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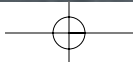
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THE WORLD

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CONFERENCE LISTINGS

Source: Hempology 101

February 5, 2006, Victoria, BC, Canada, "7th Annual Cannabis Convention"
 Speakers include: Marc Emery (Cannabis Culture, POT TV), Renee Boje, US refugee,
 Joanna McKee (Seattle Green Cross) and many more.
 Sponsored by: The International Hempology 101 Society.
 For more info visit: hempology.com or phone 250-381-4220

Source: DRCnet.org

January 13-15, 2006, Basel, Switzerland, "Problem Child and Wonder Drug:
 International Symposium on the occasion of the 100th Birthday of
 Albert Hofmann." Sponsored by the Gaia Media Foundation, visit
<http://www.lsd.info> for further information.

February 9-11, 2006, Tasmania, Australia, The Eleventh International Conference
 on Penal Abolition (ICOPA), coordinated by Justice Action. For further
 information visit http://www.justiceaction.org.au/ICOPA/ndx_icopa.html
 or contact + 612-9660 9111 or ja@justiceaction.org.au.

April 5-8, 2006, Santa Barbara, CA, Fourth National Clinical Conference
 on Cannabis Therapeutics. Sponsored by Patients Out of Time, details
 to be announced, visit <http://www.medicalcannabis.com> for updates.

April 30-May 4, 2006, Vancouver, BC, Canada, "17th International Conference
 on the Reduction of Drug Related Harm," annual conference of the
 International Harm Reduction Association.
 Visit <http://www.harmreduction2006.ca> for further information.

Listings from Jan 13 – Apr 30 were taken from:

<http://stopthedrugwar.org/chronicle/405/calendar.shtml> Retrieval date: Sept30/05
 StoptheDrugWar.org: the Drug Reform Coordination Network, P.O. Box 18402,
 Washington, DC 20036, (202) 293-8340 (voice), (202) 293-8344 (fax),
 e-mail drcnet@drcnet.org.

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OOPS!

It has been brought to our attention there were some errors on the advertisers listing page in our last issue. We apologize to any who may have been inadvertently omitted or had a misspelling in their listing.

Cannabis Health journal

Truth motivated and submission driven, Cannabis Health prints your voices, opinions and the facts, bringing the truth to light.

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2003 Grand Forks Chamber of Commerce Out of the Box Award

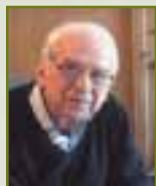


Silver Award "Issue 7"



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. These experts 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 an upcoming issue.



DR. LESTER GRINSPOON, MD

Question:

I had been taking a drug called Zoloft for the past year. However, it made me sleepy all the time. For the past three months I have been smoking a little cannabis and realized it works for me. How can I tell my psych. that I want to switch to marijuana? Do I even have the right to ask? Please advise. Thanks.

Answer:

Cannabis first appeared in the Western medical literature as a suggested treatment for depression in the middle of the 19th century. Over the next hundred years medical papers supported and disputed the utility of marijuana in the treatment of depression. Today, among the minority of depressed patients who do not respond to any of the standard antidepressants or who find the side effects unbearable, some have discovered that cannabis is more useful than any legal drug, including Selective Serotonin Reuptake Inhibitors (SSRI's) like Zoloft. It is important that you share this experience with your psychiatrist; you may find that he, like me, has already learned from

other patients about this "new" psychopharmacological approach to some clinical depressions.

Question:

Does cannabis have any effect on IBS (Irritable Bowl Syndrome) I heard it may help? Thank you

Answer:

The irritable bowel syndrome (IBS) is the most common gastrointestinal disorder in clinical practice. The predominant symptoms are intermittent constipation and/or watery diarrhea. The patients who report that marijuana is helpful in the symptomatic treatment of this disorder, I suspect, are those who suffer from the less frequent intermittent crampy lower abdominal pain. In any event, its usefulness in IBS is not as compelling as it is for the much rarer recurrent inflammatory disease of the digestive track, Crohn's disease, the symptoms of which include cramps, nausea and vomiting, diarrhea, rectal bleeding, and loss of appetite and weight. Many people who suffer from this bowel inflammatory disorder use marijuana with results which are frequently dramatic.



HILARY BLACK

Question:

I have a severe case of fibromyalgia. My doctor (gp) will not sign the appropriate paper work to allow me to buy marijuana for medicinal purposes. The same goes for the doctor at the pain clinic I go to every 3 weeks for nerve block injections. (42 injections between my neck and lower back) Could you please inform me on what my options are, without disturbing my doctors who do not believe marijuana is helping me deal with this horribly painful disease? Steve.

Answer:

It is so unfortunate that you are having trouble finding a doctor that is willing to authorize you to legally access cannabis in order to manage your symptoms. Many patients are experiencing this challenge. It is essential to provide your doctors with the current clinical data on the safety and efficacy of the medical use of marijuana. There appears to be some compelling data on the effectiveness of cannabis and cannabinoids for the management of chronic pain. The Medical

Marijuana Information Resource Centre (MMIRC) website has a few studies listed in the Pain section under the Therapeutic Uses. I suggest you print and/or refer your physician to this section, and its' references.

If the physicians you are seeing have concerns about safety of smoked cannabis, I recommend you present the emerging data that appears to suggest that smoked cannabis may be relatively safe in respect to cancer risk. One recent study that addresses this issue is also available on the MMIRC website.

Many physicians are concerned about liability. The Canadian Medical Protective Agency (CMPA), the organization that insures Canadian doctors, has developed a Release Form for Medical Practitioners. This form is intended for the patient to take full responsibility for any risks associated with the use of medical marijuana. This form is accessible at the MMIRC website; you may want to print and take it to your physician as well. Good Luck.

www.medicalmarijuanainformation.com

THE EXPERTS



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. Among many other achievements, he has authored 10 books and more than 170 journal articles and book chapters.



Alan Young, Barrister and Solicitor, Professor of Law

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.



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.



Hilary Black

Ms. Black is a medicinal cannabis advocate & educator, having presented this issue to a wide range of audiences. She is also the founder and a past director of Canada's first and largest organization of medicinal cannabis advocacy, The British Columbia Compassion Club Society.



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.

Disclaimer: A notice of compliance has not been issued under the Food and Drug Regulations concerning the safety, effectiveness and risks of marijuana as a drug. Advice from these experts should not be construed as offering professional medical advice to patients. Decisions about medical treatment are made by you and your Health Care Professional. These experts are not recommending that anyone engage in any activity that might violate the laws of the province, state or country in which he or she lives.

Please send your questions to askanexpert@cannabishhealth.com or mail to Ask An Expert c/o Cannabis Health, Box 1481, Grand Forks, BC, Canada V0H 1H0
Ask An Expert has been made possible by the Medical Marijuana Information Resource Centre, which is supported by Cannabis Resource Therapeutics, Inc.

The Home Team



Barb St. Jean:
Executive Editor

Ethics; that branch of philosophy which studies the principles of right or wrong in human conduct. Webster's Dictionary

Our journal has primarily focused on the medical and ethical issues surrounding the use of cannabis for almost 4 years. We have seen an evolution; the use of cannabis for medical purposes is now widely accepted by over 90% of the general public. The City of Vancouver in their draft plan "Preventing Harm from Psychoactive Substance Use and the Health Officers Council of BC in their discussion paper "A Public Health Approach to Drug Control in Canada" have proposed revolutionary drug policy reforms which would include the development of a regulated marijuana industry.

As wonderful as it is to finally see progress in our social ethical evolution, we still, unbelievably, are experiencing a lack of support from the mainstream not-for-profit and for-profit segments of the supposedly "socially or ethically conscious" business communities.

One abstinence-based recovery facility would not even discuss the topic and said; "Our Board of Directors has no comment on current legal issues regarding cannabis". I find this extremely disturbing, how can an addiction recovery facility have no comment about a substance that's on their list of drugs of abuse? Another high profile Ontario Foundation who is an agency of the Ministry of Culture and receives annually \$100 million of government funding through the charity casino initiative, said; "As we are an agency, we do not conduct advocacy activities". Better yet, one boss of a large socially responsible Canadian company stated, "I happen to suffer from severe back pain with muscle spasms. There is only one thing I have found to subdue the pain and relax my muscles. So like I said, I would love to be a part of it, but our board of directors would never go for it". Hypocrisy at it finest!

Not in our budget, too hot an issue, no

comment, in my opinion, it is just plain wrong. We founded Cannabis Health with the hope that as the government and the general public's opinion changed so would the rest of the business community. It's happening on one side but not the other... This journal has become more than just a cannabis magazine it's about caring for people who have no where else to go.

We don't advocate drug use of any kind, but believe people should be supported if they personally choose to use cannabis as a harm reduction or health related option. We don't believe people should be criminalized for using a drug that helps them. It's not their fault that the current drug policies still classify this drug as "illegal" while at the same time the patient takes a suitcase full of pharmaceuticals daily so they can live.

Maybe it's time "we the people" use our voices to put pressure on these "socially or ethically conscious" organizations - names can be released - boycott anyone?

Barb St. Jean



Brian McAndrew:
Art Director/Production Manager

The Dangers of Marijuana. 'A Childs Garden of Grass' chapter 13, sums it all up in one statement, on one page - "Getting Busted".

If this is really true, then the reason for that "DANGER" of being busted, is because of a "socially projected perceived danger". Freedom of Choice is dangerous and considered anarchy to a system built on control and limitation of personal choice. It has been the history of our culture to judge many freedoms and so reinforce that view with a system we affectionately call "the propaganda machine". A system that is so good, it buries the evidence of even the anti cancerous properties of cannabis, still saying "there is no medical value" using even the sick and dieing as canon fodder in its' insane war on this helpful plant.

The only way that this system can exist and maintain unhealthy control over this

plant is for good people to do nothing.

Cannabis Health, a small group of dedicated patients, has been doing something for more than 3 years now and we are asking you to now be one of the "good people/businesses" that take a stand and support us with a subscription, an ad, donation, or sponsorship.

There are no good excuses, so do it now.

An anonymous quote: "The only thing that evil needs to grow in this world, is for good men to do nothing."



Lorraine Langis:
Senior Editor

Cannabis Health Journal has been around for a little over three years. What

started out as a dream has become a reality.

We are a dedicated group of five (yes, five) individuals (three of whom are disabled) putting in a great many hours because we believe what we are doing to be right. We realized this would not be an easy road, but we chose it anyway.

We have now come to a crossroads and we are broadening our horizons. There is a whole world out there we have yet to explore. In the next year, we'll be implementing some changes in the Journal. We think you'll be pleasantly surprised. Watch for upcoming articles on a variety of differ-

ent subjects, many of which we have not yet touched upon.

When you get down to brass tacks, the Journal is about freedom. The freedom to choose, the freedom to live life to it's fullest without being stigmatized or marginalized for those choices. This belief is foremost in our minds as we move forward. As always, your comments and questions are welcome, if you have a particular subject you'd like to see us cover send an email or give us a call. We are, after all, your voice.





by Peter Webster

Peter Webster is a long-time independent psychedelic researcher and writer. Many of his written works and editing skills can be found in the International Journal of Drug Policy and the Journal of Cannabis Therapeutics. He is probably best known for his world renowned creation of the Psychedelic Library (www.psychedelic-library.org) Mr. Webster will be speaking, January 13-15, 2006, in Basel, Switzerland, at the "Problem Child and Wonder Drug: International Symposium on the occasion of the 100th Birthday of Albert Hofmann."

One of the more remarkable effects noticed in the state of consciousness brought on by marijuana use is a greatly enhanced appreciation of music. The effect seems to be almost universal, and does not seem to fade with experience in the use of marijuana as do certain other effects typically noticed by novice users. Curiously, such perception of enhancement does not seem to make excessive demands that the music to be appreciated be good, bad, or indifferent, although many persons originally interested only in pop music, for example, have suddenly found during a marijuana session that more "serious" music has quite unexpectedly become interesting in a way both surprising and profound. Conversely, a few who had previously rejected pop music as crude and trivial have come to appreciate it more through marijuana consciousness.

The resulting musical empathy is also quite durable, not requiring further marijuana sessions for its (at least partial) preservation, and so the net effect seems to be one of "opening up" a person to something he had merely ignored or overlooked. The enhanced appreciation is thus legitimized as something essential and "real" and not merely a "drug effect," something "artificial" that wears off with the waning of the changed conscious state. Marijuana consciousness thus seems to be a state in which at least a few of one's prejudices and predispositions may be temporarily suspended so that something long-ignored for whatever reason can be seen afresh, as if for the first time. And so it would seem that the marijuana experience can provide a kind of

Marijuana and Music

cognitive training that may subsequently help enlarge and enrich one's outlook in desirable and entirely voluntary ways.

Musicians (as well as other artists) have also testified not only to enhanced appreciation of music and art in general through the use of marijuana, but in addition some have insisted that these altered states of consciousness are useful and valuable to augment their creativity, although research verifying such claims is hard to accomplish in any decisive way. Of course, as with so many things in life, practice makes perfect, or if not perfect, more nearly so. Thus it is with listening to music, and certainly with the making of music — a life-long process of practice — but more than a few puritanical minds will be bent out of shape by my suggestion, nay, my insistence, that the principle applies to the use of marijuana as well! "You have to learn how to use it, and patiently experience the upheavals in the mental realm," insists Henri Michaux in his book, *Light Through Darkness*.

It has long been obvious to me that many of the best minds of our time suffer from a ridiculous and self-imposed handicap by ignoring or even actively rejecting a great aid to thinking and creativity: the altered states of consciousness provided by marijuana and other age-old plant substances so revered by our forebears. They are tools both powerful and benign, both fickle and of great utility, and above all they require some considerable practice in order to use them in a way commensurate with their potential. Thus much of the research (on creativity, for example) which has used the substances on naïve

subjects, or those who have not had long opportunity to practice with the resulting states of consciousness, is rendered of limited value, and it won't be until these age-old aids to thinking and perception become once again widely used that we will begin to know their true usefulness.

As one who might have become a musician (had I practised more!), and for whom music remains an irreplaceable source of inspiration, pleasure, consolation and communication, and also as one who has over the years had considerable practice in the use of the altered states of consciousness provided by marijuana and other such substances, I offer the following speculation about the nature of marijuana consciousness, its possible cognitive mechanisms, and music. The entire theory, if I may be allowed to call it that, has resulted from personal introspection about music and altered states and a selective use of technical knowledge gleaned from several sources. Study of relevant scientific material, due to its complex nature, has of course been done from the perspective of normal consciousness, but my evaluation of learned material has always involved considerable cross-examination from normal to altered states and back again.

Thanks to Prohibition, there has been insufficient serious research concerning the cognitive mechanisms and brain structures involved in the altered states of consciousness produced by marijuana and other such substances, and even research on the neurocognitive and psychological foundations of music, art and creativity has been

Peter Webster & Carl A.P. Ruck present The Perinaldo Lectures on DVD video

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the Study of the States of Consciousness in 2003 and 2004

Heretical Visionary Sacraments Amongst the Ecclesiastical Elite

by Carl A.P. Ruck

Two masterpieces of the early 16th century indicate that the artists' patrons were acquainted with and practiced heretical visionary alchemical rites.

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by Peter Webster

What exactly was the "forbidden fruit" and was it really the trigger, the catalyst that launched human consciousness and thereby, civilization itself?

Melusina of Plaincourault

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Marijuana and Music

frequently considered a study of the superfluous. Music and art for us moderns, unlike for our tribal ancestors, is seen as mere decoration, “entertainment,” an activity of leisure and play (indeed, music is played), and our scientific institutions thus seem to believe that the study of such phenomena are of less importance than more “serious” studies. But from what limited scientific investigation as has been accomplished, it seems that both the making and perception of music involves the use of areas in the right hemisphere of the brain homologous to the speech and language comprehension areas of the left hemisphere — notably the famous Broca and Wernicke brain areas. These corresponding right-brain areas might function similarly to the language centers of the left in the production, reading, perception and perhaps even the appreciation of music. Indeed, music seen as a linear symbolization comprised of sequential interrelated unitary elements — the total representing an overall conception — seems



Peter Webster and his wife, Chantal at their home outside Nice, France

an analogous phenomenon to language in many important ways. One may even surmise that music-making was very much a “language” for our earliest ancestors at a time when spoken descriptive language was merely in its most rudimentary state.

Now another of the most noticed effects of marijuana consciousness, and this effect is pronounced and very typical, is some change in the way we use short-term memory. Prohibitionists and others who mistrust not only marijuana consciousness but apparently even the idea that changed consciousness is something worthy of scientific study have seized on the short-term memory effect in their attempts to discredit marijuana use and strike terror into the hearts of marijuana users by implying that some kind of “permanent damage” must surely be happening when, in the middle of a sentence for instance, one forgets entirely what one was saying! But as all marijuana users know, if at this point one simply relaxes a bit, sure enough, the memory soon is re-established, indicating that what has happened is not a loss of short-term memory or a damaging of the brain structures mediating it, but a different manner of using it: perhaps we merely lose track of trains of ideas that are quite normally being recorded in short-term memory because our perceptions require far more attention than normally, i.e., our consciousness is heavily involved with other matters than mere utilitarian attention to continuity of logical or linguistic thought processes. Our experience is so interesting and attention-consuming that we ignore, not lose, short-term memories.

If this ignoring, or losing track of the mostly linguistic aspect of short-term memory is so universal, and the theory of music making and appreciation being mediated by right-hemisphere areas of the brain homologous to those language-mediating areas of the left is valid, what happens to a musician when he plays music while under the influence of marijuana? Does he likewise forget what tune he is playing? Presumably if marijuana affects the language centers of the left hemisphere, even indirectly, it must similarly affect the morphologically corresponding structures of the right hemisphere. If marijuana consciousness does indeed affect a musician’s perceptions and performance in some such way, how might that affect his music? And if a group or class of musicians who made a practice of using marijuana were so affected, how might that shape their collective concept of music and the way their music form developed? These might seem questions for research that in such a utilitarian age as our own will never be addressed. Yet perhaps the history of music already provides some hints.

The history of 20th Century music is, in one sense, a history of a bifurcation of music into two distinct ways of music-making. The long tradition of Western music has emphasized the importance of music composition and the notation of such compositions as opposed to the subsequent performance of these written compositions. The role of the composer and the performer are distinctly separate, and it is the composer, especially for orchestral works, who is considered to have done the lion’s share of creating. The performer may “interpret” a written work of music with changes to tempo, dynamics, and general feeling, but any excess is considered bad form. All this of course has its parallel in language in the writing and reading of books. In our collective modern view, the greatest things that have been said are those written in stone, or at least in great books, and extemporaneous speech, as moving as it may be, is again, more often like entertainment than philosophy. When a piece of music has been composed, and when a linguistic expression has been written down, we seem automatically to attach more importance to it.

In the early decades of the 20th century however, the diverse influences in America, particularly of African origin, led to a form of music in which the performer himself took over the role of the composer to a significant extent, and jazz music became a form in which improvisation became the central aspect of the music. Now the performer himself spontaneously composed much of the ongoing structure of a piece being performed, guided by various conventions such as the repetition of a chord sequence, or the structuring of a solo line within a modal form, or other experimental structure. But in each case, it was the solo that became the central aspect of a piece, and the improvisation of a solo was (and is) expected to be unique, different in at least some ways than the performer’s previous solos on the same tune or theme. The jazz solo expresses something new every time, something relevant to the current emotional and intellectual state of the musician-as-composer, and his interaction with his audience. The jazz solo became not only the central aspect of this music form, but came to resemble more and more the musical equivalent of an ancient linguistic form, story-telling, in which a performer takes an eternal theme and embellishes it for the present moment, for the benefit of his listeners, to make the universal history and mythology of the tribe manifest in the present and informative of current interests and concerns.

Was this 20th Century musical development merely a throwback to primitive forms by uneducated and underprivileged musicians who rejected Western traditions in music?

Marijuana and Music

Hardly. The great jazz musicians routinely know much about the traditions and technical structure of composed music to an extent that classical musicians envy. And the technical virtuosity of many jazz musicians often surpasses all normal requirements of the Western classical tradition.

In the 1930s and 1940s, the very period in which improvisation in jazz was becoming the central creative aspect of the music, jazz musicians almost universally enjoyed marijuana, and we have many personal attestations and historical documents to prove the case. One particularly rollicking book about the epoch, and the wild times and great music that resulted, is Mezz Mezzrow's *Really the Blues*, and Mezz was himself not only a great jazzman, but famous for the excellent quality marijuana he seemed

always to have a large supply of! A reading of personal reflections about the use of marijuana by jazzmen of the time indicates that the herb was often used as a stimulus to creativity, at least for practice sessions, many such as Louis Armstrong praising its effects highly.

Is it possible to attach some correlation between the cognitive effects of marijuana we are now becoming scientifically aware of and the development of creative jazz forms of the 1930s and 1940s? To return to my previous question, if high on marijuana does a performing musician "lose track" of the composition he is playing much as one might lose track of the thread of a conversation under marijuana influence?

In fact, experienced marijuana users who are well aware of the "short-term memory effect"

become quite adept at counteracting it. In all probability extensive practice with marijuana consciousness allows the user to not only counteract such effects but use them in positive ways. A temporary and momentary "forgetting" of the limiting structures of either an ongoing conversation, or of a musical piece, when such an effect has been practiced with, might well be just the right influence to bring improvisation to the fore, both in music and conversation or writing. Short-term memory as we train it to function in our society may in some sense be too rigid, too concerned with practicality, keeping the conscious mind on the straight and narrow, "playing the tune" as it was written and avoiding experimentation, and thus our normal short-term memory might sometimes be a distraction that actually impedes creativity.

It is my view, therefore, that the cumulative and long term practiced use of marijuana by virtuosi jazz musicians was a certain and positive factor in the evolution of the music towards improvisation as its central and most creative aspect.

Now my experience with music indicates

... if at this point one simply relaxes a bit, sure enough, the memory soon is re-established, indicating that what has happened is not a loss of short-term memory or a damaging of the brain structures mediating it, but a different manner of using it.

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Marijuana and Music

that it would of course be silly to say that jazz musicians of the 1930s were literally forgetting what tune they were playing, and through such constant forgetfulness arose a great musical innovation! But as with the practiced user of marijuana who learns to counteract the short-term memory effect and use it to advantage, I would more realistically propose that a similar thing was happening collectively and incrementally within the fairly small community of jazz musicians of the time, a community more like a family than a world-wide diversity of people and schools as it has become today. The jazz community of the time constantly practiced together, brain-stormed together, performed together, and smoked marijuana together. As a cumulative effect, it is my contention that the practiced use of marijuana provides a training that assists the improvisational, creative frame of mind much as other kinds of study or training shape abilities and perfect talents. It is not that marijuana consciousness itself "produces" ideas that are creative, or that valuable ideas necessarily come from the experience or during it, but that cumulatively, over time, the kind of perception and thinking initiated by marijuana

na leads one to be generally more open to alternative and perhaps adventurous ways of seeing things which enrich normal consciousness. Normal consciousness, as we all admit, is limited in often involuntary, invisible ways by our times, customs, prejudices, by the necessary ignorances we must cultivate to cope with modern life. Marijuana very probably contributed to, or was used as a tool to facilitate the jazz revolution in music, and might be similarly used to facilitate important advances in any other area of human interest where creativity and adventurous thinking are important. The understanding of human consciousness and the nature of altered states of consciousness comes immediately to mind!

And as for literally forgetting what piece one is playing, biographies of great musicians often tell of experiences when they were required to bluff it through with some extemporaneous inventions. The great French jazz pianist Martial Solal tells of such a concert he gave in his youth, it was to qualify for a prize and at the climax of the classical piece he was playing his mind went blank, but his forced improvisation was so good that the judges didn't even detect his

bluff! It was at that point, he says, that he decided that jazz rather than classical music was to be his future.

So perhaps jazz musicians literally did often encounter some short-term memory effects, and had often to "bluff" it. With virtuoso musicians, such bluffing is unlikely to fall into something less than proficiency, and from what experienced users of marijuana all say, the "bluffing" seems to result in an unprecedented creativity: in a sort of Zen way, what comes out of the virtuoso when he abandons his calculated intentions is not nonsense but often his finest creation! If a mere plant can assist the forgetfulness which is the germ of spontaneous creativity, the greatest minds of our time surely ARE missing the beat by rejecting not only its use but by assisting to prevent others from doing so. They thus prove once again that even genius may often be afflicted with that narrowness of thought otherwise believed characteristic of the uneducated.



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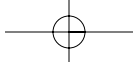
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Moving Forward



Laura Webster - Laura is a member of the 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. She is primarily interested in the policy and law that drives the decision making at all levels of government.

As the collective global society, we are now almost six years into the 21st century. Historically speaking this is amazing considering the sheer size of today's population as compared to what it was at the turn of the 20th century. But population growth aside, what else is amazing about the state of our global society today? For instance, technology, education, human rights, tolerance and individuality have all grown in leaps and bounds and have become qualities that we, as Canadians and 1st world citizens, take for granted. In essence, despite growth and the availability of information, we have chosen the path most taken. Our individuality has become shadowed by the growing number of people and places just like us. More simply stated Canada and the United States are the "children" of Europe. Not only is this true historically, but also politically. All the joys, tensions and expectations that parents have for their children are mirrored geographically across the globe.

Expand the boundaries and scale of the dynamics of a traditional family, and place these ideals and qualities of "family" onto countries. I would hope that from this examination, obvious contrasts and intense similarities will emerge and fall into place as we take the issue of legal marijuana global.

Let's start with some basic and founding similarities. Both Canada and the United States were born out of the British government. As the mother country, so to speak, Britain was able to pass on such values as equality, democracy and rule of law. And as children, impressionable, but still eager for freedom and trust, Canada and the United States graciously accepted these founding principles. At the beginning all seemed calm; Britain was successful in both governing its children and extracting the resources necessary in order to support the whole family. But rebellion reared its ugly head with cries of independence and autonomy. Displaying normal characteristics of the eldest child, the United States broke away from the nest first. The emotions that drove this split were hostile, bitter and arrogant. Meanwhile, Canada remained living with almost full guidance from Britain for almost another 100 years. When Canada said goodbye and struck out on its own, the swelling emotions were loyalty, respect and gratitude towards the country that had guided Canada through peace and war and concluded with the founding of a solid nation.

These North American siblings have remained close throughout their respective geographical, ideological and political histories. The reason these two nations have not politically become joined as one lies simply

with the connection that Canada still shares with home. Canada has remained linked to Britain in many ways and continues to be the "favourite" in the eyes of its parents. Simply stated, Canada has taken a less violent and more stable course throughout its history as an independent nation. Where the United States sparked a revolution, Canada reached a written agreement with Britain to decide the future of the nation. As the younger and more friendly of the two nations, Canada has also become more accepting of ideas and open to the traditions of other nations. If we can look at the attitudes and circumstances that Canada exudes as a global power, it is possible to figure out where these external political and ideological forces came from in the first place.

There are not many things that can be considered new in the history of the world. Drugs are a perfect illustration of this. From as far back as historians have looked, there has been evidence of drugs and drug use in society. The main use of drugs is not important; the mere fact that there are records and evidence of drugs as far back as 3000 BCE is amazing.

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From this statement it is evident that drugs can be linked directly to human societies from as far back as historians are willing to look. The difference that exists between today's advanced society and yesterday's primitive one is based purely on educational and evolutionary elements. Where some societies have evolved and become educated on the essentials of life in this current era, others have remained stagnant and simply exist in a dream world. Specifically speaking, our North American societies are surprisingly isolated and cut off from the "centre of civilization" or European society. Despite the span of the Atlantic Ocean, for many

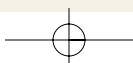
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Moving Forward

years there was a direct link between the powers that be in Europe and the “governing” powers that were found in the New World. Although that link may have been thought of as trivial or irrelevant, it was a reality. In order to shape the character of a nation, the roots and values must be firmly in place before growth can start.

For the most part, these values were coming across that invisible, yet real, line that connected the Old and New Worlds. The European nations that had their stake in the expected growth of Canadian and American society were very careful with how much power and influence was transferred across the ocean. The United States made it very clear, as their revolution got under way, that they were rejecting much of the values and expectations that were bestowed upon them since the commencement of their nation. Leadership and political guidance were no longer necessary in the eyes of the “strong and the brave”. It could even be said that the United States took a political and moral detour as they forged on through time. Looking at this angle today, a lot can be explained from the violent and one sided

approach that the United States took while they attempted to fly from the nest. If the United States had not rejected so much of European and British society, maybe they would be on the same page as Canada in terms of drug legislation.

But what does a violent history and negative political standing have to do with drugs? And, moving north, why is Canada ahead (so to speak) when it comes to drug policy in 2005? Do the political histories and up bringing of these two sister nations have anything at all to do with current drug policies?

While asking these questions, it is of great importance to remember which continent is known for rebirth, the Renaissance Era, openness of ideas and the overall acceptance of many cultures existing as one, but still maintaining individuality. The only answer for this is Europe. I think there is a direct connection between the history of a nation and the current attitude of the citizens in that nation towards certain hot button issue, such as drug policy. Especially in today’s world, the sheer influx of media that inundates first world citizens on an hourly basis is too enormous to ignore. The conflict-

ing opinions and contradictory arguments wafting back and forth make it hard to keep straight who’s on whose side. I think that for a lot of people it is easier to look at the structure of their nation and form and opinion based on personal experience and historical precedence rather than trying to keep up with “today’s topic”. Ignorance springs to life when history is ignored, education is overlooked and when the loudest is heard.

And no one is louder in today’s political arena than the almighty President of the United States. The United States are scared; they are also ignoring the evidence and facts that support legitimate drug policies to exist in North America. Honestly, the American’s should not be scared of Canada in a military sense, but they should be scared that one day we will have a legal, recognized and regulated drug trade just north of their unprotected border. And the same goes for Canada, we should not be afraid of the United States; militarily maybe, but not politically or intellectually.

If we continue to move along this line of reasoning, we can look at existing drug policies in Europe and how and to what extent



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they are mirrored in Canada. The best known example is Amsterdam. Amsterdam is known affectionately for its tolerance of marijuana and open culture when it comes to drugs and drug acceptance. Surprisingly the fact that marijuana is pseudo-legal there has absolutely no bearing on how the government is respected. We tend to form opinions of this place based purely on speculation, hearsay and pre-conceived ideas of what a legal drug society looks and acts like. The point that leaps out at me in particular is again education. We in North America continue to remain closed off and uninterested in creating new drug laws that we pick apart the policies and society in which these ideal laws already exist. We have tended to place political progress and societal evolution on the back burner to convention and custom.

As the first generation of children that came directly from the culturally enhanced and politically stable European continent, North America has taken great advantage of the geographical distance that separates the parent from the child. Having to exist in a foreign and savage land with little physical instruction from home managed to push the young and impressionable societies of Canada and the United States in two very different directions. The first to strike out individually, the United States has disregarded many conventions that still exist in Europe. Societal and cultural norms in Europe are far more expressive and accepting than anything that exists in North America.

Drug policies are prime examples of this. In essence most European nations have enacted accepting policies within society that accommodate the wide spread use and tolerance of marijuana. And like Canada, these countries have started to shift away from America's "War on Drugs" campaign that has occupied much of the 21st century's time and money. The relaxed and modern attitude that is evident in Europe is something that we can only hope will spread across the ocean and make its way into North American society.

Politically and legally, Europe has also taken a stance on identifying marijuana as a health issue, not a criminal activity. And while the public use of marijuana is still punishable under some European laws, the domestic and personal use is almost completely ignored. Decriminalization is also a wide spread phenomenon, as more and more governments are seeing the positive elements that will come from making this move. And this is not anywhere near the conclusion of the extent of which marijuana in particular is becoming more and more accepted throughout all areas of modern European society. It is important to note that the push for legal marijuana in Canada is largely in response to what has been happening with this issue on a global scale.

It is hard to pick a particular point of difference between Europe and North America. While marijuana policy continues to change in Europe for the better, it continues to be talked about in Canada and

continues to be ignored altogether in the United States. I keep coming back to the family structure; where one child is trying so hard to defy the parent they end up becoming so out of touch with reality it makes them impossible to reason with, and the other child is trying so hard not to become swept up in the irrational emotions of the other, and trying to navigate along the path to a better society. If our nation's history can be examined, there is a better chance that our future as a modern nation will remain in a respected position both globally and morally. As Canadian's we cannot be scared of the unknown, because for us there is no unknown; our parents already have the experience to guide us through the legal and societal jumble that comes with producing new laws and dealing with controversial issues. The growing demand for change is making the illegal aspects of the local issue of marijuana into a global issue of legality and rights. For Canada to become a global advisor and advocate on the subject of legal marijuana, we need to open our doors wider to our European relatives, who have not only waded through the political, legal, moral and religious issues that constantly surround marijuana, but most importantly they have been successful at creating a positive and rational campaign on the marijuana debate.



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Toward a Sane National Drug Policy



left to right: Ethan Nadelmann, Mark Leno, Assemblyman, State of CA Legislation and Marsha Rosenbaum, Director Safety First, Drug Policy Alliance. Photo courtesy of Jeremy Bigwood

Ethan Nadelmann, founder and executive director of Drug Policy Alliance and Jann S. Wenner, editor and publisher of *Rolling Stone Magazine*

"Toward a Sane National Drug Policy." *Rolling Stone*. May 5, 1994: pp. 24-26.

The war on drugs is over. After eight decades of interdiction, prohibition and punishment, the results are in: There are

now more than 330,000 Americans behind bars for violating the drug laws. We are spending over \$20 billion per year on criminal-justice approaches, but illegal drugs are available in greater supply and purity than ever before. Cynical phrases such as zero tolerance and drug-free society substitute for thoughtful policies and realistic objectives. It's time for a change.

We have ignored the clear lessons of history. Prohibition, the 18th Amendment to the Constitution, financed the rise of organized crime and failed miserably as social policy. Likewise, the war on drugs has created new, well-financed and violent criminal conspiracies and failed to achieve any of its goals.

It's time for Americans to look seriously at other options. No one has found the answer to the drug problem, but there are alternatives to spending tens of billions each year on a policy that is better at filling prisons and spreading AIDS than curing addictions. When Surgeon General Joycelyn Elders spoke out in December 1993 in favor of studying alternatives, it

came as no surprise that drug-policy reactionaries screamed. But more interesting were the voices of support from around the country. Mayor Sharon Pratt Kelly of Washington and Mayor Frank Jordan of San Francisco have joined former secretary of state Gorge Shultz, Mayor Kurt Schmoke of Baltimore and a number of prominent Americans from across the political spectrum in speaking out for an alternative.

Despite the fact that there is no evidence that pot has ever caused a single death and that there is clear evidence that cannabis is actually useful in treating certain medical conditions, the federal government continues to spend millions of dollars each year to eradicate plants and harass users. In 1992, according to the FBI, 535,000 people were arrested for possession, sale or manufacture of marijuana. In six cases, life sentences were imposed.

This is the drug war at its most absurd. Paramilitary raids composed of state police, Drug Enforcement Administration (DEA) operatives and National Guardsmen fly over public and private lands, their helicopters skimming the tops of private homes. Citizens are detained at gunpoint, and houses and property worth hundreds of thousands of dollars are forfeited to local police departments for no other reason than the existence of small numbers of marijuana plants.

The DEA's global presence stands at an all-time high. U.S. military units and border-patrol forces scramble around Bolivia and Peru, destroying easily replaced makeshift laboratories. The U.S. Navy, Air Force, Coast Guard and Customs Service patrol the seas in search of illicit shipments. U.S. diplomats lean on European governments to throw their money into the kitty for perennial crop-substitution programs.

To what effect? Certainly not any reduction in the flow of drugs into the United States. In late 1991, the General Accounting Office reported that the Pentagon's interdiction efforts, which cost U.S. taxpayers close to \$1 billion during the previous two years, had had no impact on the flow of drugs. For at least a generation, law-enforcement officials have recited the claim that they seize "only 10 percent" of drug shipments into the United States. The fact is, despite this dismal rate, they haven't the slightest idea what percentage they're seizing.

The drug war has been most efficient at filling up the country's prisons and jails: In all, there are 440,000 prisoners in local jails, 840,000 in state prisons and another 87,000 in federal prisons. (Add to that 2.7 million people on probation and more than 500,000 on parole.) This represents by far the highest proportion of the American population

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Toward a Sane National Drug Policy

incarcerated in our history, as well as the highest proportion incarcerated of any country in the world.

Much of the increase in prison population can be explained entirely in terms of the war on drugs. More than 60 percent of federal prison inmates are incarcerated for violations of federal drug laws. According to a Justice Department study ordered by Janet Reno, 16,316 federal prisoners who have no previous incarcerations, crimes or high-level drug activity on their records are serving an average of six year sentences for drugs. Two out of three are in prison because of mandatory sentencing laws. More than half of new incarcerations in New Jersey state prisons in 1990 were for drug-law violations, 46.7 percent in New York, 32 percent in Pennsylvania, and 53 percent in Washington, D.C. Although no one has actually added up the numbers, it is safe to estimate that one-third of a million people are now behind bars for violating drug laws and two to three times that many are on probation or parole for the same reason.

The drug war takes most of its collateral casualties from the inner cities. If our prohibition policies really made a difference in terms of reducing illicit-drug use in the country, there might be some grounds for the claim that this tremendous expenditure of dollars and lives is worth it. But all the evidence suggests that the simple deterrence model of tough enforcement and incarceration has not had the desired impact on drug availability in the inner city or the small

town. The ambitious street sweeps of drug dealers and ever more pervasive undercover operations have simply made it that much easier for urban young people to step into the shoes of those whose jobs they cover.

The costs incurred by America's orgy of incarceration are impressive. But they pale, at least in human terms, next to the costs exacted by the spread of AIDS by and among illicit-drug users, their sexual partners and their babies. Most U.S. states, as well as the vast majority of foreign countries, allow people to buy syringes over the counter. Nine states, however, don't. Those nine are nearly the same as those with the worst illicit-drug use problems and the highest number of drug-related AIDS cases.

Virtually every public health commission and organization — from the Centers for Disease Control and Prevention and the National Academy of Sciences to the World Health Organization — has suggested that needle exchanges can play an important role in reducing the transmission of HIV by and among drug injectors. Both common sense and a host of scientific studies suggest that making syringes available over the counter, creating needle-exchange programs and sponsoring outreach programs to maintain contact with hard-core drug users are cheap and relatively effective ways of reducing the spread of AIDS among drug users. Virtually all European countries, including some that punish drug dealing as severely as rape and murder, have instituted such measures. The policy is risk-free. But in the United States,

cowardly politicians who know better have combined with inner-city leaders obsessed with the rhetoric and images of genocidal plots to oppose such programs.

What it all adds up to is a contemporary variant of the Crusades — a war to purge America of illicit drugs and anyone who makes, sells or uses them. Forget compromise. Forget tolerance. And for that matter, forget any attempt at cost-benefit analysis. Forget as well the fact that virtually all societies in the history of human civilization have used psychoactive substances — whether it's marijuana or wine.

It's time for a new drug policy. The choices are far more complex than prohibition vs. legalization. What we need to do now is start learning what works in other countries and start relying a little more on common sense and decency. The easy way to begin is with small steps — ones that reduce the harmful effects of drug use and drug policies without completely eliminating our current system of prohibition.

First, we should immediately decriminalize the sale and possession of small amounts of marijuana and make it easily available by prescription to those suffering from cancer, AIDS, multiple sclerosis and other diseases. Eleven states decriminalized marijuana during the 1970s, with no noticeable effects on consumption rates. California has saved more than \$1 billion in criminal-justice costs by decriminalizing pot.

No drug, including marijuana, is completely safe — but as the DEA's own administrative law judge Francis Young declared in 1988, marijuana is possibly "one of the safest therapeutically active substances known to man." Though 36 states have called for the legalization of marijuana for medical treatment, the federal government refuses to remove pot from a Schedule 1 listing as a dangerous narcotic.

What about hard drugs like heroin? Hundreds of studies and 25 years of experience have proved that getting heroin addicts to switch to methadone can reduce heroin consumption, crime and AIDS and help former users to get and keep their lives together. But methadone continues to get a bad rap from powerful politicians and drug treatment bigwigs who insist that abstinence is the only cure. They're wrong, just like those who insist that the only way to deal with teen-age pregnancy is by telling kids to remain "sex-free".

We should allow private physicians and public-health clinics to write prescriptions for methadone and allow their clients to pick the drug up at a local pharmacy. Methadone could be dispensed from mobile vans — as

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Hilary Black

Toward a Sane National Drug Policy

Baltimore and Boston have begun to do. And most important, we should not kick people out of methadone programs if they relapse and continue taking illegal drugs. All the evidence shows that they, and we, are better off if they maintain some link with health services. Simply stated, we should treat drug addicts who want methadone like we treat diabetics who need insulin and depressed Americans who want Prozac.

What about cocaine? It's helpful to remember that the crack epidemic, a devastating plague, but one that is passing, was not prevented by strict prohibition. Indeed, the drug laws may well have created crack, just as Prohibition produced 190-proof bathtub gin. And just as the repeal of Prohibition didn't legalize moonshine, so the repeal of drug laws doesn't have to mean legalizing crack. The world is full of drugs that are less dangerous and more attractive than crack. We can begin by testing low-potency cocaine products — coca-based chewing gum or lozenges, for example, or products like Mariani's wine and the Coca-Cola of the late 19th century — which by all accounts were as safe as beer and probably not much worse than coffee. If some people want to distill those products down to something more potent, let them. But most people won't want to buy it, just as few Americans wanted to keep buying 190-proof alcohol once beer, wine and liquor became legally available.

Drug-treatment programs should be user-friendly, as other medical services are supposed to be, rather than like adolescent hazing rituals. A good harm-reduction program teaches sex workers how to get uncooperative clients to use condoms and saves the moralizing for later. It teaches illegal drug injectors how to inject safely, so that they don't end up in emergency rooms or dead, and then lets them know there's a drug-treatment slot available when they're ready.

Repeal immediately all mandatory-minimum-sentencing laws for drug-law offenders. It's hard to find a respected jurist, who supports either current mandatory minimum requirements or the Draconian penalties he or she is required to impose on petty drug offenders. "Three strikes, you're out" is catchy sloganeering, and it may even make sense for murderers and hired assassins, but it's a ludicrous approach for drug offenders.

Virtually everything we're suggesting here is already happening in many European cities. None of it's revolutionary. In fact, quite the opposite, virtually everything we're suggesting can be described as evolutionary, relatively risk-free and less expensive than our current policies. Free needles, readily available methadone and other harm-reduction programs hold no attractions for kids trying to decide whether to use drugs or not. All the available evidence indicates that a switch from a war-on-drugs approach to a

harm-reduction strategy will save lives, reduce disease, cut crime and contribute to safer, healthier, more livable cities.

Any good nonprohibitionist drug policy has to contain three central ingredients. First, possession of small amounts of any drug for personal use has to be legal. Second, there have to be legal means by which adults can obtain drugs of certified quality, purity and quantity. These can vary from state to state and town to town, with the Food and Drug Administration playing a supervisory role in controlling quality, providing information and assuring truth in advertising. And third, citizens have to be empowered in their decisions about drugs. Doctors have a role in all this, but let's not give them all the power.

A drug policy with these ingredients would decimate the black market for drugs and take out of the hands of drug lords the \$50 billion to \$60 billion in profits they earn each year. The nation would gain billions of dollars in law-enforcement savings and tax revenues, which could then be used to treat America's most serious problems: the miserable life prospects of millions of poor, under-educated Americans growing up in decaying, crime-ridden inner cities.

The only respectable argument against such a policy is that it would result in a substantial increase in drug use. We don't see why. All the evidence, as well as common sense, indicates that the vast majority of

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Toward a Sane National Drug Policy

Americans don't need drug-prohibition laws to keep from becoming junkies. Some Americans ask, "What about our children?" but they forget that virtually any kid — in

any city, town or suburb — who wants to try drugs can find them easily enough right now. And still others say, "What about the message it would send?" But forget that our current response — inane anti-drug efforts like "Just Say No" and "This Is Your Brain on Drugs," along with our incredibly cruel laws, send far worse messages: that kids are stupid, that drug users are less than human, and that people who do no harm to others deserve to lose their freedom.

A society cannot long afford to have its laws widely and openly broken. The urge to use some form of mind-altering substance is deeply ingrained in human nature. Attempting to legislate it out of existence can only lead us to grant government the kind of power it should not have in a free society. The institution of common-sense

harm-reduction proposals would eliminate much of the inner-city violence associated with competitive drug dealing and allow billions of dollars to be rechanneled for economic assistance for job training, day care and better schools.

In the inner cities, where the frontline battles of the drug war are waged daily, the situation is desperate. The disintegration of the family structure, the dire job outlook, inadequate education and government abandonment have created communities where the drug trade is guaranteed to flourish. Drug prohibition has created a permanent underclass of unemployable inner-city youths whose lives have become hopelessly interwoven with drug crime and who in turn are becoming parents to another generation of dysfunctional children. Can we let this damage continue? Isn't it time to stop moralizing about drugs and put an end to policies that are destroying the nation?



Photo of Ethan Nadelmann courtesy of Jeremy Bigwood

Keeping the Door Open: Dialogues on Drug Use



Steve Rolles attended our symposium in Vancouver, BC called:

"Beyond Drug Prohibition: A Public Health Approach" at which we explored a regulatory model for ALL currently illegal psycho-active substances.

Steve Rolles Information Officer, from the UK based Transform Drug Policy Foundation takes a look at recent developments in the UK and Europe. Transform is the UK's leading independent source of analysis and expertise on drug law reform.

Some Progress....

In January 2004 the British Government, after much dithering, finally reclassified cannabis from class B to class C, roughly approximating to a move from the US schedule II to III. The effect was that possession of

cannabis for personal use, whilst still technically a criminal offence, would no longer be an arrestable offence.

In many ways this move was of huge symbolic importance — being the first time since the drug laws were introduced last century that they had witnessed any positive reform — but in legislative terms fairly insignificant. In reality it merely enshrined officially what had been happening in practice for years — the police putting their limited resources where they felt they were more usefully deployed.

None the less the move still managed to create a minor political storm and acres of media coverage. The familiar reactionary voices began repeating tired drug war rhetoric about 'sending out the wrong message' or 'giving the green light to drug use', and reefer madness type scare stories were wheeled out for the umpteenth time. Generally, however, it was welcomed by the public and regarded as a sound move by enlightened commentators.

Sadly the UK Government remains terrified of drug law reform. They have played the populist 'tough on crime' game hard from the outset and were desperately worried that even the small legislative change regards cannabis would leave them open to accusations of being 'soft' on drugs. Fearful that their 'tough' credentials were under threat if the move they were making

was somehow seen as decriminalisation, they then decided that as well as the reclassification from B to C they would change class C offences so that they were now arrestable, and also increased supply penalties for class C drugs to what had been the previous class B levels (up to 14 years). So now there would be a 'presumption against arrest' but the power would be maintained in case of 'aggravating circumstances'. Confused? So was everybody else. Even supporters of the reforms criticised the muddle-headed way in which they were implemented.

A year later, as the May 2005 general election approached the Government got nervous again, and the new Home Secretary, Charles Clarke, announced that he was referring the reclassification decision back to the Advisory Council (a group of Gov't appointed experts who advise ministers) to see if it should be reconsidered. Superficially this was on the basis of new evidence of links between cannabis use and mental health problems, but it was clear that the effect would be to kick the issue off the election agenda and thus avoid the dreaded accusations of being 'soft'. Transform were among the experts who gave written and oral evidence to this committee. (see: http://www.tdpf.org.uk/Policy_General_Cannabis_Reclassification_Revisited.htm) We made three simple points. Firstly that reclassification was a distraction from the more

Keeping the Door Open: Dialogues on Drug Use

pressing debate on why cannabis was not legally regulated and controlled. Secondly that it was because of the potential hazards of cannabis that it needed to be legally regulated and controlled, to reduce risks and protect the vulnerable. And thirdly that the committee, if it was attempting to reduce harm, had to consider the harm maximising effects of illegal markets, and the secondary harms created by mass criminalization of young people. Although the committee has yet to report, it seems likely that they will, thankfully, reject the call for the change to be reversed. Public opinion remains strongly in favour of reform with polls consistently showing majority support for an end to the criminalisation of cannabis users.

Curiously enough, even this reclassification of cannabis in the UK barely brings us up to par with much of existing policy in mainland Europe, where cannabis possession has been widely decriminalised, either by changing the offence from a criminal to a civil/administrative offence (punishable by fine) or through tolerant policing ('turning a blind eye'). This move happened in Luxemburg in 2001, Belgium in 2002, and has long been policy in Denmark and

Switzerland. Other countries have gone much further, effectively decriminalising personal possession of any drug, including Spain, Italy, Holland, Switzerland, and most recently (2001) Portugal. In 2004 these countries were joined by Russia which replaced imprisonment with administrative fines for possession 'up to ten doses' of any drug for personal use. The Nordic states and France stand out for being very opposed to such reforms. Interestingly Holland has a considerably lower level of cannabis use than in the UK, indeed there appears to be no correlation between levels of enforcement and levels of use, a pattern repeated in comparative studies between states within US, and again in Australia.

So a position has been reached in Europe, where the different states are very much at odds with each other, with the reforming states challenging the letter and spirit of the UN drug conventions and the others often becoming increasingly entrenched and hard-line. In some ways this mirrors the tensions between federal government and the progressive states (on cannabis law) in the US, although medical cannabis is not such a political hot potatoe in Europe. What is for

certain, however, is that any pan-European consensus behind the so called 'war on drugs' has broken down completely, the debate is very active with signs for further change, as the untenability of the prohibitionist position becomes ever more clear, mostly positive.

The battle ground is now over whether and how cannabis supply should be legally regulated. Some countries already tolerate sales (in some form) most famously including Holland, but also Switzerland, as well as parts of Germany and Spain and others. The problem with this is that it very clearly breaches the UN drug conventions so is far more difficult to finesse in the international arena, with countries that have gone down this road having faced significant diplomatic pressure and condemnation (mostly from the US).

There is also a debate over the merits of decriminalisation of personal possession alone. Is it an inevitable step on the road to full legalisation and regulation or is it actually, in some respects, making things worse by facilitating the illegal market and proposing a perverse situation whereby it's effectively legal to possess but illegal to purchase or sell?

Back in the UK the drug debate took a



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further interesting turn with the leaking to the media of an unpublished report produced by the Prime Minister's Number 10 Strategy Unit, commissioned by, and presented to Tony Blair himself. This remarkable report, now available online (see www.tdpf.org.uk) is a detailed 105 page analysis of the criminal drug market and the attempts to interrupt it with 'supply-side interventions' – i.e. the policy of drug prohibition. The focus of the report is on drugs and crime, and therefore on the drugs related to most problematic use and related offending in the UK, namely heroin and cocaine (primarily crack cocaine). It demonstrates in detail how:

- Prohibition has failed to prevent or reduce the production of drugs
- Prohibition has failed to prevent or reduce the trafficking/availability of drugs
- Prohibition has failed to reduce levels of problematic drug use
- Prohibition has inflated prices of heroin and cocaine, leading some dependent users to commit large volumes of acquisitive crime. Even if such supply interventions could further increase prices, this could increase harms, as dependent users commit more crime to support their habits.

Some quotes from the Tony Blair's Number 10 Strategy Unit Drug Report:

- "Drug crop eradication alone appears not to limit illicit crops in the long term" (p.61)
- "UK importers and suppliers make enough profit to absorb the modest cost of drug seizures" (p.82)
- "Over the past 10-15 years, despite interventions at every point in the supply chain, cocaine and heroin consumption has been rising, prices falling and drugs have continued to reach users. Government interventions against the drug business are a cost of business, rather than a substantive threat to the industry's viability." (p.94)
- "Heroin and/or crack users cause harm to the health and social functioning of users and society as a whole, but users also commit substantial amounts of crime to fund their drug use (costing £16bn a year)". (p.2)
- "Drug use is responsible for the great majority of some types of crime, such as shoplifting and burglary" (inc 85% of shoplifting, 70-80% of burglaries, 54% of robberies) (p.25)
- "There is no evidence to suggest that law enforcement can create such[heroin

and cocaine] droughts" (p.102) [but even if they could.....]

- "price increases may even increase overall harm, as determined users commit more crime to fund their habit and more than offset the reduction in crime from lapsed users" (p.99)

And then a step backwards...

The Prime Minister's report was the beginning of his renewed attempt to deal with a drug related crime problem that appeared to be out of control. Various high profile UK reports had been produced in the last few years (notably from the Police Foundation and the Parliamentary Home Affairs Select Committee) making similar criticisms of current failures, but they had called for progressive reforms that were not politically palatable to the current Government. When Blair's report produced a very similar critique, if anything even more clearly spelt out, it was decided not to make it public. Indeed the second phase of the report which translated the analysis into policy recommendations has yet to come into the public domain.

Unfortunately, rather than follow the emerging consensus within the drugs field and academia that a more public health and less enforcement oriented approach was required the looming general election again pushed policy thinking in the direction of populist 'get tough' enforcement. The result was the ill thought out Drugs Bill 2005 which brought in a raft of 'tough' measures that, despite being heavily criticised by NGOs and parliamentary committees alike, were pushed through in the last week of parliament before the election, at a time when none of the opposition parties wanted to start a fight on such an emotive issue, despite their objections.

A brighter future?

Now the election is over with the Government remaining in power, there is a window of opportunity for more progressive policy options to be debated once again. The Centre Party in UK politics, the Liberal Democrats, have a very progressive policy that is fiercely critical of the failings of the Drug War and includes legalising cannabis. They actually won more MPs at the recent election than in decades, despite their nominally radical position on drugs. Prospective new leader of the Conservative Party (the Government's main opposition), David Cameron, has also made his progressive views on the drug laws publicly known.

Elsewhere there have been some interesting developments in

the media, notably amongst the mass markets tabloids. Formerly staunch advocates of the drug war, they are now increasingly questioning its effectiveness and debating the alternatives. A similar story is unfolding in the NGO community with increasing numbers engaging the debate for the first time and developing coherent public positions of the future of policy.

The ball is very definitely rolling in the UK, and despite some recent hiccups, its momentum seems to be unstoppable. As the failings of the prohibitionist approach become ever more obvious and the coalition of reform minded individuals, organizations and countries becomes stronger, the pressure for change is becoming overwhelming. The main obstacle internationally remains, sadly, the US and the UN drug agencies that it dominates. The drug law reform movement in the US is consequently of huge importance, as it is both the spiritual home of the Drug War and its primary cheerleader on the international stage. Transform has been honoured recently to be invited to three drug law reform events in North America, Organised by KDO (in Vancouver www.keepthedooropen.com), The King County Bar Association (Seattle), and the Drug Policy Alliance (LA), that show just how far the North American reform campaign is progressing. It has been an inspiring experience to learn more about this work and we will be continuing to build these international alliances, share expertise and ideas and campaign for reform from a united front. We have now passed the tipping point and it is no longer if, but when prohibition can be consigned to the history books and a more just and effective approach to managing drug use becomes a reality.

Read a more detailed critique of prohibition and exploration of the alternatives in 'After the War on Drugs – Options for Control' available for free download at the Transform Website www.tdpf.org.uk.



"Keeping the Door Open: Dialogues on Drug Use"



A Look at New Zealand and Cannabis Law Reform

New Zealand's small population, geographical isolation and historical willingness to think outside the box means change could be effected here more readily than in larger countries. Because of our cultural similarities to the US, Canada, Australia and Britain, any reforms

here could even have a domino effect on these other countries.

Politics and activism

New Zealand cannabis consumers have long been living with the consequences of the 1975 Misuse of Drugs Act. We have the world's highest reported rate of using cannabis, as well as the highest rate of being arrested for it. Recent figures from the Christchurch Health and Development study show that almost 80% of 21 year olds have tried cannabis. Official government stats show that more than half of people aged 14-45 have tried cannabis. So our rate of arrests for cannabis "offences" is, per

head of population, fifty per cent higher than the United States.

Until 1993 the New Zealand Parliamentary system of government was closely based on the British (first past the post) Westminster model. An activist-driven referendum prompted a change to MMP, a proportional representation system, for the 1996 election. The party vote threshold that had to be reached in order to get into parliament was set at 5%. Before the change it had been essentially a two-party contest, with neither party showing interest in cannabis law reform. The new system meant smaller parties, if they could reach the 5% threshold, could represent groups of voters who didn't regard themselves as conservatives (National Party) or socialists (Labour Party).

There are presently three NZ political parties with a formal policy in support of cannabis law reform.

The Aotearoa Legalise Cannabis Party (ALCP), a single issue party, was set up in 1995 by members of NORML New Zealand. ALCP policy is to legalise and regulate cannabis, as is the Libertarian Party.

Contributed by Paula Lambert, Chris Fowlie and Stephen McIntyre

The Aotearoa Legalise Cannabis Party exists to legalise cannabis for recreational, spiritual, medicinal and industrial purposes; to empower people to work together for peace and true justice; and to institute a proper and just balance between the power of the state and the rights and dignity of the individual. We believe adults have the right to freedom of choice unless that choice harms other people or the planet.

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Cannabis law reform, for recreational and medicinal use, is also a policy of the NZ Green Party. Two founding members of the ALCP, lawyer Metiria Turei and rastaman Nandor Tanczos, joined the Greens after the 1996 election. Nandor in 1999 became the world's first elected Rastafarian MP, and Metiria was elected three years later in 2002.

In that first MMP election of 1996 the ALCP took 1.66% of the vote. Unfortunately this percentage has declined with each subsequent election. In 1999 the Greens reached the 5% threshold with seven MPs in parliament, and in 2002, nine.

NORML NZ has been around since 1980. From a relatively small population of just under four million there have been many talented and dedicated activists working hard to advocate cannabis law reform, in one organisation or another. There have been many memorable instances of activism over the years, including arrests and court cases that have pushed the boundaries where legislative change has not been possible.

We have had some notable political lobbying success too. In 1998 NZ's delegate to the UN Anti-Drug Summit, Minister of Customs Tuariki Delamere, was the only politician in the world to denounce the war on drugs, calling the legal difference between alcohol and cannabis "hypocritical". NZ Ministers of Justice and Police at the time, Doug Graham and Clem Simich, also came out in favour of cannabis decriminalisation.

Another development that year came when the Drug Policy Forum Trust, a think

tank of experts led by Dr David Hadorn, issued a report that recommended NZ "regulate and tax cannabis commerce". The logic of the report could not be faulted so the conservative National government of the time used the classic diversionary tactic of "more talk, less action".

The resulting 1999 inquiry into the mental health effects of cannabis concluded that the "dangers from cannabis have been overstated" and called for the current law to be reviewed. The conclusions suggest the committee understood that any negative mental health effects were facilitated by prohibition and the criminal law contributed to alienation and mental health issues. Their recommendation to review the appropriateness of existing policy implied acceptance that the policy was inappropriate, rather than merely ineffective.

Inquiry into the legal status of cannabis, 2001-2003

Following the election of the Green Party in 1999 and the formation of a left-leaning Labour Government, a second and more comprehensive inquiry was initiated, this time investigating "the most effective public health strategies and consequently the most appropriate legal status of cannabis".

The overwhelming majority of submissions made by organisations and individual New Zealanders to that inquiry were in favour of a change to the law. By far the largest number of submissions called for a system of legalised and regulated controlled availability like Dutch-style cannabis cafes.

Important recommendations from the inquiry report were that the Expert Advisory Committee on Drugs (EACD) give a high priority to considering the classification of cannabis, and that the government pursue the possibility of supporting the prescription of clinically-tested cannabis products for medicinal purposes. It also recommended further examination of police abuse of search powers.

The inquiry, which the law reform movement had seriously thought would consider the evidence objectively, became bogged down in political manoeuvring. Committee members adopted positions based on their existing party policies and forgot or dismissed evidence presented at hearings weeks or months before. While the committee failed to reach agreement on the legal status, they did come up with some choice lines that leave the reader in no doubt as to what the evidence said.

They concluded that the law "should therefore contain options for dealing with minor cannabis use which avoid criminalisation".

Furthermore, "the current high levels of use and the level of black economy activity indicate that the current prohibition regime is not effective in limiting cannabis use. Prohibition results in high conviction rates for a relatively minor offence, which inhibits people's education, travel and employment opportunities. Prohibition makes targeting education, prevention, harm minimisation and treatment measures difficult because users fear prosecution. It also facilitates the black market, and potentially exposes cannabis users to harder drugs."

In contrast, the advantages of legalisation and regulation included "information about the quality and effects of cannabis would be readily available...Education, prevention, harm minimisation and treatment measures would be easier to promulgate including the promotion of safe cannabis use practices. This option would eliminate criminal convictions for cannabis use and personal possession cases...This option could free up Police resources. Over-the-counter sales could substantially reduce the cannabis black market. Legislation would provide the opportunity to tax what is reportedly a thriving cannabis business and to direct the additional revenue toward treatment and education. However, the tax levels would have to be calculated to ensure that price levels discouraged use without being so high as to preserve an incentive for an illegal market."

Instead of agreeing with the evidence, the committee called for the Justice and Electoral Reform Committee to hold yet another inquiry. That inquiry is yet to begin.



Photo Courtesy - Owner, Madras Cafe Books, 165 Madras St, Christchurch

L-R Christchurch ALCP and friends Mike Britnell, ALCP deputy leader, Paula Lambert, ALCP treasurer, Kevin O'Connell, ALCP president, Pete Green, ALCP, Irinka Britnell, ALCP secretary, Blair Anderson, mildgreens.org.nz Nandor Tanczos, Green Party MP (world first? rasta MP, still in parliament)

A Look at New Zealand and Cannabis Law Reform

Politicians won't accept evidence they don't like. Parts of the two completed inquiry reports have been used to support lies and more damned lies by politicians, the media and members of the establishment who are unwilling to face the fact that we Kiwis have become some of the most dedicated cannabis users in the world.

Cannabis is part of our culture. The National Drug Survey lists cannabis as our most prevalent illicit drug, having been tried at least once by 52% of the surveyed population aged 15-45 years. 16% of those admitted to being 'current users'. But the perception among parliamentarians remains that cannabis is a fringe issue, despite the record criminalisation of consumers of all ages. They are able to ignore it largely because the current regime silences those most negatively affected, while hysterical prohibitionists dominate media headlines. Ironically, law and order is often of concern.

So the majority of our politicians, media and police have effectively suppressed a rational evidence-based public debate, although activists have succeeded in making cannabis a major election issue, one way or another, in the 1996, 1999 and 2002 elec-

tions. In the years leading up to those elections there was considerable growing public support; many letters to newspapers, a NORML bus toured the country, annual J Days in all main cities from 1992, activists arrested and pleading 'not guilty' and often winning, and much more...even an annual smokeout in the foyer of the Dunedin Police Station for the last few years!

The 2002 election

An early election was called in 2002. The ALCP had been fundraising early and wasn't completely caught off guard, but still lost ground in 2002. New Zealand ended up with another minority Labour-led government, including a coalition of small prohibitionist 'parties'.

The entire second inquiry (legal status of cannabis) had been a long and drawn out affair. Its report and recommendations,

produced after the 2002 election, was only selectively acted upon.

A pair of elderly politicians, one wily and the other cunning and opportunistic, really stand out as worthy of comment in relation to the non-debate about cannabis. This pair, Anderton and Dunne, portray themselves as representing "middle New Zealand". Their slogans have included such gems as "common sense", "drug-free communities", and "family values".

During the 2002 election campaign Dunne suddenly seized upon cannabis as a means of frightening the "middle New Zealanders" into voting for his party. He provoked enough moral outrage to give his party many more seats than they deserved, and after the election he had enough members to ensure that

the legal status review that had been in progress was stymied. The price of his support for the minority Labour-led govern-

There are presently three NZ political parties with a formal policy in support of cannabis law reform.

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A Look at New Zealand and Cannabis Law Reform

ment was that “legislation would not be introduced to parliament that changed the legal status of cannabis”.

While many activists threw their hands up in despair and went on holiday, a solid core carried on. We have just had another election, and Dunne again played the cannabis card. His public support plummeted, he is now a party of just three, but he had the crucial numbers to force Labour to agree not to change the law. The pro-reform Greens were sidelined as Labour chose to form a

minority-led government with right-leaning parties.

In fact reformists view the coalition agreement as a compliment to how close we came to ending prohibition. That Dunne has felt compelled to again force it into the latest agreement shows that we are still close to bringing about change.

And for our next trick

It has not gone unnoticed that the new coalition agreement refers only to stopping changes for the “recreational” use of

cannabis. It seems the door has been left open for possible change for medicinal users and growers.

The 2005 NORML AGM and Annual Conference takes place 25-27 November. Representatives of all reform parties (plus others) are attending. Time to regroup and plot our future moves, laying the groundwork for the 2008 election.



Paul Armentano

Paul Armentano is the Senior Policy Analyst for NORML and the NORML Foundation in Washington, DC. He may be contacted via e-mail at: paul@norml.org. For more information about NORML and the NORML Foundation, visit: <http://www.norml.org>.

Armed with sound-bites reminiscent of the 1936 propaganda film “Reefer Madness”, the US government recently kicked off yet another smear campaign on the supposed dangers of marijuana. The Feds’ latest charge: Pot causes mental illness.

“A growing body of evidence now demon-

Cannabis, Health & Context

strates that smoking marijuana can increase the risk of serious mental health problems,” US Drug Czar John Walters announced at a Capitol Hill press conference hyping the White House’s new anti-pot campaign. “New research being conducted here and abroad illustrates that marijuana use, particularly during teen years, can lead to depression, thoughts of suicide, and schizophrenia.” The Feds have since taken Walters’ sound-bytes “on the road” with a summer-long series of hyperbolic advertisements featured in prominent publications such as Newsweek, The New York Times, and The Nation.

Predictably, those looking for the science behind the White House’s latest alarm would be hard pressed to find any, as even a cursory look at the available epidemiological data indicates that rising levels of pot use over the past three decades have not been associated with a comparable rise in clinical diagnoses of schizophrenia. More specifically, absent from the Feds’ campaign is any mention of a

recent clinical study published in the April 2005 issue of the journal Psychiatry Research refuting a causal link between cannabis use and behavior suggestive of schizophrenia. “The current study...suggest[s] a temporal precedence of schizotypal traits before cannabis use in most cases,” its authors concluded. “These findings do not support a causal link between cannabis use and schizotypal traits.”

Forthcoming survey data to be published in the journal Addictive Behavior also puts a



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damper on the White House’s “pot leads to depression” claims. After analyzing survey results from 4,400 adults who had completed The Center for Epidemiologic Studies Depression scale (a numerical, self-report scale designed to assess symptoms of depression in the general population), researchers at the University of Southern California found: “Despite comparable ranges of scores on all depression subscales, those who used once per week or less had less depressed mood, more positive affect, and fewer somatic (physical) complaints than non-users. ...Daily users [also] reported less depressed mood and more positive affect than non-users.”

Lastly, there are the results of a meta-analysis published earlier this year in the journal *Current Opinion in Pharmacology*. The study’s verdict? Those who use cannabis in moderation, even long-term “will not suffer any lasting physical or mental harm. ...Overall, by comparison with other drugs used mainly for ‘recreational’ purposes, cannabis could be rated to be a relatively safe drug.”

PUTTING CANNABIS IN CONTEXT

The phrase “relatively safe” is appropriate in any discussion regarding cannabis and mental health. No substance is harmless and in many cases, the relative dangers of a drug may be increased or decreased depending on set and setting. Cannabis is no different.

To date, there is a limited body of data noting an association between early use of cannabis and increased symptoms of depression and/or schizophrenia based on a handful of longitudinal studies. However, interpretation of this data is troublesome and much of it is not well understood. Identified as well as unidentified confounding factors (such as poverty, family history, polydrug use, etc.) make it difficult, if not impossible, for researchers to adequately determine whether any cause-and-effect relationship exists between cannabis use and mental illness. Also, many experts point out

that much of this association is likely due to patients’ self-medicating with cannabis, as survey data and anecdotal reports of individuals finding therapeutic relief from both clinical depression and schizotypal behavior are common within medical lore, and clinical testing on the use of cannabinoids to treat certain symptoms of mental illness has been recommended.

Nevertheless, until this association is better understood, there may be some merit in the government’s caution that adolescents (particularly pre and early teens) and/or adults with pre-existing symptoms of mental illness refrain from using marijuana, particularly in large quantities. This statement, however, is hardly an indictment of marijuana’s relative safety or an endorsement of the federal government’s efforts to criminally prohibit its use by adults. If anything, just the opposite is true.

HEALTH RISKS CALL FOR REGULATION, NOT PROHIBITION

Health risks connected with drug use, when scientifically documented, should not be seen as legitimate reasons for prohibition, but instead, as reasons for legal regulation. Specific to cannabis, if, as the Drug Czar alleges, studies demonstrate that those “who first used marijuana before age 12 [are] twice as likely as adults who first used marijuana at age 18 or older to be classified as

having serious mental illness,” then this is an argument in favor of legally regulating cannabis in a manner similar to alcohol, so that better safeguards may be enacted restricting adolescents from legal

access to it. Walters’ concerns, however, do not support criminally prohibiting the responsible use of the cannabis by adults any more than fears regarding the abuse of alcohol by a minority of teenagers support a blanket prohibition on the use of beer by adults.

In addition, if, as the Drug Czar ques-

tionably suggests, “as many as one in four people may have a genetic profile that makes marijuana five times more likely to trigger psychotic disorders, “this claim is yet another argument in favor of regulation. If there does exist a minority population of citizens who may be genetically prone to potential harms from cannabis (such as, possibly, those predisposed to schizophrenia), then a regulated system would best identify and educate this sub-population to pot’s potential risks, so that they may refrain from its use, if they so choose.

To draw a real world comparison, millions of Americans safely use ibuprofen as an effective pain reliever. However, among a minority of the population who suffer from liver and kidney problems, ibuprofen presents a legitimate and substantial health risk. However, this fact no more calls for the criminalization of ibuprofen among adults than do the Drug Czar’s half-baked claims, even if true, call for the current prohibition of cannabis.

Finally, there lies the fact that cannabis prohibition has forever undermined the federal government’s ability to educate its citizens, particularly young people, to the potential risks of marijuana when and where they present themselves. Ending prohibition and enacting a legal, regulated cannabis market would likely restore this lost credibility, as evidenced by the fact that science-based, federal education campaigns regarding the health risks of tobacco and drunk driving have greatly reduced smoking and driving under the influence among teenagers, while similar, rhetorically-based campaigns regarding teen pot use have been largely met by their target audience with groans and snickers.

As concluded by the Netherlands Drug Policy Foundation some years ago, cannabis’ “health risks are remarkably limited, but cannabis is not completely harmless.” As a result, the Foundation determined: “There ought to be a special legal regulatory system for cannabis because its use definitely does entail health risks. If cannabis was completely harmless, the same rules could be applied as to tea. Cannabis should not be made freely available, but the rules on cannabis can be very general and lenient.” Placed in this context, the administration’s latest anti-pot campaign does little to advance the government’s position in favor of tightening prohibition, and provides ample ammunition to wage for its repeal.



Health risks connected with drug use, when scientifically documented, should not be seen as legitimate reasons for prohibition, but instead, as reasons for legal regulation.

Harm Reduction, The Cannabis Paradox



Photo of Dr. Robert Melamede,
Courtesy Aimee Stevenson

Dr. Robert Melamede, Assoc. Professor and
Biology Chairman Biology Department,
University of Colorado

“Harm reduction-the cannabis paradox” is a peer-reviewed scientific article that was recently published in the freely accessible Harm Reduction Journal. The title of the article reflects the paradox that society typically views marijuana use as dangerous, whereas nature has chosen the cannabinoid system that the plant activates, to minimize harm by using it to maintain biochemical balance (homeostasis). Too often, the positive results of scientific research on cannabinoids have not been sufficiently emphasized. Due to the aura of fear created by marijuana prohibition, and biased research funding

opportunities, professional and lay publications tend to emphasize to the public results that may be viewed in a negative light while ignoring the opposite. “Harm reduction-the cannabis paradox” is an objective examination of the many health-enhancing properties of cannabinoids may provide, and thus provide a rationale for the use of medical marijuana.

The term cannabinoids encompasses three classes of chemical compounds: phytocannabinoids produced by marijuana plants, endocannabinoids produced by all animals, and synthetic cannabinoids that are of major interest to pharmaceutical companies pursuing drug development. These compounds have become a major focal point of scientific pursuit because of the many ways that they regulate human biochemistry. 600 million years ago living organisms began to evolve what constitutes today’s endocannabinoid system. The endocannabinoid system is composed of endocannabinoids, cannabinoid receptors, and enzymes that break down cannabinoids. Cannabinoids regulate cellular biochemistry through their direct interactions with specific cannabinoid receptors. Additionally, many of their breakdown products are also biologically active and act independently of the cannabinoid receptors.

As evolution proceeded, the role that the cannabinoid system played in living systems continuously increased. It is now known that the endocannabinoid system maintains homeostasis within and across the organizational scales of all animal life (it is not found in insects). Cannabinoids control basic metabolic processes from the sub-cellular level to that of the entire body including appetite, glucose metabolism, body temperature and blood flow. Cannabinoids regulate intercellular communication, especially in the immune

and nervous systems. In general, cannabinoids modulate and coordinate tissues, organs and all body systems (cardiovascular, digestive, endocrine, excretory, immune, musculo-skeletal, nervous, reproductive, and respiratory systems). The effects of cannabinoids on consciousness are far from understood, but are well known, and underlie recreational cannabis use.

Too much or too little endocannabinoid activity in any area of the body may constitute an imbalance that needs to be corrected. In general, there is a direction to the biochemical imbalances that we all suffer. We’re all getting older not younger. All living systems are composed of thousands and thousands of, what amounts to, biochemical thermostats. They constantly monitor themselves and each other in an effort to maintain the dynamic equilibrium that constitutes homeostasis. When the remarkable biochemical complexity of the human body is functioning harmoniously with itself and its environment, it is healthy. An imbalance in the energy and mass that flows through an individual is the cause of disease. Often the body monitors imbalance by producing free radicals and reacting to them in an effort to restore balance. These highly reactive chemicals essentially act as biochemical friction. Free radicals are thought to be the basis of age related diseases such as those involving the immune, cardiovascular, and nervous systems, cancers and the aging process itself. Cannabinoids help regulate our biochemistry in an effort to minimize the damage caused by free radicals. The longer we live the more biochemical friction wears on us, and the more most of us need extra cannabinoids to protect us. It is inevitable that most of us need, or will indeed, more cannabinoid activity than we can produce. The cannabis plant is a unique and excellent source of these compounds. It should be classified as a nutraceutical not a drug.

Find the full article at: <http://www.harm-reductionjournal.com/content/2/1/17>



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What Does It Mean to Feel Better?



Photo of Bob Newland courtesy Loy Allen

Bob Newland

Bob is co-publisher of the magazine *Hemphasia.net*. He lives near Hermosa, in the Black Hills of South Dakota.

What does it mean to “feel better”? What is “medical use” of anything? Are “doctors” endowed by their creator with certain unsalable knowledge that those without the certificate cannot own? Do elected officials,

by virtue of having received one more vote than their opponents, own more knowledge than doctors? Is it different to “feel better” in the United States than it is in Canada or Mexico, or in Thailand or Somalia? Within the answers to these questions, or separately from them, do I have any right to decide what makes me feel better?

I’m a smart guy. My grades in school told everyone that. Yet the fact that we even have arguments over the questions listed above is utterly incomprehensible to me. When one factors in that doctors are allowed by politicians to prescribe to patients for their discomforts and illnesses chemical compounds that often cause worse effects than the conditions for which they are prescribed, one is left wondering if there is intelligent life anywhere on this continent.

When one adds to that mix the fact that a naturally-occurring herbal remedy that relieves pain and nausea caused by a wide range of adverse physical conditions in a wide range of people, with no adverse side effects, is illegal to use because the politicians think it makes people feel too much better, the arguments become circular; the answer to

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What Does It Mean to Feel Better?

each new question predicated on an erroneous answer to a previous question, until we have a whole continent full of politicians, doctors, cops and pundits running in circles and barking at the moon.

With the stroke of a pen in 1970, Richard Nixon codified the ludicrous presumption by a majority of Congress that “marijuana” has “no medical use”. That same slash of ink also changed the entire concept of “medical care”. Doctors educated in the entire accrued medical knowledge of mankind were now to be told their business by politicians whose seats were purchased by corporations whose business is dispensing dangerous chemical compounds for wide popular use.

No medical use? Can there be a more arrogant hypothesis about a God-given green, seed-bearing growing thing? It seems obvious to me that it is precisely because there is medical use for “marijuana” that it is so vilified.

Thousands and thousands of people are sentenced by the law to either endure pain and nausea or to become criminals in order to quell their pain and nausea. Doctors who know that cannabis often works to quell pain and nausea are reduced to whispering to their patients, “I can’t be telling you this, but if you could find some marijuana and smoke it, it could very well give you some relief. Even if it doesn’t work for you, we know it won’t cause you any harm.” There is no medicine marketed by the corporations, not even aspirin, about which a doctor can say that.

Each of the United States enacted copies of the federal law. For 25 years, there was “no medical use” of cannabis, according to federal and state laws. In 1995, the weight of scientific and anecdotal fact became so heavy the state laws began to topple. California’s, then Oregon’s, Washington’s, Nevada’s, Colorado’s, Hawaii’s, Alaska’s, Maine’s, and Montana’s voters decided that they would no longer prosecute some of their sick, disabled and dying patients for trying to feel better. Maryland’s and Vermont’s legislatures took timid steps in the same direction.

None of these new state laws are satisfactory. They all grant doctors the right to practice medicine a little better. They all

grant some patients the right to possess and use cannabis as part of their therapy. They all leave a disturbing gap in the process of legal procurement of the medicine.

In May, a group called South Dakotans for Safe Access, of which I am a founding member, formed for the purpose of codifying another such unsatisfactory state law. The vehicle we had to work with is called an “initiative”. We drafted a proposed addition to South Dakota Codified Law titled, “An Act to provide safe access to medical marijuana for certain qualified persons.”

The Safe Access Act is similar to the initiated measure passed by 62 percent of Montana’s voters in their November 2004 election. Proposed changes to South Dakota law include:

- 1 That people suffering from medical conditions that cause acute or chronic pain, dangerous or painful muscle spasms, or severe nausea or loss of appetite qualify for cannabis therapy.
- 2 That a patient and doctor may decide to try a course of cannabis therapy, and register with the Dept. of Health.
- 3 That a patient and his or her caretaker may each possess 6 live cannabis plants and an ounce of usable cannabis.
- 4 That a person using cannabis for therapy may advance a ‘medical necessity’ defense in the event of arrest, even though he or she has not yet registered as a qualifying patient.
- 5 That a person with a registry card identifying him or her as a qualifying patient need not worry about being arrested for possession, and his/her registered caretaker need not worry about being arrested for distribution.

The unsatisfactory nature of this proposal is obvious. Every action taken on the part of a patient to obtain, grow or use cannabis is illegal under federal law. Even within the already-enacted state medical marijuana laws there is no provision for legally obtaining

seeds or harvested buds. The presumption seems to be that possession of marijuana plus possession of a state medical marijuana card means that the obvious commission of a crime already committed is ignored.

Our choices are to take a step we hope will be beneficial, or to silently endure the outrages of a system that arbitrarily punishes some people for using health-enhancing substances not approved by the state.

Such are the interpretations of the rules of a game conducted within the framework of a premise that is itself ludicrous. But, given its inclination for evil, perhaps we’re lucky that the political process is also

slow and stupid.

The actual process of putting an initiated measure on the ballot is far less romantic than the lofty ideology that propels us to presume to promote a measure we find immensely unsatisfactory ourselves.

This is what about 20 people, including me, each do for six or seven hours a week. We go to court houses, convenience stores, libraries and street corners in South Dakota and hang out, asking everyone who comes near, “Hi, would you like to help us put the issue of medical marijuana use on the ballot for next year’s election?” In a typical three-hour shift, we might ask that question 300 or 400 times.

We each carry a clipboard or two, a few pens, and the petition sheets, which include the 2362-word (half again as long as this article) text of our proposal. The petition sheets also have spaces for signatures and addresses of 20 registered South Dakota voters. In a tiring three-hour stint, most of us can fill five to eight sheets with signatures.

By May 1, 2006, we will have submitted the signatures of more than 20,000 people to the South Dakota Secretary of State. South Dakota law provides that if 16,728 of those signatures belong to registered voters, our issue becomes a question to be answered by South Dakota voters on November 7, 2006. The question is, “Should doctors and patients in South Dakota have the right to decide, at least as freely as doctors and patients in eleven other states, what is the best course of therapy for their specific situations?”



What Does It Mean to Feel Better?

23 of the United States provide for citizen initiatives. Without the initiative process, there still would be no legally recognized medical cannabis use in the United States. Without initiated precursors, Maryland and



Photo courtesy Bob Newland:

Matthew Ducheneaux: quadriplegic from a car wreck, used marijuana to quell muscle spasms caused by spinal injury. Was arrested in Sioux Falls, So. Dak., for possession in 2000, and denied a defense incorporating 'medical necessity'. The prosecutor stipulated that Ducheneaux benefited from marijuana use, but said that the law says there is "no medical use" for marijuana. Ducheneaux was convicted, fined and sentenced to jail for attempting to prolong his own life

Vermont's legislatures would not have had the courage to do the right thing.

Once having qualified for the ballot in a state, no medical marijuana initiative has failed. South Dakota is viewed as a possible bellwether state in this progression. South Dakota has some of the most draconian marijuana laws in the nation. A positive-for-THC urinalysis of an otherwise completely peaceful honest person can cost him his driving license, his home, his children, his cash, his car and his ability to earn a living, as well as his freedom for a while.

South Dakota is also typified by some of the stupidest legislators and bureaucrats on earth (an honor presented among a highly-contested race). Recently, assistant attorney general Charlie McGuigan testified to a fawning legislative committee that the presence of "carcinogens" in cannabis smoke presented ample reason to deny its benefits to sick, disabled and dying people.

The best thing I can say about this process is that the process itself provides rewards (in the realm of personal growth and acquisition

of new friends) to those of us asking for signatures. It had better. If the election itself goes our way, we will only have become a step along the way to what we hope is some measure of enlightenment as a society. We will, in actuality, have achieved very little. The feds will still be able to harass patients and their caregivers. South Dakota law enforcement will still actively break the law, providing assistance to the feds.

Our choices are to take a step we hope will be beneficial, or to silently endure the outrages of a system that arbitrarily punishes some people for using health-enhancing substances not approved by the state. That doesn't seem like much of a choice to me.

Learn more about the medical cannabis initiative campaign in South Dakota at <http://www.SoDakSafeAccess.org/>.



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NUDE B.C. GOLD RUSH HISTORY



— 2008 EDITION —

WELLS, B.C., October 26, 2005: Back (and front) by popular demand, Island Mountain Arts in Wells, British Columbia, Canada is proud to announce the publication of the 2006 Nude BC Gold Rush History Calendar. The 2006 edition is hot off the press! It features a whole new set of historic tongue-in-cheek gold rush poses, and reveals the naked truth about our often over-looked history.

The non-profit art gallery and school in the historic northern Cariboo town sold over 1400 Nude Cariboo History Calendars in 2004, and commissioned local artist, Bill Horne of Amazing Space Studio, to produce another nude calendar for 2006.

"Requests have been coming from across North America for us to make another calendar. Wells may only be a town of 200 people, but with its rich history associated with Barkerville and the search for gold, thousands of people have lived or visited our small town over the years and have great nostalgia for the place," says Artistic Director of Island Mountain Arts, Julie Fowler.

Not afraid to 'bare all' to support the arts, the good folks of Wells, including local celebrities like the mayor, a "blacksmith" and renowned artists, tastefully

dropped their drawers in a variety of historic gold rush locations. From Barkerville and Stanley, to the 1930's Wells Community Hall and the tailings of the Cariboo Gold Quartz Mine, the sepia-toned never-before-seen photographs reveal a lot more than just a window into our Canadian heritage. With its diverse range of ages, cultures and body types, the calendar gives a glimpse of some of the intimate details of the lives of the miners, merchants and entertainers who flocked to the gold fields.

"What distinguishes this calendar from others is its historic and satirical nature. I doubt there are many other calendars that have the kind of gender role reversals found in this one. Our intent has been to create a humorous visual challenge to the sexist stereotypes that usually depict women in submissive roles and poses. At the same time, we wanted to pay tribute to a history that's easily forgotten in today's consumerist, techno world. It is a history in which women, as well as men, played significant roles," explains calendar creator Bill Horne.

The calendar goes on sale starting October 27, 2005 and can be picked up at select locations around the province,

and by mail order through Island Mountain Arts. Join us at the Island Mountain Arts Public Gallery in Wells on Saturday, November 12 at 7pm for the official Calendar Launch Party and Coffeehouse.

For more information on where you can buy a calendar or to order one over the phone call Island Mountain Arts Society toll free at 1-800-442-2787. Calendars are \$20 (incl. Taxes) with funds raised going towards the non-profit arts organization, Island Mountain Arts Society, established in Wells in 1977. For more information on courses in the arts, the public gallery, the ArtsWells Festival, the International Celtic Harp School, and the Wells Artists' Project for Professional and Emerging Artists, call 1-800-442-ARTS, visit www.imarts.com or email info@imarts.com.

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pewter Mexican beads. She even adds a piece of sweetgrass to bless the bag and a signed, numbered card is included. From her soul to yours, peace.

This bag is valued at \$2,500 CDN. The winner will be announced in the May/June 2006 issue of Cannabis Health Journal. Good luck to all.

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Community Talking Stick

Hello Barb and the Cannabis Health Team

I'm asking for any kind of help available. On Dec 27/04 another police raid on my shop "Harvest Moon" has landed me in jail and I've been held in custody since that date. I don't want any trouble with the authorities, but there is a constitutional and charter challenge that needs to be addressed. It seems this area's jurisdiction is unfair and harsh on the efforts Harvest Moon is making fighting prohibition. I want to be a part of the legal cannabis industry, but bureaucracies are trying to damage my life in Canada.

I had a pre-trial on Sept 6/05 in which I prepared a letter for the courts (copy enclosed). It seems the nine months in custody isn't worth anything and a liberal crown prosecutor, Richard Pollock, wants me in a federal penitentiary. Trust me, this has all been a set-up from day one. On April 26/05, I was denied bail because I want to continue with Harvest Moon. I need an expert like Mr. John W. Conroy, QC to help fight PROHIBITION for a positive resolution.

My lawyers in Windsor, Mr. Robert Dipietro and Mr. Kirk Munroe are helping me fight the trafficking, proceeds of crime and the five other related charges I'm facing for operating Harvest Moon. The majority of people in the Windsor and surrounding areas are saddened, frustrated and angry about the way the Crown prosecutor and Windsor Drug Squad have been conducting their behavior in handling this case against Harvest Moon. Important court date Oct 14/05.

My goal is to re-open Harvest Moon in the near future, having an active role in the community with no problems from our authorities. Promoting educa-

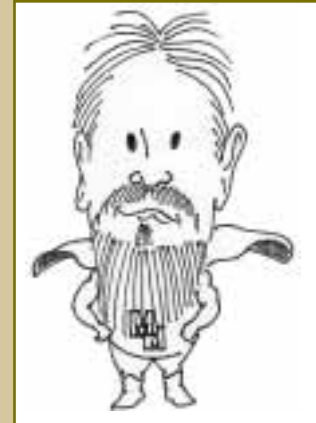
tion and healthy safe access for people in need, increasing revenue for our government, overthrowing the black market in a responsible manner.

I realize this is a tough goal for all of us in the cannabis industry, but with help from great organizations like Cannabis Health, Cannabis Culture, NORML, Federal Marijuana Party, BCMP and the list goes on of great people out there trying to make a positive change in society. It's a realistic goal that I feel will happen. AMNESTY is a good start.

Thank you kindly for the SEPT/OCT 2005 issue of Cannabis Health you sent me. I enjoy the very interesting information; feel free to send me any literature available which will help fight the good fight. ALL TOGETHER WE CAN END PROHIBITION.

Keep up the good work Cannabis Health. I'm fighting for all of us!

Sincerely yours,
Nick Minardi, Harvest Moon



FIND MIGHTY MIKE

Find Mighty Mike hidden somewhere in this issue to win a prize. Send the page number and location where you found Mighty Mike to info@cannabishealth.com or snail mail to Box 1481, Grand Forks, BC V0H 1H0 with Mighty Mike Contest in the subject line.

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