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Cannabis Health
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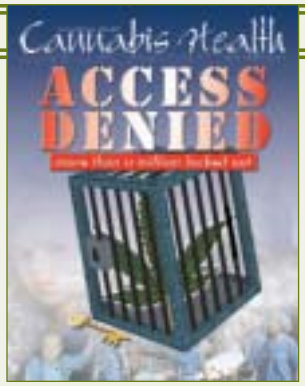

Inside Cannabis Health

Cannabis Health

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

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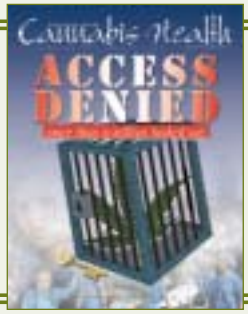


Brian McAndrew wished to show the double standard that surrounds the Medical Cannabis Issue. While the powers that be tell us there is no medical value to the plant, millions of dollars are being invested in research on isolating the different active ingredients. Even though the cage has a locked door, there are no bars on the back of the cage. The key to the door, compassion for the whole plant, is in plain view. The names on the cage symbolize those who have access to the open back door. The application process that admitted 757 medical users is a very confusing and difficult one, with the doctors reluctant to help. This leaves a million or more medical cannabis users with ACCESS DENIED!

Editorial

Education seems to be the growing issue. After all, Ann McLellan called pot smokers stupid. One would expect the woman who is both Deputy Prime Minister of Canada and Minister of Public Safety to have better knowledge of the issue. I think the problem is bigger than we thought…..

The number of chronically ill Canadians using cannabis medicinally in this country today is estimated to be more than one million. Why, then, does Canada's legal marijuana medical access program have less than eight hundred participants? The medical associations do not want the doctors labeled with Health Canada's assigned role of "marijuana gatekeeper". They have advised doctors of the possible legal repercussions associated with this role and the majority of doctors are just refusing to sign any kind of prescriptions for marijuana, period. The proposed amendments to the Marijuana Medical Access Regulations will not alleviate this problem. Doctors do not want to sign for marijuana, now or in the future, and without the signature Health Canada deems the application for legal status incomplete and void. For years, this dysfunctional government system has blocked all legal access to marijuana for the vast majority of sick Canadians. In fact it has forced the most vulnerable of our citizens into the rank of criminals.

Law enforcement officials are claiming the production of all marijuana in Canada is linked with organized crime and some of our public officials have even confirmed this inaccurate theory. If the average daily dose of a million medical users is around 3 grams, (a conservative estimate) then the demand for medical marijuana in Canada is over a million kg per year. Where does the government think the pot is coming from? The bottom line is; the patients are suffering and the black market is being held responsible for the government's dysfunctional legal marijuana access problems.

The history of this dysfunction is long and sordid. Numerous lawyers have made stands on the issue of medical marijuana access, only to have the courts pass it off to the politicians. Our elected politicians have not wanted to fix it for fear of losing the next election, so they just keep throwing our tax dollars at studying and debating the same old problems, in hopes that they can put it off long enough for someone else to fix it.

When the Senate report recommended legalization we thought we might see the end. However, it would seem the only people who read the Senate report were all us persecuted criminalized stupid pot smoking Canadians, and not the elected officials in charge of deciding our fate. Hence, we are facing "recriminalization" with Bill C-17, which does not deal with the issue of medical access at all, and in fact impedes the process even further by giving the police agencies more power to discriminate against sick Canadians who want to grow a small number of plants for personal medical use.

When will the insanity stop? If the government intends to limit the supply in order to pharmaceuticalize the herb, then obviously they have not been listening to the million current consumers who have already chosen to turn to the naturally grown herbal medicinal alternative.

The up side; our voices are getting stronger, public perception has already changed, and the medical use of cannabis is now publicly accepted throughout the world. Activist groups, patient unions, corporations, political allies, advocacy organizations, trade and growers associations and pro cannabis businesses have all been formed. Millions of voices cannot be silenced. Rest assured, the pot will be brought to the boil, one way or the other.

Keep smiling; it makes them wonder what you're up to….

Barb St.Jean

Jody Pressman Predidnet Norml Canada

Open Letter from NORML Canada

Mr. Pressman is the Executive Director of NORML Canada. NORML Canada (National Organization for Reform of Marijuana Laws in Canada) is a non-profit, public interest, member operated and funded group, chartered at the federal level in Canada since 1978, working at all levels of government to eliminate all civil and criminal penalties for private marijuana use, through public education, research, and legislative and judicial challenges. NORML Canada does not advocate or encourage the use of marijuana, but believes that the present policy of discouragement through the use of criminal or civil law has been excessively costly and harmful to both society and the individual. NORML Canada plays a vital role as a strong and credible national organization advocating a scientific and evidence based approach to marijuana policy in Canada on behalf of the over three million Canadian marijuana users. NORML Canada needs your support! Visit www.norml.ca and find out how you can join and support NORML Canada in the fight for sane marijuana laws. Get involved today!

Letters

November 5, 2004

Dear Deputy Prime Minister McLellan,

I am writing you today to express my outrage and deep disappointment in your recent comments labeling Canadians who smoke marijuana as "stupid". As the Executive Director of an organization that advocates on behalf of the over three million regular marijuana users in Canada, I can tell you that Canadians who smoke marijuana don't appreciate being described that way by the Deputy Prime Minister of Canada.

Your comments are inappropriate, unbecoming, and uninformed. You should retract these comments and apologize to the millions of tax-paying Canadians you have insulted. Your gratuitous comment calls into question the ability and conviction of your government to put forward legislation that seriously

To: The Honourable A. Anne McLellan, P.C., M.P.

Deputy Prime Minister and Minister of Public Safety and Emergency Preparedness, 340 Laurier Avenue West, Ottawa, Ontario K1A 0P8

and impartially examines and addresses the evidence at hand.

You and your government are behind the curve and way behind public opinion on this issue. We expect better manners and better leadership from our elected officials.

NORML Canada will have more substantial things to say about your government's proposed legislation in the weeks ahead. In the meantime I trust you will elevate the public debate on this issue, something the unanimous Senate committee report on the use of marijuana had no problem doing. You have chosen to ignore this enlightened and exhaustive study completely and go in the opposite direction of its recommendations.

We respectfully disagree with your comments and the legislation Mr. Cotler has proposed. So do most Canadians.

Sincerely, Jody Pressman, Executive Director, NORML Canada

Serious Error in Montel Story

Your otherwise excellent story about Montel Williams' Sept. 21 show devoted to medical marijuana contained one serious factual error: It is not true that the U.S. federal government "has the power to negate the decisions passed by state legislatures."

In fact, the U.S. Constitution gives states considerable autonomy in governing affairs within their borders. While the federal government can and does continue to enforce its own marijuana laws in states that have enacted medical marijuana laws, it cannot overturn or invalidate these state laws. Since 99 percent of all U.S. marijuana arrests are made by state and local police acting under state and local laws, these laws afford patients substantial protection despite federal hostility.

Unfortunately, the myth that "federal law trumps state law" has sometimes been used successfully by opponents of reform to frighten state legislatures out of enacting laws to protect patients. Cannabis Health and its readers can do a great service by debunking such misinformation at every opportunity.

Sincerely, Bruce Mirken, Director of Communications Marijuana Policy Project - http://www.mpp.org. Sign up for MPP's free e-mail alerts - http://www.mpp.org/subscribe

Legal Dilema

I am a 78 year old medical cannabis user and have suffered from crippling Rheumatoid Arthritis for over 30 years. I have asked my doctor to sign the exemption forms, but he refused because his Association told him not to. He does, however, fully support my use of cannabis as medicine.

This dilemma causes me great anxiety and frustration, because I choose not to support the Black Market. I want to grow my own medicine; just a couple of plants, but with my decision, came a certain amount of risk. You see, recently I had my plants stolen. It was done in the middle of the night, twenty feet from my bedroom window. I woke in the morning to stubby stalks, not the beautiful medicine I had hoped to harvest shortly. I felt as violated as if they'd come into my home and stolen my personal belongings. Theft is theft in my books!

What kind of recourse, if any, do I have? Should I report it to the local RCMP detachment? Any advice would be appreciated. Thank you for the wonderful magazine.

VH, Hamilton, ON

Rip-offs Response
WHAT'S A PATIENT TO DO?

This article refers to the letter from the 78 year old medical user. We recently spoke with Sgt. Al Olsen of the Grand Forks RCMP detachment about this rip-off problem. This is what we found out.

Should you choose to report the theft, the RCMP will investigate the

break and enter; they will also investigate the cultivation of marijuana unless you are licensed by Health Canada. "There is no such thing as a legal grow, unless you are licensed. It doesn't matter if you qualify for the exemption but can't get a doctor to sign off, you are still breaking the law," Olsen stated.

Sgt. Olsen also told us the RCMP are mandated and required to investigate the cultivation, but are not forced to press charges. This is where police discretion comes in. They assess the situation and circumstances and use their discretionary powers to determine who is and who is not charged.

There have also been many stories in the news lately about home invasions where the homeowner has been seriously injured by thieves looking for marijuana. But until marijuana is decriminalized or legalized, there is not much recourse for the medical user and vigilante justice will get them nowhere, other than in jail for assault. We find it very sad medical users have to choose between; fighting for access to the government's marijuana, outrageous Black Market prices, or risk the threat of theft and personal harm, just to get the medicine that helps them with their illness.

When we asked Sgt. Olsen if he had an opinion on the medical use of cannabis, he told us he had no opinion, as he did not have enough knowledge on the subject to form one. We truly appreciate his honesty, as there seem to be far too many folks forming opinions based upon misinformation. We believe knowledge holds the keys for a change in these unfair laws.

Kudo's from readers

I've been handing out the zine to every client who walks in. The response to your magazine has been good. People haven't heard of it on a mass scale and are impressed, as I was, about the lack of pee-testing and bong/babe ads. Finally, someone is taking the plant seriously!

..... and again

We love your mag (our mag). Our patients love your mags. They are available each month for a small patient donation ($1 US). They go like hotcakes. As a matter of fact I referred someone from a non-MMJ state in the US to your website. He wanted lots of info. Our Midwest is ultraconservative.

Welcome back Brian McAndrew

It's good to be back.

After spending two years and the first ten issues helping to start Cannabis Health and keep it going, I had to leave due to time conflicts with my personal business, Beyond Graphix.

Two weeks before this issue went to print, Barb St. Jean, also a Founding Director of Cannabis Health Foundation and current Editor, asked me to come back to get this issue out and to active duty as Production Manager again with CH. ...I accepted the challenge.

I look forward to working with the Cannabis Health team once again on future issues of our magazine..

Brian McAndrew, Production Manager

Welcome to Active Duty Barb St. Jean

It's great to be active.

I've been involved with the organization since inception in 1999, but a Lupus flare has kept me from fully participating over the last few years.

With the help of wonderful doctors and natural medicines I'm fighting back and it feels great. Cannabis for health has been my passion and it is a pleasure working with such a dedicated team of individuals to fulfill the vision.

I'm looking forward to the future.

Barb St. Jean, Editor

Economic Future of Cannabis in Canada

Written by Wendy Little and Eric Nash

Island Harvest Certified Organic Cannabis

A new industry has emerged from what was once a lucrative economic source only available to Canadians who chose to operate at odds with the law. This new industry is medical marijuana. How do we know this? Because jobs, businesses, research grants and opportunities are being created from a legal economic sector which didn't exist four years ago.

Money is now being spent on federal government medical marijuana programs that receive millions of taxpayer dollars. Money is being spent on a Canadian business that won the multi-million dollar federal government contract to produce and supply marijuana to Canadians. Money is being spent on medical cannabis research projects funded by the federal government and by the private sector. Money is being spent on the purchase of marijuana by patients from their legally licenced growers. Through both the private sector and government funds, there is a substantial amount of money changing hands.

There is support for the expansion and diversification of the medical cannabis industry from virtually all levels of our society. The public via opinion polls, the judicial system through constitutional and charter rights rulings, the private sector from the Fraser Institute, and the political support from the Senate report. All the evidence is clear - a legal cannabis industry has widespread public support, is well established and will continue to rapidly expand over the next few years.

This new industry sector is garnering much support from many significant places in our society. The courts provided an example of judicial support, specifically in a recent October 2003 Ontario Court of Appeal ruling. The three judges ruled that each government licenced cultivator should be able to grow and sell cannabis to a multitude of patients within the MMAR. This was a major step in providing the medical cannabis market with exactly what it wants and needs; a diverse choice of cannabis sources with varying strains, prices and range of quality.

We also see cannabis industry support coming from the 2002 Senate Special Committee report which states that "a Canadian resident should be able to obtain a licence to produce and distribute cannabis and its derivatives for therapeutic purposes." Considerable support also comes from the Canadian public, most major news media, and from respected institutions like the Fraser Institute. Prominent public figures like Vancouver Mayor Larry Campbell and Pierre Berton also support this buoyant and expanding legal cannabis industry.

How else do we know that a new industry is emerging? For the past few years, we have been operating Island Harvest within the legal Canadian cannabis industry. Island Harvest is a certified organic medical cannabis production facility, and we comply with Health Canada's Marihuana Medical Access Regulations, selling and distributing our product to those who are authorized by the government to receive it.

Money is now being spent on federal government medical marijuana programs that receive millions of taxpayer dollars.

We are observing the gradual change in the flow of money from one agency to another, from one organization to another, from one business sector to another. We see the financial shift from RCMP anti-grow-op funding to government regulatory funding (Office of Cannabis Medical Access), the financial shift from black market distribution to pharmaceutical distribution (pharmacy pilot projects), the financial shift from illegal medical growing to multi-million dollar government contracts and small business operations.

In addition to these shifts in financial circulation, there is also a massive and rapid expansion of cannabis plant-based medicines from the biotech and pharmaceutical sector. This in turn is fueled by private and government investment money. We are observing all of these transitions and developments which support the emergence and credibility of this exciting new industrial and agricultural sector which will create jobs and economic opportunity across Canada.

Of course how our tax money is spent, and where that money is going will always be a contentious issue. Many people wonder why the government is spending so much money on a program which really isn't addressing the major issue, which is to make access to marijuana simple for all Canadians who wish to use it for medical purposes. However the issue is very complex, and the main problem is due to the fact that the cannabis plant is an illegal controlled substance.

Like any emerging economic sector, there are people who are resistant to change. This resistance can be demonstrated in the federal government's failure to recognize changing public attitudes in regards to personal health choices. An example of this is the development of a cumbersome medical cannabis access program, which the courts continue to prove as unworkable. So we see the legal cannabis industry thwarted by a lack of awareness and vision by the federal government.

So the cannabis industry in Canada operates in a dichotomous way - a mix of legal and illegal. It's clear that the use, distribution and sale of marijuana for recreational purposes are currently illegal. Yet when used for medical purposes, it's evident that marijuana is completely legal in Canada. Therefore a new industry has developed in the past few years which supports this well established and rapidly growing legal cannabis market.

There are very simple solutions that the government could implement to make the Marihuana Medical Access Regulations much more efficient and workable. This would give the legal cannabis industry a significant boost, and the legal cannabis market would be provided with exactly what is needed to satisfy the demand for a diverse range of cannabis products.

The first action Health Canada could take would be to implement an existing section of the MMAR, which is

Economic Future of Cannabis in Canada

to use inspectors to verify crop production standards by all the producers. This would eliminate the potential of diversion to the recreational market, which is their greatest concern. The second step to make the cannabis access program workable is to eliminate physicians as the gatekeepers. Canadian Medical Association representatives have stated that they would prefer not to be involved in their role as gatekeepers to medical cannabis. The Canadian Medical Protective Association also issued a memorandum to doctors across Canada advising against signing the MMAR forms. It is evident that Health Canada's cannabis access program can be workable with minor amendments. This would satisfy the courts, the people who use cannabis therapeutically and the marijuana industry producers and distributors.

These simple MMAR amendments would also be in compliance with the International Convention on Illegal Drugs because Health Canada would then be utilizing a control measures program to prevent and eliminate diversion of medical cannabis to the illicit market. This would provide a great sense of relief to the Canadians who use cannabis medically by taking a progressive action to make the system more efficient and effective. It would also produce necessary and realistic solutions in maintaining a diverse and prosperous cannabis industry. Finally, by addressing these persistent problems in the legal cannabis industry, and taking the necessary steps to solve them, government would demonstrate commitment and honest intent to change inadequate policy.

However, the resistance to change runs deep, and other issues need looking at. It's apparent that some people have developed a negative perception of cannabis production due to the misinformation about grow-ops - commonly perpetuated myths by law enforcement and government. At Island Harvest, we have demonstrated by our real life experience, that marijuana grow-ops can be operated safely, professionally and responsibly within any community. In fact, as legally regulated cannabis cultivators in our community, we experience immense public support. We have been provided with letters of encouragement and support from our federal MP, provincial MLA and our mayor and council to promote our medical cannabis industry expansion to create jobs, economic growth and tax dollars.

So the legal business of cannabis is here to stay, and it has huge support from all aspects of our society and culture. As Jeffrey A. Miron, Boston University Professor of Economics, writes in the foreword of our recent book, Sell Marijuana Legally - A Complete Guide to Starting Your Marijuana Business, "My research on cannabis prohibition has emphasized that the current problems in the cannabis market result from prohibition rather than from cannabis itself." This view is also expressed from numerous sources - from the Senate, law enforcement, the courts and most importantly the Canadian public.

The Canadian public supports medical cannabis use and the associated industry sector that goes with it – an industry that provides a necessary product and creates economic growth and opportunity. The spin-off employment and revenue generated from all aspects of the cannabis product industry is substantial. What was once considered "drug paraphernalia" is no longer, as many of these products are currently being used medically in a legally regulated environment.

Vaporizers will continue to evolve and the market for edible cannabis products will continue to grow. Product research and development for alternatives to smoking cannabis will also expand. The future of the cannabis industry has enormous potential, and it is rapidly becoming a significant and important facet of our national economy.

Our federal government will begin to acknowledge that small communities across Canada affected by dwindling resource-based economic opportunities should be able to capitalize on the emerging legally regulated cannabis industry. The business of cannabis must remain open for all Canadians to take part, from small family run businesses to mid-size companies; all should be permitted access to participate in this tremendous renewable resource based business opportunity.

In essence, there are absolutely no negative effects from the development, expansion and diversification of a legally regulated cannabis industry - one that allows all levels of business to become involved. This is the new industry that our Canadian economy needs. There are very exciting times ahead for the business of cannabis, and now is the time to get involved.

GW Pharmaceuticals - update

GW Pharmaceuticals submitted a regulatory application for Sativex in Canada in May 2004. This application was in support of the treatment of Neuropathic Pain in patients with MS.

The Canadian regulatory authority, Health Canada, have proceeded to carry out the regulatory review swiftly and GW understands that the process is approaching completion. To date, Health Canada has not made GW aware of any issues which will prevent the grant of a product licence.

Source Net retrieval Dec. 4 2004: http://www/gwpharm.com/news_press_releases.asp?id = /gwp/pressreleases/currentpress/2004-12-03/

Marijuana Medical Access Regulations

Cannabis Health Magazine receives many inquiries from physicians and chronically ill people from all parts of Canada wanting to know how and where to purchase the government's marijuana. Information surrounding the Marijuana Medical Access Regulations administered by the Office of Cannabis Medical Access under the direction of Health Canada has been extremely confusing to most of our callers. We have compiled the following information in hopes of alleviating some of the confusion surrounding legal access to medical marijuana.

Who's Who

The Office of Cannabis Medical Access coordinates the development and administration of the regulatory approach permitting individuals to access marihuana (cannabis) for medical purposes. The **Drug Analysis Service** is responsible for the establishment of a reliable Canadian source of medical research-grade marihuana.

Prairie Plant Systems Inc. is contracted to provide Health Canada with a reliable source of quality, standardized research grade marihuana to meet research needs in Canada.

The Drug Strategy and Controlled Substances Programme, via the Office of Research and Surveillance (ORS), established the Expert Advisory Committee.

The Expert Advisory Committee on Marijuana for Medical Purposes (EAC-MMP) provides Health Canada (HC) with timely scientific/medical advice related to the Marihuana Medical Access Regulations program (MMAR) and the Medical Marijuana Research Program (MMRP). Committee membership is mandated to include the following areas of expertise: HIV/AIDs, multiple sclerosis (MS), palliative care, pain management, pharmacology/toxicology, ophthalmology, epilepsy and ethics.

Medical Marijuana Research Program/Canadian Institutes of Health Research (CIHR)- As part of Health Canada's strategy to address the issue of medical marijuana, in 1999, the Department (Health Canada) created the Medical Marijuana Research Program (MMRP). The establishment of the Program recognized the need for research into marijuana and associated cannabinoids to determine the safety and efficacy of these compounds in the management of symptoms in patients unresponsive to usual treatment modalities. Note: The funding process for "Operating Grants and Randomized Control Trials" under this programme was suspended in June 2003 and remains suspended until further notice. For more info: http://www.cihr-irsc.gc.ca/e/4628.html

The Stakeholder Advisory Committee on Medical Marihuana provides the Drug Strategy and Controlled Substances Programme of Health Canada with timely advice on medical, scientific, regulatory, policy, and operational issues related to marihuana for medical purposes. This committee is comprised of representatives from the RCMP, Canadian Association of Chiefs of Police, Canadian Medical Association, several other health organizations, compassion clubs, user groups, designated growers and patients. For additional information on this committee, see Cannabis Health/Volume 2: Issue 4, May/June, 2004.

The Marihuana Medical Access Regulations promulgated in July 2001, established a framework to allow the use of marihuana by people who are suffering from serious illnesses, where conventional treatments are inappropriate or are not providing adequate relief of the symptoms related to the

Marijuana Medical Access Regulations

medical condition or its treatment, and where the use of marihuana is expected to have some medical benefit that outweighs the risk of its use. These regulations were deemed unconstitutional by a 2003 Ontario Court of Appeal decision, on the basis that they failed to provide a legal supply of marihuana for persons authorized to possess it for medical purposes.

Changes to the Marijuana Medical Access Regulations are being carried out in phases. The first phase, the Regulations Amending the Marihuana Medical Access Regulations, carried out in late 2003, focused on responding to the Ontario Court of Appeal decision. The second involved a broader review of the regulations, and included a comprehensive consultative process. In October 2004 a second set of Regulations Amending the Marihuana Medical Access Regulations was published for comment in the Canada Gazette, Part I. The following amendment to the regulations should take effect, if passed, by the spring of 2005.

The number of categories of symptoms under which a person may apply for authorization to possess marihuana for medical purposes is reduced from three to two. The previous Categories 1 and 2 are merged into one category (Category 1). The need for a specialist to sign the medical declaration for the symptoms set out in the Schedule to the Regulations (previous Category 2) has been eliminated. While assessment of the applicant by a specialist is still a requirement under the new Category 2, the treating physician, whether a specialist or not, can sign the medical declaration.

Physicians are no longer required, in their declarations, to make definitive statements regarding benefits outweighing risks, or to make specific recommendations regarding the daily dosage of marihuana to be used by the applicant. In addition, the information that the physician is required to provide in the medical declaration has been reduced to only those elements essential to confirm that the applicant suffers from a serious medical condition and that conventional treatments are inappropriate or ineffective.

These amendments provide limited authority for a pharmacy-based distribution system for dried marihuana that is produced by a licensed dealer on contract with Her Majesty in right of Canada, to authorized persons without a prescription from a physician. This will allow the conduct of a pilot project to assess the feasibility of distributing marihuana for medical purposes through the conventional pharmacy-based drug distribution system.

> Information surrounding the Marijuana Medical Access Regulations administered by the Office of Cannabis Medical Access under the direction of Health Canada has been extremely confusing to most of our callers.

The new provisions, which allow police officers to confirm authorization and licence information with Health Canada, will enhance the ability of Canadian police to investigate and take appropriate enforcement action in regards to any unauthorized marihuana-related activity including, for example, the production or storage of marihuana at locations other than those authorized, or trafficking in marihuana, which includes selling, giving, sending, delivering, or administering marihuana to any person not named in the authorization or licence issued by Health Canada.

The following snip is taken from Health Canada's **Regulatory Impact Analysis Statement** and can be found in its entirety at:http://canadagazette.gc.ca/partI/2004/20041023/html/regle2-e.html

To enhance protection of the health and safety of Canadians, Health Canada's strategic direction for the medical marihuana program envisions the program taking on, to the extent possible, the features of the traditional health care model employed for other medicinal agents available in Canada. Such a model would include: continued support for research and enrolment of patients in clinical or open label trials as the first consideration of patients and physicians; a centralized source of marihuana that complies with product standards, accompanied in the longer term by a phase-out of personal cultivation; distribution of marihuana for medical purposes to authorized persons through pharmacies; updated information stemming from research into the risks and benefits of marihuana when used for medical purposes, and education of patients and physicians; and improved post-market surveillance to monitor the safety and efficacy of marihuana when used for medical purposes.

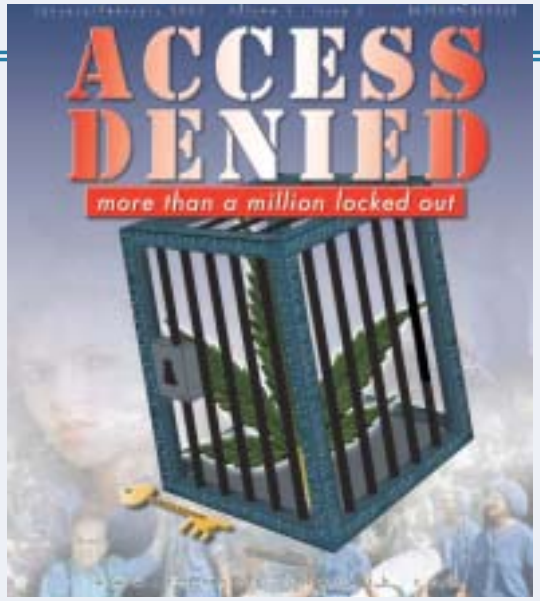
The Application Process

Patients and Physicians can obtain a guide to the regulations and an application form from the Health Canada website www.hc-sc.gc.ca/hecs-sesc/ocma/ or by calling Health Canada's Office of Cannabis Medical Access in Ottawa at (613) 954-6540 or toll-free at 1-866-337-7705. NOTE: the proposed changes to the MMAR must be passed before the policies and forms currently posted can reflect any changes.

For more information on the proposed amendments contact: Ms. Cynthia Sunstrum, Drug Strategy and Controlled Substances Programme, Healthy Environments and Consumer Safety Branch, Address Locator 3503D, Ottawa, Canada K1A 1B9, (613) 946-0125 (telephone), (613) 946-4224 (facsimile), OCS_Policy_and_Regulatory_Affairs@hc-sc.gc.ca (electronic mail). Or visit the website of the Office of Cannabis Medical Access for general inquiries: http://www.hc-sc.gc.ca/hecs-sesc/ocma/index.htm or Phone: 1 866 337-7705 - Tel: 613 954-6540 - Fax: 613 952-2196 E-mail: ocma-bamc@hc-sc.gc.ca

MMAR patient participation statistics are posted monthly on the OCMA site. As of September 3, 2004 – Only 757 persons are currently allowed to possess marihuana for medical purposes in Canada - 553 persons are currently allowed to cultivate/produce - 435 hold a Personal-Use Production Licence and 59 hold a Designated-Person Production Licence, under the Marihuana Medical Access Regulations (MMAR).

Debating Decriminalization



Cannabis Health has been following the on-going decriminalization debates. In September 2002, the special Senate committee on illegal drugs tabled its final report, recommending the legalization of cannabis. Also in September 2002 in the Speech from the Throne, the government made a commitment to "act on the results of parliamentary consultations with Canadians on options for change in our drug laws…." The special House committee on December 12, 2002 disregarded the recommendations of the special Senate committee for legalization of cannabis and recommended in its report a comprehensive strategy for decriminalizing the possession and cultivation of not more than thirty grams of cannabis for personal use. Bill C38 was followed by Bill C10 and then Bill C17, currently under debate in the house, each more restrictive than the last.

This debate has been unnerving. The amount of misinformation vocalized in regards to cannabis use and the potential health risks have confirmed our suspicion that very few of our elected politicians have actually read the senate committee report. *"Scientific evidence overwhelmingly indicates that cannabis is substantially less harmful than alcohol and should be treated not as a criminal issue but as a social and public health issue (1)"* said Senator Pierre Claude Nolin, chair of the committee.

Mr. Randy White (Abbotsford, CPC) however, said; *"With the lungs, it is more irritating; with 50% more tar than tobacco. It has a greater effect on the upper airways than tobacco, and may cause lung, head and neck cancer. …..We are talking about something that is really unfit for people and is in fact worse than cigarettes" (2)*

Mr. Russ Hiebert (South Surrey—White Rock—Cloverdale, CPC, stated; *"It is far worse than smoking. It is an activity that we are officially, as a House, trying to discourage. For example, emphysema and lung cancer are both consequences of smoking and drug use." (3)*

Mr. Peter MacKay (Central Nova, CPC) said: *"Ingesting marijuana is very damaging; it's carcinogenic, THC." (4)*

We did not have to go very far to point out their errors. We referred back to the **Ask Ethan Russo** column in early Cannabis Health Journal issues. (Note: Professor Ethan Russo currently serves in a consultancy position as Senior Medical Advisor to the Cannabinoid Research Institute, the division of GW established to promote exploratory research.) The following are two excerpts from his bi-monthly columns.

"While I never recommend smoking tobacco, it is true that concomitant cannabis miti-

Debating Decriminalization

gates some of the harm to a degree. I would refer you to my Chronic Use Study, available online, and to an article that indicated that cannabis-only smoking does not seem to provoke emphysema, and to an interesting study by Poth et al. that demonstrates how THC actually helps prevent carcinogenic deterioration. Remember, there has never been a documented case of lung tumour in a cannabis-only smoker."

However, this obvious misinformation problem is not exclusively the fault of our elected officials; The media has played a significant role in the reporting of inaccurate or bad science. A sentence taken out of context can have a whole new meaning. Take this reported media snip for example:" **a Dutch study shows that Canada's smokers are seven times more likely than other people to have psychotic symptoms."** Why would Canadians be more psychotic than other people? Cannabis Health is still looking for the research study linked to that reported snip. We want to find out who the "other people" are and what they're smoking.


Dr.Ethan Russo

Relating to mental health and cannabis use Dr. Ethan Russo wrote: *"The use of cannabis to treat bipolar problems (previously known as manic depression) is a fascinating development. A surprising number of people so afflicted have independently made the discovery that cannabis has improved their condition, whether the mania or depression. It may also reduce side effects of other drugs used in its treatment, such as Lithium, Carbamazepine (Tegretol) or Valproate (Depakote). Some people have found cannabis more effective than conventional drugs"… "….Endocannabinoids seem to be intimately involved in emotional regulation mechanisms in the limbic system. Because THC and other chemicals in cannabis mimic our own internal biochemistry, they may help replace what is missing. Cannabis strains that contain cannabidiol (CBD) also have anti-anxiety and anti-psychotic benefits. The best documentation available for this is an article by the eminent clinical cannabis prophet, Lester Grinspoon, that was published in Journal of Psychoactive Drugs in 1998."*

The health implication misinformation is not the only problem, this whole "decriminalization" process, in our opinion, has been an expensive exercise in futility. It has lead the public into believing marijuana will be almost legal in Canada, but the political rhetoric and system of penalties outlined in Bill C17 actually point to a tougher and wider enforcement stance. If this Bill is passed, the Acts will be amended to create **four new offences** of cannabis possession involving small quantities of cannabis material. For the first three offences, law enforcement will be able to issue a ticket exclusively. Officers will have the discretion of enforcing the fourth offence, anything over 30grams, either by issuing a ticket or a summons, depending on the officer's appreciation of the circumstances related to the offence.

As for the cultivation of cannabis, the bill would restructure the offence as follows:

One to three plants: guilty of an offence punishable on summary conviction and liable to a fine of $500 or, in the case of a young person, $250. This would be exclusively by ticket.

Four to twenty-five plants: guilty of an offence and liable, on conviction on indictment, to imprisonment for a term of not more than five years less a day, or on summary conviction, to a fine of not more than twenty-five thousand dollars or to imprisonment for a term of not more than eighteen months, or both.

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

Twenty-six to fifty plants: guilty of an offence and liable, on conviction on indictment, to imprisonment for a term of not more than ten years.

Fifty plants or more: imprisonment for a term of not more than fourteen years.

The Hon. Keith Martin (Parliamentary Secretary to the Minister of National Defence, Lib. stated: *"…That is why Bill C-17 is extremely important. It dramatically increases penalties for those involved in commercial grow operations. The bill separates the small time user from those individuals involved in commercial grow operations. This is very humane." (5)*

If the purpose of this bill is to deter "Organized Crime" then it's targeted at the wrong people. What it does, is discriminate against the chronically ill patients who should be allowed to grow 25 plants for a 5 gram per day prescription level. As well, three patients should be able to grow in one site, 75 plants, as per the Medical Marijuana Access Program. Under this bill, that would mean three cancer patients, who can't get their doctor to sign the required forms, could be imprisoned for up to fourteen years each for organizing to grow their own medicine. This is not very humane. Seventy-five plants in a "commercial organized crime grow-op" is not worth the effort. If the government really wanted to stop organized crime they would legalize marijuana. Allow everyone to grow their own and license decentralized community based production facilities to supply the one million sick Canadians who currently use cannabis medically and can't get legal access to a supply. No demand = no black market.

Sources: www.cannabishealth.com/archives/ (Issue 1/pg12 & Issue 4/pg 16). Ask Ethan Russo

For full debate information see: (Bill C-17. On the Order: Government Orders:) November 1, 2004—The Minister of Justice—Second reading and reference to the Standing Committee on Justice, Human Rights, Public Safety and Emergency Preparedness of Bill C-17, an act to amend the Contraventions Act and the Controlled Drugs and Substances Act and to make consequential amendments to other acts. http://www.parl.gc.ca/38/1/parlbus/chambus/house/debates/020_2004-11-02/han020_1240-e.htm

(1) CBC News - Pot less harmful than alcohol: Senate report Thu, 05 Sep 2002
Full Senate report retrieval Nov 16,2004
http://www.parl.gc.ca/common/CommitteeSenRep.asp?Language=E&Parl=37&Ses=1&comm_id=85
(2) Pg/ 1250 web retrieval Nov 8, 2004
http://www.parl.gc.ca/38/1/parlbus/chambus/house/debates/020_2004-11-02/han020_1250-E.htm
(3) Pg/1350 web retrieval Nov 8, 2004
http://www.parl.gc.ca/38/1/parlbus/chambus/house/debates/020_2004-11-02/han020_1350-E.htm
(4) Pg/ 1330 web retrieval Nov 8, 2004
http://www.parl.gc.ca/38/1/parlbus/chambus/house/debates/020_2004-11-02/han020_1330-E.htm
(5) Pg 1320/ web retrieval Nov 8, 2004
http://www.parl.gc.ca/38/1/parlbus/chambus/house/debates/020_2004-11-02/han020_1320-E.htm

Canadian AIDS Society  Société canadienne du sida

Canadian AIDS Society Response to MMAR

A coalition of community-based groups confronting HIV infections and AIDS

The Canadian AIDS Society is a national coalition of 120 community-based AIDS organizations across Canada. We are dedicated to strengthening the response to HIV/AIDS across all sectors of society, and to enriching the lives of people and communities living with HIV/AIDS.

The Canadian AIDS Society's Board (1) of Directors favours a controlled legalization system for cannabis in Canada. The current prohibitionist regulatory environment, including the MMAR, is still unduly restrictive and hinders access to a safe, affordable, varied and reliable supply of cannabis for therapeutic purposes without fear of prosecution or discrimination for those who use it therapeutically. This said, the Canadian AIDS Society will continue to work with Health Canada to provide input into the medical marijuana access program in the current regulatory framework.

The proposed amendments to the MMAR do not address the social and economic fallout for medical users. Measures must be taken to ensure that costs for medical marijuana are covered and that authorized persons, exemptees and holders of licences to produce are entitled to insurance coverage.

Canadians have a legal right to liberty and security of the person, as set out in the Canadian Charter of Rights and Freedoms, and interpreted by Canadian courts. This includes the right to make decisions of fundamental personal importance, such as the choice of treatment to alleviate the effects of debilitating symptoms with life-altering consequences. The threat of criminal prosecution, or the power of a physician to block access to a program that would alleviate the fear of prosecution, deprive seriously and chronically ill Canadians of this right to liberty.

We FULLY SUPPORT the shift of responsibility from the physician to the applicant. Applicants will now acknowledge and declare their acceptance of the risks associated with the use of cannabis. We PROPOSE that they should be accepting responsibility for the amount of cannabis they intend to use, REGARDLESS of the amount.

The most difficult hurdle for applicants to overcome to access the medical marijuana program is to find a physician that is willing to sign the request for authorization forms. We PROPOSE that the medical declaration should be limited to confirmation of diagnosis. The Minister could then authorize the applicant based on the Applicant's Declaration and on the physician's diagnosis.

If physicians are going to continue to be required to be the gatekeepers in the medical marijuana access program, then we RECOMMEND that the Minister develop a communication strategy targeted at medical practitioners in Canada. This effort could be done jointly in collaboration with the various stakeholders. We also PROPOSE that the MMAR include a section that protects physicians from civil action based on completing the application forms for their patients.

> The Canadian AIDS Society's Board of Directors favours a controlled legalization system for cannabis in Canada.

Regarding the authorization to communicate information to Canadian police, we REQUEST that further consideration be given on this matter and that measures be taken to ensure that this information not be used in the process of someone applying for a police record check, that this will not result in continued surveillance of an authorized person's home or a licenced producer's home, and that this information will NOT be used when an authorized person or a licenced producer wishes to cross a border.

We WELCOME the addition of a limited authority for a pharmacy-based distribution system for dried cannabis in the MMAR, as ONE option for distribution.

We STRONGLY URGE Health Canada to re-examine its vision of phasing out licences to produce. We CALL on Health Canada to comply with the Hitzig decision (Ontario Court of Appeal) address the remaining two provisions of the MMAR that were struck down, as they existed at that time: (1) limit on one person holding more than one licence to grow; and (2) limit on licence holders growing in common with more than two holders. We therefore request that section 41.(b) and section 54 be removed from the MMAR.

We REQUEST that the MMAR provide the authority for Health Canada to designate MORE licenced dealers. We RECOMMEND the implementation of a regulatory framework to control and monitor the quality and cost of the products and to ensure that licenced dealers are adhering to rigorous agricultural standards. We URGE that provisions be made to enable the current licenced dealer, Prairie Plant Systems, to offer a variety of strains of cannabis, with both Cannabis indica and Cannabis sativa options, and a variety of THC and cannabidiol (CBD) levels.

To read the complete Submissions of the Canadian AIDS Society on the Proposed Amendments to the Marihuana Medical Access Regulations, please visit http://www.cdnaids.ca/web/backgrnd.nsf/cl/cas-gen-0089 . For more information, please contact Lynne Belle-Isle, National Programs Consultant, at lynneb@cdnaids.ca or at 1-800-499-1986, ext. 126.

(1) The Canadian AIDS Society's Position Statement on HIV/AIDS and the Therapeutic Use of Cannabis is available on our Web site at: http://www.cdnaids.ca/web/position.nsf/cl/cas-pp-0021

(2) Hitzig v. Canada, Court of Appeal for Ontario, DOCKET: C39532; C39738; C39740, October 7, 2004, http://www.ontariocourts.on.ca/decisions/2003/october/hitzigC39532.htm

Cannabis Health recommends that you take the time to visit the web site and read the entire statement of the Canadian AIDS Society.

BC Compassion Club Response to MMAR Amendments

Health Canada recently released amendments to the Marijuana Medical Access Regulations. Glaringly, the needs of medical cannabis users – the primary stakeholders – continue to be unmet by these Regulations, leaving the vast majority potentially subject to increased criminal sanctions and fines under the proposed Bill C-17.

A stated goal of these amendments is to place cannabis in "a more traditional health care model". There appears to be an underlying assumption being made that this model entails only physicians, pharmacies, and a single source of supply.

These assumptions are unfounded and the model based on them is unnecessarily restrictive. Health Canada's continued efforts to regulate and administer this herb as a pharmaceutical product presents obstacles for patients, doctors, and the governing bodies of the medical community.

Tellingly, the amendments introduce the elimination of personal and designated-person production licenses, and once again ignore the court-ordered remedies that were meant to pave the way for the licensing of Compassion Clubs. In order to meet the needs of all medical cannabis users, Compassion Clubs are an ideal compliment to pharmacy distribution, personal and small scale-production.

The BC Compassion Club has responded to Health Canada's proposed amendments with recommendations that adhere to the overarching goal of providing optimal health care to all those in need.

INTRODUCTION

The MMAR programme was established to remedy the unconstitutionality of the Cannabis prohibition laws, which force Canadians to choose between their liberty and their health, by providing a legal route for those who use cannabis medically. Since its inception in 2001, the programme has failed to meet that goal.

Considering that this programme has provided licenses for legal possession to only 800 Canadians, production licenses to only 500, and has supplied only 80 of the estimated 400,000 who use it medicinally, it cannot be said to be remedying the unconstitutionality of the prohibition laws. In fact, it would leave the vast majority of medical users potentially subject to increased criminal sanctions and fines under the proposed Bill C-17.

Moreover, this programme has been found unconstitutional in the courts. The latest amendments to the MMAR programme continue to evade the court ordered remedies and their responsibility to Canadians.

These amendments purportedly address the concerns of all the programme's stakeholders. Indeed, they do appear to meet the needs of law enforcement. They also address some of the concerns of physicians, although it is yet uncertain if it will be sufficient to encourage them to embrace the previously rejected role of gatekeeper. Glaringly, the needs of medical cannabis users – the primary stakeholders – continue to be unmet by these Regulations.

Response to the proposed Amendments

The amendments that have been proposed address the needs of some of the programme's stakeholders. However a few key points require further consideration if this programme is to successfully meet the needs of medical cannabis users.

1. Elimination of the Personal Production Licenses

Health Canada's plan to fade out Personal Production and Designated Person Licenses is of no benefit to the most important stakeholders in this programme; the patients. For many, growing their own source of medicine not only allows for control over the mode of production (e.g. organic cultivation) and strain selection, but also minimizes some of the costs associated with purchasing cannabis from another party.

The MMAR must continue to allow personal production and designated person licenses, and must also implement the court remedy of allowing Designated-Person Production License holders to grow for more than one holder of an Authorization to Possess License, and more than three holders of licenses to produce and cultivate together.

2. Monopoly over Production

The amendments propose that the only legal source of medicine be produced by Prairie Plant Systems (PPS). To date, PPS has produced such a poor quality product that many of the few license holders who have ordered it have returned it.

The stated need for a standardized and quality-controlled source of marihuana can be addressed through the licensing of laboratories to carry out the appropriate tests.

International drug conventions can also be respected in regards to the requirement for a government agency to have tight control through the establishment of licensing protocols.

Establishing a monopoly over production will not address the need for a wide variety of strains, stronger product, and safer cultivation techniques. These goals would best be achieved through the contracting of a large number of small-scale producers who possess the expertise and experience necessary for this important undertaking.

The MMAR must accommodate competition in a free market in order to increase the quality, broaden the selection, and decrease the end-cost of the medicine, all of which are necessary to meet the needs of medical cannabis users.

3. Authorization to Recommend Access

The proposed amendments still require a patient in the new 'Category 2' to be assessed by a specialist, discriminating between levels of medical assessment warranted for different symptoms based on the existing state of scientific knowledge.

Considering the dearth of research due to the prohibition of Cannabis, as well as the lack of commitment to research demonstrated by Health Canada, in effect this amendment arbitrarily discriminates between Canadians equally deserving relief from their symptoms. This injustice is exacerbated since this option does not address the obstacle of

waiting lists for specialists, nor the fact that specialists are more resistant to the programme than general practitioners.

This amendment demonstrates a lack of respect for the medical opinions of health care practitioners and interferes in their relationship with their patients.

Regardless of the condition in question, one recommendation from a health care practitioner must be sufficient to authorize legitimate use of Cannabis or access Health Canada's medicinal cannabis programme.

Amendments to the MMAR state "Health Canada will continue to require the opinion and support of a physician, since physicians are the professionals best positioned to assess medical need. Decisions by the courts have lent support to the continued involvement of physicians, including specialists."

The amendments reject the natural health care professionals, since "with few exceptions, controlled substances can be sold or provided to a patient only by, or under the direction of a physician, dentist or veterinarian." Cannabis must be also considered an exception, since it is a relatively harmless herb, unlike most other controlled substances.

For optimal health care, authorization to recommend access to herbs must be extended to the health care practitioners most experienced with herbal medicine, such as Naturopathic Doctors and Doctors of Traditional Chinese Medicine.

4. Natural Health Product

The amendments to the MMAR claim that "Marihuana is a drug as defined by the Food and Drugs Act and is not a natural health product as defined by the Natural Health Products Regulations."

This amendment demonstrates a lack of respect for the medical opinions of health care practitioners and interferes in their relationship with their patients.

For the purposes of those Regulations, a substance or combination of substances or a traditional medicine is not considered to be a natural health product if its sale, under the Food and Drug Regulations, is required to be pursuant to a prescription when it is sold other than in accordance with section C.01.043 of those Regulations.

According to these amendments, pursuant to a confirmation of diagnosis, and ministerial approval, a patient is legally licensed to access cannabis without a prescription. Therefore according to the purposes of the Natural Health Product Regulations, cannabis could be classified as a Natural Health Product.

Cannabis must be regulated as a Natural Health Product in order to eliminate the obstacles presented for patients, doctors, and the governing bodies of the medical community that arise from attempting to regulate and administer this herb as a pharmaceutical product.

5. Pharmacy Distribution

Amendments made to physician forms appear to have been designed specifically to

BC Compassion Club Response to MMAR Amendments

place cannabis in "a more traditional health care model." There is an underlying assumption that this model entails only physicians and pharmacies, and that this model is the only one that will "enhance protection of the health and safety of Canadians."

While pharmacies may provide a base level of service and facilitate access for some, this model is not sufficient to meet the needs of all medical cannabis users. Pharmacies traditionally do not have the capacity to provide the additional information and close monitoring of patients postulated in the amendments. They also will not be providing access to the variety of strains and delivery options needed to address the many symptoms of medical cannabis users.

Health Canada must recognize Compassion Clubs as the ideal compliment to the pharmacy model, allowing the needs of all medical cannabis users to be met.

Additional Required Amendments

The proposed amendments have failed to address some of the major concerns articulated by medical cannabis users.

1. Licensing of Compassion Clubs

The court-ordered remedies, which have been ignored in these amendments, were meant to clear the way for licensing of Compassion Clubs. In court, Health Canada stated that these clubs addressed the supply issue since they "historically provided a safe source of marihuana to those with the medical need" and that " these 'unlicensed suppliers' should continue to serve as the source of supply for those with a medical exemption." Despite their own claims, Health Canada has still not integrated Compassion Clubs into the legal framework.

For over seven years, Compassion Club operators have been risking arrest and criminal prosecution in order to address the pressing medicinal needs of Canada's critically and chronically ill. This vital work has been recognized by numerous Canadian courts, as well as governmental bodies such as the Senate Special Committee on Illegal Drugs. Compassion Clubs serve a clear and necessary purpose, and have the strong support of their local communities and of the Canadian public as a whole.

Compassion Clubs across Canada have garnered unique and invaluable experience supplying cannabis to over 8000 medical cannabis users, including many MMAR license holders. The BC Compassion Club Society (BCCCS) provides access not only to clean, high quality cannabis, but also provides education, monitoring, support and other natural heath care services to their members - all at no cost to the taxpayer.

Community-based distribution through Compassion Clubs could meet both the needs of medical cannabis users and the other goals articulated by the MMAR by adhering to the following standards:

- Non-profit incorporation to guarantee financial transparency and ensure responsibility to the consumer.
- A minimum level of production and distribution standards based on Good Lab Practices (GLP) and Good Agricultural Practices (GMP) guidelines.
- The exclusive use of organic cultivation practices.
- Participation in inspections to ensure standards are being met

Community-based, non-profit Compassion Clubs are an effective, affordable, sensible, and time proven way, not only to distribute medicinal cannabis, but also to provide suffering Canadians with valuable services no other model can offer.

Compassion Clubs across Canada have garnered unique and invaluable experience supplying cannabis to over 8000 medical cannabis users

To ensure the future success of a medical cannabis programme, Health Canada must respect Compassion Clubs as an effective distribution model that has already proven the ability to meet the needs of many medical cannabis users and save the government a significant amount of money.

2. Cost Coverage

These amendments fail to address the vital concern of cost coverage that primary stakeholders expressed directly to Health Canada during the consultation session in Ottawa in February 2003. The failure to act on this important issue will continue to force many legitimate users of medicinal cannabis into poverty.

Cost coverage must address all costs of medicine, including personal cultivation and purchases from Compassion Clubs and must not be limited to Health Canada's product, which is below quality standards for potency, variety, and safety.

Health Canada must establish affordability and reimbursement of the costs through the provincial health insurance system, private insurance companies and tax deductions for all use of cannabis for recognized medical conditions and symptoms.

3. Amnesty

Canadian courts have found that those who are using, supplying or producing medicinal cannabis are providing an essential healthcare service. Unfortunately some Canadians have received a criminal record for providing or using medicinal cannabis.

To restore justice, medicinal cannabis users, distributors and their suppliers must immediately be given amnesty.

4. Decentralization of Authorization

The Office of Medical Cannabis has spent millions of dollars operating an unnecessary bureaucracy that has produced little benefit to Canadians. Compassion Clubs, by contrast, implement high standards of eligibility and provide quality medicine to thousands of Canadians at no cost to Canadian taxpayers.

The decentralization of the Office of Cannabis Medical Access programme and the legitimization of Compassionate Clubs will not only save Health Canada precious resources, it will also address many of the concerns expressed by those who could benefit from the medical use of cannabis.

Like other natural health products and pharmaceutical medications, the lawful possession of medicinal cannabis must not require authorization from a centralized federal body, the Office of Medical Cannabis Access.

Conclusion

Health Canada has been put in the challenging position of balancing the needs of law enforcement, the medical establishment and medical users of cannabis.

The implementation of our recommendations is necessary to meet the needs of the hundreds of thousands of Canadians who could alleviate their chronic pain, improve their appetite and relieve their nausea, while staying productive and maintaining a level of hope and happiness despite their serious condition.

For more information: Rielle Capler, Strategy and Communications BC Compassion Club Society, rielle@thecompassionclub.org phone: 604-875-0214 www.thecompassionclub.org

Meduser Group Response to Health Canada

FOR IMMEDIATE RELEASE
Monday, November 15th, 2004

Press Statement from the Meduser Group which is comprised of 15 percent of the patients participating in the medical marijuana access program of Health Canada's Office of Cannabis Medical Access.

This statement is our official response to Health Canada's recent proposed "Marihuana Medical Access Regulations" amendments, which were published in the Canada Gazette. *(Vol. 138, No. 43 - October 23, 2004)*

Although Health Canada invited patients to the table to provide input on the MMAR program, based on their needs as the primary stakeholders in this program, it has failed to implement their recommendations.

Health Canada is ignoring input, recommendations and rulings made by patients, the Canadian Senate Committee and the courts.

Health Canada's position seems to be that the desires of physicians and law enforcement are more important than the needs of patients. The result of this position is that the MMAR and Office of Cannabis Medical Access program remains an ineffective, cumbersome and faulty program.

There are continuing admission problems for those wishing to enter the MMAR program, and there are continuing cannabis supply problems for those already within the system.

In addition to the MMAR admission and supply problems, Health Canada's long-term vision of phasing out personal and designated medical cannabis production licences is unacceptable to patients who wish to cultivate their own supply of medical cannabis.

The recent proposed MMAR amendments fail to address the primary intent of the MMAR program, which is to provide people who wish to use cannabis medicinally with efficient compassionate access to a range of safe and effective sources of marihuana.

Health Canada continues to ignore these requirements, and it is evident from the lack of action in acknowledging and addressing these concerns, that the needs of patients are not a priority in MMAR policy development and amendments.

CONTACT: Canada western rep: Philippe Lucas (Victoria, BC) Phone: (250) 884-9821 Email: phil@drugsense.org Canada western rep: Eric Nash (Duncan, BC) Phone: (250) 748-8614 Email: eric@westcoastdigital.com Canada central rep: Alison Myrden (Burlington, ON) Phone: (905) 681-8287 Email: myalison@cogeco.ca Canada eastern rep: Debbie Stultz-Giffin (Bridgetown, NS) Phone: (902) 655-2355 Email: cliff.giffin@ns.sympatico.ca

How To Change the World

Howard J. Wooldridge, Leap

The tall, lanky cowboy strides to the podium. Grasping the microphone, his voice booms out to the audience of Rotarians, "War on Drugs. How is that working for you in Colorado? Is it reducing crime? Is it reducing rates of death and disease? Is it even reducing rates of drug use?" The audience murmurs and mumbles a NO to all of the questions.

Twenty five minutes later the Rotarians filed out, many stopping to shake my hand and say that I gave them a lot to think about. Thus ends another presentation, one of over 100 that I have done in 2004. My mind drifts back to where I was a year ago…..riding Misty 40 kilometers a day, 6 days a week. Then; dressed in jeans, boots & spurs, dirty t-shirt, cowboy hat and always needing a bath, now; I am wearing a sport coat, shiny boots and buckle, and my Sunday cowboy hat. What a change!

2004 has been a year of driving from one Rotary to another, speaking to and changing 30-60 community leaders at a time. While Misty is resting comfortably on 10 acres at a ranch in Kentucky, my Chevy truck has transported me some 50,000 KM. From Texas to Colorado to Virginia to Oregon and north to Alaska I have traversed the United States, seeking to educate the 'unconverted.'

My efforts this year are part of an international effort by LEAP, Law Enforcement Against Prohibition. LEAP speakers have made over 1000 presentations to audiences around the world. LEAP seeks out venues where the majority of the listeners are what we call the 'unconverted.' LEAP speakers simply give the listeners the facts of the failure of the war on drugs and let them decide what to do.

The response to the LEAP message has been consistent across nearly all parts of America; namely, that over half the audience walks out ready to end the war on drugs! How can that occur? LEAP speakers receive immediate credibility from the crowd because we have been in the trenches of the war on drugs. This transformation of views held by so many creates energy, propelling us forward to another and yet another civic organization. It is difficult to put on paper the jolt one receives when a man or woman shakes your hand, says God bless and keep up the good work. I have had hundreds and hundreds of conservatives approach me and wish me well. Yes, yes, I have had a few death threats but so far, so good.

It isn't just Rotarians who have been converted. I was sleeping in a 'no-tell motel' in Mississippi this spring, when the police pounded on my door around midnight. I tumbled out of bed and met three young, unhappy-looking cops at my door. They informed me that I had left the key in the door of my truck. I thanked them but then, in an accusing tone, they asked about the sign on my truck, "COPS SAY LEGALIZE POT, ASK ME WHY." I replied that most of us want to focus on drunk drivers and child molesters. Fifteen minutes later they asked for LEAP brochures and instructions on how to join!!

LEAP is comprised of current and former professionals in law enforcement in 45 countries. The vast majority are police with a nice sprinkling of prosecutors, judges, correction officers and even a few ex-DEA agents. Volunteers all, we now have over 40 active speakers with a like number who are in the process of being certified to speak. We have made over 600 presentations in the past 12 months and when you include TV and radio audiences, several million people have heard our voices. The level of activity will only increase, as we created a speakers' bureau in 2004, where 15 volunteers book our speakers' next presentations. We are on the march!

…until the war on drugs is over or until I draw my last breath.

My efforts will slow down drastically in December. I will transport Misty back to a ranch in Oklahoma to prepare for a 6,000 KM ride from Los Angeles to New York City. In addition to riding Misty a few miles everyday, I will train "Rocky," a backup horse in case Misty is injured. Unable to completely shut up, I will present to a Rotary or Kiwanis once a week or so.

You might ask why I would make this mind, body and spirit-breaking trip again. I fully admit to still being tired from the first trip I completed in the fall of 2003. The impetus to ride again comes from meeting so many inspirational reformers this year. From Stormy Ray in Oregon to Bernie Ellis in Tennessee and many others in between, I stand in awe of the sacrifices that they have been making for years.

The 2005 ride will generate hundreds of radio, TV and newspaper appearances with an estimated 6 million people exposed to the t-shirt, LEAP message and reform in general. Also important, Americans for Safe Access – ASA- will coordinate with LEAP to provide marijuana patients to appear with us in photo ops. The combination of a wheelchair patient, the horse and the cowboy will be a powerful and compelling image for reform. We will knock people out of their comfort zone of complacency and increase the pressure to end drug prohibition.

The ride will begin on a beach just south of Los Angeles about March 12, 2005. We will average about 40 KM per day, and rest one day in seven. We have a routine where she lopes 3.2 KM, then I dismount and lead her for 1.6 KM. Next year I will walk about 2,080 KM, almost the distance between Vancouver and Winnipeg. The demands of such an endeavor are 24/7, the greatest being the never-ending search for food for Misty and to a lesser degree her water. From the LA city limits to the border of Nebraska some 3,000 KM, there will be almost no grass. In each village, I will seek out a cemetery, post office, funeral home any place where they might water their yards, thus providing some grass for poor Misty.

The grass is only half of the equation because the caloric demands of so much exercise require Misty to eat 9 kilos of grain per day. Though I never had children, the expe-

rience of 6 months of trying to care for Misty allows me to relate to being a mom. The most gut-wrenching memories of the first trip were the nights of no food for her. After she worked hard to carry my little butt 35 to 60 KM, she would look at me with her one, big, brown eye asking where is dinner. When I had none to give, it broke my heart.

Luckily, those nights were few and far between. Even with the bold t-shirt, people from coast to coast volunteered to help out with grain and water. One particular nasty 60 KM stretch on I-84 from Mountain Home to Boise, ID was almost typical. We rode out at daybreak and the temperature quickly rose to 40 Centigrade. After 44 KM of blazing sun in the desert, we stopped at a truck stop for lunch. Misty had plenty to drink but here, there was not even a postage stamp of grass. As I was about to enter the café, I spotted at the pumps, a stock trailer full of sheep. I asked the shepard, if I could buy some hay. He said no, but I could have all I wanted. Misty had a fine lunch of three flakes of alfalfa. This story repeated itself all across America.

After we ride into the Big Apple in early November, Misty will receive two months off at a ranch in Georgia. After I rest up, I will find a place for the two of us near Washington DC. In 2006 I will be a lobbyist for LEAP in the US Congress.

LEAP in 2005 will continue its primary mission of speaking to civic groups and anywhere there is an audience of the 'unconverted.' More frequently, the phone is ringing and

Howard and Misty with some new friends in Oregon

How To Change the World

Howard and Misty in Oregon

someone is asking us to provide a speaker for a forum, debate, testimony, etc. For example, before I leave for California to start my newest trek across America, I am scheduled to testify before the Oklahoma Sentencing Commission, a state committee. While I am back in dirty jeans, dirty t-shirt and always needing a shower, my colleagues will take their Saturday baths early and be off to speak to another group of 35 Rotarians.

If you would like to follow Misty and me across the deserts, mountains, prairies and into the Big Apple, there will be a special link on the LEAP website of: www.leap.cc The website will contain a map, my daily journal, and photos of the trip. Please visit. If you ever have the chance to visit with me in person, I would be grateful. The loneliness on such a long ride is mind-bending.

I am often asked how long will this ruinous policy of drug war continue. I am optimistic that with so many pulling the wagon back to sanity, drug prohibition will be in the history books by 2014. As for me, I will donate my time and my horse as much as we can handle, until the war on drugs is over or until I draw my last breath.

Dennis Lillico Fights for his Human Rights

By Kate Skye. Courtesy of Trail Daily Times

While Dennis Lillico still can't find a physician to champion his right to access medicinal marijuana, local Member of Parliament, Jim Gouk, MP is offering his support. "We have legal use of marijuana for medical circumstances but it is next to impossible for someone like Lillico to be able to access it legally," Gouk said. "He is profoundly disabled. I think anyone who has ever met with the man has to have some sympathy for what he is going through . . . he says he gets a tremendous amount of relief (from marijuana) and it seems some doctors have recognized that but are now caught up in politics." Those politics began, Lillico said, when the College of Physicians and Surgeons advised doctors not to recommend marijuana to their patients because the federal government had not decriminalized it.

"No doctor wants to put in a recommendation because there is a liability factor because they are actually endorsing the use of what is currently a criminal offense drug," Gouk said. Last year, Lillico started a Human Rights claim against the College of Physicians and Surgeons of B.C., two local doctors, and a neurogeneticist at UBC, saying he had been discriminated against. That hearing will take place in June 2005, in Castlegar. "I feel I have been discriminated against because they have acknowledged that smoking cannabis does help with my pain and movement yet at the same time they won't prescribe it," Lillico said. Lillico, 38, suffers from a very rare neurological disorder known as familial autosomal dominant myoclonic dystonia, a condition that is severely disabling and causes seizure-like symptoms, and severe pain. "I've tried many different medications,and the only medicine that gives me relief is marijuana," he said. Under the federal government's marijuana medical access regulation, people can be authorized to grow, possess and use marijuana for medical purposes, but first they must apply to the Minister of Health for authorization. Application for authorization must be supported by a medical declaration. "But the real issue," Gouk said, "is that the federal government is not taking a clear stand. This is typical Liberal legislation. They do something so they can say they've done something but do so little . . . they try to walk both sides of the fence at the same time." In a questionnaire sent by Gouk to his constituents in 1998, 49.9 percent said they were in favour of medical marijuana, 19.6 percent were totally opposed, and 30.5 percent said they wanted more information. "What's to be done with marijuana is not something that should be decided behind closed doors by Parliament. There needs to be a lot more public dialogue about the pros and cons. When it comes to medical marijuana," Gouk said, "there is some indication that certain people do get a lot of relief from certain types of ailments . . . we need to see some real genuine scientific indication as to whether or not it really does provide relief (and) if there are alternative ways of taking it besides smoking it. Getting the debate out in the open will help move the discussion forward," he said. "Let's discuss it dispassionately once and for all." Even though Gouk is offering support he added, "I don't smoke marijuana, I never have, I don't recommend anybody smoke it. But when it comes to people like Lillico," he added, "if I can help him get access to legal marijuana, I'm going to do it." Despite still not being able to get a local physician to champion his cause, Lillico said he appreciates Gouk's support. "All I can do is battle on. I don't have much choice in the matter. The doctors aren't giving me any choices; they're not giving me anything (medicinally) that comes close to what cannabis does for me."

Update: Frances Kelly, Barrister & Solicitor for the Community Legal Assistance Society, Disability Law Program, has been advised by the BC Human Rights Tribunal that there is a hearing set for June 6, 7 and 8, 2005 at 9:30am (at a location to be determined in Castlegar). Cannabis Health contacted Dennis's legal counsel, Frances Kelly but she could not comment at this time. She did say, Dennis has a good case, the Physicians & Surgeons of British Columbia, and the doctors have a duty to accommodate, which they clearly have not done. Their refusals to sign the required forms have denied Dennis Lillico access to the Federal Government's approved Medical Marijuana Access program. Cannabis Health is planning to attend the hearing, if anyone else is interested in attending, please contact us for further updates.

The Cannabis Buyers Club & Hempology 101

by Ted Smith

Hempology 101 started weekly meetings in Vancouver in November 1994, and I attended my first meeting in January 1995. By Sept I had decided to host the Wednesday night meetings in downtown Victoria and volunteered to write a Hempology 101 textbook. With my involvement in the movement, I met a woman who made cannabis-infused salve and cookies and in January 1996, we decided to start the Cannabis Buyers Club. The CBC was the first public medical cannabis club in Canada complete with a pamphlet and a pager number. I found a downtown apartment a couple of months later in Victoria, but more thieves appeared than donors in those first few years and the services of the club stayed quite limited.

The CBC believes it is unfair to require a doctor's recommendation, in order to access cannabis, from someone who suffers from a permanent, physical disability or disease. Doctors are reluctant to endorse cannabis, primarily because they have been warned by the College of Physicians and Surgeons not to promote the herb. Conservative doctors don't want a smoked plant to be considered a medicine; and especially not if people enjoy the process. A lack of quality research has limited the medical community's ability to understand cannabis and patients lacking a reliable supply of cannabis products cannot prove to their doctors that the herb helps them feel better. Without watching people improve their lives by using cannabis, physicians have little information.

Theo and Mordici 'the Muffin Man' started a service in Vancouver in the summer of 1996 called the Vancouver Medical Marijuana Coalition; however the original team did not last long. When Hillary Black returned from Europe she joined Theo to form the Vancouver Medical Marijuana Buyer's Club. Doctor's recommendations were requested for some conditions and the name was changed to the Cannabis Compassion Club. The group incorporated as the B.C. Compassion Club Society in 1997.

Hempology 101 and the CBC made slow, steady progress in the early years. Many questioned my actions as I chose to fight for legalization with Hempology 101. I've attended public rallies where I have been known to smoke joints and pass out cookies. I believe that the responsible use of quality cannabis gives more benefits than harm to the average healthy person. However, under the circumstances I believe that the most vulnerable and ill of our citizens should not have to wait for the laws to change, or their doctor to become supportive, before they gain access to a club. By limiting membership in the club to people with incurable medical problems we hope to take the first step towards full legalization. Since the early days some people believed the CBC went too far and groups like Hempology 101 should be kept distant from medical suppliers.

On November 8, 2000, I was arrested and charged with trafficking for sharing a few joints after a weekly 101 Club 4:20 Hempology meeting at the University of Victoria. One week later, on International Medical Marijuana Day, I was arrested and charged again for trafficking, this time for giving pot cookies away.

In March 2001, while issuing a warrant in another apartment in my building, Victoria police advised me to move CBC to a storefront. We very quickly set the club up behind a downtown bookstore and began developing the world's best edible and skin products.

On Jan 1, 2002, I cut-off a member caught reselling beside the store. When he came back two days later, it resulted in an awkward police search and seizure, which put the club in debt but did not shut the doors. Warrants were issued in March and June of 2002, which again put the club in more debt and worried the membership.

We petitioned city hall relentlessly. Council passed a resolution stating support of

Above: 1912 poster by F. E. Wright (www.hempology.org)

Cannabis Health

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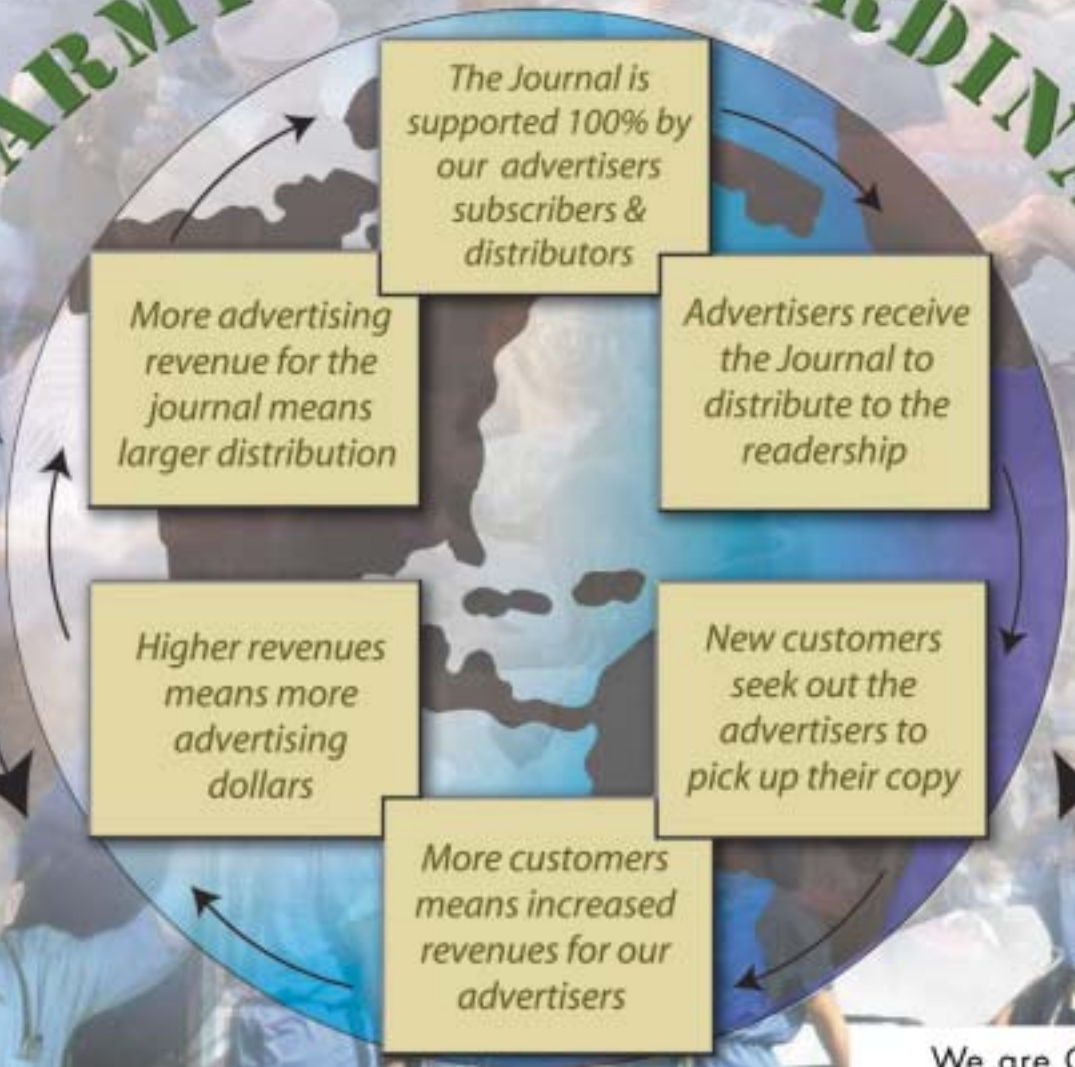
THE ARMY OF THE ORDINARY!



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medical cannabis and requested Health Canada to send a representative to Victoria to explain the M.M.A.R. After the June raid, I ran for mayor of Victoria in an attempt to prove I was not a criminal. Another raid in Feb 2003 made us feel like we had a gun pointed to our heads even though they had never pulled a gun during a raid. We kept working through it all.

My constitutional challenge had been delayed pending a Supreme Court decision in Clay/Caine/Malmo-Levine and in the summer of 2003 a technical argument was successful in getting charges dropped from the June 2002 raid. On Dec 23, 2003, the Supreme Court 6-3 decision in favour of the cannabis laws signaled the beginning of my trials. We managed to get the Jan 2002 trial set first.

Arguments began in May, with police admitting I was cooperative and the club "was run like a pharmacy." I testified that we spent years publicly advocating, we opened the store after police told us to, and I argued that requiring a doctor's recommendations to use cannabis was an unreasonable barrier to place upon someone already diagnosed with an incurable medical problem. Dr. James Geiwitz testified as an expert witness and educated the judge about the effects of cannabis. On Sept 7, 2004, Justice Chaperon granted a judicial acquittal to Colby Budda and me, since the person who brought the police to our door was cut-off for re-selling. She recognized our motives were not for profit but for helping sick people only.

No cannabis from Health Canada was available until the summer of 2003, which means before then, clubs like ours were the only option for anyone with a legitimate medical need. Charges from the March 2002 and Feb 2003 raids should get dropped in 2005.

The day after our acquittal, B.C. Solicitor General, Rich Coleman was asked if pot stores would be allowed to continue, considering Chaperon's decision. His response was that sick people could get their pot from Health Canada and anyone openly selling pot would be shut down. The next day the Da Kine in Vancouver was raided, and though it reopened, it eventually closed because of police and media pressure.

Unfortunately, the Da Kine attempted to use the medical issue to shield commercial activities. By requiring members to sign forms stating they suffer from problems such as road rage and referring to the café as a compassion club, the Da Kine operators did not portray medical cannabis clubs as legitimate. It is ironic as I find myself criticizing Da Kine after years of being told by V.I.C.S. that "…simply requiring a diagnosis of condition leaves too much room for abuse in an already contentious treatment."

Having convinced a judge that requiring a doctor's recommendation from people suffering from incurable medical problems is unfair, we cannot help but wonder what the situation would be if our mandate were used across the country. According to some estimates, 1 million Canadians may need access to cannabis as medicine. Currently, the CBC assists about 1,700 people in Victoria and about 7,000 people are members of legitimate clubs across Canada. Statistically about 70,000 people in the Lower Mainland should have constitutional protection to use cannabis.

Establishing medical clubs is an important step in the legalization of cannabis. Hempology 101 and CBC will continue to work towards this end.

Insurance Coverage for Grow Operations

Homeowners' insurers across Canada are facing an ever-increasing number of claims made by the owners of residential rental properties whose tenants use them for large marijuana grow operations, and, in the process, do extensive damage to the premises.

Insurers of such properties have denied claims arising out of large grow operations, as rental dwelling policies cover only named perils, which usually include "vandalism and malicious acts". Insurers have argued a residential rental premises turned into a grow-op does not constitute an act of vandalism and therefore falls outside the scope of any named peril. However, in *Takhar v. British Columbia Insurance Co.*, a recent decision of the B.C. Court, a landlord, whose claim had been denied, challenged the validity of such a denial. The Claimant sued the insurer, and the Court decided the case in his favour.

The Court in Takhar held that its 1995 decision in *Huynh v. Continental Insurance Co.*, in which it was also held that damage caused by a grow operation constituted vandalism, was not wrongly decided, and in any event, the policy at issue was revised subsequent to *Huynh*. In light of that fact, the Judge held that the Defendant could easily have included in the policy a specific exclusion for marijuana grow-ops. As a result most Canadian insurers now put specific riders in their homeowner policies that absolve them of any liability if a property has been used for that purpose. If you don't know whether you are covered or not, read your policy. A standard clause might look something like the following:

Grow Op Exclusion
Loss or Damage not Insured

We do not insure loss or damage resulting from any intentional or criminal act or failure to act by: any person insured by this policy: or any other person at the direction of any person insured by this policy; any tenant, tenant's guests boarders, employee or any member of the tenant's household whether you have knowledge of these activities or not.

Any damage arising directly or indirectly from the growing, manufacturing, processing or storing by anyone of any drug, narcotic or illegal substances or items or any kind the possession of which constitutes a criminal offence. This includes any alteration of the premises to facilitate such activity whether or not you have any knowledge of such activity.

For further information we interviewed Dennis Prouse, Government Relations Manager for the Pacific Region of the Insurance Bureau of Canada.

Cannabis Health: Does this mean if you grow a few plants in your own home that your whole insurance policy is null and void?

Dennis Prouse: No, your policy would very much still be in force. It is useful to remember that an insurance policy is a civil contract entered into between you and the insurance company. Just as you must live up to the commitments you have made in that civil contract, so too does the insurer. This means, amongst other things, that an insurer cannot conduct itself in what the courts call, "bad faith". Policies can only be voided under very specific circumstances, all of which are spelled out in the Insurance Act. Given that most policies these days are an "all risks" policy, this means that any exclusions have to be specifically spelled out in the policy. The insurance industry is not a regulator, nor are we a law enforcement agency. Insurers measure and price risk. Applying common sense works well in this instance - do two or three plants pose an undue risk to the property? Not really. From a strictly insurance perspective, it wouldn't be much different than getting your tomato plants an early start inside. Would dozens and dozens of plants pose an undue risk? Yes, and for a couple of different reasons. First of all, this many plants could reasonably be interpreted as being a commercial operation, which dramatically changes the nature of the insurance risk. Secondly, the growing of so many plants indoors almost always means that modifications have been made to electricity, plumbing, exhaust, and sometimes the structure of the home. Any reasonable person would agree that this now constitutes an increased threat to the home.

CH: Should the patient who grows a few plants in their home declare it to their insurance company?

DH: Again, common sense should be the guide here. Read the terms and conditions of your insurance policy, and see if what you are doing is in compliance with it. It is hard to imagine anyone getting themselves too excited about a couple of plants for personal use. However, no one is going to insure the plants themselves. This is really no different from the fact that, as a homeowner or renter, insurers won't cover your prize-winning rhododendron either. Crop insurance, or insurance for anything biodegradable for that matter, is not sold by private insurers. Only governments sell crop insurance. Those who run commercial greenhouses can get insurance, but only on the structure, not the plants themselves.

From that perspective, there's really nothing to disclose, given that plants of any kind don't get insured. It is easy, on the other hand, to imagine why insurers, police, and neighbourhood groups would be concerned about a larger scale operation that significantly changes the nature of the risk. People should be aware what insurance covers and doesn't cover, and how that pertains to the growing of any plant inside. Firstly, it should be noted that "seepage and leakage" is not covered. In other words, if you end up with wet, damaged drywall from too much moisture in a room, you are unlikely to have a claim. Mould is also not covered, nor is regular wear and tear. Insurance is designed to cover you for sudden and unexpected events - fire, the neighbour's tree falling on your house, someone suing you because they slipped on your walk, etc. A steady accumulation of inadvertent damage from indoor gardening, on the other hand, is unlikely to be covered.

We would advise your readers to do what every other consumer should do, read your policy. Understand your insurance, and know what is covered, and what isn't. We find that the number one source of difficulties on insurance is the fact that consumers haven't read their policies, and therefore don't understand their coverage. It seems strange that people would spend several hundred dollars a year on a piece of paper they haven't read, but that is often the case with insurance. Read and understand the civil contract into which you are entering, and you will be much better off.

After receiving this great information from Dennis at Insurance Bureau of Canada, we were still left wondering if there was any kind of insurance coverage available for the "three growers of marijuana for medical use in one location" as allowed within the Marijuana Medical Access Regulations, but in a commercial setting, not residential. We contacted an old friend still in the commercial insurance business and asked him if anyone would have a market for this type of operation. He contacted a broker and this is what we received back:

Unfortunately our Lloyd's have passed on this one. We don't have another market. Maybe if they had an association we could get some interest, if anything just to do inspections and check up on the quality control, what a great job eh? The Open Market at Lloyd's start at $25,000 for 1mm liability, would your client be interested at that price? The only other option would be to start an insurance program for all the growers in Canada.

Considering $25,000 is considerably more then the average chronically ill person receives a year in disability payments or part-time income and there are no profits to be made in the personal medical growing of marijuana, I would say "the Open Market at Lloyd's" is definitely not an option. However, starting a "medical growers association and insurance program" has interesting possibilities. Food for thought…..

Legal source: Clark, Wilson Insurance Bulletin - Case Law Review Archive

Growing Marijuana from a Health Point of View

Don McIntosh - GroPro International
Winnipeg Manitoba

Many articles have been written about how to grow marijuana. Most people understand the basics of growing pot; the lights, the fertilizer and equipment have been well documented elsewhere. Our intention here is to offer some tips on growing with health in mind. A weakened immune system does not need to be further compromised by pesticides, fungus or a virus. We also touch on safety, cost and labour saving techniques.

When buying equipment, don't get talked into a big, fancy, fully automated system with all the bells and whistles. Claims of projected yields and ease of operation are often highly exaggerated and really don't justify the expense. With some thought and pre-planning, a system can be set up with your special needs in mind.

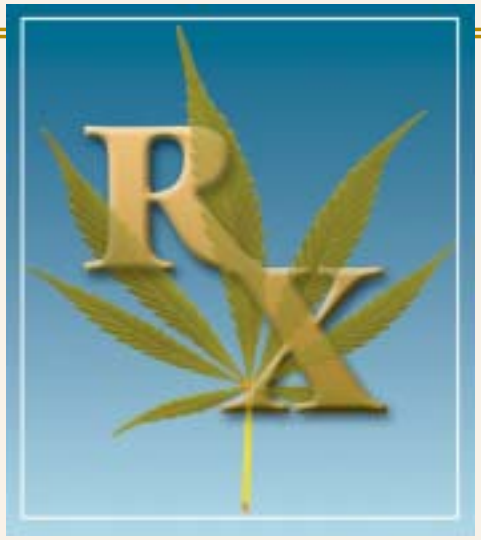
For instance, for very little money, a drip system is a great idea for both the gardener and the plants. A submersible pump forces the water/fertilizer mix from a reservoir (a cheap storage container made from plastic, 100 litres or so) to each plant site through small tubes called spaghetti line. An inline dripper slowly drips the solution near the plant. Each time it drips, oxygen encases the droplet and goes directly to the roots. The plants love it and you'll benefit from no more hand watering. This is important because water and electricity don't mix. A spill in the wrong place could be deadly. Even a small splash of water on a hot light bulb can cause that bulb to explode, subjecting you to harmful UV light and flying glass. A drip system is a safe way to feed your plants and there's less physical effort as well. Your job is simply to change the solution in the reservoir once a week and set the timer for the length of the watering period.

During the process of growing your plants, you would be lucky not to get some kind of bug infesting your garden. To opt for a pesticide to deal with bugs is a poor choice. Not only are most of these chemicals extremely toxic to people, most don't have much of an effect on the insects. They have built up immunity to most pesticides, and no chemicals kill the eggs. You and your plants are better off to use biological controls. For every pest, there is a predatory insect that will eat all stages of growth, including the eggs, and will not hurt you or your plants. There are also more simple controls like sticky cards that act like fly paper. Remember, insects are animals and so are you. What harms them can harm you, especially if your health isn't so great to begin with.

Another problem in grow rooms is mould. Moulds are a type of fungus and there are hundreds, if not thousands, of different kinds. Some make even healthy people sick and they can devastate your plants if not controlled. Some growers apply fungicides as a control. Although not usually as toxic as pesticides, they are still questionable from a health standpoint. Here we suggest preventative measures. Since humidity facilitates fungus growth, it's a good idea to try to lower humidity and make conditions unfavorable for fungus to thrive.

One way to achieve this is an exhaust fan in your room to remove hot air and humidity quickly. Don't scrimp here! Get a fan much bigger that the cubic feet it is rated for. If on a thermostat or humidistat, the fan should be off as much as it is on. If it runs continuously, it's too small and can never achieve the

Growing Marijuana from a Health Point of View



desired temperature or humidity level.

If it's in the budget, we suggest a second fan that would sit right on top of a carbon filter canister. The air (and pollutants) are pulled through and trapped by the filter, releasing purified air from the exhaust port of the fan. Dehumidifiers work to some extent, but are usually too small for grow rooms and require some degree of labour to maintain. Not allowing standing water in the room is a good idea. Your storage container/reservoir should have tight fitting lid. Also, don't foliar (leaf) feed. The harm outweighs the good.

Finally, watch for moulds after the plants have been cut down. Cure in a cool, dark, dry environment. Dry to the point where the stems almost snap. By doing this, you are ensuring all the fungi are dead. Most everyone is familiar with "wet" pot that stinks of mould. It isn't very good for you either! Once dried, moisture can be reintroduced into the buds, making them nice and smokable.

We hope those of you who have opted to grow your own have success and peace of mind knowing the exact history of the plants you'll be smoking. Buying off the street, or even medical marijuana from the government, leaves a lot of questions about quality. Was it grown organically? Did they use pesticides? Did they avoid contamination from fungus? When you grow, you know. And that's got to be a good thing.

Ontario Hemp Alliance

The Ontario Hemp Alliance needs help with an industrial hemp seed breeding project to develop varieties suited to Ontario and Northern U.S. growing conditions. As the Canadian and American seed banks of hemp seeds were either lost or destroyed after 1945, we are finding it necessary now to breed the best seed varieties for the future.

Besides its well proven potential benefits to the environment, industrial hemp is a viable crop for Ontario farmers to consider including in their cash crop rotations. The thousands of potential uses for the fibre and the seed translate into numerous potential markets. The recent U.S. Federal Court decision has totally removed the shadow of a ban on Canadian hemp food products for the large U.S. market (over $12 million in the last year for seed products alone). Many of the potential fibre markets will be able to use hemp fibre from post grain harvested straw.

Industrial Hemp is a very attractive environmentally friendly renewable source of fibre, replacing fiberglass and other petroleum-based plastic products. The public confusion with its cannabis cousin, marijuana, has prompted the Canadian government to implement regulations restricting the planting of hemp to Health Canada-approved varieties that contain less than 0.3% THC.

To date, the main source of industrial hemp varieties has been from Europe, especially Northern and Eastern Europe, where cultivation of hemp never stopped. Such varieties are best adapted to Western Canadian provinces, which are north of the 48th parallel, as are the originating countries. Ontario is further south than most of the European countries providing low THC hemp varieties. The industrial hemp crops grown in Ontario have mostly been low enough in THC, however, they are experiencing unacceptable levels of performance (tonnage per acre) due to inadequate agronomic adaptation. Higher production costs in Ontario and higher-performing and more competitive commercial crops making industrial hemp less attractive as a cash crop to Ontario farmers at this time.

The Ontario Hemp Alliance (OHA) has launched an Industrial Hemp Breeding/Seeding Propagation project in con-

tract with Ridgetown College/University of Guelph. This project is focused on development of hemp grain/seed varieties more suited to southern Ontario's latitude, 42 – 45 degrees north. These strains would also be suited to areas of similar latitude, such as Southern Quebec, New England, Michigan, New York, Wisconsin, Minnesota, the Dakotas, and the northern agricultural areas of Illinois, Ohio, Nebraska, Pennsylvania, Iowa and Indiana.

The project's goal is to develop industrial hemp strains with the following qualities:

High yield – 15,000 lbs per acre - large seeds for dehulling - low THC profile - high essential fatty acid profile - seed heads at a height easy for harvesting of the grain - adequate straw yield for fibre - weed resistance - good colour and taste

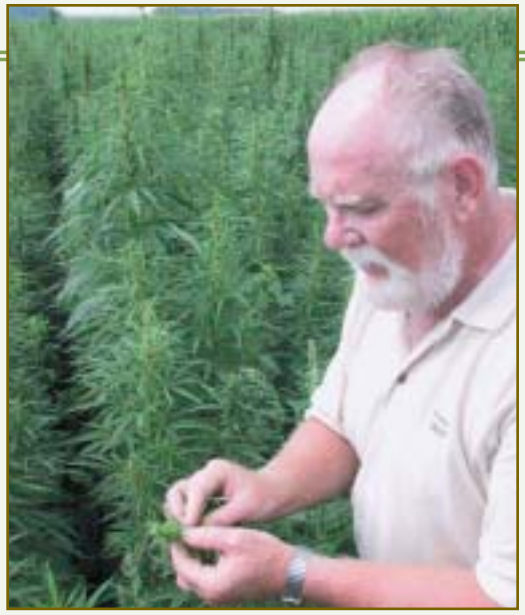
It is likely that the eventual legalization of industrial hemp-growing in the US will create a demand for the protocol that Canada is now using, with an emphasis on low THC. The work being undertaken by the OHA has great bearing on the farmers of the northern USA. They will likely be planting the varieties being developed in Ontario today.

Since industrial hemp cultivation became legal in Canada in 1998, several organizations have invested time, money, and effort to introduce native varieties to the market place.

There are four different approaches that can be utilized in the evolution of native varieties. 1. Cultivate feral hemp; carry-over varieties from by-gone years when hemp was widely grown in Ontario. Unfortunately, at time of writing, none of the feral varieties being researched have been registered and therefore cannot be considered for the approved list. 2. Propagate domesticated European or Asian varieties. The most notably successful domesticated variety is FIN314 (FINOLA) from Finland. . There are problems however. FIN314 doesn't do well in Ontario – it does better at higher latitudes (north of the 50th latitude). 3. Develop, through genetic engineering, enhanced varieties. The OHA will not support this type of research on any variety of Cannabis Sativa for fear the future of the industrial hemp industry will be significantly endangered and potentially destroyed by the introduction of any genetically engineered germplasm. 4. Develop, through cross-pollination and natural selection, new varieties, the best long term approach. Breeding targets include: potential cost savings over imported varieties, business opportunity for breeders, higher yields/greater productivity than from current available types, improved viability under Ontario growing conditions, improved essential fatty acid profile for the grain,

Honey bee on male hemp flower

Ontario Hemp Alliance



Gordon Scheifele B.Sc. M.Sc., President, Ontario Hemp Alliance (and Master Agronomist)

removal of importation problems, control of supply and quality, further reduction in THC, adequate post harvest straw, and accrual of royalties to Canadians.

There are currently seven varieties that have been developed in Canada, two of which are owned by the OHA. The first is CARMEN, a fibre variety not in production. New breeder and foundation stock must be redeveloped. Certified seed from 2001 production is available. Registered seed was produced in 2004. The second, ANKA, a grain variety, is currently available and should be available in 2005. New breeder and foundation stock must be redeveloped to extend its life beyond 2005. Breeder seed was re-developed in 2004. Because ANKA is a good and known variety, the OHA would like to extend its life through a breeding project. ANKA has a good EFA profile and low THC along with good colour and taste.

The breeder costs were estimated to be $15,000 per year for three years. Funding from CanAdapt (a program under Agricultural Adaptation Council operated by Agriculture and Agri-Food Canada) would be sought if industry partners were willing to invest. For the summer of 2003, the OHA, in partnership with a couple of investors authorized continued research with breeder plots at Ridgetown College and in the Ridgetown area. In November 2003 OHA received funding for the project through CanAdapt and were then able to purchase (from Industrial Hemp Seed Development Corporation - IHDSC) all legal ownership rights of its breeding seed germplasm including the registered grain variety ANKA and the fibre variety CARMEN.

It will be 2007 before commercial seed is available. The OHA has contracted Peter Dragla, one of the most respected plant breeders in Canada, to develop an enhanced replacement for ANKA. 2004 is the last year the current stock of ANKA can be propagated. This is the end of the line for ANKA. The OHA does have some registered 2001 seed which is one generation closer to foundation stock than the seeds being planted this year. They will endeavour to use this seed to redevelop ANKA breeder and foundation seed, thus giving them complete and exclusive control over ANKA and can continue market availability beyond 2005.

In order to do this, the OHA needs your help. The biggest hurdle they are facing is finding funding to allow them to continue their work. To match a CanAdapt grant, the OHA is faced with a $5,500 invoice already past due for the second year's work. They have $2,000 now and need another $3,500 CDN as soon as possible to keep this seed breeding program alive, and another $25,000 to bring it to fruition (completion in 2005). They are finding the need to solicit funds outside the obvious hemp trade since most Ontario/Quebec hemp food companies now depend on the Prairie Provinces for their hemp grain and are putting all their resources into keeping up with the ever increasing demand.

For further information contact: Gordon Scheifele B.Sc. M.Sc., President, Ontario Hemp Alliance (and Master Agronomist), 151 N. Woodstock St, PO Box 776, Tavistock, ON N0B 2R0, gscheifele@rogers.com or Claude Pinsonneault, Chairman, Breeding Programme, Ontario Hemp Alliance, 6679 Maple Line, RR #8, Chatham, ON N7M 5J8 claude@kent.net

www.ontariohempalliance.org
www.hempindustries.org

Cooking With Cannabis

Delynn Armitage

After the last article a few people have asked me, how do you regulate the dosage in your edibles so you know how much to eat? This is the real trick to cooking with cannabis and mistakes either way of too much or too little can leave you feeling that you've wasted your time and marijuana, or on the other end of the spectrum can leave you a total mess. Through my research into this I have found the following guidelines in the Marijuana Herbal Cookbook by Tom Flowers and found them to be fairly accurate taking into account of course the potency of your cannabis.

For a person weighing 150lbs who has some experience with marijuana the dosages are as follows;

Leaf - 1/2 to 2 grams/ Bud - 1/4 to 1 gram/ Hashish and Keif - 1/8 to 1 gram

Using these guidelines 1/4 ounce makes the following number of servings

Leaf - 4-15 servings/ Bud - 8-25 servings/ Hashish and Keif - 4-34 servings

Look at the range in the numbers of servings and again remember it all depends on the potency of your marijuana. Try it out, test some recipes and know the potency of your butter. Remember to err on the side of caution. With that, here is this month's recipe.

ULTIMATE CHOCOLATE FUDGE

1/2 cup marijuana butter

1 oz. bittersweet chocolate

1 cup sugar

1/2 cup milk

1/4 cup cocoa

1/4 cup nuts (optional)

Melt and mix on low heat over a double boiler, spread on shallow baking pan, allow to cool and set. Enjoy!

Cannabrex Nutriceutical

Advertorial

Montreal Company offers a way to make THC capsules at home

There are thousands of people who have never used cannabis, but would consider using it medicinally - if it weren't for the social stigma attached to smoking pot. There are also hundreds of thousands of people who are currently benefiting from the healing properties of cannabis, but fear that smoking is taking its toll on their health – mainly their lungs. An innovative Montrealer in just this situation has not only developed an alternative delivery system for ingesting cannabis, but he has decided to share it with the world.

Peter Horowitz, a partner in Cannabrex Nutriceutical, explains: "a great friend of mine has a condition that he treats with cannabis. He smoked a lot, and aside from affecting his health, being a "pot smoker" also lent him a reputation that he enjoyed less and less as time went by. Married with 3 children and attending trade school, he preferred that his kids, his boss, and his instructors did not see him go out to the parking lot to smoke a joint. With some help. he worked on different ways to ingest cannabis and it's derivatives. Eventually, we developed an efficient and simple way to make capsules containing THC".

After receiving countless requests for samples and instructions on how to make his THC capsules, Horowitz convinced his friend to offer this innovation to the public. Ideally, the capsules would be available already containing the THC, but current legislation has forced Cannabrex to offer the next best thing: The Cannabrex Home Encapsulation System. Also known as the Cannabrex Kit, this new product comes with all the necessary ingredients and instructions to make THC capsules at home. The process maximizes THC absorption while minimizing unhealthy or unpleasant side effects that come with smoking, eating or other means of ingesting cannabis.

There are already people using Cannabrex Capsules to treat such conditions as Multiple Sclerosis, Bipolar disorder, back pain and Crohn's disease.

Besides the Home Encapsulation System, the Cannabrex team is currently working on several other exciting products that will help pave the way towards the normalization of marijuana in the 21st century. Visit their website www.cannabrex.com regularly to see what's new.

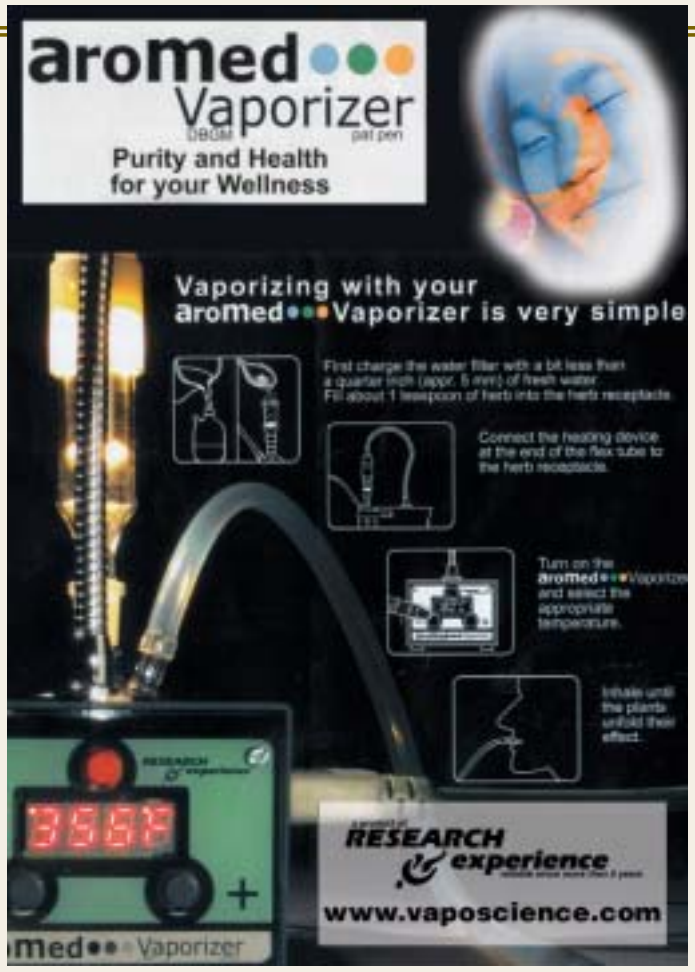
AroMed Vaporizer

Product Review

At first glance you would think this to be some type of medical device or even a funky bed side light. It is in fact the AroMed Vaporizer, another example of the dominance of German technology in the vaporization market. The system is more complex than some, but rest assured, learning to use this unit will be worth your while. The base, the electrical brain of the unit, is nicely finished and heavy enough to sit securely on a flat surface. Extending from the base is a flexible metal hose and on the end is a small high intensity halogen light. The cannabis is placed in a glass bowl and snapped into place a fixed distance from your mini sun. So far so good. As the user draws air through the cannabis in the bowl, the halogen light, regulated by the base, increases in intensity to create and sustain the perfect vaporization temperature at the bowl.

One final cleansing action takes the vapor that is drawn from the bowl and passes it through a water bath before it finally enters the user's lungs. This is a passive system and your favorite mix can be left for extended periods baking in the glass bowl until you choose to use. Being able to view the load as it changes color encourages smokers to use less and enjoy it much more. Compared to vaporizers that drive air through the cannabis, this unit is sophisticated, refined and will appeal to the cannabis user who is seeking to vaporize with surgical cleanliness and precision.

The new AroMed 4.0 at CannaBusiness 2004 with Howard Marks



The Next Generation In Herbal Vaporizers

THE VAPIR ONE

The Vapir One digital herbal vaporizer uses advanced technology to vaporize virtually any fresh or dried herb, flower, oil or powder with an active ingredient.

Digital Temperature Control at your Finger Tips!

Vapir One Basic $149.95 CDN

Approx $120 USD

Vapir One Basic Includes; Vapir One, 2 Herb Disks, 1 X-Tip, tube, samples Jaguar Disk

Vapir Bag Kit $29.95 CDN

Approx $23 USD

10 bags, 5 tubes and 10 X-Tips

Vapir One Kit $208.95 CDN

Approx $165 USD

Vapir One Kit Includes; Vapir One Basic, Vapir One Bag Kit, 10 pack Herb Disks and Vapor Book ($75 value)

Herb Disks

10 pack re-usable herb disks

$24.75 CDN
Approx $19 USD

Jaguar Herb Disk

6 pack of a great tasting herb blend

$7.95 CDN
Approx $6 USD

Element Grinder

A portable battery operated grinder

$19.95 CDN
Approx $15 USD

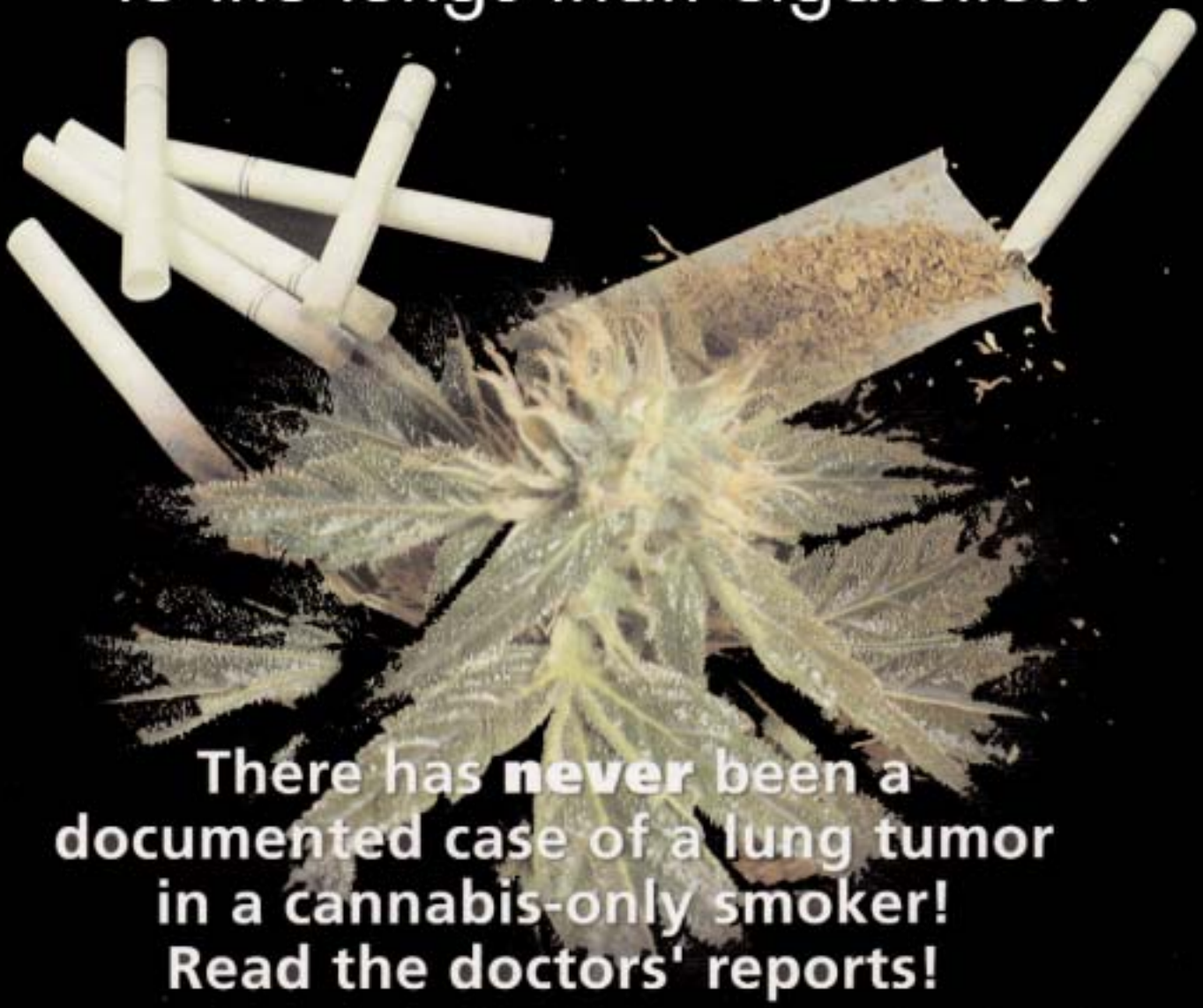
866-35-VAPOR
sales@vaporizers.ca

vaporizers.ca

Vapir Classic and Volcano also available, go to www.vaporizers.ca for more information
All items shipped from Ottawa, Canada US rates based on $0.80 exchange
Wholesale inquiries welcome, email us at wholesale@vaporizers.ca

THE TRUTH IS

Marijuana is **NOT** more harmful to the lungs than cigarettes!



There has never been a documented case of a lung tumor in a cannabis-only smoker! Read the doctors' reports!

Issue #1 C H pg:12 & http://www.cannabishealth.com/issue_01/index.html#ethan
While I never recommend smoking tobacco, it is true that concomitant cannabis mitigates some of the harm to a degree. I would refer you to my Chronic Use Study, available online, and to an article that indicated that cannabis-only smoking does not seem to provoke emphysema, and to an interesting study by Roth et al. that demonstrates how THC actually helps prevent carcinogenic deterioration. *Dr. Ethan Russo*

This is a public service advertisment sponsored by Cannabis Health
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