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July / August 2005 Volume 3 Issue 5 \$6.95 CDN - \$5.95 US

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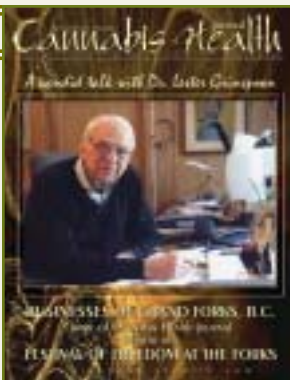
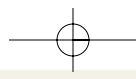
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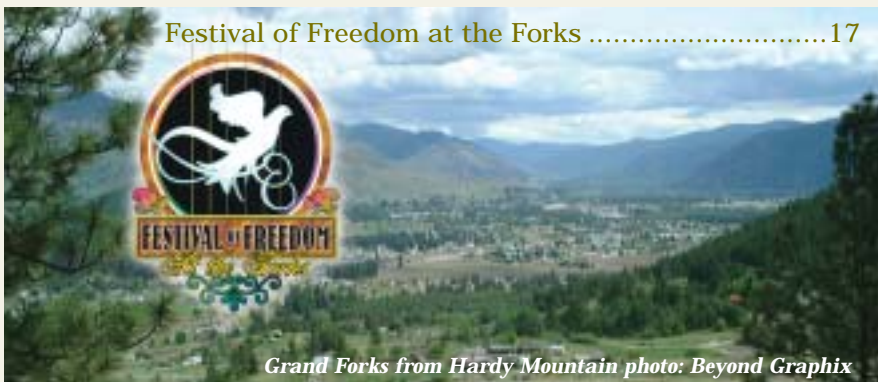


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Cover photo courtesy of Dr. Lester Grinspoon

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HYGEIA FAIR, an Alternative Health and Healing Exposition, August 4 -7, 2005

This year's annual Hygeia Fair and Continental Pow Wow is being held in the scenic Qu'Appelle Valley, one hour

northeast of Regina, Sask. from Aug. 4th through 7th. Activities and events will include: films, musical performances, guest speakers, vendors and retailers, concessions and four days camping for visitors. The Hygeia Fair

Cannabis Health Journal

Cannabis Health Journal is the voice and the new image of the responsible cannabis user. The publication treats cannabis as one plant and offers balanced coverage of cannabis hemp and cannabis marijuana. Special attention is given to the therapeutic health benefits of this plant made medicine. Regular contributors offer the latest on the evolving Canadian cannabis laws, politics, and regulations. We also offer professional advice on cannabis cooking, growing at home, human interest stories and scientific articles from countries throughout the world, keeping our readers in touch and informed. Cannabis Health Journal is integrated with our resource website, offering complete downloadable PDF versions of all archived editions. www.cannabishealth.com

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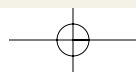
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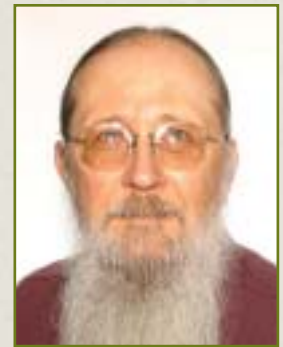
ASK AN EXPERT

This international panel of specialists is now available to assist patients, health care professionals, educators, advocates and all those interested in medicinal cannabis and cannabinoid-based medicines. They will endeavour to answer your questions on any aspect of these topics. Ask An Expert is a new feature of Cannabis Health Journal and will appear in each issue over the next year. Please send your questions via e-mail or regular post. Answers will be printed in the following issue.



DR. LESTER GRINSPOON, MD

Dr. Grinspoon is a professor *emeritus* of psychiatry at Harvard Medical School and is one of the world's leading authorities on the uses of marijuana for medicinal purposes. Dr. Grinspoon's knowledge includes the history of medicinal cannabis, a rare degree of understanding and experience in the clinical uses of cannabis, and an appreciation of the social and political issues generated by the reemergence of cannabis as a medicine. Among many other achievements, he has authored 10 books, including *Marijuana Reconsidered* (Harvard University Press) and *Marijuana, The Forbidden Medicine* (Yale University Press), and more than 170 journal articles and book chapters.



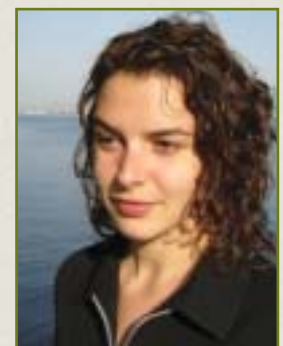
DR. DAVID W. PATE, PhD, MSc

Dr. Pate is a researcher specializing in *Cannabis* and the cannabinoids, his academic background encompassing both plant biology and pharmaceutical chemistry. He pursues particular interests in the chemical ecology of *Cannabis*, ophthalmic endocannabinoids and hempseed foods, and has published numerous journal articles, patents and book chapters on these subjects and related areas.



DR. MARK A. WARE, BA, MBBS, MRCP, MSc

Dr. Ware is a pain specialist working at the Montreal General Hospital. He is assistant professor of Anesthesia and of Family Medicine at McGill University, and is involved in epidemiological research and clinical trials of cannabis and cannabinoid medications for chronic pain. He has served on advisory boards to Health Canada and pharmaceutical companies involved in cannabinoid development.



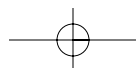
HILARY BLACK

Ms. Black is a medicinal cannabis advocate and educator, having presented this issue to a wide range of audiences including the Canadian Senate, Health Canada, various universities, legal and medical communities, as well as numerous patient groups. She has a thorough understanding of anecdotal evidence pertaining to the use of medicinal cannabis, and is the founder and a past director of Canada's first and largest organization of medicinal cannabis advocacy, The British Columbia Compassion Club Society.



ALAN YOUNG, BARRISTER AND SOLICITOR, PROFESSOR OF LAW

Professor Young teaches law at Osgoode Hall Law School and criminology at the University of Toronto. In his twenty years of practicing criminal law, he has been involved with some of Canada's most significant and high-profile medical marijuana cases. He was one of the key persons responsible for the establishment of Canada's medical marijuana program, the Medical Marijuana Access Regulations (MMAR).



Editorial

Our whole community would like to invite you to come and join us in celebration of our cultural heritage and vision of peace at the Festival of Freedom at the Forks, July 22-24, in beautiful Grand Forks, British Columbia, Canada.

Grand Forks is located in the Kettle River Region, but most locals lovingly refer to the area as our "little piece of paradise". Make sure you bring a float tube so you can partake in one of our favorite summer pastimes; floating down one of our two crystal clear rivers as they wind their way through our pristine valleys and flow together at the edge of City Park in heart of town. After your leisurely float, take a hike, bike or horseback ride on the Trans Canada Rails to Trails pathways or

hop on a boat for a tour of Christina Lake, only 15 minutes away.

Grand Forks takes pride in our scenic beauty, Doukhobor history and heritage, and our festival is built on the culture of peace, and respect for human dignity and ecological integrity. The way of the Doukhobors is a way of life rather than a religion, ranging from music to cuisine. They use the spiritual power of love to actively engage, at home and abroad, in the nonviolent pursuit of peace, human rights, social justice, respect for the environment, and in the provision of aid to those in need. They leave an indelible mark on the world; a mark that stands for peace and the brotherhood of mankind.

"We are Spirit Wrestlers because we wrestle with and for the Spirit of God against those things which are evil". Doukho-bortsi (Doukhobor)

To all of Cannabis Health's volunteers, contributors, writers, advertisers, subscribers, distributors, readers, advocates, and patients; I would like to take this opportunity to personally invite you to join us in celebration. Our homes and hearts are open to all. Without your support this magazine and our vision of peace would not be possible.

Thank you for your commitment to freedom and we hope to see you all soon,

Barb St.Jean

Letters

Dear Editor, I'm truly hoping your readership can help me. I am an adoptee looking for my birth family. I have two children of my own and would like to know my medical history.

I was born in Vancouver General Hospital on September 6, 1963 to Floran and Lillian Schelfaut (nee Dobko). The attending physician was Dr. Boyd. At the time they were living on William Street in Vancouver, BC. According to my birth and adoption records, my given name was Tammy and I am one of six children born to them. Floran was born in Winnipeg, MB, was 40 and working as an electrician and Lillian, born in Yorkton, SK was 29 and not working when I was born.

If any of your readers have any information that might help me in my search, they can contact me at: info@cannabishealth.com. Please put "your search" in the subject line. Thank you for your help and keep up the great work! *LL, GF, BC*

Dear Editor, *Medicinal Pot Growers*, I'm not a member of Health Canada nor am I even licensed by them, so I guess that leaves me with the misunderstood title of Mom & Pop Op. No acronyms after this organization's name and believe me we aren't looking for recognition. We do however have legitimate concerns about our health, safety, and legal rights.

First let me tell you why the old man and I grow - the money. Doesn't that just make your skin crawl? Now let me explain what I

mean. We have two young kids and we want to spend every second with them while they still like being with us. Pop and I both had jobs when we met, supporting the propaganda-fuelled economy while squandering away our valuable and irreplaceable time, but what we didn't have was time for each other or the kids. The light at the end of the tunnel was but a glowing ember from our last joint.

The grow room changed all that, kinda. We don't fool ourselves into any false sense of security; we know that the safety of our family's happiness is under the threat of sanctioned victimization. Even though we are in the presumed lucrative drug trade we are still unable to save much money, we rarely are ahead of our bills and, as I'm sure many can relate, we live from crop to crop. Does just wanting to be together give us justification to continue in our life of crime? Is it worth the risk? The short answer is yes; the financial answer is somewhat more ambiguous. In fact our emotional and spiritual health depends on us making a living.

I would like to know who's making the lucrative money. When we started growing five years ago we had buyers bidding for our stuff before it was in bud. For the quality we grow it was no problem finding one local guy to take it all. On an average we sold it for \$2500/pound and we produced 4 pounds every 8-12 weeks - totaling around \$40,000 per year. With a family of four and all the normal bills that didn't leave much for any extras.

These days it is difficult to get even

\$1,600/pound. Back to my question about who's making the money, because even at Health Canada's \$150 an ounce we're making less than we were just over a year ago.

As peer groups usually do, we make sweeping generalizations about other groups. I hear growers blame the lower prices on the US border tightening up after 9/11, but if that's true why did it take three years to hit BC growers and more importantly why hasn't the war on drugs been more effective until now? I hear that bikers/Asian gangs/organized crime/Jimmy Hoffa are flooding the market and driving the price down but these organizations aren't immune to mathematics; when the price is high they profit too, no? And anyway the medicinal users that come to us are all still there @ \$180-\$200 an ounce some even coming to us because they can't find elsewhere within a two hour drive.

Let me revisit the money statement I made earlier. We grow medicinally because the stress involved in trying to achieve a career was killing us. What do you think? Is it a valid defense/reason to apply for a license? Explain why we would even want to apply - it does nothing but expose us. I mean we aren't the stereotypical drug dealers that are portrayed in the movies; we are just a couple looking for a career that contributes to our family harmony. I guess I'm just wondering if anyone else feels this pinch and what can be done about it? *For obvious reasons Name Withheld*



Letters

Hi there, I was hoping that you could help us. My husband is disabled and cannot work. He suffers from epilepsy, asthma, high blood pressure, cancer and arthritis. I support our family. My husband has been medicating himself with pot for over 27 years. His doctor was well aware of this as he treated him for 20 years. Years ago, we asked this doctor to fill out the appropriate forms that we supplied him from Health Canada so that my husband could grow at home. We have been asking but we were always told that he hadn't heard anything. (The problem is that you're loyal to your doctor and trust him) This year his doctor retired and my husband has a new family doctor who is aware of his situation. His neurologist and cancer doctor are also aware of his using.

Let's get to the problem...A BIG PROBLEM. Two weeks ago we were busted for growing nine plants that were 4" (yes, that's inches!). We also had about three ounces of weed from the previous crop two months ago.

We now have the forms again and we really need some help as to who to talk to or who will sign these papers. We have everything documented by doctors. Sorry for the long letter. Please get back to me as soon as possible as our court date is coming up and the faster we can get this going the better. Thanks for your help. Send: Doctor help to c/o info@cannabishealth.com LG, Regina SK

Dear Editor, The January/February '05 issue is spectacular! I cannot believe how much more professional and classy (not to

mention totally relevant) Cannabis Health has become in ONE ISSUE! Congratulations to the entire team. (All of my people are equally amazed and delighted). *Warm regards, Nancy, Junction City, CA*

Hi Lorraine, Wow!! Your magazine is kick ass. Thank you very much. *Terry*

Bonjour les amis, Your magazine is my current reference guide for all to do with marihuana products, equipment, and laws concerning cannabis as a benefit to health in Canada. *Medical marihuana license holder and enthusiast*

Dear all, Your mag is such an important part of the developing society. Keep it up. *Jack, Vernon, BC*

Hi Distribution, Recently I feel that Cannabis Health has done the Canadian medical cannabis community a great disservice by ignoring their legitimate concerns over continuing problems with the program. I'm just not certain what your goals or objectives are anymore: is it truly safe access to cannabis medicines of the users choice? Or is it ingratiating yourself to the federal government and companies like GW and Cannasat with the hope of further corporate sponsorship? Either way, I'm not certain that your last few issues have been helpful to the members of the VICS or to Canada's med-pot using community as a whole. If a magazine like Cannabis Health is not to support long-time exemptees, researchers and advocacy groups like Canadians for Safe Access, exactly who will? We would certainly urge

Cannabis Health to go back to its roots as a defender of freedom, common sense and compassion, and social critics of this failed federal policy; a role which lead to your current success in the first place.

If we can expect future issues of CH to actually address and defend the needs of patients, please keep us on your mailing list; otherwise, don't bother sending us any more issues; compassion clubs aren't interested in advertising for Heath Canada, or to the many corporate cannabis interests suddenly circling this movement looking for a way to capitalize on the pain of sick and suffering Canadians, and the years of good work by our nation's activists and advocacy organizations. *Philippe - The VICS*

Editor's Comment: "I disapprove of what you say, but I will defend to the death your right to say it." - French philosopher Voltaire

Cannabis Health is a patient based organization and we prefer to be contributors to a workable solution rather than simply "critics of this failed federal policy".

Our team of dedicated volunteers, advocates, writers, advertisers, subscribers, and distributors make this magazine possible. Together we are making a difference, one organization, one person at a time. We sadly accept your request to stop sending our complementary box of Cannabis Health Journal to the VICS.



Pregnant Founder of New Brunswick Cannabis Café Handed 12-Month Sentence The Human Cost of Canada's Failed Cannabis Prohibition

Following a June 1st court decision Lynn Wood of Saint John, New Brunswick was sentenced by Judge Murray Cain to one year in jail for distributing cannabis at her former business, the Cannabis Café. Mrs. Wood, who is a mother of three and who is expecting her fourth child in August, maintains that all cannabis sales were for medical purposes. Citing that she was a risk to re-offend, the judge refused to grant her house arrest, condemning her to give birth in a prison hospital, and forcing the separation of mother, child and siblings until her sentence is served.

The Canadian Cannabis Coalition (CCC) is shocked and outraged by this decision. Judge Murray defended his sentence by stating that Lynn Wood continued to distribute cannabis after being charged over one year ago. Since her arrest, no one has filled the gap of providing cannabis to the AIDS, cancer, hepatitis-c and

chronic pain sufferers that counted on Mrs. Wood for a safe source of cannabis. Common sense would suggest that her dedication and compassion for the critically and chronically ill members of Saint John should be admired, and not used as the reason to separate her from her husband and children.

In over 5 years of operation, the Office of Cannabis Medical Access has only registered 800 of the over half a million Canadians that currently use cannabis for medical purposes, leaving the overwhelming majority of our nation's critically and chronically ill cannabis users without either legal protection or a safe source of medicine. Dispensaries like Lynn Wood's Cannabis Café have alleviated the suffering of some of our sickest citizens through the community-based distribution of cannabis.

A document titled "Preventing Harm From Psychoactive Substance Use" released by City of Vancouver this week urges the federal government to end this expensive and ineffective war on drugs, stating that a "public health" approach to substance use "counters the moral

position that supports the need to prohibit certain psychoactive substances with the argument that it is immoral to tacitly accept unnecessary human suffering, death and harm to society maintained by prohibition-based polices." We argue that to jail a pregnant mother of three for 12 months for distributing cannabis to medical users is utterly draconian, immoral, unacceptable and anachronistic for a modern, liberal democracy like Canada. This sentence cannot be allowed to stand, and the continued persecution of Canada's cannabis community has to end TODAY!

The CCC is Canada's largest cannabis reform organization, with over 60 supporting organizations. We recommend that interested press contact Lynn Wood's husband Jim for comments on his wife's imprisonment: 506-657-4769 or Debbie Stultz-Giffin of MUMM 902 665 2355 cliff.giffin@ns.sympatico.ca

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A candid talk with Dr Lester Grinspoon

Lester Grinspoon MD is an emeritus associate professor of psychiatry at Harvard Medical School. He has been studying cannabis since 1967 and has published two books on the subject: "Marihuana Reconsidered" (Harvard University Press, 1971) and "Marihuana, the Forbidden Medicine", co-authored with James B. Bakalar (Yale University Press, 1993). He maintains two active websites: *The Medical Marijuana website* (www.Rxmarijuana.com) and *The Uses of Marijuana website* (www.marijuana-uses.com).

Lester is truly one of the most respected and loved marijuana advocates in the world. His compassion and commitment to the truth keep him, at 77, active in the reform movement and he continues to give his time to all of us in so many ways. On behalf of all the volunteers and supporters of Cannabis Health we would like to thank him, from the bottom of our hearts. It has been our honor to be able to work with him.

Cannabis Health: Could you explain what Dr. JM McPartland and Dr. Ethan Russo meant by the statement: "The combination of THC, CBD and essential oils in cannabis based medicinal extracts may produce a therapeutic preparation whose benefits are greater than the sum of its parts"?

Dr. Lester Grinspoon: That is a good description of herbal marijuana, which is comprised of all of the therapeutically useful elements, some of which probably behave synergistically, and some have yet to be identified. If the extracts McPartland and Russo speak of contained all of these elements, they would have the potential for being as clinically useful as whole smoked or vaporized cannabis. However, because they are not intended to be taken through the pulmonary system, they are handicapped in any medical competition with herbal marihuana.

CH: GW recently stated in a press release: "Sativex is not liquid marijuana - Sativex is a pharmaceutical product standardized in composition formulation, and dose administered by means of an appropriate alternative delivery system, which has been, and continues



Dr. Grinspoon and his grandchildren Zachary and Emma Sophia

to be, tested in properly controlled preclinical and clinical studies. Crude herbal cannabis-often called 'marijuana'-in liquid or any other form is none of those things".

LG: Over the 38 years during which I have been studying cannabis I have been so impressed by both its very limited toxicity and its versatility as a medicine that I should think that GW Pharmaceuticals would not take umbrage with the description of Sativex as "liquid marijuana"; I would see it as a compliment. However, I think these folks have undertaken a bold endeavor to make use of the anecdotal data generated by medical marijuana users to create a pharmaceutical product which now requires them to persuade the world that manipulated orange juice is safer, easier to deal with and healthier than whole oranges; and, of course, it's worth the extra cost. It's an absurd proposition but GW Pharmaceuticals has to persuade would-be medical cannabis users that there is a significant therapeutic difference between Sativex, an extract of marijuana, and herbal marijuana.

I believe that they will not be very successful in selling this extract unless they succeed in making this distinction. However, if the prohibition gets more severe, interest in Sativex is likely to increase in the same way it has for Marinol — not because it is a better and safer medicine than herbal marihuana, but because it is not illegal. If the prohibition were to disappear and Sativex had to compete with herbal marijuana on a level playing field, Sativex would probably suffer a fate

similar to that of Marinol; some people would use it, some might even prefer it, but it would not be a major means by which people make use of the therapeutic utilities in marijuana.

If marijuana had been allowed to be researched in the appropriate way for such a widely used medicine, it would long since have been... "tested in properly controlled preclinical and clinical studies." It's a little inaccurate for GW to say Sativex marks the world's first approval of a cannabis-derived medicine. Does GW not think that Nabilone or Marinol are cannabis-derived medicines? In the literal sense Sativex comes from a

marijuana plant as opposed to a synthetic compound, but those drugs are cannabis-derived medicines as well. Contemporary governments may not approve herbal marijuana as a medicine but a significant fraction of the medical marijuana patients of the world use it as a medicine, have done so for centuries, and will continue to do so.

CH: What is the history of marijuana extract?

LG: By the mid-19th century, there were a number of drug companies who were producing *Cannabis indica*, the generic name at the time for extracts of marijuana. One that was commonly used was Tilden's Extract, the brand that Fitz Hugh Ludlow decided to use. He was emulating writers of the French Romantic literary movement, members of Le Club des Haschischins who would take large amounts of hashish, which together with their effusive imaginations, led to extraordinary and often distorted accounts of cannabis experiences. In fact, in my opinion, these descriptions led to some of the myths which, until recently, surrounded marijuana. These exaggerated accounts even percolated down to Harry Anslinger [architect of US prohibition], although he almost certainly didn't read them directly.

Extracts such as Tilden's were most commonly used to treat insomnia and pain. They could be purchased from the local apothecary up until the Marijuana Tax Act was passed in 1937. Bayer (the same company which is now partnering with GW Pharmaceuticals to distribute Sativex)

A candid talk with Dr Lester Grinspoon

produced the first synthesized acetylsalicylic acid, or Aspirin, in 1898. Physicians now could prescribe these little white pills that would relieve mild to moderate pain. In 1900 the first of the barbiturates was synthesized, and others came rapidly on its heels. Now there were pills that one could prescribe for sleep. The Marijuana Tax Act was not meant to contribute to the demise of cannabis as a medicine, but the kinds of paperwork created by the Act discouraged physicians from prescribing it. Consequently, with the arrival of these new drugs which successfully treated insomnia and pain, the two symptoms for which *Cannabis indica* was most commonly prescribed, its use declined. It was removed from the pharmacopoeia in 1941.

CH: Were physicians concerned about dosing back then?

LG: Physicians of the 19th century never discovered the remarkable boon of using cannabis with a pulmonary delivery application. Physicians at that time couldn't control the dose with any degree of precision because they didn't even know the potency of the *Cannabis indica* they were prescribing. However, they weren't too concerned,

because if a patient did get too large a dose, there were no serious consequences, although a patient might be uncomfortable for a while. Physicians were more concerned about under-dosing and the fact that it took an hour or so for this medicine to take effect.

CH: How fast is the sublingual delivery?

LG: It's not as fast as smoking but not as slow as the oral route. You have to wait at least 20 minutes for a sublingual effect. At first GW claimed that Sativex is totally absorbed through the mucosa under the tongue. But the fact is, the extract tastes awful and some people find it very uncomfortable; they can't hold it under the tongue long enough and it drips down into the esophagus. I would suspect that most applications of sublingual Sativex actually end up with an unknown proportion going the sublingual route and the other part of it going orally. There would then be two kinds of titration points, one at 20-40 minutes, the other not until 1-2 hours have passed.

To me the sublingual route is an inefficient way of taking a medicine when it is available in a form that allows for much more

precision in titration. Furthermore, the titration precision of the pulmonary route allows the physicians to give the patient the responsibility for establishing his own dosage. After all, it is the patients who can say when they have achieved relief of their symptoms. It's not the doctors, not the pharmacists; it's the patients. We allow patients to take their own over-the-counter medicines. Even though more than 16,000 people die every year in the United States from idiopathic gastric bleeding and other toxic effects caused by Nonsteroidal Anti-Inflammatory Drugs (NSAIDS), we allow them to take ibuprofen, aspirin and other NSAIDS over-the-counter and trust that they will use them responsibly. It simply doesn't make any sense to forbid patients the responsibility to use herbal marijuana and the freedom to titrate their own dose.

CH: Can one get psychoactive effects from Sativex?

LG: This is a no-brainer; of course one can. If it contains THC one can certainly get high and predictably there will be people whose main interest in Sativex will be to achieve the psychoactive effect. Furthermore, some patients will inadvertently experience

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A candid talk with Dr Lester Grinspoon

the psychoactive effects for the first time with Sativex either because the dose can't be titrated as precisely as when it is smoked or the therapeutic dose is too close to, or overlaps with, the psychoactivity dose.

CH: On the MARINOL website they say their product is not similar to drugs of abuse because the onset of action is gradual. Does this imply that the fast acting application of marijuana makes it a drug of abuse?

LG: That gets into the difficulties of describing a drug of abuse. Most people understand that using marijuana does not necessarily mean abusing marijuana. Here abuse is on the part of the abuser, it is not inherent to the drug. You can abuse anything, but the abuse does not reside so much in the inherent psychopharmacological properties of this drug.

CH: Is the traditional way of consuming cannabis, by smoking, dangerous?

LG: One of the selling points of Sativex is that you don't have to smoke it and run the risk of serious pulmonary damage. There is very little evidence of this. In the 1960s when I began to write about this, some people said,

"Of course there's no pulmonary cancer; we in this country haven't been using it very long." But look, here we are in 2005 and people in your country and mine and many other places around the world have been smoking it for decades now. And yet we have not seen cases of lung cancer or emphysema that are due to smoking marijuana alone. I wouldn't be surprised if we eventually find them in Europe where cannabis is frequently mixed with tobacco.

In the anti-smoking environment we live in, many people believe that smoking anything is detrimental to the pulmonary system. I, personally, believe that living in a polluted urban environment represents more of a pulmonary risk. And those who are made uncomfortable by smoking can now use a vaporizer and get the same effects without smoke. There is no smoke. The cannabinoids volatilize off in a temperature window; and when you remove the spent material from the vaporizer you can see it hasn't been turned into ashes because it hasn't been ignited.

CH: So pulmonary delivery is still the method of choice?

LG: Smoking allows for a very fine tuning of the dose. One of the things that

makes cannabis such an impressive medicine is the fact that it can be taken through the lungs either directly or through a vaporizer, which gives a patient the capacity to titrate the dose quickly, to get just the amount needed to get relief and no more. To me this is a great benefit, not just from the point of delivering a medicine at the right dose, but also because it gives the patient, the best judge of his needs, control.

CH: What is the combustion temperature of cannabis?

LG: The ignition point of cannabis is a little more than 450°F. Good vaporizers hold the temperature between about 284°F and below the ignition point. There are devices on the market which are called vaporizers but which do not hold the temperature steadily in that window.

CH: If vaporizers or just smoking work so well, why is GW Pharmaceuticals so negative about it?

LG: The GW people, in order to successfully sell their product, have to persuade people that there is a real danger to smoking marijuana. This plays into the hands of the prohibitionists. The argument goes: we are

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just getting on top of the tobacco problem, cigarette consumption has gone down. Clearly tobacco consumption is very dangerous, so why should we have another smokeable drug that will lead to the same kind of catastrophic health consequences. The problem with the argument is that there is very little empirical data to support equating the consequences of smoking marijuana to those of smoking tobacco.

CH: Can the patient receive the same medical benefits from cannabis use without having the feeling of being high?

LG: From my clinical experience, I am not sure that in any of the many different ways in which cannabis is used as a medicine, that the therapeutic goal can always be successfully achieved completely free of any psychoactive effect. I am also not certain that even if it were possible, that eliminating the psychoactive effects is a good idea. For example, people who suffer from multiple sclerosis who use marijuana primarily to get relief from pain and muscle spasms often say, "It makes me feel better." There are two aspects to that; one is that they are getting symptom-relief and that makes them feel better. But clearly there is something beyond that and I believe it to be a function of the fact that

they have some psychoactive, perhaps anti-depressant effect.

It's becoming increasingly important in medicine to recognize that people who feel better generally do better. Those who have a better attitude about their disease or disability tend to do better. Assuming there is some dosage difference between the point where cannabis can relieve the symptom and the point where there is some psychoactive effect, wouldn't it better for those who want to avoid the psychoactive effect to be able to titrate it more finely than in the coarse way that Sativex is said to be titrated? You can't really titrate in the usual sense of the word with an oral preparation of marijuana whether it be Marinol, Sativex or herbal marijuana brownies. If you suffer from chronic pain from some kind of serious arthritic condition, such as ankylosing spondylitis, you might want an oral preparation because its effects last longer. But in those situations where you have severe nausea and vomiting, or the painful cramping of Crohn's disease or some kind of neuropathic pain and you want immediate relief, the way to get it is by smoking. If you experience the prodrome of either a migraine attack or a convulsive episode, you may be able to nip it in the bud quickly by smoking.

CH: Should the patient be able to decide how much and what type of medicine works best?

LG: In many situations patients are the best judges and certainly, once patients understand how to properly use cannabis, it's both safe and clinically sound to let them make the judgment of how much to use. They might get a little uncomfortable if they are unused to or do not like the high, but they will learn and the next time they will be more careful. It will not do anything that is harmful or irreversible.

CH: Is the "high" something to be concerned about?

LG: While the high may be uncomfortable for some people, it's a very positive experience for others. Once Sativex comes on the market some people who have never used marijuana will start using it and they will be introduced to the cannabinoids as therapeutic substances. Unless there is a lot of distance between the dose necessary for the treatment of their symptoms and the psychoactive dose, which for most symptoms I do not believe there is, many if not most patients will get some experience of the cannabis high. Then some may think, "Well, this must be the psychoactive effect, but it

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isn't so bad; in fact, I have this slight consciousness altering effect and I find it interesting. I feel better, I have better appetite." They may find these effects intriguing and be emboldened to try using herbal marijuana, even smoking it with or without a vaporizer.

There may be a lot of patients who will be introduced to cannabis courtesy of Sativex, who will then judge for themselves which is better for the treatment of their particular symptom. Which is quicker in onset, which is easier to control, which is less expensive? One can imagine that some of them will abandon Sativex, once they try it, in favor of herbal marijuana. On the other hand there will be people who smoke herbal marijuana now and come to believe that an oral preparation, particularly because of the longer duration of effect, would be easier and more useful for their particular symptom. And it is legal! They may try Sativex and discover that, for one reason or another, it works better for them.

That would be great as long as these two approaches were competing on a level playing field. The most important thing that Sativex has going for it, that herbal marijuana does not, is that it will *not* be illegal to use. That may be a reason why some people for whom

it does what they seek with respect to the high will use it for other than medicinal purposes. What troubles me most is that GW insists that there is a world of difference between the medical value of these two substances and the approaches to their use. I believe that if the two substances were matched in the usual capitalist way - nose to nose, may the best product win - I would not like to be an investor in GW Pharmaceuticals because I think that the net effect of this product is going to be negative both with respect to its relative usefulness as a medicine and the task of trying to do something about this insane prohibition.

Already we see that GW has hired Dr. Andrea Barthwell, (formerly the Deputy Drug Czar for the Bush administration's Office of National Drug Control Policy), to promote the acceptance of Sativex in the US. She is a promoter of the widespread view that cannabis use, that smoking marijuana must be extinguished at any cost, even at the cost in my country of arresting about 750,000 mostly young people a year. I expect that she and the people who hired her at GW are going to keep making the claim that the Sativex extract is less harmful than smoked or vaporized herbal marijuana and does not

have psychoactive effects until the empirical data to the contrary overwhelm them.

CH: So pharmaceutical companies will not want to compare their cannabis products with herbal marijuana for fear of losing part of their market share?

LG: Exactly. Whether herbal marijuana is more effective, or cheaper or less uncomfortable or for whatever reasons people find this is a better medicine, they're going to use it. The question is how much of a legal price are they going to pay for this? Some are put in the situation of having their jobs jeopardized if they use medical marijuana. The reason a lot of patients use Marinol is so that when they get hit with a urine test they can flash a copy of their prescription. To a greater or lesser extent, the same will be true of Sativex. Just as in an indirect way Sativex will be supportive of the prohibition, it will also be used as a dodge to get around the legal system.

CH: When did you coin the phrase that "marijuana would eventually be seen as the penicillin of the 21st century" and why?

LG: I first wrote that in "Marijuana: The Forbidden Medicine" in 1993. Alexander

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A candid talk with Dr Lester Grinspoon

Fleming first discovered penicillin in 1928. He had inadvertently left out an empty Petri dish when he had gone off on vacation and when he returned he found that it had become overgrown with staphylococci; and right in the middle there was a colony of mold. The mold had excreted a substance which was toxic to staphylococcus; that substance was later called penicillin. He published this in 1929 but nobody paid any attention to it until 1941 when two people, Howard Florey and Ernst Chain, took it down from the shelf. They were motivated by the fact that we were now involved in WWII and were on a frantic search for antibiotics. They tested it in six patients, and found how remarkably effective it was against these infections. It was soon clear that in addition to being an amazingly effective and versatile antibiotic, it was remarkably non-toxic and inexpensive to produce. It soon became known as the "wonder drug" of the 1940s. One can't help but wonder how many lives might have been saved from 1929, when the paper was first published, until 1941; that's more than a decade.

Now take marijuana; it is also remarkably non-toxic. In fact, when it regains its rightful place in the US pharmacopoeia it will be seen as one of the least toxic substances in that whole compendium. Once it is freed of the prohibition tariff, it will be quite inexpensive. And, like penicillin, it is an impressively versatile medicine.

So there is no question in my mind, that we have delayed a long time and have denied many people a medical boon. In fact that's the first thing I thought of when my son was suffering from acute lymphocytic leukemia. When I saw how it freed him of the nausea and vomiting of cancer chemotherapy and its terrible anticipatory anxiety, how instead of starting to vomit immediately and having dry heaves for over eight hours, he would now get off the gurney and say, "Mom, can we go get a sub sandwich?" I began to wonder how many other people, how many other youngsters who have to go through chemotherapy could be spared this terrible nausea and vomiting? So for this family it certainly was something like penicillin. It was a wonder drug for us.

CH: Have we lost sight of freedom of choice?

LG: Yes, we have lost sight of the importance of freedom of choice with regard to marijuana. There is no risk with marijuana that I know of that justifies denying its use to adults for any purpose. A pernicious thing about the development of Sativex is that the Home Office was apparently persuaded some years ago with an argument that went something like this: "We all know that marijuana has medicinal properties, but we at GW

Pharmaceuticals have a way of making it available to patients without burdening them with the two major toxic effects — smoking and psychoactivity."

These people are trying to hijack the medicinal properties of cannabis toward their end of selling a product which they claim will be safer (because it will be free of these two "serious" toxicities) than herbal marijuana. This is consistent with the aggressive PR campaign which is a major part of Sativex. Unless you can make the claim that crude herbal cannabis is very different from and more toxic than Sativex, how can you justify hiring Dr. Andrea Barthwell as spokesperson for the promotion of this substance? She says there is no medical utility in marijuana, that medical marijuana is a hoax. She is the insistent author of these statements and now she is promoting Sativex. Hiring her is consistent with this sort of schizoid approach to cannabis: in this form it's good; in that form it's bad; in this form, everyone who has these symptoms should try it; in the other form, people should be punished for using it as a medicine.

CH: Do you believe that Andrea Barthwell doesn't know that these two substances are very similar in effect?

LG: That is a difficult question. It is hard to believe that with her training as a physician, and considering her past and present positions that she hasn't looked carefully and critically at the literature on medicinal cannabis, including the large amount of anecdotal data. I would have expected her to have achieved a better understanding of this whole problem. That they hired her is as cynical as her acceptance of the job. It's a measure of the lack of integrity that GW Pharmaceuticals is involved in when they try to make the case; orange juice, yes, oranges, no, they're bad.

When I talked about pharmaceuticaliza-

tion in the past, as a starting point I made it clear that there were some wonderful things that would come out of the attempts to develop pharmaceuticals from marijuana. I specifically mentioned, as an illustration of these possibilities, that the development of an inverse agonist to the "munchie" effect, the appetite stimulating property, might actually produce something that we have failed to develop in all these years, a non-toxic weight control substance. The other side of the pharmaceuticalization coin was my concern that the government would see pharmaceuticalization as a way of dealing with its problem with medical marijuana; i.e., how to enable its use for medicinal purposes, while at the same time prohibiting it to people who want to use it for other purposes. In 1985, the government mistakenly thought the problem was solved when a small pharmaceutical company called Unimed developed the medicine known as Marinol (dronabinol) which is synthetic THC. That is exactly the same chemical you find in herbal marijuana and Sativex.

CH: Who supported this development?

LG: It's very expensive to develop a new drug and the cost is borne by the drug company which develops it. However, in this particular case the US government supported its development, but insisted that it be encapsulated in sesame oil so it could not be smoked. They went so far as to assign this THC (Marinol) not to Schedule 1 alongside its identical twin, the THC which is the most

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prominent cannabinoid in herbal marijuana, but to Schedule 2 so it could now be prescribed, and a few years later to the even less restrictive Schedule 3. But THC by any other name is THC. This is so hypocritical. This was the government's attempt to say, "Don't keep pushing for marijuana as a medicine; now there is a cannabis medicine; it's called dronabinol or Marinol. Buy it at your local pharmacy." Now this gives them a reason not to allow marijuana as a medicine, a goal they are pursuing with the full power of the federal government in California as they vigorously attempt to close down the compassion clubs. Sativex will be used as another tool in this attempt at the pharmaceuticalization of marijuana. A cynic might say it was designed for this purpose. The US government may very well adopt it because it gives it another preparation in this armamentarium which allows it to say, "Look, there is now another cannabis medicine out there. There is no need to give special license to people who want to smoke marijuana as a medicine when they can now get what they need through these other medicines." So the government can be expected to be supportive of any pharmaceutical company which develops a substance that can compete with marijuana. And self interest would suggest that these pharmaceutical companies would be sympathetic to the US government's goals of suppressing the use of herbal marijuana, both as a medicine and in general.

CH: I'd like to talk a little bit about the psychological implications of prohi-

biton and why advocates are still stereotyped as potheads.

LG: It's as though the modern media exchanged the stereotype of the lascivious killer marijuana smoker of Reefer Madness for the Cheech and Chong stereotype. You and I as well as most people who use marijuana no more conform to that stereotype than we did to the Reefer Madness stereotype. The way I'm trying to deal with that is through my Uses of Marijuana website (www.marijuana-uses.com) which is a series of essays. Some of the many contributors are well known, like Allen Ginsberg and Carl Sagan, but most of the contributors are unknown and some use pseudonyms. I continue to seek essays from people who use marijuana for non-medical and non-recreational purposes and have found that it plays some significant role in their lives.

You can't read these essays without thinking, "Hey, these are solid citizens who are accomplishing things in their lives and who are using it for purposes I never dreamed of. Here's an e-mail about the web site which I received this morning: "Dear Dr. Grinspoon: There is a real need to discuss the positive side of cannabis (does the public know there is one?) and this seems like an excellent way to do it. I will make a point of writing [an essay for this web site] when I have completed my PhD this summer, much of which could not have been done without cannabis as a creative tool and medicine. By the way, as a young scientist, I have been inspired by and learned many lessons from Carl Sagan's work and the ways in

which he, you, and many others have taken the risk to write about cannabis, and this knowledge is not lost on our generation. I'm currently looking forward to doing my Post Doc on particular cognitive processes while performing real work tasks under the influence of cannabis, some of which I expect to be very positive. Best regards."

I'm getting these e-mails from all over the world. It's clear the website is attracting attention.

Some decades ago a courageous psychiatrist by the name of Richard Pillard at Boston University was the first contemporary notable gay man to come out of the closet. That started the "out of the closet" movement. We are a long way from defeating homophobia in this country but we've made great strides since people have started coming out. Pillard, Barney Frank and various others have helped people understand that this isn't some sort of toxic mental disorder that you have to be frightened of or scorn. Similarly I think many have come to understand that folks like us are successful people, we do not develop extra heads or what have you. In fact let me tell you, it's been most useful to me in going about my life.

CH: Why is the United States government so determined to eliminate the use of herbal marijuana as a medicine?

LG: Well, I think it is because the government, for whatever reason, is afraid that as people get more experience of marijuana through observing people who use it as a medicine, they will be more tempted to use it for purposes that the government disapproves of. If you see your Aunt Nellie using it to treat the effects of chemotherapy or a friend who uses it to treat convulsions much more successfully than with conventional medications, you may come to change your mind and say, "Wait a minute, what's all the fuss? This seems to be a perfectly respectable application of herbal medicine and it appears to be quite benign. So what if it's used for other purposes? Nothing harmful happens; it doesn't seem to be having any kind of a deleterious effect on these people." Let me tell you a story which illustrates this type of change in attitude.

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A candid talk with Dr Lester Grinspoon

Medical School called me one day after he had skimmed through "Marijuana: The Forbidden Medicine". His mother-in-law had developed pancreatic cancer and was having a lot of trouble with nausea. "That medicine you mentioned in your book, Marinol, would that help her and would it be safe to give to a 67 year old woman?" he asked. I told him it was quite safe and that it probably would help her, but there was a better way to do it with more prospect of success than taking this oral preparation. I suggested that she find someone who would teach her how to smoke marijuana. "I would never have my mother-in-law do that", was his reply. So I told him what to do with respect to taking Marinol and suggested that he give her my telephone number to use if she had any difficulty. Two weeks later, I got a call from this 67 year old woman who told me that the Marinol worked at first, but its effectiveness had diminished considerably. She had raised the dose but its usefulness continued to decline. "What should I do?" I asked if she knew anyone who could teach her to use marijuana. She said, "Yes, I have a grandchild in college and she's been urging me to smoke marijuana for a long time." I said, "Okay,

here's what you should do: have her show you how to roll a joint and to smoke with you the first few times. Just take one puff and wait two or three minutes at least, and then if you feel nothing, take another puff and wait. Keep doing this until one of two things happen: you start to feel uncomfortable and anxious, or you start to get symptom relief. At that point stop."

A while later, during a meeting at the office of this associate, he asked if I could stay for a few minutes after the meeting. His mother-in-law was now living with them in their Boston suburban home. "I can't tell you how thankful our family is to you," he said. He went on to tell me how his three boys (all in their 20s and all quite successful) would roll a joint with Granny, sit around, share a smoke and have the best time. Her nausea was now controlled and she had begun to eat again. "It was unbelievable." Several months later she died. When we arrived at their annual Christmas party his wife greeted us at the door and said in almost identical words, "I can't tell you how indebted we feel to you!" She repeated the story of how it made all the difference in her mother's last couple of months; free of the nausea she perked up

remarkably and had a much more fulfilling last few months. And the family, of course, was relieved at not having to see someone they loved suffer with such discomfort.

She also said; "When my boys were in college and I learned that they were smoking marijuana, I came on like a banshee and really put my foot down." In retrospect, it embarrassed her, and she went to on to ask, "And that is what the government is afraid of?" A growing number of people are having and will have similar experiences, and they will see for themselves that they have been lied to for years. And there will grow a pressure to stop arresting people who use marijuana as a medicine, if not to reverse the prohibition altogether. Medical marijuana is going to teach people that this substance is not the demon that the government has been describing for years.

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to building cultures of peace, and respect for human dignity and ecological integrity, because we cherish our personal freedoms, value our civil rights and recognize our individual and common responsibility to leave a better world for future generations. Perhaps as never before in our history, we the people are confronted with a choice. Either we carry on as usual, accepting violence, racism, war, social or economic injustice, and environmental degradation, until we exhaust or destroy ourselves, and the planet that sustains us – or we can begin to make a conscious change in the way we think, live and relate to one another and to our environment. We can begin to redirect our human,

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The entertainment kicks off Thursday July 21 with a free evening street dance downtown for the youth and young at heart. Before the main site opens at 4:00p.m. Friday, why not enjoy the local pastime and have a float down the gentle Kettle River. After working up an appetite, stop for a bite in town and check out the local sponsors.

Friday night the main stage opens with soulful vocals and rockin' guitar by Reid Jamison, followed by Courtney Wing. The Streels, all the way from Newfoundland, present a high-energy repertoire of traditional East Coast, Irish, Scottish and original tunes and songs played on acoustic instruments. Wil, the force behind a unique electro-acoustic songwriting style, is beautifully showcased on his major label debut, "Both Hands". This eleven song album offsets Wil's commanding vocals, and strong intricate guitar playing with delicate piano and cello embellishments. Whistler Pique Magazine said, "Few artists offer the hyperactive, kick

glasses off the table raw energy as Wil." Gary Comeau and the Voodoo Allstars can give him a good run for his money though, with their hot and spicy New Orleans rockin' roots and blues. Take the rhythm of the Maritime Acadian music, season well with Louisiana zydeco blues, add a twist of Highway 61 era Dylan, serve it up with great showmanship, and you've got the vibe. Country veteran Lisa Brokop headlines the Friday night lineup. This accomplished and award winning performer, singer and songwriter is no longer the shy, quiet girl caught in the whirlwind of early success. She has found her true voice-one of passion, one with soul and one that is unmistakably her own.

Saturday afternoon is aswarm with activities. Take in any number of free workshops, discover treasures as you browse the vendor tables, sample a variety of vegetarian and ethnic cuisine, explore the aboriginal display all the while listening to the sounds of Kevin Kane (former Grapes of Wrath), Dragonflies, Kettle River Drive and Dennis Lakusta. Drop the kids off at our free Kid's Corner for storytelling, face painting or a bounce in the inflatable castle. New to the Festival this year

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is an international Eco Art Expo. In keeping with the Festival theme, all entries are designed from recycled trash.

Saturday night, enjoy performances by Linda McRae and Friends, followed by the spirited rhythms of Jamphibian and then Rodney Decroo and the Killers. Vancouver's own Freeflow has been distributing its brand of funk-soul brother for the past five years. Anything goes, from punk to funk, live to sample, structure to stream, hip-hop to reggae. Performance is a key element of the Freeflow experience and with the release of their first CD, "Barfly Sessions"; it's become dancing room only at Vancouver's larger live venues. The energy continues as Kinnie Starr blends elements of hip-hop, pop, rock, and electronica into what can best be described as a trip-hop cocktail. The Globe and Mail said, "Starr's got attitude to spare, she sounds like she's digested every subculture from 1950 to the present... She's definitely an original." "Kinnie is going to be a huge star because she is so emotionally real, vulnerable, articulate, and talented-things many people fear greatly in themselves, and thus look for in others. People are going to glorify her in an insanely ridiculous way." - WIG Magazine. Canadian

rock and roll veterans, April Wine headline Saturday night with 32 years of platinum rock favorites and power ballads. The line-up today remains all original, Myles Goodwyn, Brian Greenway, Jerry Mercer and Jim Clench. Their music bridges generations and is as hot today as it was in '69 when they first broke onto the scene.

A multi-faith ceremony will be held Sunday morning, followed by multicultural performances by Vision of Peace Doukhobor Youth Choir, Grand Forks Irish Dancers, Dennis Lakusta (First Nations) and Tandava. Tandava is a contemporary world music ensemble inspired by the folk and classical music of India and Bangladesh, with influences from China, the Middle East, Africa and the West. Exotic instruments like the erhu, tablas, dotara and gimbri combine with expressive improvisation to create a one of a kind experience. Jambanja, with their high-spirited rhythms of Zimbabwe, ignite a passionate joy of expression that evokes a unity of spirit amongst those joining them. The layered, weaving rhythms emerging through voice and instrument of this six member marimba, dance and drum ensemble first mesmerize and then lure the listener

into dance. And keep the dancing going for the "aggressive" Canadian folk music of the Buccaneers. They see themselves as the hardest, most harmonious band of pirates ever to hoist their flag on Calgary's shores. What they lack in geographical savvy, they more than make up for with tight four-part harmony and disarming chemistry. Their passion for performance and intermittent goofy jokes create an air of infectious energy you won't want to miss. Tango Paradiso is an exciting and vibrant ensemble based on the classic Argentinean tango instrumentation of bandoneon, violin, guitar and bass. The group is dedicated to performing traditional and post-modern tango music in a unique way, from tango classics, to their own, tango influenced arrangements of jazz and new

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music. They have performed to sold out concerts at two Du Maurier Jazz Festivals and their debut CD "Tango Paradiso" was nominated for a 2002 West Coast Music Award as Best World Release. With vendors, workshops and Kid's Corner

continuing all day, there's plenty to entertain the whole family all in one place.

For more information check out the website www.freedomrocks.ca or contact the festival office at 1-877-442-5661. Tickets are available at

Ticketmaster www.ticketmaster.ca or charge by phone 250-860-1470. Weekend passes are \$80, Friday \$35, Saturday \$35 and Sunday \$25. Kids 12 and under get in free and on-site camping is available.

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Cannabis & Public Policy



Author, Laura Webster is a member of the recent graduating class of 2005 from the University of Northern British

Columbia. She graduated with a Bachelor of Arts earning a major in Political Science and minors in Human Geography and International Studies. Living and working in Prince George, BC has opened her eyes to many environmental, social and health issues that exist not only within the jurisdiction of the city, but problems that are results of provincial and national spheres of influence. She is primarily interested in the policy and law that drives the decision making at all levels of government.

Cannabis and Public Policy

Canadian public policy does not exist in a vacuum; there are many international and domestic pressures that ultimately affect the outcome of every policy. The buzz word of the early 21st century has been globalization. Some people see this phenomenon as a positive force and others predict that its overwhelming presence will ruin the human race.

Either way, it exists in all countries, cultures and communities. Drug legislation in particular brings to light many global opinions. Countries all around the world have experimented with different drug policies, from prohibition to legalization. Today in Canada cannabis, or marijuana, is the most common drug that has become a candidate for legalization and debate. While some European nations have implemented very liberal policies and gone forward with the full legalization of cannabis, the most economically powerful and religiously conservative United States (US) has opted to declare a war on drugs. With specific reference to marijuana legislation, globalization has helped the public interest in Canada on the issue. Canadian policy makers cannot ignore foreign policies, but it remains to be determined where exactly Canada stands on the issue. Can we claim to be as liberal as our European counterparts? Or are we as cynical and ignorant as our southern neighbours?

To start off with I want to clarify that I am viewing the legislation and policies surrounding marijuana primarily as a health issue that transcends the political and social realms in Canada. It is important to identify where in government that a policy concern-

ing marijuana will fall. Currently, because of its illegal nature marijuana falls under jurisdiction of the criminal code. Criminal justice in Canada is federally run, meaning that a crime in British Columbia (BC) is the same as a crime in Nova Scotia. There are two main reasons that I am looking at marijuana legislation as a health issue: firstly, health is managed provincially and therefore any positive reforms made to existing policies could be implemented in the province that wants the changes; and secondly, the appearance and availability of medical marijuana in BC in particular shows that there is progress to be made within the sphere of health.

As we continue to talk about the Canadian health system many new issues arise. Primarily these issues are concerned with the overall federal structure of Canada as well as the Martin administration that is currently in power. Federalism tends to be the structure favoured by modern nations, it has the ability to advance economies and promote the overall autonomy of regions, but as Canada has experienced, it does not necessarily support initiatives put forth by lower governments. The Canadian federal system is a hierarchy of power and this is demonstrated when we see what the provinces want and



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Cannabis & Public Policy

what the feds give. As a federal nation, Canada has many governing bodies that deal with legislation and policy implementation. According to the constitution the provinces were awarded certain powers and decision making abilities, and the national government was given control of other areas. This structure both hinders and helps the varying interests that emerge from a grassroots level. Section 92(7) of the 1867 and 1984 Constitution Acts lays out the management duties of healthcare, hospitals and administration as responsibilities of the provinces. This delegation implies that, for example, BC has control and authority over health issues that exist within the province, but the separateness of provincial and federal politics over health legislation is not cut and dry. The provinces depend heavily on the federal government for the funding of programs, services and equipment. The next issue concerns the Prime Minister. Paul Martin currently holds a minority government and this will prove to have major impacts on marijuana legislation. As leader of a minority government, Martin will not be taking risks, because he will not have the appropriate amount of support to successfully move a marijuana policy through government. Because of this technicality, we are unlikely to see great advancement in this area in Ottawa until there is a comfortable majority and a chance of success as opposed to dissolution of the government.

When talking intelligently of marijuana many problems emerge around the classification of the substance. There is no denying that marijuana is a drug that is abused by some people, but there is also no denying that it can medically help people who need it. It

is also a fact that responsible recreational use is widespread. But where does an appropriate definition come from? Do we listen to Ottawa whose current stance on the subject is one that includes harsher penalties, strong foreign influence and a slim chance of reconciliation with competing interests? Do we listen to Victoria, (the seat of BC's provincial government) who could soon allow pharmacists to legally distribute medical grade marijuana to patients who are recognized and qualify according to government standards? Maybe the Canadian RCMP are right when they deliver their "informed" and biased DARE speeches to school children? Do we listen to those attempting to educate us about the many benefits of this drug and its responsible use? Or do we listen to varying uneducated, personal, political and religious views that are often heard drifting up from the anti-drug campaigns in the United States? While these are only some examples of where the general public gets its information from, they vividly demonstrate the competing interests, opposing views and strategic positions that are acted out on the Canadian political stage.

Because there are so many different positions on this particular debate it is essential that an appropriate policy network be established. There already exists a vibrant and expressive group of actors, and the goal needs to be a policy process that will be able to harness the legitimate points of argument and form them into an acceptable working policy. The first steps to gaining access to government resources and influencing policy-making have to start at the ground level, which is evident from the success of this magazine. While there are many different approaches to forming a policy network, there

is only one that will be appropriate for each individual policy. Because marijuana legislation receives mixed reactions from all levels of society, a pluralist model of policy making appears to fit the best. In this case, there would be many different interest groups that influence the outcome of government decisions. Providing awareness, education and truth about marijuana is the only way to make it into a respected policy. Marijuana will be looked upon and judged as illegal, morally wrong and unjust for as long as the public is left uneducated, mystified and lied to about the reality and benefits of the drug.

The attention that the marijuana debate receives in Canada is both dynamic and goal oriented. There has been a dramatic and ground-breaking shift that has occurred in Canada in relation to marijuana policy. In terms of the legal dispensing of medical marijuana by pharmacists, there has been a more liberal outlook in BC than in any other province. This move that has been made in BC illustrates the power that the provinces hold within the country. In the near future, it is possible to accept the idea that a single province has the ability to take control of a controversial issue like marijuana legislation and create precedence for the entire nation. This appears to be a giant leap forward in an effort to transform the stigma that has been placed on marijuana and to embed the possibility of a policy change deeper into the minds of Canadians as well as government officials. The fact that the provinces control their own healthcare destinies allows for the distinct possibility that future policies emerging from the BC legislature will contain liberal ideas that are based on education, research and open mindedness.

Speaking of open mindedness, what is Canada going to do about the United States? Our neighbour has violently declared a "War on Drugs" as a means to rid the country of

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Cannabis & Public Policy

both drugs and terrorists (these two "threats" are intimately connected in the minds of the Bush administration). Canada's maintenance of a stable relationship with the US has been a trying, costly and overwhelming process that has lasted for centuries. There are many major issues that Canada and the US do not agree upon, and as in every relationship, compromise is essential. But from my reading, research and discussions it appears that drugs or marijuana may be a potential breaking point in the semi-stable relationship. With Ottawa knowing the US stance on marijuana it is possible that federal policies will not move forward. A report from Health Canada states that any reforms on marijuana policies will only result in harsher penalties. This statement is not favourable to those groups that are working towards the decriminalization and possible legalization of marijuana nationwide.

The Canadian and American media are large contributors to the stigma that has become permanently linked with marijuana. When watching anything in the news it is

important to be aware of the bias that exists. Our society is very much concerned with mainstream ideas and solutions. There is little room for growth within the confines of the pre-existing and socially constructed

Speaking of open mindedness, what is Canada going to do about the United States?

norms that extend from coast to coast. The cause of this strong bias is the overwhelming lack of education and availability of facts to the public. When people neglect to look at both sides of the marijuana debate it results

in false assumptions, phony accusations and government avoidance of the entire subject.

To date there have been too many claims made about the truth concerning marijuana. In an effort to decipher these varying opinions, the 2002 Senate Report looked at all sides of the debate and came to some conclusions. This report was initiated primarily as a means to determine where marijuana legislation exists in the minds of scientists, doctors and Canadians. For starters, the DARE program that is run by the RCMP is meant to educate children and prevent them from becoming drug users. But the Senate suggests that "the RCMP should reconsider its choice of the DARE program that many evaluation studies have shown to be ineffective". Education on a subject as controversial as marijuana or drugs has to be collected from a wide range of sources, not just the law enforcement organization of Canada. Governments are forever concerned with the social implications of a policy. A policy that legalizes or legitimizes a drug will be of particular concern. But as of right now, the

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main social costs as a result of marijuana policy are not because it is a drug; they are because it is an illegal drug. This point is vitally important to the proceedings of marijuana legislation because it identifies that there is a problem with marijuana continuing to be classified as illegal. Globalization and the economy should tell us that it is advantageous to strike marijuana off the list of illegal drugs in Canada.

While there have been efforts to educate people, particularly teens, on the effects and dangers of marijuana it has not been sufficient. This program delivers only one side of the coin and presents false truths to a highly naive and impressionable group of people. It is important to be aware of the dangers and consequences of any substance, but it is inex-

cusable to treat people like children by trying to scare them away from the truths that remain cloaked behind what can only be called ignorance.

Marijuana legislation will be impossible in Canada if a number of different groups are not working together for progress. As we move along this road of progress, it appears that when marijuana policy enters government it will be at the provincial level. There is currently too much negative pressure on Ottawa from the US and the presence of a minority government for any legislation to move forward. The 2002 Senate Report has been helpful in deciphering some of the mysteries that surround the marijuana debate in Canada, and states that "Canadian society is ready for a responsible policy of

cannabis regulation". It is time to enter a new era of enlightenment, embrace drugs that heal, focus on education instead of enforcement and be optimistic, but realistic about current marijuana legislation.

i Stephen Brooks and Lydia Miljan. *Public Policy in Canada: An Introduction*. 4th edition. (Don Mills: Oxford University Press, 2003), p. 17.

ii Robert J. Jackson and Doreen Jackson. *Politics in Canada: Culture, Institutions, Behaviour and Public Policy*. 5th edition. (Toronto: Pearson Education Canada Inc, 2001), p. 581.

iii Health Canada. *Be Drug Wise*. March 2005. http://www.drugwise-droguesoifute.hc-sc.gc.ca/law-loi/marijuana_e.asp.

iv Brooks and Miljan. *Public Policy in Canada*, p. 34.

v Claude Nolin and Colin Kenny. *Cannabis: Our Position for a Canadian Public Policy*. September 2002. <http://www.parl.gc.ca/37/1/parlbus/commbus/senate/com-e/ille-e/rep-e/summary-e.htm>.

vi Nolin and Kenny. *Cannabis*. 2002. <http://www.parl.gc.ca/37/1/parlbus/commbus/senate/com-e/ille-e/rep-e/summary-e.htm>.

vii Nolin and Kenny. *Cannabis*. 2002. <http://www.parl.gc.ca/37/1/parlbus/commbus/senate/com-e/ille-e/rep-e/summary-e.htm>



Portrait of Homeland Insecurity



Marylyne Chamney

Author: Curt Robbins is a writer, freelance journalist, and medical marijuana advocate who lives in Northern Ohio with his wife and two children

Portrait of Homeland Insecurity: Marylyne Chamney

The medical marijuana movement is rife with examples of injustice, patient persecution, and indifference on the part of government and society in general. The story of Marylyne Chamney is, unfortunately, no exception.

In December of 1994, Chamney, then 30 years old, suffered her first grand mal seizure, forever changing her life and undeniably informing her and her family that she was now officially an epileptic. “You don’t know what it’s like to be blind until you’re blind,” Chamney said in a phone interview from her home. “I got epilepsy and wondered why people didn’t understand me.”

Negative Side Effects

In the tradition of western medicine, her diagnosis was followed by tests and treatment regimes prescribed by doctors, along with a barrage of pharmaceutical drugs. Drugs such as Dilantin and Tegretol carried severe side effects, most notably nausea and lost appetite.

These negative side effects resulted in the further deterioration of Chamney’s health. In only three months, her weight decreased from 130 to 65 pounds. The severe nausea caused by the synthetic drugs, that were supposed to increase her quality of life by preventing her seizures, was slowly starving her body of nutrition. Depression and double vision were among other side effects. Chamney was relegated to spending most of her time on the living room couch, often

continually sick for days at a time.

“Everything appeared to move up and down, like TV credits. I typically saw three things at a time,” she said. “The only way I could see clearly was by closing one eye. So, for about two years I went around with one eye closed,” she laughed.

Adding insult to injury, the seizures never abated. The drug treatments that carried such significant negative side effects also had relatively little efficacy, leaving Chamney depressed with hopelessness and pain.

Eight months after her first seizure, one of Chamney’s friends suggested she try cannabis as an alternative treatment. Her husband Stuart dipped into the black market and purchased a quarter ounce of an unknown strain. After two to three joints per day for about two days, Chamney’s appetite returned.

“I believe marijuana is a panacea,” she said. “It gave me my life back. I can’t describe how miserable I was on the pharmaceutical drugs alone.” Chamney has since been a regular medical marijuana user, regaining her weight and significantly decreasing her dependence on pharmaceutical drugs. She has also suffered far fewer seizures than when she was taking pharma drugs alone.

Despite the stigma, Chamney admitted to her doctor that she was taking cannabis to treat her condition. He consulted medical references that categorized marijuana as a muscle relaxant and anti-spasmodic. Noting that this was the perfect treatment for epilepsy, he endorsed her choice of medication, even requesting updates regarding its efficacy.

Chamney requires, on average, 35 grams (about 1.2 ounces) of cannabis per week. This amount allows her to smoke as she needs and use some for baking or tea (although it’s extremely rare that she has enough pot on hand for such non-smoking luxuries).

The realities of the black market economy soon impacted the Chamney family budget. Chamney’s daily cannabis consumption level cost the family, on average, a thousand dollars per month. Stuart was forced to begin working two jobs to cover the expense. Despite this effort, the financial burden of paying for black market medicine ultimately resulted in bankruptcy for her family.

Section 56 Exemption

In 2000, Chamney petitioned for and was eventually granted a Health Canada Section 56 exemption, including a Growing License. “When I saw that Terry Parker was making headway with epilepsy and that he got an exemption, I pursued one for myself,” she said. “I didn’t want to do anything illegal and jeopardize my daughter’s life. I had to make it legal, or else what would my daughter learn?”

Health Canada refused Chamney’s first two petitions. “With two doctor’s notes, they still refused me,” she said. “They claimed my doctors didn’t quite understand marijuana. My doctor had simply said that he was unaware of any conclusive studies proving its efficacy, but that he was willing to back me.” Despite her qualifications for Health Canada’s medical marijuana program, the Great White North’s federal health care system sat on Chamney’s request, forcing her to continue purchasing from the black market, thus prolonging her uncertainty and financial hardship.

Chamney became increasingly frustrated. “So I contacted a reporter at the Toronto Sun,” she said with a tone of revenge. “They ran a story and I got my exemption the day after the article appeared! So you have to make noise. Anyone wanting an exemption has to make noise! Go to the press. They’re powerful.”

The appearance of the Toronto Sun article, however, wasn’t completely positive. While Chamney gained her exemption, she didn’t anticipate the repercussions of friends, family, and neighbours learning of her dependency on cannabis. Chamney’s brother, a school teacher, and his wife strongly disapproved of her use of marijuana—even medicinally. As a result, they estranged themselves from her. “I lost a brother because his wife doesn’t approve of pot,” said Chamney. “I still feel like a criminal because of the stigma.”

The Invasion

Epilepsy, financial hardship, social stigma, and dependency on the black market proved to be relatively minor problems, compared to what came next for the Chamney family. On May 14, 2003, at about 3:30 a.m., just three days prior to their second home harvest, four men donning balaclavas and weapons broke into the Chamney home. The thieves’ goal was the capture of the family’s literally valuable-as-gold, but fully legal, medical marijuana plants.

One of the thieves chased Stuart across the street, swinging at him with a serrated butcher knife. When Stuart turned to face the criminal, he fled. Meanwhile, a second

Portrait of Homeland Insecurity

intruder confronted the Chamney's then 18-year-old daughter Andrea, pointing a 9 mm pistol in her face. A third thief threatened Chamney with another 9 mm. Her parents, who were living on the second floor of their house to assist with her illness, were also threatened with guns pointed in their faces.

As Chamney and her husband ran into the street, screaming for help and trying to catch the men, the criminals sped away in a van. Her mother helplessly looked on, as one of them stopped and slugged her daughter in the mouth. The injury resulted in the loss of several teeth and three root canals.

Stuart later discovered that the thieves left behind a duffel bag containing razor blades, duct tape, and garbage bags. "You can only imagine what they were going to use that stuff for, eh?," he said during a phone interview.

Police Response

"I think the police suspected us as much as the intruders," Stuart said. He described how he was viewed warily by the local police, as if "we had been the perpetrators instead of the victims." He also felt pressured to reveal fellow growers to the Mississauga police. Their questions probed him for information unrelated to the effort to catch the criminals responsible for the burglary.

Not satisfied with the lackadaisical response of the police, Stuart began his own research. He learned that, in 2001 Health Canada experienced its own break-in, suffer-

ing the theft of several exemptee records. This was followed by a small rash of home invasions and medical garden thefts throughout Canada. Unfortunately, the Chamney family victimization was not the first incident of an exemptee medical garden theft.

Aftermath

The negative repercussions of the invasion have been numerous. Chamney was traumatized to the point of developing agoraphobia (the fear of open or public places). She has left her home only half a dozen times in the two years since the invasion. "I'm afraid to go out, but I'm tired of staying here. It drives me nuts," she said. Daughter Andrea, suffers from acute anxiety and carries her mace in-hand when entering the home. Stuart, who once hoped that legally growing his family's own cannabis could wean them from the dangers and expense of the black market, works 80 hours per week to afford his wife's medicine. To escape the trauma of the event, Chamney's parents have moved to northern Ontario, several hours away. "I feel as if I've lost half my family just because marijuana helps my epilepsy more than anything else," she said.

The Chamney home invasion clearly illustrates the destructive effects of prohibition-induced black markets for cannabis. As a fully legal Health Canada exemptee with a Growing License, Chamney broke no laws and followed all Health Canada regulations regarding their medical garden.

The sad reality that victimizations of this type could be prevented by cannabis legalization is difficult to ignore. The fact that many who suffer from debilitating and terminal diseases are further persecuted by criminally controlled black markets and marginalized by government and police, is an embarrassment to all of society, prohibitionists and activists alike.





Author:
Michael Anderson

Global Hemp, The Power of the U.S.

Planet Earth is not what it was just twenty years ago, as global change has been brought on by the machines of industry and a general lack of respect for the delicate balance of our ecosystem. But there is hope. As one of Nature's most useful and durable fibers, hemp is an ecological solution for the manufacture of food and paper products, supplements, clothing, and construction materials. While the current legislation in the United States still denies its citizens the right to grow hemp, mounting support in recent years looks to reinstate hemp as our birthright. Right now we have the opportunity in the US to welcome hemp as an industrial solution for a healthy planet.

Hemp has a long history of usefulness. It is only in the last fifty years that misconceptions and prohibitions have been taken against the cultivation of hemp. Misconceptions backed by corporate campaigns to help steer industry toward timber harvest and cotton production, have left an entire country with little alternative. But the truth is that wood processing requires expensive, patented chemical formulas to break-down the pulp into finer fibers for use in paper products, cotton also requires nearly half of all pesticides and herbicides used in the US to optimize cotton yields. These patented formulas command corporate profits in the hundreds of millions of dollars, which makes it easy to understand why a few corporations may have used fear propaganda to obtain hemp prohibition in the US marketplace.

The opposing stance that the US has taken against hemp production has not deterred the progressive position that Canada has opted for in regards to the cultivation of hemp. Canada has wisely come to recognize that just one acre of hemp provides the same amount of pulping material grown in four acres of trees. Additionally, it may take up to 40 years for those four acres of trees to mature while hemp is ready for harvest after one season. Relying on hemp for many of our paper needs would allow for our rich heritage of Native Forests to remain for future generations. But best of all, hemp paper processing mills do not require chlorine or other harsh chemicals that can end up in rivers, streams or the local water supply. With an ever-increasing global population it becomes even more imperative that the US reconcile outdated policy and move forward by choosing sustainable resources like hemp for clothes, paper, building materials and food production.

One aspect of consideration for the

modern-day cultivation of hemp is Transitional-Organic farming. Hemp has a natural resistance to infestation and is attractive to beneficial insects. Additionally, hemp is an ideal crop to replenish the soil matrix, due to the nature of its vigorous root stalk. As the world has begun a full-circle pattern back to organic agriculture, hemp is ideally suited for Transitional-Organic farms because the onslaught of harmful insects can be initially overwhelming when previous pesticides and spray applications are withheld. Given an environment to thrive in, beneficial insects can do a far more effective job than any spray program and save our bodies from thousands of toxic chemicals in the foods we eat, water we drink, and ultimately the air we breathe. Ultimately, by implementing hemp production as a substitute for traditional cotton, we can encourage a much healthier environment for people and the planet.

As we consider the environment, hemp is clearly a much more natural alternative to wood or cotton products, but it is also an ideal building material and clothing fiber. One study done by Washington State University, notes that hemp can be used as a particle board, bearing the strength of up to two times that of plywood. Also, traditional cotton production yield requires a two-thirds cup of pesticides per tee-shirt. Hemp requires little to no herbicides and pesticides while the additional strength of hemp fiber gives it a strength and life three to four times that of a cotton tee-shirt. Furthermore, hemp is a fiber that actually softens with wear for an increasingly comfortable garment. Fibers and materials are not the only uses for hemp.

Due to the nature of its high Omega content and Essential Fatty Acids, hempseed oil is also ideally suited for skin problems like dry, scaling, or cracking skin. Hempseed oil has been shown to reduce the visual effects of aging skin and to be a natural broad spectrum UV skin protector. Hempseed oil is also an excellent carrier agent for therapeutic herbal extracts in hemp-based body care products, because it is readily absorbed by the skin.

Vancouver, BC based Surf Products has even been successful treating

extreme skin care cases of eczema and psoriasis, as hempseed oil is rapidly becoming the key ingredient for the best natural skin care products in the world.

Hemp agriculture for food production can also provide numerous nutritional and health benefits. Hempseed oil is rich in Omega-3 and Omega-6, with an Omega composition ideally balanced for the human body. Hempseed is over forty percent fat and thirty percent protein, while hemp fiber is also high in protein content making it an ideal protein supplement for vegetarian and vegan lifestyles that often rely heavily on soy-based products. Also due to the high Omega-3 content that is rarely found in the plant kingdom, hempseed serves as a viable option to fish oils that have recently shown high concentrations of environmental toxins. By choosing more plants from which to derive our fat content, we can much more readily accommodate the population demands for a food source of proteins and essential fatty acids.

A great example for meeting the demands of an increasing global population is in food production. Just two acres of land for livestock can feed 5 cattle and a mere 15 people for one year. That same two acres used for plant production can provide nearly 200 vegetarians with a full spectrum of vitamins and minerals from plants, including the essential fatty acids found in hempseed oil. As world reports indicate, global grain storage could reach an all-time low this year due to increasing global temperature and lowering water tables. Thankfully, hemp has a deep root stalk which allows it to access deeper nutrient sources and moisture while being capable of inhabiting a diverse range of climates. Hemp could soon be a welcome addition to grain for combating world hunger.

If plant-derived sources for fat and protein become more main-stream in the world diet, hundreds of thousands of acres in

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Global Hemp, The Power of the U.S.

the Amazon Basin could be preserved. In the time it takes to read this article 270 acres of rainforest will be lost at the rate of 1.5 acres per second and fifty thousand species per year. The majority of this acreage is slashed and burned for expanding pasture that provides cheap beef to the American Fast Food Industry. Toxic waste from pasture runoff is also highly detrimental to rainforests and the inhabitants of our fresh waterways such as wild fowl, freshwater fish, and spawning salmon. According to the Environmental Protection Agency, livestock waste has polluted nearly 35,000 miles of rivers in 22 states.

Ultimately this waste combines with agricultural pesticides and eventually feeds into our shorelines changing the PH of the coastal water. This slight change in PH is acidic

One study done by Washington State University, notes that hemp can be used as a particle board, bearing the strength of up to two times that of plywood.

enough to have begun eroding our coral reefs. Several leading scientists predict that many of the world's reefs may be lost by 2030 if we don't protect them now. The Amazon Rainforest alone is responsible for eighty-five percent of the world's fresh water supply and home to the highest diversity of plants available for medicinal use. The preservation of rainforest, along with fresh water supply and biodiversity, makes for a cleaner and healthier planet for all of us. Promoting protein and essential fatty acids of plant origin is one clear way to help save the Amazon Rainforest, and hemp is highly suitable for that very purpose.

It is interesting to note that the THC content of industrial hemp is a negligible .03% and the US has already approved the use of hemp in everything from skin care products to the foods we eat. As citizens we already have the right to import these products from other countries but it is illegal to grow. The shipping cost of importing hemp only serves to drive up the price of hemp goods for US consumers and gives foreign markets an unfair advantage. If it is perfectly legal to buy, sell, and use hemp products,

then there is no reason US farmers should be denied the freedom to grow as well. Industrial hemp could provide a viable source of income for many struggling farmers in the US, especially given the many uses to which hemp production can be applied.

The economic implications for a hemp industry in the US speak for themselves. Already Europe and Canada have realized substantial economic opportunity with hemp as well as over 30 other industrialized nations throughout the world. Legislation has been introduced in several states including the recent addition of California and trials underway in Hawaii. Every effort we make to advance awareness and commercial applications for hemp is a step in the right direction.

In a capitalist society, money is power. If we ever want to see hemp production as a reality for the US economy, we need to view hemp as a viable alternative in the goods we already purchase. The best way to vote hemp is to align your money with eco-friendly businesses that have a mind for the planet while considering the true cost extolled on the planet over the price tag on the shelf. From the supermarket to your investment portfolio, every eco-conscious decision we make is amplified by the power of US.



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A day in the life of two medical cannabis users



Russell & Christine Barth

Christine and I awoke on Friday the 22nd of April with several plans. The first was to find out about our medical marijuana licenses. I called the Office of Cannabis Medical Access at 9:05, to ask about my license application and Christine's renewal. She already has a license for pot, to treat her epilepsy and post traumatic stress disorder (among other things).

I explained that Christine's license comes up for renewal on Apr. 30. She sent her papers in months ago, and we got confirmation from the office that they were received, but we don't know when it is supposed to arrive. I sent mine a while back, and have heard there was some kind of delay. I called on Monday and got no call back as promised. If Christine's papers are not here before her license expires, we could have some serious legal problems. The lady at the call center was nice as always and politely said that she would put "urgent" on the message.

We ate, Christine medicated, I got into my mechanical wheelchair, and at 11:00, we headed off to our appointments at the physiotherapist, where we have an appointment for a free trial assessment at our clinic.

As is typical with my fibromyalgia, I could not get comfortable enough to really benefit from this, my second physiotherapy session. Lying face down hurt, sitting up hurt, reclining, lying on my back.... I immediately started to sink into a depression. I couldn't even get comfortable for something that is supposed to help relax me!

"She uses it as medicine and has a license."

or exercise, puts the pain over the top into the "unmanageable" category.

The therapist recommended two things as options to discuss with my doctor. The first is a hard core opiate, a patch drug called Duragesic. <http://www.duragesic.com/>. Since I have had numerous problems with either high tolerance, or complete intolerance with prescription drugs, I was less than thrilled with her suggestion.

The other thing she recommended was a TENS unit to zap my muscles into compliance. <http://www.tensunit.com/>. This small machine stimulates the nervous system with electric pain, so that the nerves do not register regular or acute pain in quite the same way afterwards. I could not help but wonder, "What are the dangers of electrocuting myself with this thing?"

I left the clinic in a foul mood, having been told that I need a special, industrial strength painkiller patch, and a futuristic electrical appliance to manage my pain. This struck me as both frightening and absurd,

and added to my OCMA experiences that morning, I was really in a bad mood by this point.

I really hate the idea of using pharmaceutical drugs, and like the idea of being turned into a drugged-out cyborg even less. Terrible, extreme, self-destructive thoughts entered my mind at this point. The specters of past battles with alcohol, codeine, morphine, tranquilizers, and hypnotics reared their ugly heads. My urge was to succumb to these demons.

We tried to cheer ourselves up by going to the bookstore, and then to look at puppies. I broke down in tears many times. We eventually made it back to the bus stop, to head home. Several busses were packed too tightly

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A day in the life of two medical cannabis users

to accommodate a wheelchair, so I had to wait. I was tired of being in the chair. I needed rest, solace, sanctuary.

We finally got a bus to the train station, and Christine had to run several meters to catch the train, as I zipped along behind her in my chair. We rode for several stops, and Christine patted me on the knee and smiled and called me sweet names to cheer me up.

Just as we left the final station before our stop, Christine went into a Grand Mal seizure, the first since March 11. In hind-

sight, she hadn't had meds in hours, was probably a bit hungry, she hadn't slept much the night before (as usual), was just running 15 minutes ago, and also suffers from social anxiety, so being in the mall and in public in general usually gets her a bit worked up. This shouldn't have necessarily resulted in a seizure, but we still have no pattern to watch for. Seizures just happen. Spending time with an epileptic is much like hanging around with someone who has a time-bomb strapped to their body.... or an unusually high propen-

sity for being struck by lightning or hit by falling meteors.

Usually she has the big seizures in the morning, or on the toilet, but this one came out of nowhere. A full-on, Purple-Faced Tooth Cracker. Convulsions, power-drooling, the whole show.

So, I am calm as I can be, but our understanding is that any seizure could be the last. Epileptics often die from stroke, heart attacks, aneurisms, or secondary injuries caused by the seizure. Even at young ages. I

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A day in the life of two medical cannabis users

rose from my wheelchair to try to help keep Christine from bashing her head on the window, and keep her in her seat. "She is having an epileptic seizure. A little help here, people?" I ask to anyone on the train, and a bunch of people began to help out. Calm as a pond, actually. I was very surprised.

One lady, in her 20's asked calmly "Should I call 911? I have a phone." "No," I told her. "We just need to get her to the bench at the next station and get a joint into her."

Puzzled looks all around. "Marijuana ..." I said. "She uses it as medicine and has a license." Calm, non-judgmental nods of understanding.

I instructed people quickly on what to do when we arrived at the station, in between jostling and jiggling Christine to stimulate her breathing. "C'mon, man ... breathe!" I say to her quietly. By this point, about 90 seconds has passed, and still no breathing. Then she started to breathe, tried to stand up, wild-eyed, and flailing about (right on schedule). Then went limp again, and stopped breathing.

We arrived at the station, and two hefty college-aged boys carried Christine's unconscious body about 40 feet from the train to the platform. She dozed and mumbled and groaned for another 20 minutes. I was really surprised. No one even batted an eye. It was like she had fainted or something. I always

expected that people would freak out and start jamming spoons and wallets into her mouth, or stand there and do nothing. But everyone was eerily calm.

The train driver asked me six times if I needed an ambulance, and I had to explain my life story to him to prevent it. Waking up with me in a strange place would be easier for Christine to deal with than waking up in an ambulance or ER. More than one trip to the hospital had confirmed that for me in the past.

After a few minutes, we were completely alone on the platform, and a three quarter mile walk from home. I eventually got some meds into Christine on the platform, and after 30-40 minutes of circular nonsensical conversation (standard for a post-seizure episode)... we were able to head for home.

It took a while to get home because Christine was in pain from the convulsions, and dazed from the hardware "reboot" in her brain. I held her hand the whole way, a slow walk.

Halfway back, I asked "How you feeling?" "Not bad," she groaned. "Sore and tired for some reason." "You had a seizure on the train." I told her for, the fourth time that hour.

An expression of complete surprise and shock erupted on her face. "I what!?"

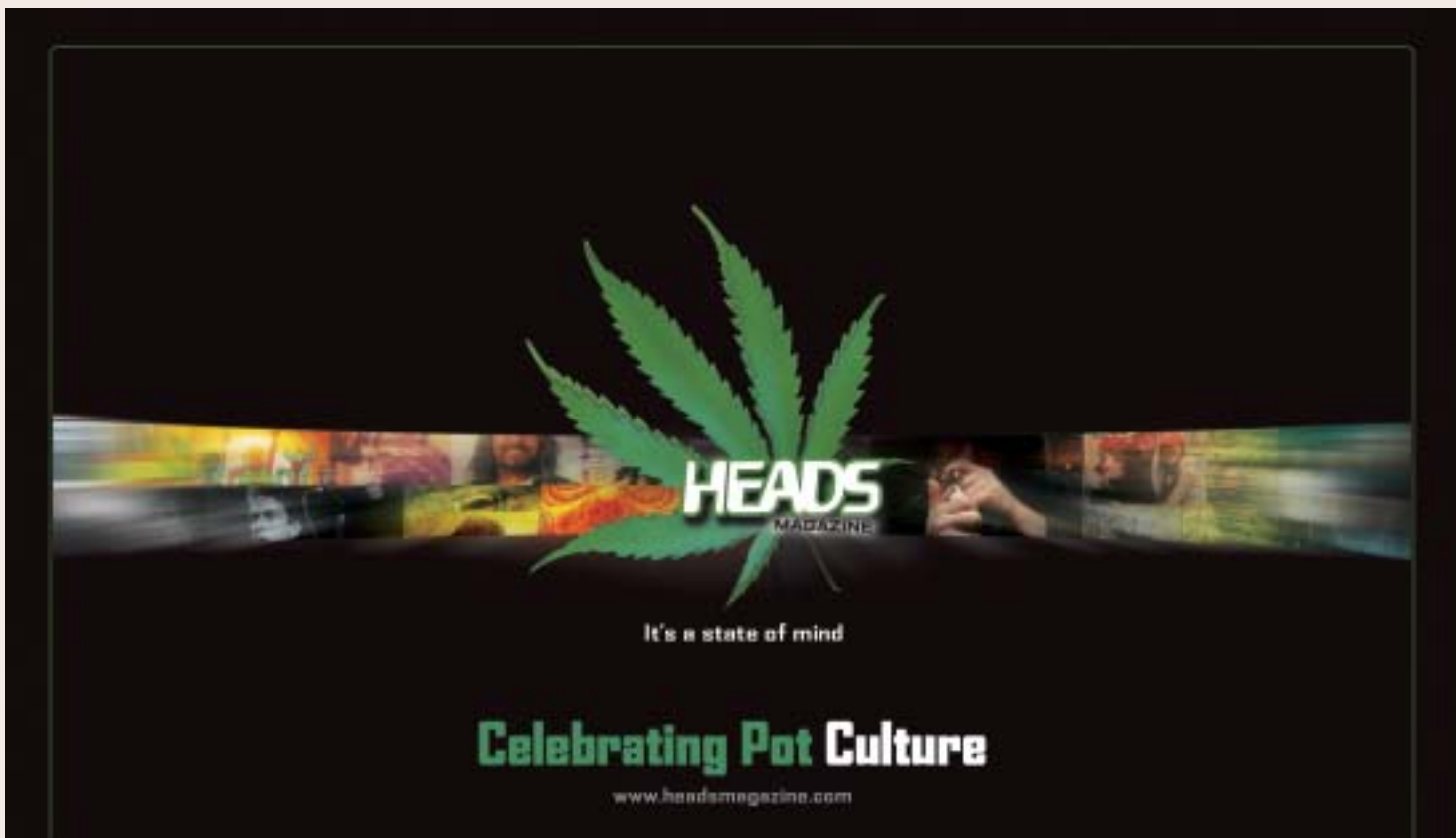
She sat on the grass and smoked another joint while I explained the whole story one more time. She was bewildered and overly-apologetic.

We finally got home and checked the phone messages. The delightful Cheryl Anderson from the OCMA had left a message to the effect that both my and Christine's licenses will be in our hands before April 30th. That was some good news, perfectly timed on a day when I was thinking of going noose-shopping.

The next phase is supply. A license doesn't really help a lot with that, even if you have a license to grow. As we are disabled and on a provincial pension, the Ontario government will pay thousands every year in painkillers, tranquilizers, anticonvulsants, and antidepressants for either one of us, but still won't give us an extra penny for the one and only medication that helps us.

Christine slept for 14 hrs that night, and still felt wrung out like a towel 4 days later. Par for the course.

Fun, huh? Many people think that if you are a medical pot user, and you have a license, all your problems are solved! Tell me how, again, please?



Casualties of Prohibition



Glenbow Archives NA-3537-1
 Constable S.O. Lawson: Photo courtesy of Cannabis Culture Magazine

Author, David Malmo Levine, started publicly defying the pot laws in Edmonton in 1993. He was charged for dealing the herb in public in 1996 and then went on to represent himself in the Supreme Court of Canada, arguing the pot dealing laws were unconstitutional, violating both Sec. 7 and Sec. 15. He lost his argument,

but the Judges agreed that cannabis use was not inherently harmful. He has a regular show on Pot TV called "High Society": www.pot-tv.net and he recently opened up the Vancouver School of Drugwar History and Organic Cultivation. Drug War History Walking Tour starts every Tuesday and Sunday at 3PM from Victory Square (Cambie and Hastings), Vancouver, BC Canada or by appointment: 604-682-0039

Did the shooting of Constable S.O. Lawson end alcohol prohibition in Alberta? Some historians seem to think so.

"During the early years of alcohol prohibition, it was argued that all that was wrong was lack of effective law enforcement. So enforcement budgets were increased, more prohibition agents were hired, arrests were facilitated by giving agents more power, penalties were escalated. Prohibition still didn't work.

The United States thus learned its lesson with respect to alcohol. Since alcohol is treated as a non drug, however, the relevance of the lesson to other drug prohibitions has been overlooked." (Consumer's Union Report: Licit & Illicit Drugs, 1972, p.266)

Between 1915 and 1917, Alberta, Saskatchewan and Manitoba all passed alcohol prohibition laws through public plebiscites. Canadian alcohol prohibition went National in 1918 as part of the war effort, but by the end of 1919 Prime Minister

Mackenzie King gave the power to regulate or prohibit back to the provinces.

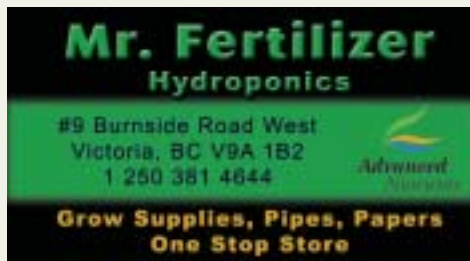
In 1920, the US began its own 13 year experiment with a national prohibition law. This move gave a boost to the "Dry Vote" in Canada. Despite BC wisely opting for regulated sales, Alberta, Saskatchewan and Manitoba once again ratified alcohol prohibition. Then, suddenly, in 1922 the tide began to turn.

During the late fall and early winter of 1922, a petition was circulated by Alberta's Hotelmen's association, pleading for government control of the liquor trade and the return of licensed parlors and bars. It contained 51,000 names.

A third alcohol plebiscite was set by Alberta premier Greenfield, March 9th, 1923, the day after he received confirmation that the Hotelmen's petition was legitimate and in order. Manitoba set a date in June for their third plebiscite and Alberta's followed in November. This time the Wets won. Their victory soon echoed in Saskatchewan in 1924.

What happened at the end of 1922 to turn people's attitudes around so quickly, despite the US going the other direction, getting the public to vote "Wet"? The answer, surprisingly enough, may have been the shooting death of Constable Steven Lawson of the Alberta Provincial Police.

Born in England in 1880, Steven O. Lawson came to Canada in 1903, and went west in the spring of 1904. After trying his hand at ranching, he joined the Macleod police on May 7th, 1907, where he later became chief of police. At the outbreak of war, he enlisted and served overseas. On his discharge, he became police chief of Fernie in 1920 and served with that force until his enlistment in the Alberta Provincial Police on March 12th, 1922.



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Casualties of Prohibition

He was stationed at Coleman, a little mining town west of Blairmore that straddled the main highway used by rum runners. He was added to the APP as one of fifty men specifically placed to suppress the liquor traffic.

As the story goes, on September 21, 1922, Lawson and his partner received a tip from a stool-pigeon that a popular rum-runner named Emilio Picariello, AKA "Mr. Pick", was going to Fernie for a load of liquor. Another anonymous tip let the APP know

that Pick was returning with his load. Constable Lawson observed Pick and his crew going both directions. With Pick was his mechanic and his son. When they arrived at their hotel, some APP officers were waiting in ambush. The moment Pick was served with a search warrant; he sounded his horn and was off with his crew to go back across the BC border. Waiting in the middle of the road was Constable Lawson.

Pick's son refused to stop for Lawson, so the Constable shot him in the hand. Later that evening, Pick's son was arrested and held prisoner. Pick and Florence Lassandro, the wife of an associate, went to confront Lawson. They drove up to the police barracks in Coleman, and Steven Lawson approached them in their car. According to Lassandro's statement to the court, an argument ensued, which turned into a fight. Pick insisted that Lawson was going to accompany him to retrieve his son from jail. Lawson refused, claiming not to know where the boy was. Pick seized Lawson's gun in order to enforce his command. Lawson resisted. The gun went off several times. Lassandro panicked and shot Lawson. He died a few minutes later.

Emilio Picariello and Florence Lassandro were tried, found guilty and executed on May 3rd, 1923. Florence Lassandro was the first and only woman to be executed in Alberta.

A day before they died, another policeman died enforcing alcohol prohibition laws. Constable Charles M. Paris hopped onto the running board of a high-powered McLaughlin roadster, only to have the roadster smash into a wooden fence. Constable Paris was killed instantly.

At least 250 people died either enforcing or evading the prohibition laws from 1915 to 1933. Awareness regarding this prohibition-related violence, combined with the "Moderationist" movement and certain economic arguments, ensured alcohol prohibition's loss of public support. According to one historian, "This case was highly publicized and instrumental in bringing an end to the eight years of prohibition in Alberta." (1)

According to another, "It is entirely possible that many persons, appalled by the tragedy and the violence that seemed to accompany all efforts to enforce Prohibition, both in the United States and Canada, will-

ingly signed the petition in order to prevent more disorder and breaking of laws." (2)

After the shooting deaths of four Mounties in Alberta on March 3rd, 2005 (6), much of the mainstream press jumped on the fact that the gunman was growing pot plants. The media initially ignored the fact that the gunman was being investigated over stolen car parts, not pot plants, and that he was a convicted child molester who served just two and a half years in jail. (3) Had our society taken molestation more seriously and pot gardening less seriously, he might have still been in custody.

The media also missed the lesson of alcohol prohibition, going as far as putting it in quotation marks when cannabis activist's referred to it, as if to say the connection was suspect. When one newspaper listed Lawson's name as one of the dead Alberta police of yesteryear, they didn't even mention he died enforcing alcohol prohibition laws. (4)

It is a mistake to argue that activists are exploiting the tragedy of dead police by using such an occasion to call for an end to prohibition. It is neither "shameful" nor "disrespectful" to try and avert further tragedy by drawing lessons from history. (5)

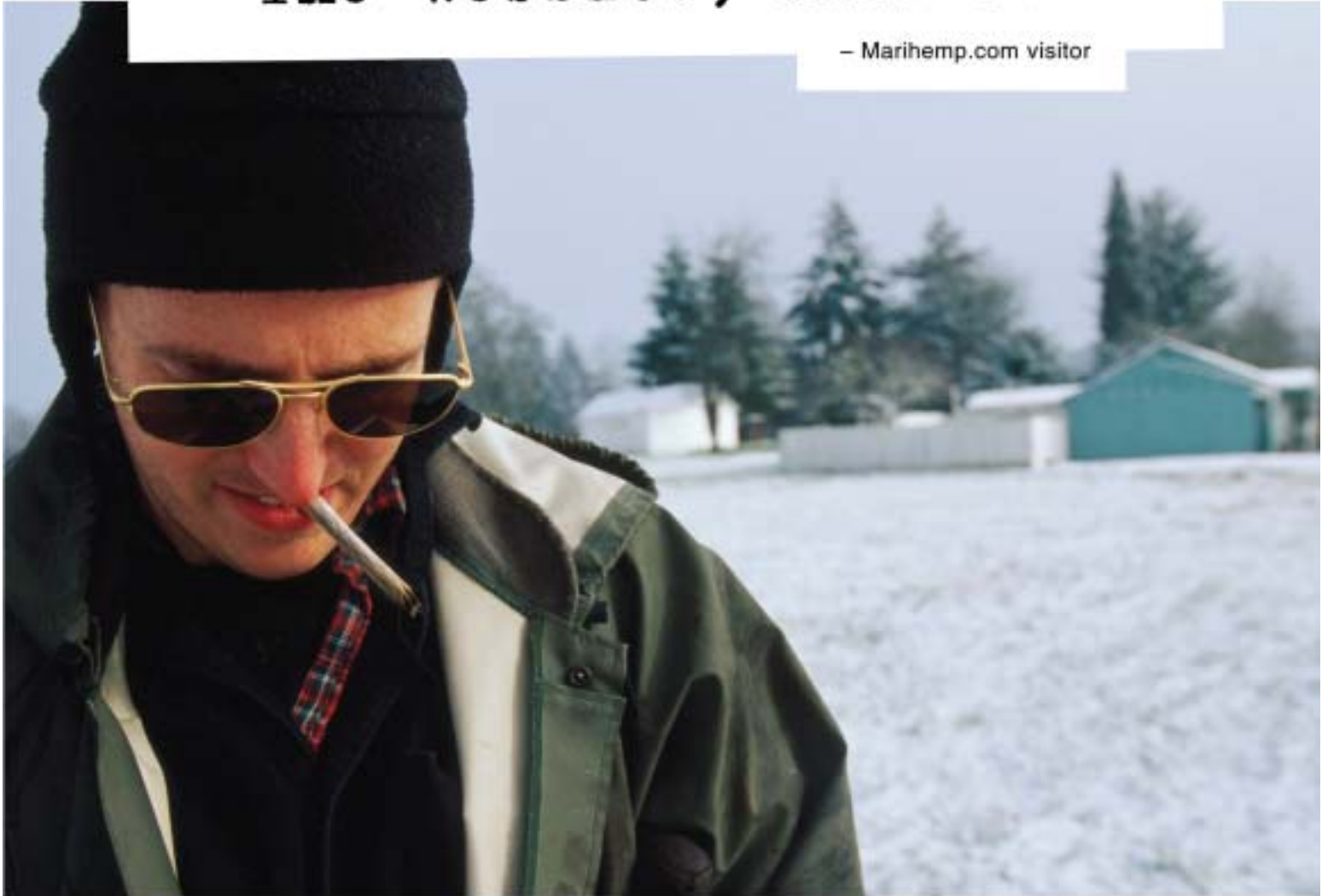
If history has a lesson, it is that such tragedies are often the shocking incidents required for the public to get over its paternalistic morality and wake up to the reality of prohibition-related violence and of the price of trying to control the private behavior of others, a pointless sacrifice of the lives of those who we rely on for our security.

(1) www.rootsweb.com/~canab/albertansp.html
www.rootsweb.com/%7Ecanab/albertansp.html (2) Frank Anderson, "The Rum Runners", Lone Pine publishing, 1991., p.59 (3) www.macleans.ca/topstories/news/shownews.jsp?content= n0307113A
 (4) www.canoe.ca/newsstand/edmontonsun/news/2005/03/04/949834-sun.html (5) www.canoe.ca/newsstand/londonfreepress/news/2005/03/08/953482-sun.html (6) <http://www.cbc.ca/story/canada/national/2005/03/03/alberta-shooting050303.html>
 Constable Lawson www.albertasource.ca/lawcases/criminal/emperorpic/people_lawson.htm

Book list – Frank Anderson, "the rum Runners", Lone Pine publishing, 1991 /James Gray, "Booze", Alger Press, 1972/Eric Newsome, "Pass the Bottle", Orca Book publishers, 1995 neil boyd, "High Society", Key Porter Books, 1991

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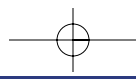
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