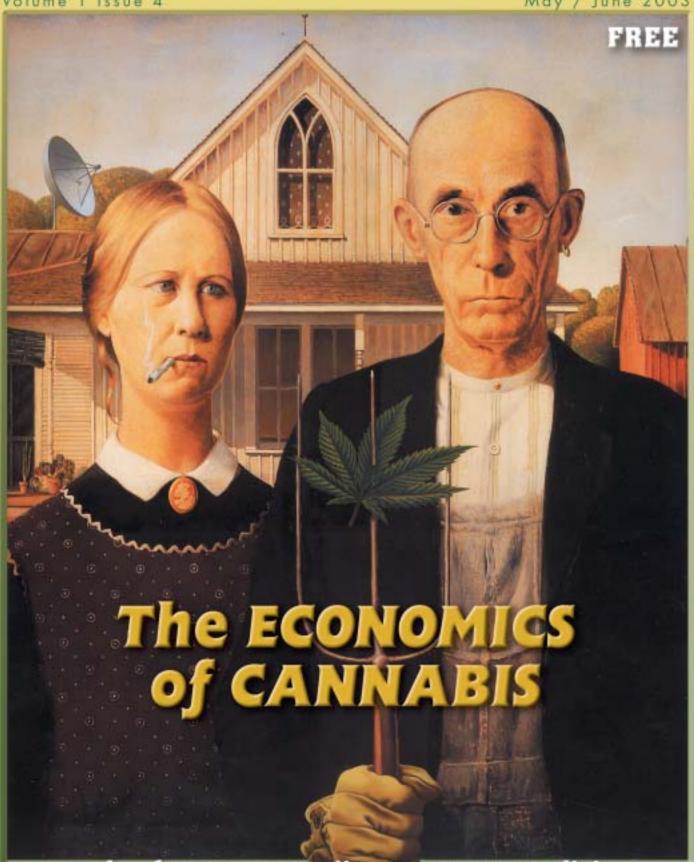
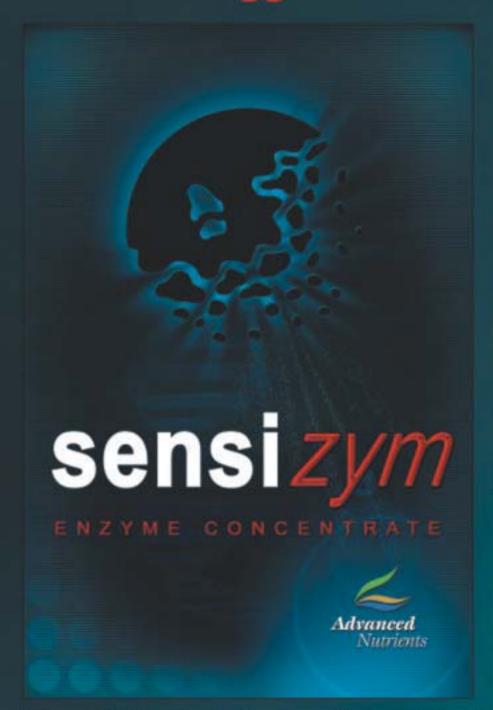
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THE MEDICAL MARIJUANA JOURNAL May / June 2003



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Editorial ......4



canadian hemp economy

# Feature Story

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# www.cannabishealth.com



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

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

The foundation is dedicated to:

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

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

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

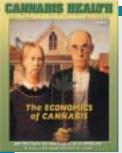
# SUBSCRIPTION INFORMATION

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### NOTE:

The following people did not get proper credit for their contribution in Issue #3: Kim O'Leary - photo credit for John Conroy's picture, and Dan Lorendorf (Rev. Damusy) for his help with the article on Alan Young. Just'n-tyme website should have been www.justn-tyme.com



# American Gothic (1930) by Grant Wood

Grant Wood adopted the precise realism of 15th century northern European artists, but his native lowa provided the artist with his subject matter. American Gothic depicts a farmer and his spinster daughter posing in front of their house, whose gabled window and tracery in the American Gothic style

inspired the painting's title. In fact, the models were Wood's sister and their dentist.

A Vancouver-based company re-did the original painting for a poster in 1998, updating it for contemporary times. They added a satellite dish to the house, gave the "farmer" an earring, a glove (#436 "Dura-Bull), and the fruit of his labours to the pitch fork. To the "daughter" they added a joint and moved one eye to give a slightly zonked appearance. After all, records show that 1930 was a bumper crop. The original poster had a caption at the bottom saying, "Finally, a real cash crop".

We saw this poster and felt it the perfect image for issue #4 "The Economics of Cannabis"

The original hangs in the Art Institute of Chicago

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Brian Taylor Editor-in-Chief

By Barb St.Jean, life & business partner

As per Brian Taylor, Editor-in-Chief

I'm writing this editorial for Brian, as he has been in the hospital now for more than 6 weeks at the time of print. He

underwent emergency surgery and had subsequent complications, but we all expect a full recovery, hopefully in the near future. We would like to thank all of our friends, staff & volunteers for their extraordinary support and dedications to us personally as well as to the magazine, the business and, most of all, the cause. Words don't express our gratitude for having you all share in our lives.

This edition concentrates on the down & dirty of who will get rich from the tragedies of the chronically ill, when the fortunes are made in the new cannabis economy? The world is changing and our vision includes the availability of safe and

affordable cannabis to all those in need. But the question remains, how? Do we wish to see the rise of the giants as in the pharmaceutical industry, or do we see an inclusive model that brings in from the cold the small players and establishes the "Farm Gate" model for production and distribution, like the Dutch? Or do we capitalize and create a multiple level environment that will benefit all the players: patients, entrepreneurs, corporations and governments? Learning from our past and not repeating the same mistakes, like the gun registration, is of paramount importance. We need to control the outcome and not fall asleep at the switch, like at the end of alcohol prohibition when, the day after, all the shelves were stacked and the rules and plans were already in place.

A truly Canadian model would make the medical access program irrelevant and unnecessary. It would recognize Cannabis Hemp & Cannabis Marijuana as natural health products and regulate them under a model that would incorporate a workable structure. It would encourage the business sectors such as

manufacturing, retail, health & science, food services, agricultural, etc. to invest in the future of a legal cannabis economy. Other countries around the world are miles ahead of Canada. The shape of this new economy will be influenced by many factors. But the most important being who will wake up first? ... the race is on. Your comments and letters are appreciated – keep them coming.

Issue #5 will focus on the new cannabis research required by governments and the massive amounts already done that governments don't remember.

Keep the faith!

On March 21, the Drug Enforcement Administration (DEA) published their final rules on hemp foods. The new "Final Rule" essentially bans the sale of all hemp food products by April 21, 2003 and is virtually identical to an "Interpretive Rule" issued on October 9, 2001 that never went into effect because of a Stay issued on March 7, 2002 in a U.S. Court of Appeals for the Ninth Circuit. The Hemp Industry Association and several hemp food and cosmetic manufacturers will petition the Ninth Circuit to once again prevent the DEA from ending the legal sale of hemp seed and oil in the U.S. and Canada.

# Letters

# **LOVE THE MAG**

Hi, I picked up a copy of your last issue and loved it. Very, very informative. I would love to put Cannabis Health on the rack in my hemp shop. Thank you. Carol Gwilt, Bogart's Joint Cafe & Hemp Shop, Maple Ridge, B.C.

# **GREAT JOB**

Hello, I just wanted to say I just read your magazine and you and your staff should be proud. I just moved to Salmon Arm last summer and love the outdoor growing weather here. Picked up your mag at J.J's hemp.I would like to find out how I could help out anyone in my area with medical needs that do not have the knowledge or space to grow their own. I love this plant and will support anyone with the same positive outlook. Thanks for your time.

Mark and Sherry

# **CAN YOU HELP?**

Hi, just had a look at your website, very interesting. I am on permanent disability because of muscle loss and weakness caused by muscular dystrophy, affecting my whole body. I need to use a cane all the time, have a two wheel electric scoot-

er that was purchased by The Muscular Dystrophy Association Canada (of which I am a member). It helps me get out, walk my dogs, etc. I have been using cannabis regularly (smoking, infused oil, cookies, cake, etc.) with very good results to dull

the pain of very weak, overworked muscle system, by doing cannabis, I do not need as many prescription drugs, with all their side effects. My wife and I are discrete. respectful of the law, but in this case, we feel that the law is "an would ass". I appreciate if there was an inexpensive and easier alternative for me to get cannabis. for which I am paying the full market price for now, (very inconsistent questionable quality, and expensive). Can you be of any help? Respectfully Yours,

Walt Kusmin

# Ned and the "Beanstalk" How many of the seeds did you get for the see

# developing cannabis-based medicines





by Matt Elrod

In November 1998, a year before the Institute of Medicine [1] rekindled North American interest in cannabinoid research and the

development of cannabis-based Pharmaceuticals, the UK House of Lords Select Committee on Science and Technology published its report "Cannabis: The Scientific and Medical Evidence" [2], which recommended that clinical trials of cannabis "should be mounted as a matter of urgency. The committee recognized the deficiencies of existing orally administered cannabis derivatives, such as dronabinol. "Research should be promoted into alternative modes of administration (e.g. inhalation, sub-lingual, rectal), which would retain the benefit of rapid absorption offered by smoking, without the adverse effects". One expert who provided testimony to the Committee, Dr. Geoffrey W. Guy, was uniquely positioned to fulfill the parliamentary mandate. Dubbed "the man most likely to succeed at going to pot" by the Financial Times, [3] Dr. Guy is an entrepreneur and physician who specializes in phytopharmaceuticals, plant-based medicines and their delivery systems. Having founded Phytopharm [4] in 1989 to develop botanical extracts and shepherd them to market, Dr. Guy is adept at navigating the cumbersome regulations governing both natural health products and controlled substances. Perhaps more significantly, unlike most medicinal cannabis enthusiasts, Dr. Guy has a reputation within Europe's conservative medical community for playing and winning by their rules. Dr. Guy's background made him distinctly qualified to overcome the clinical, social and bureaucratic hurdles

that have thus far prevented cannabis from regaining its place in the pharmacopoeia.

Dr. Guy founded GW Pharmaceuticals [5], still the only company dedicated to developing cannabis-based medicines, in early 1998. A collaboration with HortaPharm BV of the Netherlands gave GW a commanding "first mover" advantage. HortaPharm's medicinal cannabis varieties, known as "chemovars", had been standardized and stabilized for over 20 years to consistently express specific cannabinoids, however, HortaPharm lacked the ability to develop pharmaceuticals and sought drug company partners to take the next step. GW was the only company with the vision to take the HortaPharm research through the development and approval process. Botanists initially chose 10 Dutch chemovars bred to express high quantities of either THC (delta-9 tetrahydrocannabinol) or CBD (cannabidiol) for their first crop of 5,000 plants grown organically in secretive and exceedingly secure glasshouses in the south of England. The computer-controlled glasshouses are among of the most sophisticated in Europe. No chemicals are used and all pest control is biological. A GW contractor uses supercritical fluid

A GW contractor uses supercritical fluid extraction (SFE), a fairly new technique for extracting lipophilic and volatile compounds. [6] SFE utilizes carbon dioxide, which is Generally Regarded As Safe (GRAS), making the extraction process free of organic solvents. Liquid CO<sub>2</sub> is forced into supercritical state (SC-CO<sub>2</sub>) by regulating its temperature and pressure. Supercritical fluid is heavy like a liquid but has the penetrating properties of a gas. SC-CO<sub>2</sub> is inert and does not interact chemically with the botanical material or the extraction apparatus.

GW is developing 3 delivery technologies; an oral spray, a tablet which dissolves under the tongue, and a compact inhaler containing miniature heating ele-

ments that vapourize cannabis extracts. The spray technology is being utilized for the Group's lead product, the CBD/THC mixture. Active compounds in the "oromucosal" spray are primarily absorbed by the lining of the mouth and the tongue and begin to take effect within about 15-20 minutes. Some of the extract may also be swallowed, providing symptomatic relief for 4 to 6 hours. The inhaler's effects are felt almost immediately and do not last as long.

Depending on government requirements, both the spray and the inhaler may be equipped with the company's "Advanced Dispensing System (ADS)", a solid-state device resembling a portable phone, which measures and monitors use to help ensure optimal dosages and prevent diversion to the black market. The tamper-resistant device can also be connected to the internet, so doctors and clinicians can remotely monitor their patients' consumption. As Orwellian as digital drug dispensing systems that phone home might appear, currently many controlled subtances must be consumed under close medical supervision. The ADS promises to grant patients who need such drugs more freedom and autonomy. For example, GW, encouraged by the Home Office, is currently collaborating with the National Addiction Centre (NAC) to trial the ADS for the administration of methadone and diamorphine (heroin) in the treatment of drug addiction. If successful, the program will extend to other countries in Europe and North America.

The ADS was originally developed to make cannabis-based products more palatable to U.S. regulatory authorities, who still classify cannabis at the highest (most restrictive) level as a Schedule I substance. [7] Attempts by various petitioners to have cannabis rescheduled have been unsuccessful. [8] Despite overwhelming evidence to the contrary, U.S. authorities maintain that cannabis has no

# developing cannabis-based medicines

recognized medicinal value and a high potential for abuse, a position they have not seriously reconsidered since before the discovery of cannabinoid receptors over a decade ago.

GW's clinical trials have demonstrated that, once patients are no longer "cannabis naive" and have become accus-

tomed to the psychoactive effects, they are both able and inclined to titrate and personally individualize their dose to achieve improvement in their symptoms without experiencing unwanted effects that might interfere with their day-to-day activities. GW consultant Dr. Ethan Russo expects precautionary labeling will be similar to that found on synthetic cannabinoid packaging, advising patients to avoid driving or operating heavy machinery until they have become accustomed to the drug. Based on their experi-

ences and the remarkable safety profile of cannabis and cannabis-based products, GW does not anticipate a need for the ADS outside of the USA.

GW currently has 3 extracts under investigation; one derived from CBD-rich chemovars, one from THC-rich varieties and one with an even mixture of these two most promising cannabinoids. Proportions of terpenoids, flavonoids and other therapeutically active cannabinoids, such as CBC, CBG and THC-V, are consistent and monitored but left unaltered. Dr. Russo explains "Flavonoids are antioxidants and anti-inflammatory components with anti-aging and cell protective responses. Terpenoids are the essential oils that give cannabis its aroma. There are many with important medical benefits that include anti-inflammatory, analgesic, bronchodilating and memory-enhancing effects. The patient receives the full complement of synergistic phytochemicals. Only the cough is removed. Together this herbal mixture produces effects and medical benefits unobtainable with synthetic THC such as Marinol". Plant varieties bred to express these less understood compounds are

already being cultivated and clinical trials designed to explore their pharmacological properties are on the drawing board or underway.

One of the significant medical benefits of using whole-cannabis extracts appears to be some attenuation of the sometimes unpleasant psychoactive effects of pure



THC. CBD in particular seems to "soften" the effect of THC and is known to have anti-psychotic properties. Another benefit is the unusual breadth of effect. "These medicines have unique effectiveness for a wide range of conditions, and within the same condition, can often target multiple symptoms. For example, GW research has found that "patients with multiple sclerosis have experienced substantial relief from spasticity, poor sleep, bladder dysfunction and pain," says David Hadorn, M.D., a GW consultant. Currently, MS sufferers must orchestrate the carefully timed and measured administration of several distinct, interacting, chemical entities to achieve this broad "shot gun" effect.

Another advantage of GW's pharmaceutical-grade extracts is that they are likely to reach many people who would otherwise miss out on the benefits of cannabis-based medicines. This is perhaps especially true for elderly patients, many of whom have chronic pain and other symptoms, for which cannabis-based medicines would likely provide substantial relief. Most elderly patients are cannabis-naive, however, and would have

great difficulty accepting the idea of "toking up". A prescription oral spray would be perfectly acceptable to many such patients - literally "just what the doctor ordered".

In previous Phase II trials, there was a 50% average reduction in the participant's use of opiates. The reduction in

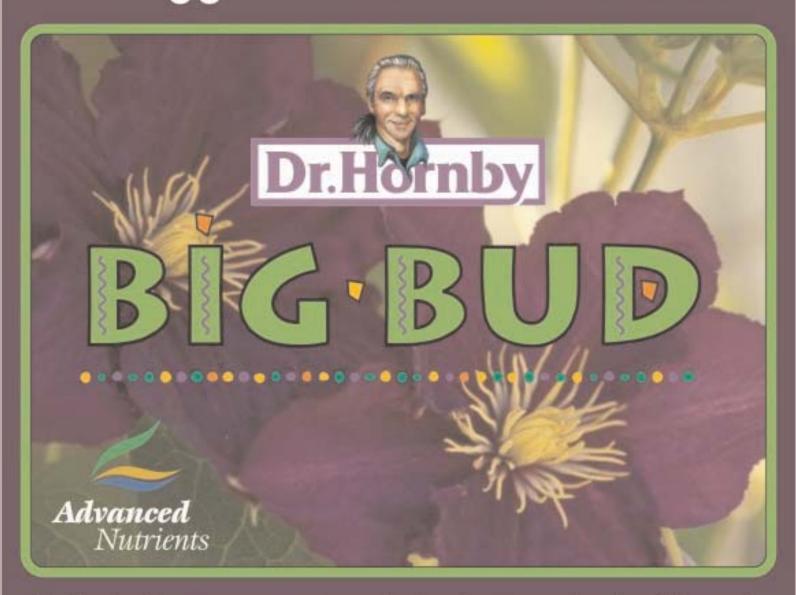
opiate use suggests future analgesics may combine opiates and cannabinoids for their very different but complementary effects. In fact, animal studies have found that opiate/cannabinoid mixtures do not cause the severe withdrawal symptoms associated with long-term opiate use. [9] Perhaps cannabinoids will eventually be integrated into GW's methadone and diamorphine products. Try as they might to divorce their company and its research from the politicallycharged debate over cannabis law reform. research on whole plant extracts, more than research on synthetic analogs, is

applicable to the forbidden herb. When reporting GW progress, the media tend to equate their cannabis-based medicine extracts with cannabis, often exploiting the "snicker factor" with pot puns and allusions to stoner stereotypes. Interpretations also seem linked to geopolitical preconceptions. Most British papers herald GW's encouraging findings as further evidence of the medicinal benefits of cannabis - more reason to reform medicinal cannabis laws - while U.S. papers tend to characterize cannabisbased medicines as a socially acceptable, non-psychoactive alternative to smoked cannabis. A magic prohibitionist bullet that will render herbal cannabis, and therefore efforts to reform cannabis laws, obsolete.



Matt Elrod, Val, David Hadorn

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# developing cannabis-based medicines

Cannabis law reforms are also changing the environment for cannabis-based pharmaceuticals. Some British papers have attributed gains in GW stock value to last year's indications Parliament may reclassify cannabis from Class B to the less restrictive Class C this summer. Others cited plans for cannabis reclassification as having the opposite, negative effect on GW's financial outlook. Some activists, such as Richard Cowan, the former national director of the National Organization for the Reform of Marijuana Laws, expect cannabis law reforms to reduce the market viability of cannabisbased pharmaceuticals.

"GW Pharmaceuticals is making excellent progress and I wish them well, but I think that their business will suffer when marijuana is legalized," wrote Cowan in his online magazine. [10] Dr. Russo thinks the tent is big enough, "the decriminalization or legalization of cannabis will likely occur in many nations, but represents no real threat to this company's viability or ultimate profitability."

GW is walking a fine line between alarming cannabis prohibitionists, who see medicinal cannabis as a "stalking horse" for broader liberalization, and whole cannabis advocates, who suspect GW of trying to "monopolize" cannabis therapeutics and introduce products that would replace, rather than offer alternatives to, herbal cannabis. Writing for Cannabis Culture Magazine, Canadian activist David Malmo-Levine went so far as to accuse GW of conspiring to corner the world-wide market for both cannabis pharmaceuticals and cannabis plants. [11] Others believe GW's ultimate goal is to create, on behalf of vested interests, medicinal cannabis products that do not produce the illicitly sought "side-effect" of euphoria. "This is simply untrue," insists Dr. Russo, "GW Pharmaceuticals extracts contain predominantly THC, predominantly CBD or a 1:1 THC/CBD mix, as well as the essential oil terpenoids and flavonoids of the natural herb. If someone used a sufficient dose of the extracts containing THC, they would become 'high'." "GW does not expect cannabis as a plant to disappear," continued Russo, "However, cannabis the plant can never be accepted by the FDA as a smoked prescription medicine as the rules stand. Standardized cannabis-based medicine extracts can. For the person who wishes HMO reimbursement or coverage under a national health service policy for a defined prescription medicine that will help with their condition, it is the ticket. Not everyone grows grapes when there is *Cabernet Sauvignon* on the shelf. Similarly, some will toke on 'homegrown', while others will reach for the vapourizer, and others for the standardized prescription product. Nothing will advance the acceptance of cannabis faster than good quality research of this type."

Noted cannabis expert Dr. Lester Grinspoon has a similar vision "... we are going to have two distribution systems for medical cannabis. One will be the conventional model of pharmacy-filled prescriptions for FDA-approved medicines derived from cannabis as isolated or synthetic cannabinoids and cannabinoid analogs. The other will have more in common with some of the means of distribution and use of alternative and herbal medicines. The only difference, an enormous one, will be the continued illegality of whole smoked or ingested cannabis. In any case, increasing medical use by either distribution pathway will inevitably make growing numbers of people familiar with cannabis and its derivatives. As they learn that its harmfulness has been greatly exaggerated and its usefulness underestimated, the pressure will increase for drastic change in the way we as a society deal with this drug."[12]

GW is now capable of producing medicine for 20,000 patients per annum. They expect to have their first product, for treating multiple sclerosis and neuropathic pain, on the UK market by the end of 2003. The company plans to price its products competitively with other medicines used for similar conditions and at levels that allow provision under governmental health insurance plans.

Based on discussions with national regulatory authorities, GW anticipates gaining

latory authorities, GW anticipates gaining approval for their first line of extracts in Western Europe, Australia, New Zealand and Canada within months of UK approval. The timing of approval of GW products in the United States is less certain because the company has yet to receive final guidance from the FDA concerning how much additional research, if any, will be required for approval in the US. They will also need a development partner to handle promotion and distribution in North America. Dr. Hadorn predicts that it will probably be "at least two years following UK approval" before GW's medicines are available in the United States.

### **END NOTES**

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# Would hemp prosper under a liberal regulatory regime?

"Industrial hemp" - sometimes maligned, sometimes ignored,



sometimes hyped, wonder plant overloaded with hyperbole - has been grown in Canada commercially since 1998. While it is legal to grow hemp for fibre and seed, hemp cultivation in Canada labors under a license system administered by Health Canada. Hemp, because it is cannabis sativa, still falls under the definition of a controlled substance. It's a challenging situation leading to obstacles faced by few other industries. 5 years old, Canada's hemp industry is having an interesting time of it.

By Arthur Hanks

For those unfamiliar with this country's hemp regulations, licenses are required for

each step in the value chain. Growers are licensed, fields are licensed, cleaners are licensed, processors are licensed. While a criminal record check is required for your application, none of the other requirements are especially onerous (GPS your crop, use only certified seed, fill out all the forms completely), provided one is growing hemp legitimately for seed or fibre on an agricultural basis.

The hemp regulations do not allow for hemp to be grown for horticultural purposes. Field scale only, folks. Don't call me about hemp bonsai or decorating your backyard. It'll never happen.

The industry's fortunes rest in part on tight seed controls. As stated, there is a requirement to use only certified seed. This means that there is no "common" hemp seed ... no seed saving is allowed, and every year farmers must purchase their planting seeds from a licensed seed seller. All seeds that are sold are on an approved list of cultivars. All hemp seed is evaluated according to THC: only strains that are under a 0.3% THC threshold are allowed to be grown. In food processing, only trace amounts of THC (10 parts per million, 10 ppm, is the ceiling) are allowed in finished products such as food or cosmetics.

For fibre, most of the regulations are on the field level and less stringent. Once the hemp fibre is off the field, it is out of the regulations. So lets keep most of the discussion focused on seeds.

The intent of the regulations is to head off unwanted cannabis proliferation. Of course, by keeping a tight lid on industrial hemp, Health Canada has unwittingly done its part to protect the black market. Ironies in politics will never cease.

Most people working in the industry are comfortable with the existing standards. Being business people, they tend to be regulation liberals, and would like less; however, they also see the quality control that the



Saskachewan hemp field near maturity July 31st 2002

regulations bring and demand of the industry. The fact that a full paper trail is kept for hemp seed products, creates a fully accountable industry; there is a level of control that is exceptional among much of the food industry.

Is this industry growing? On a field scale production has ranged wildly, from 2,700 inaugural hectares in 1998 to a sky high 14,000 h in 1999 to 2002's level of 1,530 h. Much action is off the field. In the last 5 years, several sharp entrepreneurs have started up hemp seed food companies or developed hemp bodycare lines: some of the Canadian brands you may see on a

health food store shelf include Hempola, Manitoba Harvest, Ruth's Hemp Foods, MUMS Original, Hemp Oil Canada, Cool Hemp, Fast Fuel, Ancient Harvest. Interestingly, these are all start-ups. Nature's Path, Omega Nutrition and Honeybar are some established Canadian companies that have developed new products that include hemp. The big guys (like McCain's, President's Choice, Tim Horton's) don't bother with hemp. So the field is wide open. There is certainly a lot of diversification: at one point this author counted 12 varieties of hemp oil on the market, including regional brands. But



# would hemp prosper...

there are also increasingly diverse products: where once you may expect to see hemp only in oil, seed and dehulled seed forms, increasingly shoppers will find things like bars, cereals, pasta, chips and baked goods made with hemp. Hemp has a lot of potential as a healthy ingredient: in the future, you may find yourself eating hemp more and more, but you will only know if you read the ingredient label.

After 5 years, with a fresh, secure domestic supply of seed, customers are finding out for the first time, how flexible, tasty and nutritious hemp foods are.

And there's science to back it up; a small amount of research studies are underway that are testing the efficacy of hemp seed nutrition. This work takes place in a larger context regarding the roles of healthy oils and fats in the diet. A growing understanding of essential fatty acids in the nutritional business community and in the health press is helping to create a positive commercial climate for hemp seed products.

On these terms hemp sounds like a success story. But just how much of a success is it? Because it is such a new, and hence still small industry, it is challenging to come up with an estimated worth of the sector. The government's official measuring arm, Stats Canada keeps no data on the hempseed

trade, nor does Health Canada keep track on what everyday shoppers are buying. So, no help from the feds. How about the industry itself: almost all companies are privately held, and the sector is competitive, so financials are kept private, which is understandable. Based on estimates and extrapolations of what self-disclosed data is available, the market for hemp food & bodycare products is in the \$40 million dollar range (USD). The hemp seed food business is in the \$5-10 million USD range. There is considerable value added here, as the farm gate value of current level of seed (grain) production is only about \$2 million dollars maximum.

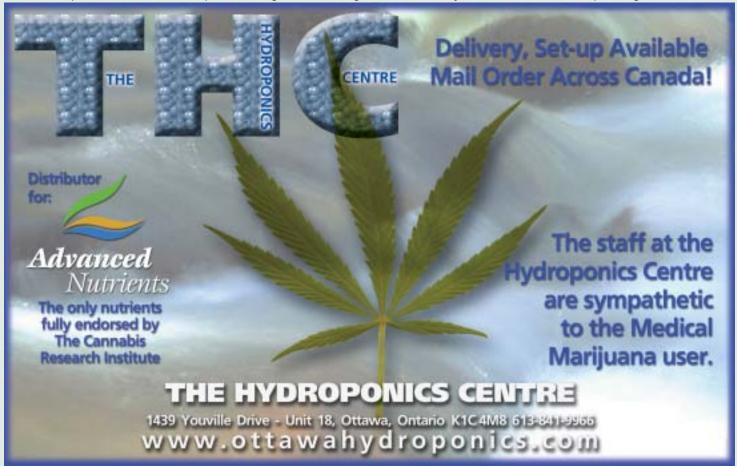
Considering that Canada's french fry export to the U.S. is over \$200 million CDN a year, Canada's hemp industry is small potatoes indeed.

Many of hemp's specific problem are agriculture problems. The sector on the whole is changing, with fewer farmers at work, consolidation happening on all levels, high debt loads and a high risk and failure rate for new age ventures. It's a challenging time on the farm and rural communities and the ability and capability to embrace new industries promised by hemp is limited. The sector is stressed.

Now in 2003, Canada seems to be on the verge on reforming the nation's marijuana

laws. Liberalization is anticipated, though its anyone's guess on how the law will be written. To the matter at hand, will the business of hemp become more attractive with the marijuana laws changing? That's a good question, but as marijuana, whether for medicinal or personal use, is covered under a different part of the CDSA than hemp is, the short-term effect on hemp that a reform of the marijuana laws will bring will be negligible.

Consider this: John's and Mary's right to have a legal stash will not likely affect the hemp regulations regarding allowable THC in the field or in finished hemp products. Similarly, John and Mary may have a handful of plants at home under lights, but that will not compete with the farmer who has 200 acres seeded. Nor will John and Mary be able to create much in the way of valueadded industry with the handful of stalks they harvest. Maybe a few cottage industries could do hemp weaving and spinning from stalks pulled from a backyard plot, but lets not dress that up more than we need to. Few people are doping it with (legal) flax right now. And maybe with hemp bonsais, landscape architecture could take off under the right hustling horticultural entrepreneur. But these would be new industries, and wouldn't have an effect on what we have in place right now.



# would hemp prosper...

One could even make the case that liberalization will have a negative effect on the hemp industry. Given concerns about genetic pollution as with GMO's and, in some quarters, the shift in the food system towards identity preserved (IP) production, and considering cannabis being as pollen prolific as it is, there is very real concern that genetic pollution could occur. Allegedly this has already happened, however, without land-use plans in place, the scenario could lead to some unhappy situations.

There is also the question of U.S. market access. As American officials are sometimes willfully obtuse about the differences between hemp and marijuana, would such liberalization on Canada's part complicate access further? Would there be some sort of blow-back? Would Canadian hemp products be treated with even more scrutiny at the border? You know how they get, post 9-11....

More significant than the law changing



Hemp in flower

would be the regulatory climate change that would come with it. Canada's hemp industry does not need really wholesale regulatory reform, but it would benefit from a lighter touch. Some deft touches could be placed around seed issues. I will bring up one relevant current issue. Currently, one of the favoured cultivars (Finola, which is a shorter/earlier grain variety of hemp), is being taken off the List of Approved Cultivars because it has relatively high THC.

Finola is not a high THC cultivar, and usually tests at the lower limit of the testing scale (0.05). But consistently, somewhere in Canada, year after year, some fields are

found above the 0.3% allowable limit. So you know, the issue is not necessarily genetic, as THC levels fluctuate according to environmental variables, like heat and stress such as hail, as well as being affected by latitude (levels rise closer to the equator). No matter that hemp with 0.4% THC, while exceeding regulations, is still not even close to being marijuana, and this higher level won't change the THC levels on the valued seed, once the seed is cleaned and processed. Outrageous! Why should we almost lose one of our top cultivars over what is essentially a technicality? This species has an attractive fatty acid profile, produces a pleasant oil and was reportedly chosen to be grown for 40% of last year's 1,500h national commercial hemp crop. Anyhow, it seems that Finola will be given a

second chance, with a revived breeding program. This is good news, and a relief. Further to seed, what also needs to be reconsidered is our over-reliance on certified stock. Prices are usually around \$2/lb and under, depending on cultivar availability. (Seeding rate is typically 30 lbs/acre). Now certified seed delivers quality for a higher price, which is an excellent deal, but having more on farm flexibility and choice could also expand the market for all seed. Common seed would certainly make ambitious large scale hemp biomass plantations more economically attractive.

You also have to ask yourself whether sampling and testing of hemp field crops should even be necessary when the grower is using certified seed. And if Health Canada is not as worried about the illegality of marijuana as much, and therefore is less concerned about cannabis proliferation, what kind of purpose do these regulations have?

(If you ask me, THC-free hemp is not the answer, as the compound has a biological role in the plant's life. There are no zeros in nature. However, we need low THC varieties for everyday food consumption and cosmetic use. So, what's needed are boundaries, and that's what we have. The question is, what should those boundaries be? The

Hemp industry has made a good case to date with its management of THC levels. For example, the Industry standard Test Pledge regulates levels beyond what government requires).

Outside of such proposals, there are some upcoming changes in the regulatory front. These considerations may all become extremely relevant ones.

Coming down the pipeline for 2003 is another hemp risks and benefits study from Health Canada. An earlier version was leaked to the press in the summer of 1999; this draft caused a small storm of outrage in the industry. The report, slammed by independent researchers, causing a rethink on Health Canada's part. The study was never released, but had a half life on the web. The 2003 version is highly anticipated; whatever its findings, its contents will set the tone for a subsequent stakeholders meeting between industry and government in 2004. This meeting will be an opportunity to recraft the regulations, It will be interesting to see if there is indeed a regulatory climate change coming. Is it too early? Massive wholesale reform of Canada's hemp rules is unrealistic to expect; these regulations will not be dumped in some prairie slough. But it is desirous that they are reformed. The industry needs regulations that encourage quality and de-emphasizes control.

As stated, many of hemp's challenges are due to other factors, principally economic issues, and not just the fault of existing regulations. However, a liberalization of the nation's marijuana laws would improve the regulatory climate and lead to a lighter regulatory touch that would bring benefits to the industry. The business of hemp will grow more attractive in a liberal regulatory environment that reinforces and rewards good business practices.

Arthur Hanks is a Saskatchewan writer who never grows tired of hemp for some reason. He can be reached at hcfr@sk.sympatico.ca. Pictures courtesy of Arthur from his website: http://www.industrialhemp.net/mydomain/hempreport/gallery/

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# Legal Eagle



John Conroy, Q.C., photo by Kim O'Leary

On March 14th in P.E.I. court, the judge read out the decision on the Ronald Barry Stavert case, who was charged with simple marijuana possession and made application to quash the information arguing

that it does not disclose an offence known to law. The accused based his application, essentially, on the Ontario Court of Appeal decision in R. v. Parker (2000) 146 CCC (3d) 193, which declared the prohibition against possession of marijuana in s. 4 of the CDSA invalid due to its failure to provide for legal possession of marijuana for medical uses. Below are some excerpts from the decision, with the full document on the web at http://cannabislink.ca/legal/stavert.htm

[3] The applicant submits that the Federal Crown is estopped from arguing that s4 of the CDSA is valid legislation on the basis that the Parker decision is binding on the Federal Crown throughout Canada.

[14] What the Ontario Court of Appeal clearly did in Parker was declare the marijuana possession prohibition in s4 of the CDSA to be invalid without exception. It also suspended the declaration of invalidity for a period of twelve months "...to provide Parliament with the opportunity to fill the void" (Parker at page 40)

[15] The Federal Crown did not appeal the Ontario Court of Appeal decision in Parker, and there has been nothing presented to the court in the instant application to indicate that Parliament did anything to avail itself of the opportunity to pass remedial legislation to cure the defect in s4. The foregoing preceded the Ontario Court of Justice decision in R. v. J.P. [2003] O.J. 1 of January 2nd, 2003, which in turn appears to have prompted this application.

[18] What then of the position of the Federal Crown in other jurisdictions across Canada? Is the Federal Crown bound throughout Canada, as the prosecutor throughout Canada, of all CDSA offences by the decision of the Ontario Court of Appeal in Parker which it chose not to appeal? Put another way, is the Crown estopped from arguing that its marijuana possession law is valid in Prince Edward Island, when it has been declared invalid in a decision which, as a final judgement, binds it in Ontario?

[20] There is no question that the applicant here raises the same issue as was involved in Parker. He challenges the validity of the law prohibiting simple possession of marijuana by virtue of this application, as did Mr. Parker.

[21] Secondly, there is no question that the decision of the Ontario Court of Appeal in Parker is a final judgement since the Crown made no attempt to appeal to the Supreme Court of Canada.

[24] Clearly, any person charged in Ontario with simple possession of marijuana could rely on the Parker decision in an application such as the accused has brought before this Court. Since the Crown is bound in relation to all simple possession of marijuana charges arising in Ontario due to the operation of stare decisis, all persons in the Province of Ontario, all 12 million of them, have acquired an immunity from prosecution for marijuana possession, which may be anything from short term to permanent and in fact counsel indicated on this application that all simple possession charges were being adjourned in Ontario pending the outcome of the appeal in the J.P. case.

[41] When the Ontario Court of Appeal rendered its judgment in Parker, the Federal

Crown essentially had two options: it could have appealed or it could have elected not to appeal and accept Parker as a final judgment. It chose the latter approach.

[42] The decision in Parker was not a judgment in personam which applied only to Mr. Parker. The Ontario Court of Appeal's ruling struck down that part of s4 of the CDSA which prohibited marijuana possession. Clearly, that ruling became the law in Ontario as of July 31st, 2000, subject to the one year suspension of the operation of the declaration, which afforded Parliament what should have been an ample opportunity to pass remedial legislation, if it had chosen to do so.

[52] A stay of proceedings is therefore entered in this matter.

# Question: What is your view on this case?

Answer: No one should plead guilty or take diversion for a simple possession case. They should plead not quilty, file a constitutional challenge to the effect that the federal government failed to comply with Parker in the Ontario Court of Appeal as evidenced by Hitzig and argue the P.E.I. case to the effect that Parker is binding on the federal Crown in B.C. as in Ontario and P.E.I. because they didn't appeal Parker and the MMAR do not comply with the Parker declaration, so simple possession is legal.

As you all know, we are back in the Supreme Court of Canada May 6th at 9:30 a.m. on Caine, Malmo-Levine and Clay. Hopefully, we will get a good decision in our favour this year or early next.

John Conroy, Q.C., CONROY& COMPANY Barrister and Solicitor

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# What Now?

We are following the stories of the people we covered in our last issue who have been prosecuted in the U.S.A. and Canada for their support of medicinal marijuana patients. Where are they now?



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# Jim Wakeford

"The Crown has dropped or stayed all charges. I am a free man. It is hard to get used to the reality that for me it's all over, the constitutional challenge and all the criminal charges from 4 arrests in two provinces over a period of two years," said Jim in a recent e-mail to our journal.

Jim is still challenging laws, though. He has just been refused an insurance claim for stolen marijuana. This refusal demonstrates that the insurance industry wants absolutely nothing to do with either medical marijuana or the 900 people now allowed by Health Canada to use and grow it. Officials in the Insurance Bureau of Canada said that underwriters will not provide even basic homeowner's or tenant's insurance to people who they know grow marijuana, even if legally allowed to do so.

"The sad reality, however, remains that I have no grower, no real space to grow and hence no regular supply of marijuana. That has been the case since I started using marijuana therapeutically in 1996. That has to change." Jim Wakeford closed.

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# Ed Rosenthal

Despite the best efforts of the U.S. Attorney's Office to incarcerate him immediately, Ed Rosenthal was allowed to remain free on \$200,000 bail, pending his sentencing on three federal counts of marijuana cultivation, which is scheduled for June 4th, 2003. The sentencing range is from a minimum of 5 years to more than 80, with possible fines of several million dollars.

After the hearing, six jurors met with Mr. Rosenthal, his family, defense attorneys and selected supporters before holding an unprecedented press conference outside the federal building. At this

time the jury members read a letter of apology to Mr. Rosenthal, and then read a statement endorsed by 8 of the 12 jurors demanding a new trial for Mr. Rosenthal.

"Federal prosecutors made extraordinary efforts to block the truth, the whole truth and nothing but the truth. Because the truth is that I was deputized by the City of Oakland to legally grow marijuana for medicinal use by sick or dying patients. Had the jury known about the City's attempts to give immunity to their people, including me, it would have acquitted me today," stated Ed in his interview of January 31st, 2003.

"The other victims of today's decision are patients... because I am only one of many people that they are trying to put in jail for helping sick people.

My case clearly demonstrates that it is time for a national debate on the issue of medical marijuana... The federal government is choosing to prosecute and imprison individuals instead of working... to resolve the conflicts in medical marijuana law. Because helping sick people should never be a crime." - Ed Rosenthal.

\*Excerpts for this article are from the Green Aid website "Rosenthal Trial Diary" and "Statement on the Verdict".

# Cannabis Growing

# Licensing in the Netherlands

by Allen Town

A change of the Dutch law on controlled substances (Opium Act) will take effect on March 17th, 2003. It includes regulations for applications regarding the cultivation of cannabis for medicinal purposes and guidelines for cultivating cannabis.

Applications for an Opium Act exemption regarding cannabis will be handled by the Office of Medicinal Cannabis (BMC) of the Health Ministry. All cannabis cultivated by applicants has to be sold to the BMC.

The Office will act as a regulator for cannabis horticulture, cannabis resin and related substances for clinical trials. Private companies will be in charge of

ical cannabis products. They will stimulate high quality trials that can be done with several dosage forms of varying composition for multiple indications.

manufacturing med-

"We are guided by a scientific advisory board," said Dutch official Willem Scholten. "The board members are health care inspectors specialized in clinical trials and narcotics, a neurologist, a pharmacognosist, a lawyer and representatives of the Multiple Sclerosis Patients Association and the HIV Patients Association." (Scholten said a "pharmacognosist" is a pharmacologist who specializes in herbal medicines).

Dutch marijuana growers enthusiastically

welcomed the announcement of Scholten's new agency, hoping they would be able to sell pot to the government instead of just to coffeeshops.

"We'll order cannabis from private growers," Scholten said. "The Office will have the sole responsibility for importing, exporting, selling and storing cannabis, cannabis resin and their preparations. It will also be the licensing authority for these substances. Dutch law requires licenses of those who grow cannabis.

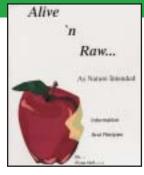
Our Office will give these licenses to growers who have contracts with the Office. Growers will be screened before they are contracted. The contract conditions will require that contractors sell their entire crops to the government.

Medicinal cannabis must be organically grown, free of contaminants and properly processed. Growers will be subject to grow room inspections, quality controls, and will be required to sell their entire crop to our agency. The need for medicinal cannabis depends on the number and size of the clinical trials that will be done. We don't expect that a large amount of cannabis will be needed in the next few years."

The guidelines for cannabis cultivation have been derived from the general rules for Good Agricultural Practice of the Working Group on Herbal Medicinal Products of the European Medicines Evaluation Agency (EMEA).

They describe requirements for cultivation, harvesting and primary processing, ensuring that the cannabis is produced under conditions that ensure that the therapeutic properties of the end product are constant and reproducible.





According to the World H e a l t h Organization, toxins in the air we breathe, the water we drink, and the

food we eat, cause nearly 80% of cancers. We cook, process and radiate our food until it is altered into chemical substances that the body cannot digest, and, in fact, treats as poison. In 1930, studies by Dr. Paul Kouchakoff, at the Swiss Institute of Chemistry, studied human blood and documented the effects of cooked and processed food versus raw and natural food on the immune system. If a food had been heated beyond a certain temperature, as low as 110°F, or even worse, was processed, refined,

homogenized, pasteurized, preserved or had chemicals added, this always causes a rise in the number of white cells in the blood. This is a phenomenon called "digestive leukocytosis". Eating unaltered, raw and low temperature heated food did not cause the reaction in the blood.

Diet improvement is a major weapon against disease, from the common cold to cancer. Whole, raw food nutrition allows the body to use its built-in restorative and repairing abilities. A healthy diet can intervene in the disease process at many stages, from its inception to its growth and spread. Fresh fruits and vegetables top the list of healing foods.

Alive'n Raw is a raw foodist book that will be essential for a natural lifestyle kitchen. This easy to read book contains recipes for your eating delight, that

range from sassy soups to apple pie, to almond milk and cheese. The extensive collection of tried and tasteful recipes, tested and tasted by the author, Elyse Nuff S.T., R.F., will make living a lifestyle of raw foods easy and appealing for families of all ages.

The book offers readers more than just recipes. It has comprehensive explanations, in layman's terms, which explain how our bodies work and what they require. This book provides all the research and facts needed to make lifechanging decisions about our diets. The book outlines all the necessary vitamins, minerals and essential nutrients that human beings require daily. *Alive'n Raw* takes the difficulty and confusion out of a raw food lifestyle and makes it easy and practical for readers to begin to change their life.

# Truly remarcable!

From cookies and lollypops to gourmet specialties and concentrates, *remarcable foods* is making access to medication simpler for many people. Marc has created a line of strong medical cannabis food which can be delivered across Canada to prescription holders. His new website: www.bake-n-shake.com will have all kinds of recipes for foods that use the concentrate he makes. The site tells people how to use the concentrates and effectively manage dose control.

A sample is a smoothie shake with concentrate and Tropicana Orange Strawberry Banana juice. It is the best tasting smoothie you've ever had and it has the same dose as a strong cookie. Take this smoothie, add equal parts of ice cream, run it through a blender till it starts to whip, pour it into popsicle molds and freeze - now you have the best tasting creamsicle you've ever had! You can buy the concentrates, use the recipes, create your own, or buy the finished product all through this website. Marc is interested in sharing his knowledge with other enterprising people

across Canada. If you have a license and are interested, you can start a *Remarcable Foods* cottage industry in your own community by baking/cooking fresh food to a local customer base of individuals with a prescription. There are literally hundreds of great tasting recipes for breakfast, lunch, supper, and every snack in between. Marc's dream is to have enough of a customer base to support a *Remarcable Foods* restaurant/catering service in every town in Canada. "Within a couple of months the rules are changing, and there will be opportunities to respond from the exposure we are get-

ting," says Marc, "I can't do it alone, and I don't have the resources to do it all." If you are interested in Marc's products, starting your own cottage industry, or to join his company contact Marc through his website.

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Dr. Ethan Russo

# Ask Dr. Ethan

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## Q 1:

Shortly after I had started smoking cannabis 30 years ago, a friend who had asthma started smoking also. I don't remember exactly how long after he started, that he noticed a reduction in his asthma attacks and the need for using his inhaler. I was only in contact with him for about another year or so, but I seemed to remember him saying that he didn't have problems any more. Some years later when I had children of my own, they were having the dry hacking kind of cough that started when they would lay down to go to sleep. We could find no off-the-shelf or prescribed remedy that was effective.

It was then that I remembered my friend from my teenage years. Knowing that some extracts of the plant dissolve in water and others dissolve in alcohol, I put about a quarter ounce of sifted bud and hash-like powder in 16oz of vodka, let it sit for a day and then tried a teaspoon of it myself first. Almost immediately I noticed a relaxation in my lungs and opening of my breathing, and that

was without having the cough myself. I then gave it to my kids, the youngest being about 8 years old when I started using it. I noticed that by the second time my kids would cough, it would be weaker and usually subside quickly. Since then I have suggested it to other people and everyone is amazed that it works so quickly, in less than a minute. We later tried to see if there were any of the "stoned" effects and there were none for my wife (who is very sensitive to cannabis) or myself. I, being a chronic cannabis smoker, also had far less instances of colds and recovered guicker when I did get them over the 20 years than anyone else in our family. What is the connection?

### A 1:

What you describe is interesting. Cannabis is a known bronchodilator via THC itself, and pinene, a terpenoid essential oil component.

The tincture might work so fast because of sublingual absorption, or actual fumes being inhaled. Asthma increases susceptibility to colds and other respiratory illnesses, so prevention of it might lead to better overall health. It is unfortunate that it remains illegal and unavailable for prescription.

### 02

My Husband has hep-C and is taking PegIntron and others, he is having lots of nausea and has lost weight from loss of appetite, we would like to find out more about medical marijuana as a treatment for him.

# A 2:

You are wise to be cautious. Hepatitis C is an increasingly prevalent and disturbing affliction in our society. The answer to your question is still in evolution. It is clear from various surveys that cannabis is a very frequently employed remedy by HCV (Hepatitis C Virus) patients to combat nausea and weight loss. You may access patient testimonials at Lester Grinspoon's Marihuana: The Forbidden Medicine website by plugging "Hepatitis C" into the search engine http://www.rxmarihuana.com/\_vti\_bin/shtml.exe/search.htm

Peginterferon alfa-2b or PegIntron is a relatively new immunological treatment

# for HCV:

http://www.ncbi.nlm.nih.gov/entrez/qu ery.fcgi?cmd= Retrieve&db= PubMed& list\_uids= 11481625&dopt= Abstract Interferons are natural or synthetic substances based on substances secreted in tiny amounts by white blood cells. In large amounts, they have antiviral properties. Fortunately, cannabis has relatively few drug interactions, notably an increase in sleepiness if combined with sedative medications. I am not aware of specific problems with cannabis and PegIntron.

It is distinctly possible that cannabis itself has beneficial effects on the course of HCV. In a recent experiment designed to assess the effects of "drug of abuse" on HCV patients, clinical cannabis patients actually had an improved response to interferon treatment! It is likely that the immunomodulatory effects of cannabis are helpful in reducing autoimmune damage in this and other diseases.

A more focused research project on HCV and cannabis usage is now underway with the University of California, San Francisco and Philippe Lucas of Vancouver Island Compassion Club Society (http://www.thevics.com/) to more closely examine the issue.

# Q 3:

Hello, I have a question that needs a professional to answer. Is it more potent and will you get more of a "buzz" if you hold in the smoke after you inhale a drag of a marijuana joint? I keep having the same debate, with this question.

# A 3:

This is an important issue. As you know, I do not recommend smoking of cannabis, but rather favour vapourization, use of sublingual tinctures and similar alternative delivery systems. If people are going to smoke, however, the great efficiency of the lungs as an absorbtion system for drugs permits good results with a short exposure. According to results of a 1995 study, subjective high and serum THC levels do not increase beyond a maximum 10-second inhalation, or "toke":

http://www.ncbi.nlm.nih.gov/entrez/qu ery.fcgi?cmd= Retrieve&db= PubMed& list\_uids= 7853169&dopt= Abstract This shorter toke duration will help avoid needless pulmonary irritation and risk of damage in chronic usage.

While we're at it, another myth concerns "roaches". These are much prized and hoarded by some, but should be discarded. Contrary to popular belief, their THC content is not enhanced, but

rather, is minimal. The heat of smoking has pretty much destroyed available THC. Should a person be apprehended for alleged cannabis crimes, this useless material will be added to the weight of seized material and lead to longer sen-

tences in the courts.

For more information on clinical cannabis delivery systems, see: http://www.montananorml.org/docs/R usso-AAPM\_chapter.pdf

# Canna - Biz

What other plant, anywhere in the world, can possibly do what cannabis does? Cannabis, and its cousin hemp, is capable of producing a wide variety of products virtually unheard of in any other single plant. All of the products listed below are in production across the world.

**Canna – drinks:** wine, beer, vodka, pop.

**Canna – beauty:** seed oils, soaps, lip balm, body products, shampoo, conditioner, perfume, after-shave.

**Canna** – **food:** chocolate, coffee, jellies, sour gums, lollypops, chewing gum, flour, seeds, salsa, tortilla chips, oil, pasta, tortilla wraps, hemp milk, salad dressing, snack bars, hulled seeds.

**Canna-medicine:** essential oil, lozenges, massage oil, smoke.

**Canna – stuff:** cat litter, small animal litter, clothing, jewellery, bed linen, pillows, diapers, paper, envelopes, journals, rope, dog and cat leashes and collars, string.

Pictured to the right: B.C.'s home-made cannabis wine



# Marinol

Marinol is an FDA-approved drug containing the principal active ingredient (THC) found naturally in the marijuana plant and most drug stores. Despite Federal Drug Administration approval of synthetic THC, marijuana is classified as a Schedule 1 drug. Physicians cannot prescribe Schedule 1 drugs, including marijuana, because such drugs are generally thought to have no medicinal value.

Marinol costs the average AIDS or cancer patient \$6,000 a year (e.g. IOOmg b.i.d. @\$400 for 30 tablets, \$9,600) and comes in dosages of 2.5, 5 and 10 milligrams. The marijuana plant grows naturally and abundantly in much of the U.S., making the drug very affordable and nearly without cost to those who grow their own, except for the economic impact of prohibition that dramatically increases the cost of marijuana on the black market.





# OPERATION PIPE DREAMS

By Arlene Smith

Attorney General John Ashcroft and Acting DEA Administrator John Brown announced the indictment of over 50 individuals and companies on charges of trafficking in illegal drug paraphernalia on February 24th, 2003. The charges are the culmination of two nationwide investigations code-named "Operation Pipe Dreams" and "Operation Headhunter" and include indictments against national distributors of drug paraphernalia and businesses - freezing their assets and closing the businesses down.

Because of these closures, many people are now out of work, and the local economies of every city where businesses like these were targeted has slowed. And worse, since these operations do nothing to reduce the drug supply, there will be absolutely no effect on the reduction of drug sales. The whole notion that putting a purveyor of glass pipes out of business will prevent even a single person from using drugs is simply ludicrous. Nor will it, as John Walters (Director of the National Drug Control Policy) states, "protect our young people from the harms of illegal drugs."

According to John Brown, "people selling drug paraphernalia are in essence no different than drug dealers, they are as much a part of drug trafficking as silencers are a part of criminal homicide. These criminals operate a multi-million dollar enterprise, selling their paraphernalia in head shops, distributing out of huge warehouses, and using the worldwide web as a worldwide paraphernalia market. With *Operations Pipe Dreams* and *Headhunter*, these criminals are out of business and 11 illicit dot.coms are dot.gone."

The Federal operations are sadly misguided and are an example of bureaucracy run amuck. While it is likely that producers and suppliers were aware the products were used as drug paraphernalia, the products are not usually sold as such, nor do suppliers usually facilitate such activities. In a similar vein, the firearm companies do not

sell their weapons to criminals or encourage customers to commit murder.

This war on illicit sites is equally misguided. The sites are no more harmful than the retail shops are. Consumers can safely shop from their home or at a local store without being exposed to criminal elements. In contrast, take for example the site <www.revelationarms.com>. Not only do they offer gun silencers, there are explicit directions on how to obtain the necessary paperwork and background check in order to purchase a silencer online. It seems that obtaining a gun with a silencer is less harmful to society than the fellow taking his medicine in the comfort of his own home.

Sentencing for these crimes seems a little stiff when compared to those received by violent offenders. In a recent conviction, Chris Hill of Chills Pipes was sentenced to one year at the Eglin prison facility. But Federal law allows for a maximum sentence of 3 years in prison, and/or a fine of \$250,000.

In an era where hospitals, schools, lunch programs, seniors and disability programs, homeless shelters, parks, and a slew of other endeavours are hungry for aid, the use of federal money for these operations seems wasteful. The cost of policing and court processes couldn't likely be recovered in crime reduction when targeting paraphernalia suppliers and manufacturers. It seems no one told these lawmakers that pot could be smoked in a corncob pipe too! Ah, but tobacco pipes are not targeted. Sure they can be used for pot, and though tobacco is just as harmful - possibly more harmful - than pot, it is not illegal.

One can also argue that medical marijuana is now legalized for patients. Yet those patients are not allowed legal access to either their medicine or smoking aides. In this light, these Federal operations can be seen as an infringement on the medical user's rights.

What exactly is considered drug paraphernalia?

Drug paraphernalia is any equipment, product or material that is employed for making, using, or concealing illegal drugs and generally falls into two categories:

- User-specific products are marketed to drug users to assist them in taking or concealing illegal drugs. Pipes, smoking masks, bongs, marijuana grow kits, roach clips, and items such as hollowed out cosmetic cases or fake pagers used to conceal drugs can be included in this category.
- Dealer-specific products are used by drug traffickers for preparing drugs for distribution at the street level. Scales, vials, and even sandwich bags fall into this category.

Under the Federal Drug Paraphernalia Statute, which is part of the Controlled Substances Act, it is illegal to possess, sell, transport, import, or export drug paraphernalia. Paraphernalia is subject to seizure and forfeiture upon conviction. Seized paraphernalia is delivered to the General Services Administration, who may order it destroyed or authorize its use for law enforcement or educational purposes by Federal, State, or local authorities.

According to Eric Chase of the Chase Law Group, (www.thebestdefense.com) there are 3 important points to remember for those who believe they may be contacted by the DEA:

- Do not talk to the investigators for any reason without an attorney present.
- Do not consent to any search of your property. Of course, if they have a warrant your consent is not necessary for them to conduct the search.
- Consult an attorney now steps you take before being contacted may be the best protection you have.

### Resources:

http://www.alternet.org/story.html?StoryID=15254 http://www.mapinc.org/drugnews/v03/n388/a11.html http://www.thebestdefense.com/operation\_pipe\_dreams\_dru g\_paraphernalia.html?source=GTB70002 http://www.usdoj.gov/dea/concern/paraphernaliafact.html http://www.usdoj.gov/dea/pubs/csa.html#863 http://www.internetnews.com/bus-news/article.php/1598131

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# Nothing to Celebrate about!

Celebration Pipes advertised in our first issue and was one of the businesses affected by "Operation Pipe Dreams". Cannabis Health contacted owner Steve Lach to find out firsthand what happened.

CH: Catch you at a bad time?

Steve: No, I was just busy in the little shop trying to get things out of here. That's basically what we have been doing the last 10 days.

CH: So, tell me what happened.

**Steve:** On Monday they raided 55-60 different people and businesses all across the US., closed down various peoples' websites and then they redirected the sites of the biggest people, like Tommy Chong and all these big glass pipe guys, directly to the DEA, so they can capture anybody web surfing.

CH: Isn't that entrapment?

**Steve:** Well, actually they are just building a catalogue of people to go and run down to where all the computers are. It's 'Big

Brother', big time!

CH: I heard they were taking assets.

Steve: Yes, they are confiscating the possession of the URL's and literally taking over the domain name, (which is somebody's private property) without due process. They pick the biggest ones. We are strictly a home-based business. I do about 4,000 pieces a year & that's it. Now these guys have factories, you know, they have some major operations. And they did that to send a message, in my opinion. The thing that bugs me though, is that the web is supposed to be free and is supposed to be the ultimate tool for mankind to communicate, and now it has become the ultimate enemy.

Now, I am 50 years old, and I grew up on the Constitution. And I grew up as a Republican, okay? (chuckles) And I have to say that something is wrong in 'Bean Town', something's really wrong.

CH: Well, it certainly has been the enemy to the government, shutting down 55 sites.

**Steve:** More! I heard, many more. Well, I'm one of them. They didn't physically shut me down, but I did. Because the penalty for carrying on is 3 years in jail and \$250,000.

CH: Well, just from the internet and chat lines where people are discussing, the next round will be early April and they are looking to expand their target to include more portions of the network that they feel supports the illegal activity. So, one wonders where they will attack next. Will it be the print media, or the hydroponic stores...?

**Steve:** It is hard to say, because I don't see how they could have the manpower. As far as I know, there are approx. 10,000 hydro shops around the country.

The print media, for me, and in America, well, that would probably be the last thing they would attack. It is against the first amendment. But if they go to war and too many nasty things happen here, they can always call martial law, which would be a sad state of affairs.

**CH**: Have you thought of relocating to Canada with your business?

Steve: I have a window where I can come up in a couple of days. I have a friend in Washington who may be willing to split the cost of moving with me, and we could get a house with a garage that could be converted into a studio ....

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# Not created equal!



feeding. Using calcium carbonate alone, your plants get a spiked feeding of macro and micro nutrients. Advanced Nutrients uses more Magnesium Phosphate than General Hydroponics. Through our extensive research, Advanced Nutrients has found that marijuana loves Magnesium Phosphate. Magnesium phosphate along with EDDHA and calcium chelate are all very expensive ingredients. In fact EDDHA is four times the cost of EDTA and eight times the cost of the micro nutrients used by General Hydroponics. All Advanced Nutrients products are the only nutrients in the industry to offer a performance guarantee. All of our nutrients are produced and extensively field tested in British Columbia, Canada. Advanced Nutrients are the only nutrients fully endorsed by the Cannabis Research Institute.

# Cannabis Clinic



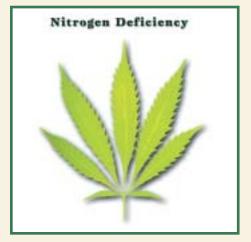
Michael Straumietis

### Letter to Michael.

Thank you for your informative article on Compost Tea in issue 2, page 24. Shortly after, we came across the following excerpt published in "Eco Farm and Garden - Canada's National Organic Magazine" (winter 2000, vol. 3, No. 1, pg. 29) in it's column "Organic tips", reader's tips are sent in & chosen for the column. The following is a direct quote: "Hemp Leaf Tea Discourages"

Potato Bugs: For those who have access to hemp leaves; make a strong tea of these leaves and spray it on potato plants that have been visited by Colorado Potato bugs. I do not know why, but it seems to kill off the bugs. Second and third applications deter/discourage/destroy new arrival. I saw this in a hemp network on uses of hemp in Europe. A friend of mine has actually used it and says it worked.

# Macronutrient and Micronutrient Deficiencies and Identification



# Nitrogen

(N) (mobile in plant) (mobile in soil)

Nitrogen deficiency in cannabis will show first in older leaves as a light green overall appearance. As symptoms progress, leaves turn to a yellow colour and stems become weak and lower leaves drop off, necrosis (dead leaf areas) of the older leaves, new growth becomes weak and spindly, and restricted growth of tops and roots, especially lateral shoots. When plants are in the mid to later flowering stages, older growth and fan leaves will show nitrogen deficiency. This is normal during that stage of bud development (they are using up their nutrient and carbohydrate reserves to produce buds). As the leaves turn completely yellow, go through your

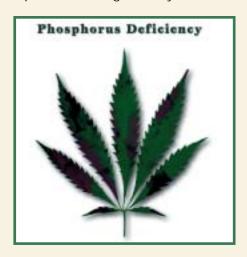
garden a few times a week and pick off these nutrient-deficient leaves. Nitrogen excess will turn the foliage a very dark green, which may make the plant susceptible to drought, disease and insect invasion, with a lowering of bud and THC production. Cannabis loves nitrogen, it is primary for its plant growth, photosynthesis and reproduction. Cannabis converts nitrogen to make proteins and is essential to new cell growth. Nitrogen is mainly for leaf and stem growth, as well as overall size and vigour. Nitrogen moves easily to active young buds, shoots and leaves and slower to older leaves. Nitrogen is incorporated into molecules and is involved in the structure of all amino acids, multiple enzymes (which are specialized proteins and serve to lower energy requirements that perform many duties inside the plants), proteins and nucleic acid which are needed for all cell division and reproduction.

# **Phosphorus**

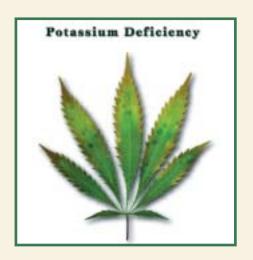
(P) (mobile in plant, immobile in soil)

Phosphorous deficiency in cannabis will show up in older growth first, with the leaf tips possibly curling downwards. When phosphorus is deficient, slow and spindly reduced growth will be noticed. Leaf damage is usually

patches that are a dull, dark green to bluish green, in severe cases older leaves and petioles turning reddish purple caused by accumulations of anthocyanin. Younger leaves may be yellowish green with purplish veins when nitrogen is also deficient, and darker green veins when phosphorus is deficient. Necrotic (dead areas) spots occur on the leaves' margins in the advanced stages. Leaf tips can look burned as well. Phosphorus deficiency is most common when pH is above 7 or below 5.5. Phosphorus will bind with soil very easily. Excess phosphorus could cause micro nutrient deficiencies in zinc and iron. Cannabis uses phosphorus for photosynthesis, respiration, storing carbohydrates, cell



division, it is also involved in energy transportation (ATP, ADP), nucleic acids, enzymes and phospholipids that are important for membrane structure. Phosphorus helps build strong roots, is vital for seed and flower production. Highest levels of phosphorus are used during germination, seedling growth and flowering. However, that does not mean that cannabis is a phosphorus hog. It is not. It consumes more potassium and nitrogen and magnesium than phosphorus. It will use more phosphorus in flowering than in its vegetative (growth) stage. Also, excess phosphorus can cause a decrease in uptake of zinc, iron and copper, which will start a chain reaction of other macro and micro nutrient deficiencies. Cold temperatures of 55 degrees Fahrenheit or 12 degrees Celsius will have a negative effect on phosphorus uptake.



# **Potassium** (K) (mobile in plant, immobile in soil)

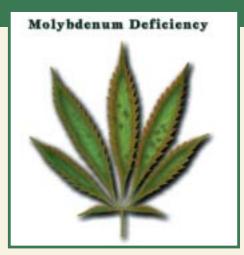
Potassium deficiency in cannabis will show first in older leaves with yellowing, singed or scorching of leaf margins with small necrotic (dead) areas (they can start small and grow big), stems can become brittle with withering leaf tips. Growth slows down, especially in the vegetative stage and slows growth of flowers in bloom with possible interveinal

chlorosis starting at the base of the leaf. Older leaves may show red pigmentation and leaves could curl upwards. Excess potassium can cause deficiencies in calcium and magnesium uptake. Potassium maintains water regulation in cells (ionic balance), cell strength, transpiration, phoand activates the tosynthesis manufacture and movement of carbohydrate (energy) and starches, potassium is very important in quality bud development. Enzyme activity and sugar translocation regulates the opening and closing of the stomata. Adequate potassium increases a plant's resistance to disease, drought and frost. Potassium encourages strong root growth and water uptake that triggers enzymes that fight diseases. Cannabis consumes a very large amount of potassium both in the vegetative and flowering stages.

# Molybdenum (Mb)

(mobile in plant, immobile in low pH soils)

Molybendum deficiency in cannabis will show up in older and middle-aged leaves first, then progressing to the



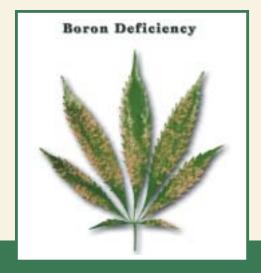
young leaves. Molybdenum is very rarely deficient in cannabis. Chlorosis symptoms similar to nitrogen with marginal scorching and strapping. Generally occurs when sulfur and phosphorus are deficient, interveinal yellow spotting and mottling of older leaves. Deficiency shows as pale leaves like nitrogen deficiency with some marginal leaf chlorosis. New leaves may twist and leaves may cup and thicken. Excessive molybdenum in cannabis will look like iron or copper deficiency. Molybdenum is needed for the reduction of absorbed nitrates into ammonia prior to incor-





# Cannabis Clinic

poration into an amino acid. It performs this function as part of the enzyme nitrate reductase. In addition to direct plant functions, molybdenum is also essential for nitrogen fixation by nitrogen-fixing bacteria.



# **Boron**

(B) (immobile in plant, mobile in soil)

Boron deficiencies in cannabis will show up first in younger leaves (they will turn yellow), then moves upwards. Boron deficiency can resemble calcium deficiency. Stunting, discolouration, possible death of the growing tips, bud abortion and development. Roots are stunted with swollen stubby secondary roots, leaves distorted, sometimes bronzed or scorched. Tip of the shoot dies; stems and petioles are brittle. Boron deficiency symptoms first appear at the growing points. This results in short internodes (rosetting) and stunted appearance. Both the pith and epidermis of stems may be affected as exhibited by hollow stems to roughened and cracked stems. Leaf

margins discolour and die back in spots. Necrotic spots develop between leaf veins. Deficient leaves become thick, wilt with necrotic and chlorotic spotting. Boron is poorly absorbed with low potassium content. Excessive boron is similar to calcium deficiency and boron deficiency. This is not a misprint! Excessive boron can resemble boron deficiency. Cannabis uses boron for sugar transport within the plant. It has a role in cell division and is required for the production of certain amino acids, although it is not a part of any amino acid, it also affects pollination, seed production, carbohydrate synthesis and transportation, (division, differentiation, maturation, respiration and growth) and it regulates water uptake.

Join me in issue #5 to find out about other macro and micro nutrient deficiencies that can affect your cannabis plants.



# The Laws of Nature Want their Virginity back!



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# The Cost of Compassion

By Don Appleby

Is it just me or is anyone else alarmed by the current state of our medical marijuana movement? Apparently, if you live in B.C., life is much different than in the rest of the country. In B.C., compassion prices are cheaper than if you live in Montreal and pay \$12 - \$15/gram. The tendency is now towards buyers' clubs and each major city has one, but the farther you get from the cities, the more you pay. Ask someone in Sudbury or Timmin's what they are paying for their medicine. The real question is: who can afford the medicine and who cannot, and how are they supposed to pay for it once they get their doctors to prescribe it? Sick people are having to defend compassion clubs because they are forced to deal with the black market and a government that refuses to take action on behalf of its sick and dying citizens. Something is radically wrong with this country when we can't give away enough free medicine to our legitimately sick and dying people. I am an aids survivor and on a cocktail of drugs totalling some \$1,800 per month and I am a licensed medical marijuana grower going broke trying to fill a 10g/day prescription. After I pay my rent, hydro, telephone, internet and cable, I am busted and can't afford food and depend on hand-outs from the food banks. Some sick people are losing their homes and others are being forced into a life of crime to pay for their medicine. We need to put politics aside and do the right thing for the sake of our sick and terminally ill citizens. At least the senate did its homework when they interviewed everyone from Holland before they recommended total legalization. Way to go, senator Nolan! The Dutch would love to help us out if we could stop playing politics with the lives of our sick, but no, that would be illegal and why is that illegal? Ask George W. to the South. Well, Mr. Chretien,

your senate has spoken and I hear your citizens calling and you can't avoid this issue any longer. Action must be taken - and taken now, not later. The sick must be allowed their medication and it can't be on a paid for basis. Because there is no money to be made in compassion, just a heck of a lot of sick people that require medicine. But they do need corporate Canada to step up and foot some of the cost associated with growing and running operations like the compassion clubs so that we the sick can get our medicine. And we need to get criminals away from the growing of our medicine. The sick need closure on this issue so that they can get on with whatever life they have left and not have to worry constantly about going broke. Time is running out for a lot of us.

Rev Don Appleby - Aids survivor and federal medical marijuana exemptee and grower of first generation Dutch medicine. www.themarijuanamission.com

# The Cost of Growing

Much debate has been held over the cost of medical grade marijuana. Some say it grows by itself and should be free and some hold the opposite opinion. Cannabis Health Journal decided to find out, did their research and produced this chart on the cost of growing enough marijuana to fulfill a 4g/day prescription, compared to buying it at a cost of

\$200/oz. At 1oz per week, that ads up to \$10,400 per year to buy off the street. Equipment costs for growing are average and prices may vary depending on where you shop. The chart below does not take into consideration the possibility of crop problems due to molds, insects or a variety of other things that modify the amount your harvest.

Knowledge gained through growing will result in larger crops as time goes by. The end cost of growing \$10,400 worth of medical grade marijuana is about \$5,000. It would take 6 to 8 months of successful growing to break even on the cost of growing to fill a 4g/day (1oz per week) prescription.

PERSONAL GROW	Setup	1st crop	2nd Crop	3rd Crop	4th Crop	Totals
Time Frame	2 Weeks	14 Weeks	12 Weeks	12 Weeks	12 weeks	52 weeks
Equipment				7 / 100/2000		
1000 W HPS	\$ (80.00	)				\$ (80.00
Ballast	\$ (350.00					\$ (350.00
Shade	\$ (100.00	)				\$ (100.00
Fluorescents	\$ (50.00	)				\$ (50.00
Timers	\$ (50.00	)				\$ (50.00
Fan	\$ (40.00	)				\$ (40.00
Misc. Hardware	\$ (65.00	)				\$ (65.00
White Plastic	\$ (50.00	)				\$ (50.00
Pots & Miscellaneous	\$ (50.00	)				\$ (50.00
Drying Screens	\$ (40.00					\$ (40.00
Nutrients		\$ (150.00)	\$ (100.00)	\$ (100.00)	\$ (100.00	\$ (450.00
Soil		\$ (30.00)	\$ (30.00)	\$ (30.00)	\$ (30.00)	\$ (120.00
Labour	\$ (200.00	)	Seculiary.	27	-21	\$ (200.00
Gardening Labour	11 (30-1177-74)	\$ (600.00)	\$ (600.00)	\$ (600.00)	\$ (600.00	\$ (2,400.00
Trimming Labour		\$ (120.00)	\$ (180,00)	\$ (240.00)	\$ (240.00	\$ (780.00
Clones / Seeds		\$ (200.00)	-			\$ (200.00
Power Costs		\$ (140.00)	\$ (120.00)	\$ (120.00)	\$ (120.00)	\$ (500.00
Total	\$ (1.075.00	\$(1,240.00)	\$ (1,030,00)	\$ (1,090,00)	\$ (1,090.00)	\$ (5,525.00
Marijuana Produced	- 100	3/1/25	100	10001 12	-97.00	F
Beginner - 8 oz		\$ 1,600.00	Lycrossocial Co.			\$ 1,600.00
Intermediate - 12 oz			\$ 2,400.00	0.01.0000000000000000000000000000000000	C-STREET	\$ 2,400.00
Advanced - 16 oz		-		\$ 3,200.00	\$ 3,200.00	\$ 6,400.00
Total weight - 52 oz	\$ -	\$ 1,600.00	\$ 2,400.00	\$ 3,200.00	\$ 3,200.00	\$ 10,400,00
Running Balance	\$ (1,075.00	\$ (715.00)	\$ 655.00	\$ 2,765.00	\$ 4,875.00	\$ 4,875.00

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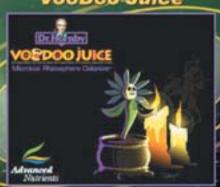
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# THE CANNABIS CONDO

Morris Johnson

# "Shared Risk" Models for Medicinal Commercialization

A revolutionary idea for cannabis production is the "Cannabi s Condo". This is not a piece of leaky West Coast Real Estate equipped with

grow lights, but a production model that preserves identity and allows for tailored production to meet user needs. The model adapts a storage system designed for the grain industry. In 1992, the Weyburn Inland Terminal created a legal and business template through their "Grain Condominium" concept. Spaces in grain condos are owned directly by farmers; the condos allow for off-farm storage near the elevator, giving farmers much more market flexibility.

To copy this model for medicinal cannabis, cannabis users would own their own grow chambers or grow plots and maintain them either personally or on a maintenance contract. Each user would choose specific seeds, grow conditions, nutrients, primary or finished product processing methods. Similar to grain condos, excess production can be bartered/traded to avoid crop failure, and to allow for uninterrupted supply; as well the condo could also provide opportunities to create blends from more than one variety.

Building on opportunities created by shared storage and ownership, the Weyburn Inland Terminal has added other services such as specialty crops processing and livestock feed pellet manufacture. The model is now the industry standard.

### Cannabis as a Natural Health Product

Currently cannabis is regulated by the Health Canada's Office of Controlled Substances. Ideally, it should be regulated as a Natural Health Product (NHP) under the specific direction of users under the supervision of their health care practitioner. The proposed NHP regulations (see http://www.hc-sc.gc.ca/hpfb-dgpsa/nhpd-dpsn) seem workable.

These regulations place requirements on persons who sell NHPs, namely manufacturers, distributors, importers, packagers and labelers. The regulations also considers that growers who handle and/or treat a product in order to preserve the integrity of the raw material, are not considered manufacturers. Heath care practitioners (for example, pharmacists, Aboriginal healers, traditional Chinese medicine (TCM) practitioners, herbalists, naturopathic doctors, etc.) who compound products at the request of a patient, are not included within the manufacturer definition and therefore the regulations do not apply to

products compounded by these people. Licences like those used for industrial hemp with a mandatory inventory audit trail in place would be satisfactory in meeting regulatory concerns. As for cannabis production, it is best regulated by Agriculture Canada with variety specific regulations. The Natural Health Product regulations take effect post-harvest. All cannabis should be immediately "grand-fathered" into the NHP pharmacopia.

# **Health Care: who pays?**

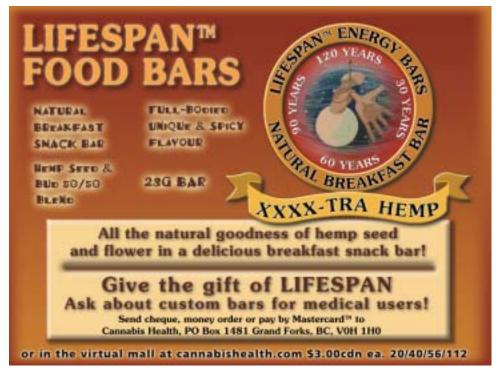
Health Canada/Medicare funds randomized trials and criteria based rationing for high cost Rx drugs, partial coverage for most older low-cost drugs and forces users to pay for everything else themselves. The question is, who pays how much and how all parties can work together to minimize total costs.

Medicare coverage triggers must include improvements in psychological and physical health, financial analysis (pharmacoeconomics), reduced social support costs and increased earning power for the patient. The social, medical and economic and political aspects must focus on individual patient satisfaction. Unfortunately, patients cannot pro-rate payment for 3rd party or public funded services to ensure satisfactory service. Pharmaco-economics analyze all costs to access cannabis for a user as well as society over a lifetime vs the costs if none is used.

Price must be based not only on cost to grow, process, distribute, research and provide social and technical support, but also on medical efficiency. Health Canada is responsible to see to it that patients are benefitted in a way that maximizes results and fund portions of NHP medication costs for large scale studies. Fees or taxes on cannabis sales must be used only to subsidize Rx's to users based upon individual ability to pay.

Legal (local, regional and national, civil and criminal) and regulatory compliance (narcotic, pharmaceutical, Natural Health Product, food), social (compassion club, disease support group, community/cultural group) and ethical (legal, civil, medical professional, cultural) values must place the user health status above all else.

For every activity in the chain, there is a proven model to copy or adapt to cannabis. For more detailed/updated information contact myself or the people with Cannabis Health Foundation.



Dr.Hornby

# 

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# The latest edition of THE SMOKERS GUIDE TO AMSTERDAM is now available. (Advertorial)

This is the same publication sold exclusively in the coffee shops of that city for the last 13 years. The handy sized format is divided into many sections dealing with the products sold in the Coffee Shops (both marijuana and hashish), tips on quality control and coffee shop etiquette. Another section covers "Smart Shop" and the variety of goods available there, such as 8 types of mushrooms, salvia and various cacti. As well, there are smoke-friendly

hotels, nightclubs and events listed. Readers of CANNABIS HEALTH will be interested in the section on medical marijuana, which discusses the Dutch view. There is a list of Coffee Shops offering discounts for certified patients, there are contact numbers for the Medical Marijuana Foundations. New this year is a special section on the emerging cannabis scene in the United Kingdom, especially London. Finally, page 33 is a pull-out section with coupons good for discounts on your first purchase. For anyone planning (or just hoping) to visit Amsterdam, THE SMOKERS GUIDE TO AMS-TERDAM contains everything you need to plan your dream vacation. The smokers guide is available in North America through Triple Play, 423 King West #326, Hamilton, Ontario, L8P 4Y1, Retail \$15.95 incl. taxes and shipping. Wholesale orders available at Tripleplay905@hotmail.com

# CANADIAN CANNABIS CAFÉS

One may have thought that the (tourist attracting) "Cannabis Café" was something only found in Amsterdam, where the hip smokers go. Well, Canada has a few of its own. Vancouver has the Blunt Bros. Café (in business for 4 years) and the New Amsterdam Café. Toronto has their cannabis café as well and, by the time you read this article, there will be another one opening, this time in New Brunswick by Jim and Lynn Wood of Hemp NB.

In the cannabis cafés in Amsterdam you can buy, smoke and ingest marijuana in its many forms without fear of breaking any laws. In Canada it is a different story. There are no marijuana sales, but there is a nice atmosphere, tasty munchies and non-alcoholic drinks. (no tobacco

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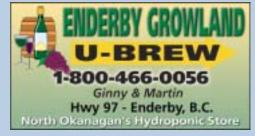












smoking allowed) and a safe place to smoke cannabis.

Or is it safe? According to local police, the situation is that the people who are "toking" are still breaking the law and can be charged with possession.

Whether or not the owners of the cafés are in violation is still under evaluation under the Criminal Code of Canada. The view of the St. John, New Brunswick police is that it's very shocking that they're openly condoning and supporting people breaking the law, as it stands. These cafés are public place's so they will be dropping by once in a while, just to see what is going on.

The general concensus is that it seems to be OK to operate as long as the community is tolerant and there are no complaints.

The RCMP have shut down 2 cannabis cafés in the past and owners were charged with possession for the purpose of trafficking.

No matter how grey the area that these

places operate in is - the bottom line is, they have legitimate business licenses and are busy places, with some having 500 plus customers a day. Most of the customers seem to be the American tourist coming up to see just what is going on and experience our more tolerant situation.

Now that Ronald Barry Stavert, who was charged with simple marijuana possession in P.E.I. won his case on constitutional grounds, the ability of the police to arrest "tokers" anywhere in Canada for simple possession is severely hampered.

It looks like the entrepreneurial efforts of those pushing the envelope will pay off big time!

# THE DUTCH EXPERIENCE

Holland now has more than 800 coffee shops, found in 105 of the country's 500 cities and towns.

The Dutch government passed groundbreaking legislation in 1976 that distinguished cannabis-based soft drugs from "hard drugs" such as heroin or cocaine. Cannabis was still officially illegal, but the possession of up to 30g was no longer to be prosecuted as a criminal offence.

The liberal Dutch approach laid the foundation for a multi-billion Dollar economy, attracting millions of visitors each year and generating substantial tax income for the Dutch government. Contrary to claims how soft drugs open the way toward hard-drug addiction, coffee shops are a safe place for experimentation that keep potential users away from criminal pushers. The government insists that, while it tolerates soft drugs, it is tough on hard-drug dealers.

A 2002 report from the European Monitoring Centre for Drugs and Drug Addiction said, so-called "problem drug use" in the Netherlands is the lowest among countries in the European Union and candidate states.

# **Pot Prescription Denied to Prisoner**

A Halifax area man who holds a federal license to use marijuana for medicinal purposes has been denied access to his prescription since September of last year. Michael Patriquen was sentenced to 6 years in prison for conspiring to traffic the drug in Nova Scotia and Newfoundland, and he has lost 37 pounds since being jailed last fall.

"When I'm in pain, which is most of the time...I'm nauseous...my stomach is upset," said Patriquen. Michael's pain stems from a car accident. He suffers from chronic/debilitating pain causing a loss of weight, sleep, strength and overall health. The father of two is taking his case to court to win the right to access what he needs. Michael is not new to activism, he founded the Nova Scotia Marijuana Party and has been active in the movement for years.

Two specialists have agreed marijuana would help his situation and Health Canada gave him the OK to legally smoke the drug. But prison officials say they cannot break the law to provide an inmate with his drugs, even if that prisoner is legally entitled to it. The argument that Michael gives is that inmates are given morphine, methadone, and other drugs – so why not marijuana?

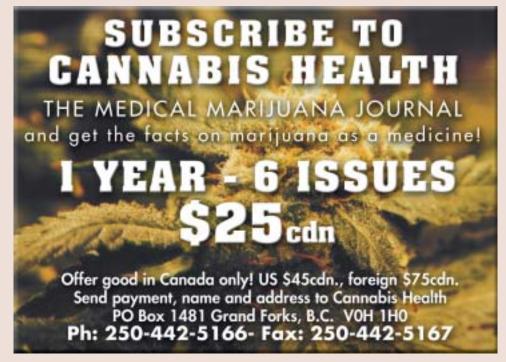
Today, Michael remains in prison, and

you can help by writing to Honourable Wayne Easter, Solicitor General of Canada, House of Commons, Ottawa, On., K1A 0A6. The only solution to this dire situation is to release Michael to supervised house arrest, so that he can begin to rebuild his health and access his medication, if Correction Services Canada cannot provide him with it. This

would ensure that he could exercise his constitutional right to use medicinal marijuana, while maintaining restricted freedom.

"If they don't want to do it voluntarily, we'll do it in court. But I'm not going to die waiting for it," Patriquen said.

Visit www.med-marijuana.com for more information.



# classifieds@cannabis health



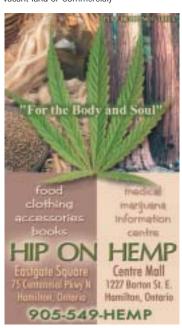
visit our classifieds on the web at cannabishealth.com

ANNOUNCEMENTS

Green Aid. The Medical Marijuana Legal Defense Fund (USA). Contributions welcome. www.green-aid.com or call 1-888-271-7674 (US), 1415 677 2226. Donations are tax deductible (US).

Have you been banned from the U.S. for marijuana charges? Please contact us at Cannabis Health, att. Banned. Sorry we have been unable to respond to the flood of the calls and letters, keep the faith, we will get back to you.

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Colorado Med. Users: Colorado Cannabis is helping people join the Colorado Patients Registry. We offer grow advice, registration assistance and referrals. Contact us at mail@coloradocannabis.com

U.S./Canadian medical marijuana benefit concert, Hands Across the Border: Persons interested in the organization of a major musical event in the fall or late summer of 2003 please contact CH, attention "Benefit Concert". We are seeking organizers, volunteers, bands, financial backers, etc. This is the first call for assistance with this project and the organizers are open to all ideas and suggestions.

Drop on by the website that tells the REAL stories and valiant struggles of Federal Medical Marijuana Exemptees in Canada. We KNOW you are curious.... so, see you here. Check out the National Media attention we have received for this issue already. Remember we are here to stay... Chow for now. Gary Lynch, Alison Myrden Web Designer. Federal Medical Marijuana



Exemptee. The Medical Marijuana Mission. www.themarijuanamission.com

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## CANNABIS HEALTH

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Health. E-mail to editor@cannabishealth.com

According to NORML, the societal costs of propagandizing against marijuana and marijuana law reform, funding anti-marijuana 'science', interdicting marijuana, eradicating domestically grown marijuana and industrial hemp, law enforcement, prosecuting and incarcerating marijuana smokers costs U.S. taxpayers in excess of \$12 billion annually.

# **Australia**

Australians are turning away from alcohol and spending an estimated \$5 billion per annum or A\$351 per capita on marijuana, according to a study by Ken Clements and Mert Daryal of the University of Western Australia's Economic Research Centre. Full Report; http://www.ecel.uwa.edu.au/econs/erc/Mari/Mari.PDF

# Number of Applications under the Marihuana Medical Access Regulations (MMAR)

Province	Total Authorizations
Alberta	68
British Columbia	102
Manitoba	14
New Brunswick	12
Newfoundland & I	Labrador 9
Nova Scotia	42
Ontario	267
Quebec	41
Saskatchewan	14
Yukon Territory, P.E	E.I., Nunavut
and North West Te	
Total	574

# STATISTICS

Since the MMAR came into force on July 30, 2001, Health Canada has received 976 applications. Many of these applications were incomplete and the applicants had to be contacted for further information. However, as of March 7, 2003, Health Canada has issued 574 authorizations to possess, of which 570 are still active, 375 personal production licences and 36 designated person licences. No requests for authorizations to possess have been refused, however, 2 designated persons have been refused, as the designated persons already were the holders of licences. The table to the left is a breakdown of the authorization per province Exemption

under s56 of the Controlled Drugs and Substances Act (CDSA) - Since the initiation of the exemption program for marijuana for medical purposes, in 1999 and as of March 7, 2003, 666 exemptions have been granted, of which 351 are still active. A large number of these current exemptions to possess also include exemptions to cultivate. A total of 269 holders of exemptions have transitioned to the MMAR at this point. Since June 1999 a total of 336 s56 refusals have been issued.

Sourcehttp://www.hc-sc.gc.ca/hecs-sesc/ocma/stats/2003/mar/stats\_mar-03.htm

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