower.*



by Willem K. Scholten

Willem K. Scholten PharmD. MPA, is head of the Office of Medicinal Cannabis of the Ministry of Health, Welfare and Sport, The Hague, The Netherlands.

Cannabis has been available on prescription in the Netherlands since the 1st of September 2003. Following a government decision taken in autumn 2001, preparations were made to cultivate and distribute cannabis under government control. After tendering, the Office of Medicinal Cannabis (OMC) contracted two growers, a laboratory, and a packaging and distribution company. Cultivation started last March and the first batches were ready for sale in August.

The OMC is a government agency with a monopoly on the wholesale of cannabis. It is also responsible for granting any licences required for cannabis or cannabis resin. The fact that it holds the monopoly means that all cannabis is owned by the state from the moment the harvest is bought from the growers until the final product is sold to a pharmacy in sealed five-gram containers.

The contracted growers, the Institute of Medical Marihuana (SIMM) and

Bedrocan, are required to comply with the rules of Good Agricultural Practices (GAP) for the cultivation of medicinal cannabis. These rules were laid down by the Dutch Minister of Health, Welfare and Sport and are based on the GAP rules formulated by the European Agency for the Evaluation of Medicinal Products. Additional rules were introduced to standardise the cultivation and drying processes and to prevent diversion. Standardised cultivation ensures a constant cannabinoid content in cannabis products. As the two growers employ different methods and cultivate different varieties, their end-products differ from one other. As a result, prescribers and patients are offered a choice of products. The Bedrocan variety contains approximately 18 percent dronabinol (the official WHO designation for THC) and the SIMM 18 variety around 15 percent. Both are low in cannabidiol. The OMC is considering expanding the product line in future by adding varieties with a higher cannabidiol content or a high cannabichromene or cannabigerol content.

The cannabis delivered by the growers

to the OMC is gamma-irradiated to reduce and virtually eradicate bacteria and moulds. The procedure eliminates microbiological contamination, which may be harmful to immune-compromised patients. The cannabis is laboratory tested for identity, purity and content, using an analytical monograph drafted by the National Institute for Health and the Environment (RIVM). It is tested to ensure purity from microbiological contamination, heavy metals and pesticides, and to establish the dronabinol, cannabidiol and cannabidiol content. Finally, it is packed in polypropylene containers holding five grams each. We made grateful use of Canadian documents when designing our quality control system. They prevented us from overlooking important factors and helped us to harmonize production and international quality requirements right from the start.

On the basis of the laboratory results, the OMC approves batch release for packaging and distribution. The company responsible for packaging also does the logistics on behalf of the government, taking orders by phone, fax or email and forwarding them to pharmacies within 24

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hours. It invoices customers monthly and collects payments on behalf of the OMC. Cannabis is supplied only to pharmacies; patients cannot order it themselves.

Dutch policy is based on the principle that cannabis is a medicine, like morphine or any other controlled narcotic. Hence, there is no reason to prohibit its use for medicinal purposes as long as it is prescribed according to the rules that apply to all controlled substances and that it is used in a responsible manner.

We refer to our products as cannabis or hemp (hennep in Dutch). We choose not to use terms like 'weed' and 'marihuana', which are associated with the recreational use of drugs and may stigmatize patients as drug abusers.

The product information provided by the OMC notes that the efficacy of cannabis has not yet been proven, although it is recorded as a treatment for over 200 conditions. It should therefore be used only if the conventional treatments prescribed in medical protocols prove ineffective, and not as a first-line treatment. In other words, it is indicated only if other drugs offer insufficient relief

or produce excessive side effects.

In the Netherlands cannabis is recommended only for the conditions listed below, for which there is most evidence of its efficacy:

- nausea and vomiting in cancer chemotherapy, radiotherapy and HIV therapy
- palliative treatment for cancer patients (i.e. as an appetite stimulant and for pain relief and well-being in general)
- spasticity in combination with pain (e.g. multiple sclerosis or spinal cord injury)
- chronic neuropathic pain conditions
- Tourette's syndrome.

Under Dutch law, doctors are not prohibited from prescribing cannabis for other conditions, but they are answerable to the medical council or the health care

inspectorate for any adverse effects.

The Netherlands is thus following the example set by Canada, where cannabis has been used for medicinal purposes for some years. Though not identical, the policies of the two countries are similar in many respects. Above all, both recognise the medical potential of cannabis but require more evidence of its efficacy. In the meantime, Canada has allowed cannabis to be used on compassionate grounds, but without giving it medical status. The Netherlands allows doctors to prescribe it as a last-line medicine. Both countries encourage research. Few clinical trials were carried out during the decades of worldwide prohibition, and information is sorely needed. As explained below, Canada has so far been more successful than the Netherlands in generating research.

Canada and the Netherlands are the first and, at present, the only countries to allow the medicinal use of cannabis, and both have to do the groundwork. This may change in the future, as several other initiatives have been launched. The UK-based company GW

**Canada and the Netherlands are the first and, at present, the only countries to allow the medicinal use of cannabis, and both have to do the groundwork.**

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Pharmaceuticals plc, for instance, has developed a sublingual spray based on a cannabis extract. It has applied to have it licensed in the UK. The government of New South Wales in Australia recently announced its intention to make cannabis available for clinical trials on a relatively large scale. Cannabis will be supplied to all patients suffering from certain specified conditions. Several European countries, including Belgium, Germany and Luxembourg, are reconsidering their positions and may ultimately accept cannabis as a useful medicine.

Some patients in Canada are evidently dissatisfied with the distribution of cannabis in their country and are under the impression that the Dutch are doing better. However, they may be overlooking the fact that the Canadian government authorised the possession, cultivation and use of medicinal cannabis several years ago. The Netherlands followed suit only as of 1 September 2003 by making it

legal to supply Dutch patients with pharmaceutically approved cannabis. Canadian patients are also critical of the strength of the cannabis they receive. However, I do not believe that strength is the main issue. Patients who used to buy medicinal cannabis illegally in the Netherlands expressed satisfaction with a content of 10 percent, although stronger varieties were also available. I have no illusions on this score. Dutch patients are also critical, and it will be impossible to satisfy everybody. The point is that we know so little at present and it will take several years to obtain the information we need to produce the best possible treatment for specific conditions.

The Canadians are also dissatisfied with the price of cannabis, which I consider quite low. Although we market our products at cost price, they are twice as expensive in the Netherlands. It is expensive to produce cannabis that meets all pharmaceutical requirements.

Standardization, laboratory testing, professional packaging, pharmacy services, a 24 hour delivery service countrywide, plus a 6 percent sales tax make prescription cannabis far more expensive than the illegal product. On the other hand, our product is constant in strength and available at all Dutch pharmacies. But the two products cannot be compared. And if we regard it as a medicine, cannabis is not expensive.

To its credit, Canada is one of very few countries to fund clinical trials. The results of their research will be invaluable, and I wish we could afford to do the same in the Netherlands. However, we are in the throes of an economic recession and the government is not funding cannabis research. As a result, almost no research is being done.

More information will be available shortly on [www.cannabisoffice.nl](http://www.cannabisoffice.nl). The Dutch site, [www.cannabisbureau.nl](http://www.cannabisbureau.nl) is now open.



James Burton: Director Stichting Institute of Medical Marijuana

## INTERVIEW WITH SIMM THE CONTRACTED DUTCH GROWER

**Cannabis Health:** Do you feel competition from the coffee shops or other illicit distributors?

**James Burton:** Not at all. We produce a medicine.

As medicines go, this is a very affordable choice. The dangers of the illegal product are the same everywhere: no idea of potency, how it was grown and what contaminates it might contain. We deliver a safe medicine to people who would never buy from a coffee shop

**CH:** Would you comment on the reported criticism of the newly released Canadian cannabis.

**James:** There is no reliable THC testing. Regardless of your methods, testing can be manipulated. Given a certain target and access to a lab, it is conceivable that one could pick the % you wanted to test out at. Using HPLC for instance will always show THC levels 3 to 5% higher. HPLC will give you a different reading than testing by MSGS. Each method will give you a different reading on the same sample.

Even though this is one of the most studied plants on the earth we know so little about some things. We are still learning about pre-heat temperatures and cannabinoid vaporization levels.

The most insidious mistake that Canada has made, and likely contributing factor

to this situation is the further stigmatization of an already highly stigmatized issue. Becoming the direct distributor of cannabis is without precedent and sends the message to patients that this plant is even more dangerous than any other chemical drug, and so dangerous that it can only be managed by the government. To receive a normal medicine, you do not have to fill out special government forms. I am aware that Canada was forced to act by the courts, but they did have some choices. Now they have created a situation where the patients have to choose who they trust more, their government or their dealers.

**CH:** So tell me more about the issue of quality

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**James:** Quality is in the whole process, the growing, trimming, curing handling and storage. Getting rid of the chlorophyll is just the start, we use dark and temperature and time not unlike a wine maker to bring out the best of the strain.

I refer to what I call my cookbook which contains formulas for each strain or cultivar. In it I have the plant and strain specific organic nutrient and other environmental variables required to produce a perfect healthy plant in dirt. Regardless of the lighting companies claims of wide spectrum coverage, real sunshine is still the healthiest and the best for both the plant and the people who use it.

**CH:** I have heard some conflicting reports on the acceptance of cannabis as a medicine by the insurance companies?

**James:** In Holland, the more affluent who have private insurance will have the cost of their cannabis covered under their insurance, but those on the public plan are not at this time covered. I would predict that they will be include in the next few years.

**CH:** Looking forward a few years, where are you going?

**James:** I have a few old cannabis medicine bottles from the early 1900s and I remind my friends that this is not new, this is the reintroduction of an old medicine. I see our cannabis industry creating a vigorous and healthy debate and I predict over the next 2 or 3 years, you will see increasing levels of acceptance of medical cannabis in the European community and new opportunities for our company and others.

**CH:** Can you comment further on your relationship to the Canadians?

**James:** We have had a number of visits and an ongoing relationship with our Canadian officials

We were disappointed that Canada did not take us up on the offer we made to assist them with their start up. We offered some genetically stable seed strains and if they wished for even more control, we offered to share cloned stock.

The option to acquire Dutch cannabis was also available. I am not aware of what seeds were finally chosen. Patients assisted in the selection of cultivars that were chosen for distribution here, and we even offered to supply Canada with cannabis grown in Holland to make it possible for them to begin research.

INTERVIEW WITH HEALTH CANADA

*Health Canada was the final interview in this series and for the sake of brevity and clarity the interview with Valerie Lasher, and Dr. Richard Viau has been organized into topics.*

Valerie Lasher is with the Office of Cannabis Medical Access and Richard Viau Ph.D. is Director of Drug Analysis Service, Health Canada.

**and recent criticism by some patients.**

Richard made it clear that quality was important, but, he was not convinced that stronger was better, pointing out

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again that scientific research was not available on this and other quality issues. He used the example of personal taste and preferences in whisky, beer, and cigarettes and went on to explain that no real science exists to support these preferences or some of the personal preferences expressed by cannabis users.

Valerie stated that only 2 patients have returned the product, and she expressed her regrets that some potential cannabis users might be frightened off by the reports of basically two patients.

Richard reported that product that they ordered from PPS was to be grown as close to the desired THC level as possible and then blended to achieve a THC level of 10% plus or minus 1.5%

Reduction of the THC levels was achieved by adding minimal amounts of lower THC leaf and stalk or small sticks. When asked if this made the product less smokable, Richard reminded me that HC did not recommend smoking anything. When questioned on the slippery issue of "organic" his opinion was that since there is no official definition, the one

used for plant food products was, the absence of the use of pesticides and herbicides. Richard pointed out that if this definition is used, then the PPS product qualifies as organic. "However, the use of such a nebulous term in a scientific context is problematic since it is not clear what is meant if anything".

We asked Richard if the THC testing was as easily manipulated as James Burton had indicated in his interview. He confirmed that yes, manipulation of results is possible, and sometimes desired, but, properly calibrated testing of the type used in the testing of the PPS product was extremely accurate in establishing cannabinoid levels and detecting any adulteration.

**On the future of compassion clubs:**

Individual US states and other countries have chosen to work with the existing club or other group distribution system. Valerie made it clear that the distribution networks that have been set up in Canada are illegal and the responsibility for dealing with this issue will be with the police and the justice system. not HC

**On patient Involvement:**

Both Valerie and Richard were happy with having 2 medical patients on the committee. Valerie indicated that patient input was also happening at the patient advocacy group level with the involvement of patients through their advocacy groups like HIV Aids, and the Arthritis society. They pointed out that the committee was already large, and dealing with a highly sensitive issue affecting the whole community, a large number of stakeholder groups want representation.

**On research**

Over the course of the interview Richard made numerous comments on the need for more scientific data and clinical trials, specifically in relation to strength/potency and on smoking and vaporization. He indicated the same concerns in relation to the impact of specific cannabinoids like CBDs and the whole strain efficacy debate.

Valerie announced that new other research initiatives were under consideration and that research at the University of McGill was proceeding using PPS product and she was optimistic that the work initiated by CRIT would be continued.

**On Insurance coverage:**

Valerie said an issue for insurance companies was that cannabis is not an "approved drug" which explains why insurance companies will be reluctant to cover the cost.

Valerie expressed her desire to improve communications with the medical cannabis community. Those of you who have followed our journal over the past year will realize that granting this on-the-record interview is in itself a breakthrough.

Thanks to Richard and Valerie for the interview and their co-operation.

INTERVIEW WITH PRAIRIE PLANT SYSTEMS

*(Editors Comment) In early 2000, a year or so before the start of this journal, I led a team for the Cannabis Research Institute that responded to the Canadian federal government's call for a company to grow medical quality marijuana. I was elated at the chance to interview Brent Zettle the head of Prairie Plant Systems, the company that landed that first Canadian contract.*

**Cannabis Health:** In general terms Brent, how have things gone?

**Brent Zettle:** This project has been a total personal challenge, and by far the easiest part has been the growing of the cannabis. Dealing with the regulations, the exhaustive analyses and testing has been demanding, but frankly, communications with, and the expectations of Health Canada has been the biggest challenge. This is a sensitive political issue and the high turnover of staff has made communications more difficult.

**CH:** The marijuana that was sent out from Health Canada to a select number of

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doctors in Canada has now been tried by some of the patients. Considering the obvious frustration with Health Canada expressed by some medical users, one could argue that being rated as 6 out of 10 is not a bad a rating for your introductory product.

**Brent:** I am pleased at the reception our product is receiving. Using cloning to reproduce the same genetics in each plant, we can produce our marijuana very close to the limit of 10% THC that Health Canada requires. In this release of product, we have chosen a strain that produces very close to 10%, and we have been required to make minor potency adjustments.

**CH:** How would you compare the product being delivered by the Dutch government to your product? I understand that the Dutch product will test at 15% with the higher potency, better quality reaching 18%.

**Brent:** To be fair, we have genetics and can produce plants with 25% THC but at this stage we are being told by Health Canada to produce 10% THC and we are.

Also you have to consider the testing methods and the accuracy. PPS uses the LCMS method as opposed to the standard GC test and we provide a profile of 5 cannabinoids, THC, CBD, CBC, CBG, and CBN.

The safety of our product is the major concern for our company. Our testing identifies a broad range of potentially dangerous mold spores and residuals that could negatively affect patients with compromised immune systems. As well, our testing provides the most accurate cannabinoid profile.

**CH:** How about the issue of variety and cost? Patients are saying that some strains are better and variety works best.

**Brent:** We are aware that patients are

seeking variety and saying that some strains work better. You have to understand that we are working within a new and sensitive field. Under the rules and restrictions established by Health Canada and other regulating agencies, PPS is producing the best quality product possible. We could provide variety, but right now the order is for one strain with a stable cannabinoid profile, and 10% THC. Health Canada has established the cost to the patients.

**CH:** I am interested in the delivery and packaging.

**Brent:** Our product is delivered in heat sealed air locked plastic bags. The marijuana is manicured, the moisture level is controlled and the plant material is predominantly mature female flower. As you are aware, the federal RFP called for the delivery of rolled joints. Pre rolling is not attractive to the consumer. Holland and Canada both concurred that patients want the freedom to custom roll their joints or to use the product in a pipe or other delivery choice.

**CH:** What do you think about the current nutrient war, and, do you favor a particular nutrient company?

**Brent:** PPS treats cannabis like any of the other plant we are asked to grow. It is interesting how some factions would like to convince you that growing cannabis is

a mystical and magical process. We approach cannabis as an elastic and highly adaptive plant, but in the end we look at the necessary 13 macro and micro nutrients

that all plants require and we prepare our own nutrient formulas. The other science we introduce is when you feed, how much you feed and in what nutrient ratios you feed the essential nutrients. In short, we have great lab facilities and we do not get involved in the politics and the competition over cannabis nutrient.

**CH:** Those who are aware of the RFP are interested in how PPS is doing financially with this contract and question who will own what at the end of the contract.

**Brent:** No windfalls, on this project, PPS is just holding their own. We have



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*To be fair, we have genetics and can produce plants with 25% THC, at this stage we are being told by Health Canada to produce 10% THC and we are.*



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seen changes and additional testing requirements, and again security costs that have kept our costs up. For instance, money saved from rolling has gone into packaging that delivers a product that is sealed and moisture controlled and safe. Health Canada owns the genetics. The intellectual property is owned by PPS.

As far as the future goes, we see the potential of the industry and we are looking at developing strains with cannabinoid profiles that address the increasing sophistication of research into cannabis and specific illness.

**CH:** How do you deal with the politics?

**Brent:** From my perspective the changes that are unfolding are driven by the courts. Allen Rock had a vision for how this program would evolve, he was open and expected feedback. Ann McLelleand brought another approach, less open, more cautious. But to understand how the problems develop you must look at the whole reality. HC is forced to deal with a new hot issue, few rules, no history and nervous politicians. Many of their people have never

been in the spotlight, far less under the hot lights of weekly national television.

**CH:** So what can we do better?

**Brent:** I see many of the problems as communications problems. Again, we are a company that is working within very tight parameters set by the government. Lots of details are being worked out and I am well aware of the cautious pace. These are my tax dollars being spent. The most important improvement would be to introduce more openness, more transparency; be positive, the public is ready, they just want to know what is going on.

*Between the time of this first interview and our print deadline a number of medical patients and other cannabis activists took exception to the cannabis released by Health Canada and grown by Prairie Plant Systems. We reconnected with Brent to discuss the negative reactions of some medical patients.*

**CH:** What do you think is happening here?

**Brent:** I hesitate to point fingers at any one individual, however the persons that have released the so called results of secret testing are way off the mark, and frankly most appear to have a vested interest.

The agenda of this group appears to be organic growing and anger that the government has chosen not to support the distribution by these clubs and groups.

Our product has gone through exhaustive analyses with both inhouse and independent testing.

If it wasn't for the fact that this emotional attack reflects so poorly on the credibility of the attackers, we would consider legal action.

**CH:** What do you think of the pictures they have posted on their web site?

**Brent:** I can only speculate on what may have happened Is it our product, or has it been tampered with? Who knows? Emotions are running high and people have attitude and a vested interest.



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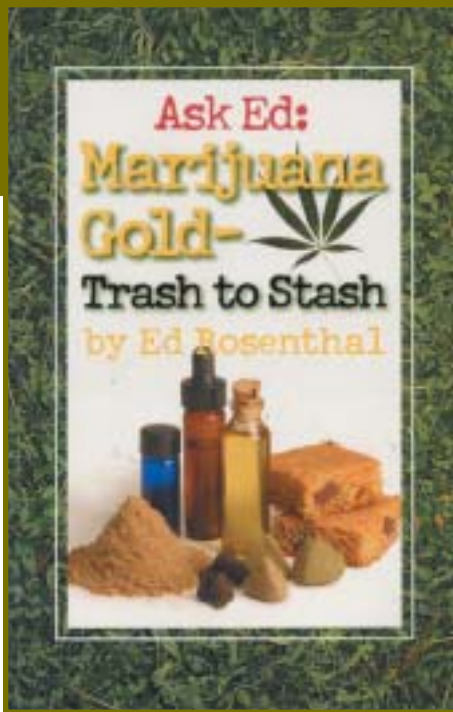
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# GOT SHAKE???



by Lisa Smith

Ed Rosenthal has done his homework again. *Trash to Stash* shows us how to use the full potential of a harvest. Understand your harvest and you'll never throw out shake again.

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Thanks, Ed, I never knew what to do with that bag at the back of my closet.

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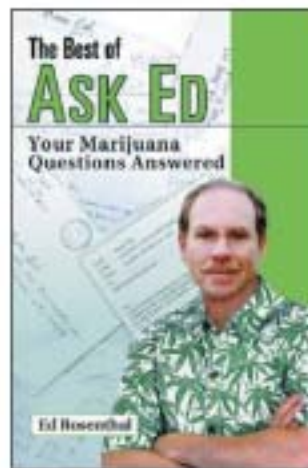
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by Brian Carlisle

**Editors Note:**

In September/October issue 6 edition of Cannabis Health Journal, we published a nutrient comparison study conducted by Brian Carlisle. In response to critiques that this was funded by Advanced Nutrients, we repeat, this article was not published as a clinical study.

We believe the general public are confused at claims and counterclaims, and in the absence of other hard data, this, at least, is a positive approach to the problems by a group of medical users.

**THE RESULTS**

**VEGETATIVE CYCLE;**

**General Hydroponics:** Calcium, zinc, and potassium deficient and were 3rd largest plant in size.

**Dutch Master:** Manganese deficiency and 4th largest plants in size.

**Super Natural:** Were stunted and had sulfur and calcium deficiencies and were 6th largest plant in size.

**Canna:** Calcium, nitrogen and sulfur deficiencies and were 2nd largest plant in size.

**Grow Tech:** Were stunted and had nitrogen and sulfur deficiencies and were 5th largest plant in size.

**Advanced Nutrients:** Had no deficiencies and had the largest plant size.

**FLOWERING CYCLE;**

**GH:** Was Phosphorus, potassium and nitrogen deficient with largest colas but the plants stayed small.

**DM:** Was manganese deficient and had the smallest colas but the tightest colas although the plants stayed small almost "dwarfish".

**SN:** Had nitrogen burning, the 2nd

largest colas yet the plants stayed small.

**GT:** Had potassium and nitrogen deficiency and the plants only grew to 2/3 size.

**CA:** Had nitrogen and potassium deficiency and the plant only grow to 2/3 size.

**AN:** Had a slight amount of tip burn. Even though the group was given 2 small plants unlike the other groups which received only one, even those 2 plants grew into full size plants and the group produced the largest and most abundant colas.



AN	CA	SN	GH	DM	GR	Comparisons
4331.8	2543.9	2217.7	1737.1	1740.6	1329.0	Wet Weight in grams
967.5	591.75	628.87	457.8	502.8	379.12	Dry Weight in grams
21.2	14.2	12.9	6.8	14.6	18.7	THC in %
1.65	5.61	2.76	3.91	1.11	9.09	CBD in %
3.33	2.09	3.71	1.64	3.2	5.84	CBN in %
b) GLANDULAR WEIGHT PROFILES FROM NON-PRIMARY MEDICINAL PLANT MATERIAL cold-water extracted from a 454-Gram sample of each group provided the following profiles:						
12.0	8.8	2.0	8.8	10.9	11.3	Weight in grams

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Sharon and Frank realized early in their business venture that the Northern Ontario Market was greatly under serviced and they allow customers from distant locations in the north to be serviced by bus and mail orders. They have always maintained that if they don't have a product they can probably get it. **Green & Clean** has remained independent and deals with a number of suppliers offering the best selection, best products and best prices in the North. **Green & Clean** believes that it is all about choice, and due to the increase in

medicinal growers, they can offer compassion discount to those in need.



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*All we can say is "Fantastic" and keep up the good work!*



# HIA 2003 CONVENTION

## SOVEREIGNTY FOR PINE RIDGE RESERVATION, SD



*Joe American Horse & Tom Cook*

Gathering at Kiza Park on the Pine Ridge Reservation in South Dakota, fifty hemp entrepreneurs and activists were welcomed by the White Plume family to their Lakota cultural center. We came with intent to support sovereignty for all people, and specifically for this tribe whose laws allow industrial hemp cultivation (one of sixteen in the USA). Alex and Debra White Plume's family was terrorized by the DEA three years ago and today they continue to fight for the right to grow a plant that can feed, clothe, and house their family.

The Hemp Industries Association (HIA) held their tenth annual convention on native land, sleeping in tipis, eating buffalo stew, listening to Lakota singing, and joining in prayers of thanks. Some rode horses, while others hiked the beautiful hills and communed with the buffalo. We visited hemp buildings - one house built by Tom Cook and crew for his wife, Loretta Afraid of Bear's family, a greenhouse, and another earthship being built by Henry Red Cloud. Their Slim Buttes Land Use Association has developed over 400 vegetable gardens on the reservation. Gorgeous beadwork was offered by skilled craftswomen.

Stories were shared by Milo Yellow Hair, Alex White Plume and Tom Cook of the struggles the Lakota have endured and continue to fight. The Black Hills were taken by the government because there was gold and oil to be mined, so the Lakota's seven sacred sites are unavailable for their ceremonies. Through all the challenges (85% unemployment, alcoholism, etc.) the Lakota remain strong and several families have the courage and determination to keep traditions and maintain their language, and survive with dignity and respect for each other and Mother Earth. It was a special meeting and we thank our hosts for the precious time spent with them in their homeland.

Meals prepared by Alta and Rita, Debra White Plume's sisters, and neighbor, Betty were authentic Lakota fare - buffalo stew, fry bread, and choke cherry pudding. Thanks to the crew from Prairie Dust Films we enjoyed a dinner, offered interviews and participated in filming sessions. David Frankel, Tom Ballanco, and Johanna Schultz shared some great vegetarian foods. Hemp granola, hemp bread, hemp chips, hemp oil salad dressing, hemp ice cream, hemp sodas, and hemp protein powder were donated and enjoyed by all.

On Friday, August 22nd a Hemp Seminar in Hot Springs, SD was presented - a hemp luncheon with speakers, a benefit auction, and demonstrations. Attendees were enthusiastic in supporting the many uses of industrial hemp. Joe American Horse, in full headdress, led with the opening prayer and song in Lakota language. Panel One began with Tom Cook and Alex White Plume who gave a historical overview of the hemp movement on Pine Ridge. Attorney Bruce Ellison spoke about the DEA case against the White Plumes. Tom Ballanco and David Frankel, also attorneys, shared their involvement with the tribal sovereignty issue, citing treaty breaches that will be used in the legal challenge. The tribal president, John Yellowbird Steele, then spoke, offering his support, and a tribal representative from the Cheyenne River included his remarks upholding the right to grow hemp on the reservation. Gloria Castillo, co-producer of the seminar, ended the first panel with a clarification of the expanded meaning of sovereignty - freedom for all people.

Representing the newly formed Canadian Hemp Trade Alliance, Arthur Hanks of Saskatchewan talked about the progress and set backs the Canadian hemp industry has had in the last five years. The expertise gained was offered to those who will grow hemp on the reservation in the future. David Bronner, HIA Food & Oil Chairman, gave a brief rundown on the phenomenal growth market for hemp foods and body care, the development of the Test Pledge Program, and introduced attorney Patrick Goggin who elaborated on the HIA vs DEA case pending in the Federal 9th Circuit Court. Prospects for processing hemp in neighboring North Dakota were presented by Robert Robinson of Modern Hemp. Bob Newland of the SD Industrial Hemp Council spoke about legislative efforts and encouraging polls taken in the region, and his partner, Jeremy Briggs, announced the beginning of a new industry publication,

Hemphesis Magazine.

The final panel at the seminar focused on applications of hemp fiber and seed. Shaun Crew of Hemp Oil Canada has a successful food and body care company and offered to send 500 lbs. of seed when the legalities for the cultivation of hemp have been established. He explained that it is not difficult to process seeds for oil, nut, meal, and flour. An investment of \$60,000 usd would set up a facility. Craig Lee from Madison Hemp and Flax in Kentucky spoke about using hemp seed and meal for feeding beef and fish. The high protein and omega fat content is perfect for animal feed. University of KY research results are available. Hemp fiber used for horse bedding has also been researched and a market targeted. Albert Lewis of Hempys, a clothing and accessories company, shared his experiences with managing growth in the textile sector. A lecture and demonstration was held outside as Agua Das from Original Sources showed how biofuel can be made from hemp fiber using gasification. A spinning wheel and hemp break were also demonstrated, showing a primary use for hemp.

Hemp products donated by HIA members were auctioned and raised \$2900 for the White Plume Defense Fund. Thanks to all who contributed! And a special thanks to Carol Koski and Ron Holton for receiving the goodies and organizing the auction.

Marie & Teresa Mills - Navajo Hemp Rug For Mother Earth - hemp jewelry Living Seed Products, Merry Hempsters, and other Oregon companies - Hemp Lip Balm, Hemp Zap, Dolly Mama Doll, Hemp Chocolate Bars, Hemp Bag, Hemp jewelry, Hemp Candles, Naked Clothing hemp shirt and hoodie. Hemp Trivia - Hemp Tshirt, Postcard set, Hemp Farmer Notepads, George Washington was a Hemp Farmer Posters, Presidents Rolling Papers. Chic Eco - 2003 Directory Hempcore - Hemp Skateboards Hemp Hound - Dog collars Smith Center - Organic Cotton Tshirts Intl. Hemp Association - Journal of Industrial Hemp Kashmir Gold - Goddess Kit: Evening purse, silk/hemp & lace handkerchief, rosebud, candle, lavender oil, and soap. Paul Benhaim - Fields of Green music CD - hemp plastic tray. Hemp Starzz - Lip balm, Uncle Betsey Tshirt and CD - High Hopes - We Want Hemp Now! Minawear - Hemp shirt Magellan - Race Around the World Game Hempys - Shorts, hats, bags Sativa Hemp Wear - Zipper purse, stickers Pure Hemp - Cigarette Papers Global Groove - Hemp Waist Belt Candi Penn - Hemp Fabric from Thailand Living Tree





Tom Cook

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Upon return to the reservation that night, we were met with a grass fire, out of control with 50 mile an hour winds spreading it toward Kiza Park. The community fought the fire and it stopped just over the hill. The horses and buffalo were ok. The house and camp were ok. It was another awakening for us to the daily struggles of the Lakota people. They will experience a spiritual, emotional, and physical model of a beautiful, truthful, loving way of life.

Thanks to all who helped make this a

wonderfully successful event!

Respectfully submitted by Candi Penn HIA Executive Director 8/28/03 2003 Convention Committee Alex and Debra White Plume - alexwp@gwtc.net Tom and Loretta Cook - slmbttsag@bbc.net Gloria Castillo - btggc@hotmail.com, Ron Holton and Carol Koski, David Frankel - dfrankel@igc.org, Tom Ballanco - tom@datagram.com, Craig Lee - craiglee@eonet.net, Candi Penn - info@thehia.org C. Penn, HIA Executive Director Hemp Industries Association, PO Box 1080, Occidental, CA 95465 Tel: 707 874 3648 Fax: 707 874 1104 Email: info@the-hia.org, <http://thehia.org> <http://hempstores.com> <http://testpledge.com> <http://votehemp.com>



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Control Plant



Root mass of tomato plants, same seed, same age, same number, harvested after 42 days growth. Plants on left received Voodoo Juice.





Founded in 1996, Advanced Nutrients specializes in scientific development of plant-specific products that can be used by home growers. The company's products are recommended by US government agriculture specialists, by major commercial cannabis growers, and by medical marijuana associations, patients and the Cannabis Research Institute.

Advanced Nutrients has a staff of five PhD's, three chemists and sixty-five specialized individuals working to provide you the finest plant specific nutrients in the world. Our cannabis based research and technology is proven to give medical marijuana growers the healthiest most robust plant possible.

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