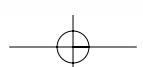


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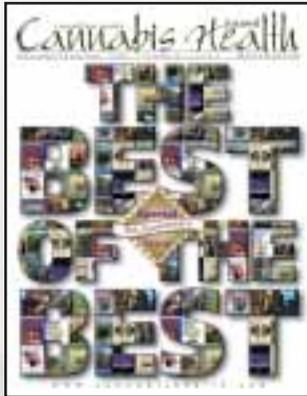
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Best Quote: "Off The Record"

The Cannabis Health Home Team recently had the pleasure of entertaining an honored guest and friend, Dr. Dave West. During an evening of entertainment at the farm, with majestic mountains that border his country and ours in the background, he quipped, "This place is like Brigadoon, one Stinger missile and it's all over!"

Cannabis Health^{journal}

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

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

DR. LESTER GRINSPOON, MD

Question: I have been told that regular use of cannabis can cause cognitive impairment with regard to learning new skills, due to the depositing of THC in the brain's fatty tissues. Is this true? I value my intellectual skills highly and would hate to think of them being gradually degraded over time.

Answer: I have been studying marijuana for almost 40 years and I have found little credible evidence that its regular use can cause cognitive impairment. While tetrahydrocannabinol does linger in fatty tissues, there is no medical literature that I know of to suggest that this delayed excretion is harmful.

ALAN YOUNG, BARRISTER AND SOLICITOR, PROFESSOR OF LAW

Question: If I join the Health Canada MMAR program will I be on a government/police watch list? Will I have trouble entering the United States?

Answer: Recent changes to the MMAR do not require the consent of the patient for the release of information to the police "upon the request" of the police "engaged in an investigation".

Previously, patients had to consent to this release of information and many did not due to fears as to how the information would be used. There has to be some mechanism for the police to communicate with Health Canada because if the patient is arrested, the police need a reliable way to confirm the authorization to possess. If the police cannot obtain this information readily then the patient will be

Question: I just got your name through the diabetic neuropathy website. I am in such pain from my peripheral neuropathy but I don't want to go on oxycontin. Do you know if pot helps people with my condition?

Answer: Many people with neuropathic pain from a variety of disorders find that marijuana is useful in the symptomatic treatment of that pain. I cannot assure you that it will provide you with relief, but I do think it is worth a try if you are able to find someone who can teach you how to use it properly. If it works, wonderful; if it doesn't, you will have lost little because the drug is remarkably free of toxicity.

charged and will probably lose whatever medicine has been seized. This is why the new MMAR authorizes the release of information upon request.

Although one should worry about what the police do with their information, I think in this circumstance, it is not problematic to allow Health Canada to release information to the police under s.68.1 of the new MMAR.

As for the States, there is no trouble crossing the border simply because a patient is part of the MMAR program; however, they will in all likelihood not recognize a MMAR authorization and thus you could be arrested and charged if you take medicinal marijuana to the States.

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

Question: My grandfather is suffering from post shingles pain (post-herpetic neuralgia I think is the term). The outbreak has been finished for two years now, but the pain continues. He has tried everything he can find. Greatest relief so far has been from a TENS unit which provides some electrical interruption of the pain signal, but he is still struggling. For too long he was on heavy prescribed opiates, but he didn't care for the loss of alertness that goes along with that.

Recently I heard about rub-a-dub at the Seattle Hempfest and that it's a possible treatment for shingles pain. I googled it and found you. Is it possible to get this stuff on the west coast of the USA? Could it be produced at home or is it a complicated thing? Thanks very much for any help you can suggest.

Answer: Post-herpetic neuralgia (PHN) is a painful complication of a reactivation of the herpes zoster virus in nerve cells (otherwise known as shingles). PHN may occur for years after the rash disap-

pears and is a form of neuropathic pain. Conventional treatment options include anticonvulsants (e.g.: gabapentin and pregabalin), antidepressants (e.g.: duloxetine and amitriptyline or desipramine), and even opioid analgesics may be effective. Topical agents have the advantage of not being associated with major systemic side effects, and may include topical lidocaine or capsaicin. Nerve blocks and infiltrations may also be considered, and trans-cutaneous electrical stimulation (TENS) is relatively non-invasive and may even be portable.

In spite of these treatment options, many patients with PHN continue to suffer uncontrolled pain. Cannabis-based topical agents are under formal investigation for this condition but are not currently available as pharmaceutical preparations. The safety and efficacy of home-made products cannot be addressed in a forum such as this.

THE EXPERTS



DR. Lester Grinspoon, MD

Dr. Grinspoon is a professor emeritus of psychiatry at Harvard Medical School and is one of the world's leading authorities on the uses of marijuana for medicinal purposes. Among many other achievements, he has authored 10 books and more than 170 journal articles and book chapters.



Alan Young, Barrister and Solicitor, Professor of Law

Young teaches law at Osgoode Hall Law School and criminology at the University of Toronto. In his twenty years of practicing criminal law, he has been involved with some of Canada's most significant and high-profile medical marijuana cases.



DR. Mark A. Ware, BA, MBBS, MRCP, MSc,

Dr. Ware is a pain specialist working at the Montreal General Hospital. He is assistant professor of Anesthesia and of Family Medicine at McGill University, and is involved in epidemiological research and clinical trials of cannabis and cannabinoid medications for chronic pain.



Hilary Black

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



DR. David W. Pate, PhD, MSc.

Dr. Pate is a researcher specializing in Cannabis and the cannabinoids, his academic background encompassing both plant biology and pharmaceutical chemistry. He pursues particular interests in the chemical ecology of Cannabis, ophthalmic endocannabinoids and hempseed foods.

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

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

The Home Team



Barb St. Jean:
Executive Editor

"Strangers are exciting, their mystery never ends, but there's nothing like seeing your history in the faces of your friends." - Ani DiFranco

It's been an exciting time, over six years in the making, and oh what a ride. The Cannabis Research Institute Inc. (CRI) was

created in 2000, from the collective thoughts of three people; Brian Taylor, Brian McAndrew and me, Barb St.Jean. Those thoughts quickly blossomed into a vision and the company set out on a mission to bid on the first Canadian marijuana growing contract. (Looking back at all the challenges PPS has had to endure over the last 5+ years, I can honestly say, I'm glad CRI didn't get it.) What we decided to do instead was a lot more rewarding and entertaining, to say the least.

One of my most memorable adventures was touring the province in the Cannabus, with Brian Taylor the leader of the BC Marijuana party. As we traveled around, we tried to stop in every town to meet all the supporting residents and fly our flags high and proud on top of the bus. However, late one afternoon after a long day of politicking, we all loaded into the bus to head off to a new location, but forgot one crucial step in the departure process. The flagpoles remained up, all 20 feet of them, on the roof of the bus. The local police happened to be playing baseball in the field beside the low hung wires that loomed in our path. Music streamed from the PA system as sparks flew from the wires and onto the field as we came to a

grinding stop. The police handled it like troupers, after the initial excitement wore off, but I'm sure the story of the day the Cannabus tried to take out the police ball team will live on in the minds of many.

Since the creation of CHJ in 2002, we've had the opportunity to do our small part to support the growth and influence this collective movement has had in the quest of social evolution. I'm not even sure if some of you realize the miracles and milestones that have been created over the years, so this issue of CHJ is our tribute to you, the voices. You have touched the lives of so many people and this special edition is our way of saying thank you. You should all stand proud, the minds of the majority have been significantly enlightened and you are all history in the making. It's time for a round of applause and a group hug!

"Courage is what it takes to stand up and speak; courage is also what it takes to sit down and listen." - Winston Churchill

Love Barb St.Jean



Brian McAndrew:
Art Director/Production Manager

I've always had a bit of a creative streak and it's expressed itself in many different ways over the years, from drawing & painting, carving, pottery, writing and more to commercial graphic arts and publishing with my business, Beyond Graphix. I even worked for 3 years on the TV set of "Beach Combers" doing set and special effects painting, like turning a cement floor into a hardwood one with a coat of paint.

I never finished grade 12, and that prevented me from getting into any commercial shop for a long time. In 1989 my luck turned and I was hired as a paste up artist by "The Sunshine Coast News" in Gibsons Landing, BC. While there, I learned the old "cut & paste" method and immersed myself in everything that it took to put out that paper every week. In 1990 they upgraded to computers with the top of the line publishing and drawing programs which I took to like a fish to water. It was during my stay there that I knew I wanted to publish something of my own. Publishing a paper or magazine on a regular basis can be very stressful with deadlines coming at you nonstop, 20,000 words and everyone sees the typo. This kind of pressure can have its toll on people but I have come to like the way it can make one believe in miracles when everything comes together. And it happens on a regular basis. Well, after four years working there, I left and since then have built up Beyond Graphix, published two community style papers and now find myself here after more than three years of being a big part of start and continued life of this journal.

Cannabis Health Journal means a lot more to me than just publishing a magazine.

Cannabis saved my life at the end of grade

12, in 1972, shortly before the Le Dain Report, recommending legalization, was made public. Here it is more than 30 years since then and where are we?

I take all the hard work done by the editors in charge of the quality information they collect and coordinate from all the contributors, give it a beautiful package that represents it, and make it fit all the technical specs to get sent digitally to the printers. I wear many different hats, as does everyone in the office.

Coming up with the cover design is the first thing to do as this ads inspiration by giving everyone in the office a visual and it seems to really take a life of its own after that.

When Brian Taylor, Barb St. Jean and I met with Advanced Nutrients almost 4 years ago, little did we know how it would turn out. I was given a chance to be a part of a team then, to take all my creativity and knowledge of marketing and community publications, to give the Cannabis Community the same thing, a voice. A voice that it has waited for and deserved for a long time, and together we all have done this.



The Home Team

Two years ago I needed a job and Cannabis Health was looking for a new employee. I fell into the job. WOW!! What a ride it's been!

I started out answering the 800 line after the Raydiator ad hit Rolling Stone magazine. The phones were so busy it was tough to keep up. Now I handle many different areas in the office. I'm most proud of my title of Senior Editor.

I would have to say the most rewarding part of my job is dealing with the patients. My heart breaks with them in their losses and rejoices with them in their victories, no matter how small. They help to keep me grounded and focused on the battle we're fighting. They remind me our voice is their voice and together we can change the world.

Outside of the Journal, I enjoy spending time with the people I work with. We have a garage band, so we get together and jam. This is one of the ways we relieve stress (putting together a magazine is not easy work). We also laugh...a lot! It's what keeps us sane. I also enjoy reading (just about anything I can get my hands on), spending time with my family, being outdoors and just hanging out with good folk.

May you all have a wonderful holiday season and may you always find the pot of gold at the end of all your rainbows.



Special congratulations to Lorraine for her promotion to the position of Senior Editor



Lorraine Langis:
Senior Editor

Hi, my name is Paige. It really does happen; when opportunity knocks, you're supposed to open the door. That's what I did and I walked into the best job ever. I'm the Advertising Manager at Cannabis Health Journal. I've worked in the media for over a decade, but never in sales. My motto was always; "I couldn't sell a furnace to an Eskimo." I was committed to giving it 110% though, and I fell in love with the job, with the magazine, with the people I work with and the ideal that we need to stand up for our freedom of choice; and I am proudly adding my voice. "Expect miracles...I do."

I grew up mostly in the East Kootenays and on the Sunshine Coast. My family moved around BC a lot; I even went to Grand Forks Secondary School in 1977/78. It's great to be back in Boundary Country. I am the only child in a musical family, my father had a country band and was fiddling champion of Canada at one time. I played a tiny, plastic tambourine while the band jammed in the evenings when I was little. But my instrument was my voice. I sang everywhere I went and sang with the band until I was 20. I'm singing again and I never lost my rhythm, I play the drums as well. I love photography, and crafting. I'm an avid reader and I'll spend a Sunday enjoying a NASCAR, stock car race. I like to horseback ride, swim and hike. I read Tarot cards, love flea markets and get the most out of life by living by the Wheel of The Year. I want to wish everyone a Happy Yule and may 2006 be a healthy and prosperous year for you.



A big welcome to Paige in her new position of Advertising Manager



Paige Garnett:
Advertising Manager



Teresa Thomson:
Distribution and Subscriptions Manager



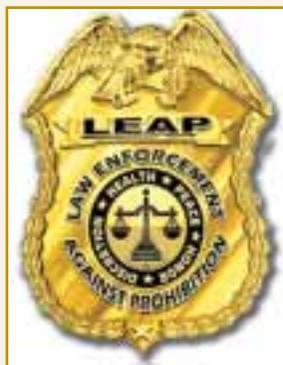
Gord Taylor:
Research and Associate Editor



Tom Scheitel:
Building and Grounds Manager



LEAP The Story of Howard & Misty



This ride entailed traveling through 13 of our states. A little over 200 years ago, 13 colonies became our first 13 states. Industrious activists in the 13 states that Howard just rode through should do everything they can to get some initiatives on the ballots. Howard has done his Paul Revere duty and taken the message to the people, they are ready to vote now. Let these 13 states become the new 13 colonies that usher in a new era of freedom before we lose the freedom to affect change.

by Logos

Two years ago I read a news story about a retired police officer from Ft. Worth, Texas who was riding his horse across America with a t-shirt that said, "Cops say legalize pot, ask me why."

Last winter, I received the Jan/Feb 2005 (# 3-2) issue of Cannabis Health Journal, and read an article about how he was taking another trip, this time from California to New York.

He started at Hermosa Beach CA. on March 4th. There was a documentary film crew covering the sendoff. Larry Rathbun, a Medical Marijuana patient and Vietnam Veteran drove from Washington state to send Howard off and speak to the film crew. Howard and Misty will have covered 3300 miles when they ride up to Battery Park in New York on October 5th.

I ride horses, and to contemplate the implications of a ride that long is difficult for me, especially when I realize that Howard

walked a third of that distance. Howard subscribes to the notion that in a fair world horses would ride half the time and is the sort of horseman who would give the last carrot to the horse and go hungry.

Howard's trip entailed traveling through 13 states and many of our larger cities where he would take a few days off and recuperate while giving presentations, and do interviews for newspapers and radio stations. Howard's audience is primarily the conservative crowd at Rotary Clubs, Churches and similar organizations. He reaches out to these people because they are the community leaders and the ones who can truly impact a change in policy.

When I checked the LEAP website (www.leap.cc), I discovered that they were hoping to use an RV that the November

Coalition (www.november.org) donated to his mission. There were logistical problems getting it to Howard before the ride began, and he had hoped to have it by the time he reached Denver. I had the opportunity to deliver that RV and shake Howard's hand in person.

Shortly after shaking his hand for the first time, I was whisked off to a presentation he was giving to the Denver Downtown Athletic Club, a branch of the Rotary Club of America. His presentation started off with "How is the drug war treating you Denver?" and went through his reasons that the drug war is failing Americans. "Would you prefer that criminals control the flow of mind altering substances, or would you prefer the government control the flow and purity of these substances?" "Would you rather have your law enforcement efforts spent searching under someone's dashboard for a baggie of pot, while a drunk driver blows past them on the road, or do you want them focusing on such crimes as child molestation, and drunk driving?"

That night at a diner, people kept walking up and simply asked "Why?" His answer is immediate and full of confidence, "So we can focus on drunk drivers and child molesters." The response to this simple message was met with hearty approval each time.

When I talked to Howard recently, his main message was that the response of the people he has talked to is an overwhelmingly positive one. "The good people of this nation feel that locking a person in jail for wanting to feel good is simply unacceptable."



Photo courtesy of Mike Smithson, speakers bureau coordinator LEAP

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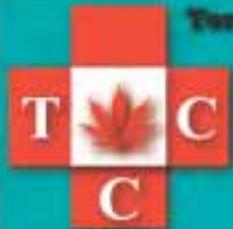
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LEAP The Story of Howard & Misty

prohibition is the linchpin of all drug prohibition. Howard isn't doing this because he wants to use drugs; he has known since his detective days that a great deal of felony crime is generated by these laws, and that these laws do not serve the public safety. He feels that drugs cannot be eliminated, nor can the desire for people to use drugs. The only solution is to bring all drugs under regulatory conditions where their use can be better controlled.

Howard set a goal of reaching 3 to 4 million people with his message during this ride, and estimates that he will have reached 10 million by the time his ride ends. He attributes all of the success of this mission not to himself but stressed the team of people who have brought this all together. He refers to them as Team Howard and they range from the members and staff of LEAP, Norma Sapp who is driving the RV, all of the people who came out of nowhere to hear his message, and to help him when there was need, almost exclusively out of their own kindness, requiring no pay in return for their services, or meals paid for, and most importantly to the two horses that are carrying him

from coast to coast. He always puts his horses' needs ahead of his own.

Howard's message and mission weren't supported by all who heard it though. At two of the meetings that I attended in Denver, the first had the whole question and answer period used up by a guy who had attended a previous meeting and read a whole page worth of government propaganda disguised as questions. I found out after the meeting that he was the lead opponent to Colorado's medical marijuana law, and that few people agreed with his remarks. At the second, much smaller meeting that I attended, I had the pleasure of sitting with a major opponent who basically reiterated what the man the day before had said. They didn't



Photo courtesy of Mike Smithson, speakers bureau coordinator LEAP

seem to want to understand what Howard was trying to get across to them. It was interesting to witness so much close-mindedness in the face of so much simple logic. Equally interesting was Howard's renewed enthusiasm after each meeting. The overwhelmingly positive feedback created the type of high that Howard prefers.

There were two instances of law enforcement not liking what he had to say, but in both cases, it was discovered that Howard wasn't doing anything illegal and couldn't be

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LEAP The Story of Howard & Misty

detained. In one instance, the officer in question shot Howard the bird as he sped off. I honestly wonder if that particular officer's first priority is public safety.

When Howard reaches his destination, he will tidy things up from this ride and head to Washington DC where he will lobby the federal government to end the drug war and help set into motion programs that will be more effective to the American people, and the problem of drug abuse in our culture.

The three items that he brought from the American people during this trip is that almost unanimously people aged 18 to 80 feel that the drug war is a failure, that prisons are useless in stopping the problem, and that there should be no jail time for people who are in simple possession of drugs.

I asked him what the single most important thing a person could do to help him in this mission was and his response hadn't changed since he told me I needed a haircut. Put on a nice suit, make yourself presentable, and then pay a visit to your state level representatives. Bring a short list of why you believe that drugs or marijuana should be legal, and bring as many friends as you can. He says that a letter is equivalent to 10 people's opinions, a call is worth 100 people, and a visit in person is worth 1000 people. If the very least you can do is a letter or a call, it helps, but if you can, go meet in person and put a good face on the movement. Be respectful and presentable. You can make a difference.

One thing I would like to see people do as well, is to sign up as a supporter of LEAP, and for anyone dealing in the drug war industry, especially the drug warriors, police, lawyers, judges, etc., sign up as either known or anonymous supporters, become a speaker if you can, help spread the message. If you truly support what this man is doing for this movement, then lend him your support. He

doesn't do this for the fame or glory, Howard Wooldridge is one of the most humble and gracious people I have ever had the pleasure of meeting.

If everyone who consumes cannabis were to lend their support to this issue, it could be resolved much sooner than it otherwise would, and that would save a lot of lives, families and resources.

Howard feels that through the efforts of Team Howard, the drug war has potentially been shortened by one week and that the lives of 1,000 people have been spared. He says that makes it all worth it.

Howard's horse Misty has written a book detailing the first transcontinental trip from Georgia to Oregon from her perspective. It is titled "Misty's Long Ride" and should be in bookstores before this trip ends. (<http://www.authorhouse.com>) This trip has no doubt inspired another book.

Shortly after Howard's trip began, he flew to England to be honored with eleven other long riders who were being awarded for their achievements. Howard is the first person to document a trip riding both directions across North America.

When I asked Howard if he was planning any more trips (IE, Texas to Canada) his response was a hearty laugh, he then replied, "I love to ride horses, but not that much."

For more information about Howard's mission, and the mission of LEAP, visit www.leap.cc and be sure to check out the trip web log.

Logos is an American Cannabis Liberation Activist who wishes to remain anonymous while the drug insanity rages in his native nation.



Photo courtesy of Mike Smithson, speakers bureau coordinator LEAP

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by Curt Robbins

If you inquire with a medical specialist regarding dystonia, you'll learn that it's a family of neurological disorders similar to Parkinson's Disease, only more severe. Due to its relative rarity, the average layperson has never heard of dystonia. Severely degenerative in nature, it is actually—behind Parkinson's—the third most common movement disorder, afflicting more than 300,000 people in North America.

Dystonia disturbs nerve signals from the basal ganglia in the brain to various muscles. Some dystonias are genetic, while others are the side effects of pharmaceutical drugs. Brain injuries are a third causal classification.

The Dystonia Medical Research Foundation defines this ailment as a syndrome of sustained muscle contractions, frequently causing twisting and repetitive movements or abnormal postures.”

But ask British Columbian and dystonia sufferer Dennis Lillico for a definition (whose dystonia is genetic in nature) and he'll convey to you a very personal story of pain, depression, incredible optimism and overwhelming challenge.

“I suffer from severe depression and involuntary movements in my body that are stress induced,” Lillico said during an August phone interview from his home in Trail, B.C., about 140 miles north of Spokane, Washington. “It causes my brain to have an auto dominant nature. That means I look at things with an analytical mind.”

While most sufferers of severely debilitating diseases would rather indulge in forgetting their symptoms, Lillico has accumulated a knowledge of his condition that approaches that held by most doctors. “I have seven high signal lesions within the frontal lobe on the right side of my brain,” he said. “My condition is classified as essential myoclonus, which means that it is degenerative, based on myelin deterioration.” (1)

Dennis Lillico's Challenge

Lillico described his condition in a manner more seeming of a medical professional than a man who can label a weekly two block walk to a public park a major victory. Unlike a medical professional of the western variety, however, he is particularly good at describing the human side of his ailment.

“The perception of time doesn't mean much to me,” he said matter of factly. “Dates are not very important to me either. I have to look at things differently.”

Extreme Sensitivity to Stress

Lillico's daily existence hinges on his ability to prevent or reduce stress. He suffers from continual involuntary movements throughout his body, severe depression, and extreme sensitivity to stress. He is also afflicted with Obsessive Compulsive Disorder. Based on MRI scans of his brain, doctors believe—but cannot conclude—that he may also suffer from multiple sclerosis.

Lillico only wishes he could define stress by the same meter as the rest of the world. Workplace politics, rush hour traffic and misbehaving children are stress sources of which he can only fantasize. His personal stressors—activities such as walking, talking, eating, and personal grooming—are things that healthy people take for granted. Tasks that others perform several times per day, almost as afterthoughts or background activities, are monumental challenges for this humble Canadian.

“I find it amazing that, by listening to the children who are playing in the pool, laughing, having fun...it helps me connect my heart with my brain,” he explained. “There are lots of things that you can do for stress reduction. And hanging around kids playing in the pool is some of the best stress reduction that I can do.”

The compassionate tone in Lillico's voice dispels the notion that he may be living vicariously through the energetic, carefree children. He has seemingly accomplished the rare feat of channeling his pain and suffering into a compassion for his fellow humans.

Lillico's voice and his enunciation are as I envision Dr. Stephen Hawking if he were capable of speech. It's easy to gain the perception that Lillico might literally be a sub-genius, his condition being so severe that it would drive those of a lesser intellect or mental tolerance into psychosis, severe chronic depression, and even suicide.

Simple Tasks Difficult or Impossible

Lillico described in painful yet objective detail an incident when a friend prepared pancakes for him. “I couldn't put my hand to the plate. It was a hard struggle, very hard,” he said. He described how it was impossible

for him to cut the pancake, place it in his mouth, chew and swallow, because his disorder affects every muscle in his body.

“Just the simple movement of me taking a fork and trying to put it to a plate...I couldn't physically do that without fighting very hard,” he said.

After witnessing Lillico's struggle, his friend began to weep. Without the ability to chew or swallow, however, there was little his friend could do to assist.

“Without any hesitation, after smoking a doobie, I wolfed the whole pancake down with no problems whatsoever. At that specific point in my life, there was no one on this planet that was going to tell me that I couldn't smoke my medication. No one.”

In only six years, Lillico has endured a lifetime of suffering. Many simple pleasures in which people indulge on a daily basis will never be enjoyed by this soft spoken 40-year-old. A brief phone conversation taxes his energy and can be a monumental challenge.

A man of above-average intelligence, Lillico's brain produces thoughts that his mouth and tongue muscles have difficulty expressing (similar to stroke sufferers). The stuttered lethargy of his speaking can easily tax an impatient conversational partner. The knowledge that his stilted speech can be frustrating to his conversation partners, in turn, further stresses him—thus deteriorating his speaking ability to an ever greater extent.

Simply by attempting to engage in a common activity, such as eating or walking, Lillico can ironically cause himself enough stress to prevent his ability to engage in the activity. His life is a physical metaphor for an emotionally crushing Catch 22: Engaging in activities that potentially reduce his stress level threatens to cause him stress.

Familial Autosomal Dominant Myoclonic Dystonia

Officially labeled Familial Autosomal Dominant Myoclonic Dystonia, Lillico's condition began to manifest itself in pain and muscle spasms in 1999. But it was not until 2003 that neurological specialists in Vancouver were able to accurately diagnose his disease.

To Lillico, the exact label on his ailment is of little consequence. Regardless of its Latin name, pain and struggle are pain and struggle. The perpetual lack of control he exhibits over the muscles in his body needs no medical title. It is a constant reminder of his minute-to-minute challenge to fight his disease and overcome the lure of depression and hopelessness.

“Leading neurologists and experts on my condition have told me, in writing, that there

Dennis Lillico's Challenge

is very little that can be done about this disability because it is a genetic mutation," Lillico told me.

Leading Edge Desperation

Dennis Lillico is a man literally ahead of his time. Unlike those with more common and more treatable conditions such as epilepsy, Crohn's Disease, or Hepatitis C—where at least some form of credible medical treatment and understanding of their illness exists—Lillico finds his condition to be on the cutting edge of medical ignorance. Hopelessness can easily spring forth from responses from the medical establishment such as "We simply don't know."

"Most people who have had my disability before have committed suicide because they can't take it... and I can imagine why," he said, his already-weak voice cracking with emotion. "So it was no question for me to legally take on whoever I had to take on after realizing exactly what benefits cannabis was giving me," he said.

Pharmaceutical Treatments Not Effective

It is soon obvious that Lillico perceives the responsibility to research and treat his disease to be his own.

"There are such things as botox treatments, injections into the muscles that can relax them, that have been found beneficial with disabilities such as dystonia and other neurological conditions," Lillico said objectively. "But, because all of my muscles move, [doctors] are afraid to inject botox

because I will just go limp and won't be able to move at all."

Lillico described how many neurological conditions run parallel to autosomal dominant features such as his own. "I have been tested and told by Vancouver General Hospital—through a formal neurological psychiatric evaluation—that I use an extremely large portion of my left brain hemisphere, which would make sense if the right hemisphere isn't working properly," he explained.

Despite the severity of his condition, Lillico is a testament to the human body's ability to reprogram itself to adapt to adverse conditions, such as the myelin deterioration suffered by his nerves and brain. "They told me I use approximately 94% of the left [brain] hemisphere and 6% of the right hemisphere. So I use a lot of the 'put it together' side of the brain," he said.

90 to 1 Efficacy Improvement with Cannabis

"[My doctors] have documented in their records that even the best medical drugs out there, the newest drugs out there, are only working for 1% of this disability," said Lillico. "Whereas cannabis helps me with 90%. So I just told them, 'You know what, guys [laughing], you think I'm going to sit here and go through this when I don't have to?! No way!'"

Lillico acts as the "cannabis is good medicine" poster child for every doctor he meets. "I have changed every doctor's opinion I have come across about medical cannabis," he said proudly. "They have acknowledged, in all of their reports, that it is beneficial to me."

When asked his opinion of cannabis and its efficacy for his ailments, Lillico couched his response philosophically. "It is a fight for quality of life for me. If I don't have cannabis or any cannabinoids in my body, I wake up and I'm in pain from the neurological damage that's being done to my system," he said.

Using cannabis to manage his pain and movements, Lillico smokes (or uses a vaporizer that a neighbor donated) throughout the day. He can quickly fall into a downward spiral if he is without cannabis. His pain causes stress, which in turn causes more painful myoclonic movements within his

muscles. "If I'm not able to shut down that vicious cycle, I will live a very debilitating life," he said soberly.

Lillico's affinity for cannabis is understandable, given that the best medical treatments available have almost zero efficacy for his condition. "I have noticed that, when using cannabis, I am able to do things with a smile and totally relax every muscle in my body. Using stress reduction tools, such as meditation and proper breathing, I am able to confront a lot of my movements and reduce stress as much as I can," he said.

Without cannabis, Lillico often cannot walk. If he can't walk, he can't transport himself to soothing environments, such as parks and pools where children play. If he can't achieve the simple task of walking to a park, he also can't enjoy the benefits of self-reliance and stress reduction.

Lillico is adamant about his choice of cannabis for treatment (although he has little choice given the lack of efficacy from pharmaceutical treatments). "I can choose to be up and energetic. I can choose to put one foot in front of the other. I can choose to have a smile instead of frowning," he said. "Those are choices made available to me only by cannabis."

"I do believe, in my specific position, with what modern science has to offer me, that cannabis is the best medication possible for my condition," he concluded.

More Than Cannabis

While he readily admits "Cannabis is the only medicine that has given me any relief," Lillico freely acknowledges that his condition is treated by more than cannabis. But he just as readily says that, without it, he is incapable of indulging in his other stress reducing activities. Cannabis makes his other treatments possible.

"The Heart Mass Institute in California has taught me how to breathe properly," he said. "By breathing and thinking something good and of course using cannabis as well, I am able to reach deeper states of meditation which is healing me and giving me the strength to put one foot in front of another" he said with a tone of victory.

"Sometimes, that's a real challenge for me," he added.

Blessed

Does he feel cursed by his disease? Lillico is quick to offer a more optimistic course of thought. "Oh, no, I feel blessed! I feel like I'm the luckiest person on this planet right now... I do. Because I've been given an opportunity to try to help people," he said emotionally.

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Dennis Lillico's Challenge

a monopolistic pharmaceutical industry and prohibitionist politicians bent on fear mongering, most of the world doesn't understand the efficacy Lillico gains from cannabis. "Even one of my closest friends doesn't believe in medical cannabis that much," he said.

"I acknowledge the international efforts to destroy the medical benefits of cannabis in the United States. I have very strong opinions about that," he added, revealing his activist side.

"Cannabis benefits every neurological condition except for Parkinson's," Lillico told me. "Health Canada has even acknowledged that there is benefit and, in every case, they have stated that there must be more research done. They have reported 54% to as much as 94% symptom relief in every neurological condition out there," he said.

Finding Medicine

Lillico can't afford to purchase cannabis on the black market based on his meager income (unable to work, he receives public assistance). He relies on the charity of others who contribute medicine. "Some people have, through the Internet, helped. But a lot of the

local people think that I'm too outspoken and are afraid to help me." At the time of this interview, Lillico was out of cannabis.

Lillico has attempted to grow his own cannabis, but with little success. Prior to obtaining a medical exemption and grow license, Lillico's small grow effort was confiscated by the police. "The RCMP came in February of 2005 and took out my grow room and two pounds of dry medication that I had locked up in my room," he lamented. "They went in and they destroyed half of my grow equipment and shut down the power to my house. They put me out of my house for two months."

There are many who believe medical marijuana is a farce, due in large part to governments that continue to propagate this notion. But to patients such as Dennis Lillico, the efficacy of cannabis is more real than healthy individuals will ever comprehend.

Patients such as Lillico, who often search for years or even decades for a credible solution to their pain and suffering, are perplexed by their own government's and medical establishment's inability to recognize such a simple and natural source of

relief as cannabis. Couched in politics, corporate monopolies, and a government insensitive to peer-reviewed scientific research, current marijuana policy is clearly not meeting the needs of people like Lillico, arguably one of society's most vulnerable citizens.

1) *Healthy nerves in the human body are coated with a myelin sheath. This protective tubular casing consisting of specialized fat cells that protect nerves from electrical activity and allow them to function properly. It is the myelin sheath that contributes the color to the white matter of the brain.*



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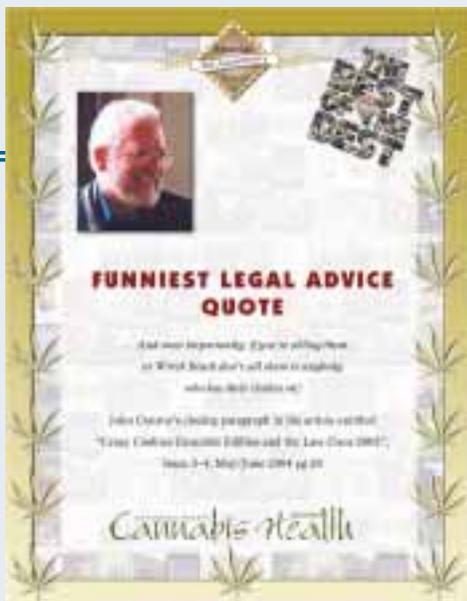
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By John W. Conroy QC

Generally the Controlled Drugs and Substances Act (CDSA) prohibits the possession, sale, production, possession for the purpose of sale, import, and export and any conspiracy to do so or being a party to any such offence, in relation to any drug set out in its various schedules. Cannabis is the subject of Schedule II.

Schedule II defines the substance prohibited as – Cannabis, its preparations, derivatives and similar synthetic preparation) including

- (1) Cannabis resin,
- (2) Cannabis (marihuana),
- (3) Cannabidiol,
- (4) Cannabinol,
- (5) Nabilone,

The Legal Status of Cannabis Seeds under Current Canadian Law

- (6) Pyrahexyl,
- (7) Tetrahydrocannabinol, and,
- (7.1) DMHP,
- but not including
- (8) Non viable Cannabis seed, with the exception of its derivatives and,
- (9) mature cannabis stalks that do not include leaves, flowers, seeds or branches; and fibre derived from such stalks.

This definition has been held by the courts to essentially include the entire plant and specifically viable cannabis seed, although the term ‘viable’ has yet to be clearly defined. It is not defined in the CDSA. In *R. v. Hunter*, the BCSC (April 14th, 1997) held that a viable seed is one that germinates. This definition was accepted on appeal by the BCCA in that case and can be found on the courts webpage at 2000 BCCA 363, decided June 8th, 2000. In these decisions the BC Superior courts followed an earlier decision of the Alberta Court of Appeal in a case called *Snyder* decided in 1969, which held that the prohibition applied to the entire

plant and included the seeds.

On March 12th, 1998 the Government passed the Industrial Hemp Regulations pursuant to the CDSA. Those regulations define ‘Industrial hemp’, and ‘seed’, as follows:

“industrial hemp” means the plants and plant parts of the genera *Cannabis*, the leaves and flowering heads of which do not contain more than 0.3% THC w/w, and includes the derivatives of such plants and plant parts. It also includes the derivatives of non-viable cannabis seed. It does not include plant parts of the genera *Cannabis* that consist of non-viable cannabis seed, other than its derivatives, or of mature cannabis stalks that do not include leaves, flowers, seeds or branches, or of fibre derived from those stalks.

Canada is not apparently very interested in prosecuting this offence although it has done so in the past against Marc Emery (fines were imposed)

“seed” means any part of an industrial hemp plant that is represented, sold or used to grow a plant.

These Regulations are stated to apply to (a) the importation, exportation and possession of industrial hemp; (b) the production, sale, provision, transport, sending or delivering of industrial hemp; and (c) an offer to do anything mentioned. They do not apply to (a) the importation, exportation, sale or provision of whole industrial hemp plants, including sprouts, or the leaves, flowers or bracts of those plants; (b) the importation, exportation, sale, provision or production of any derivative or product made from whole industrial hemp plants, including sprouts, or the leaves, flowers or bracts of those plants; or (c) the importation, exportation, sale or provision of any derivative of seed, viable grain or non-viable cannabis seed, or product made from that derivative, if the derivative or product contains more than 10 µg/g THC.

Further, the Act and these Regulations do not apply to the importation, exportation or wholesale sale of a derivative of seed, viable grain or non-viable cannabis seed, or a product made from that derivative, provided that (a) the derivative or product was not made from whole industrial hemp plants, including sprouts, or the leaves, flowers or bracts of those plants; (b) a representative sample from each lot or batch of the derivative or product being imported or exported, or sold at wholesale, has been found to contain 10 µg/g THC or less when tested at a competent laboratory using analytical procedures set out

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Thank you, I look forward to hearing from you!

CANNASAT
Hilary Black

The Legal Status of Cannabis Seeds under Current Canadian Law

in the Manual; (c) in the case of importation or exportation, the shipment is accompanied by a certificate from a competent laboratory in the country of origin of the derivative or product that sets out the concentration of THC in the samples; and (d) in the case of the wholesale sale of a derivative, the package containing the derivative is labeled, "Contains 10 µg/g THC or less".

Also, the Act and these Regulations do not apply to the retail sale, provision, possession, transport, sending or delivering of a derivative of seed, viable grain or non-viable cannabis seed, or a product made from that derivative, whose importation, exportation or wholesale sale has met the requirements set out in subsection (1), as long as the derivative or product is not changed in any way that results in its containing more than 10 µg/g THC.

As one can see these regulations are as complex as the Income Tax Act. However the bottom line appears to be quite clear. Selling Cannabis seeds and representing them to be

viable to grow Cannabis (marijuana) as opposed to industrial hemp is illegal in Canada. It is also unlawful to do so in the USA. Consequently individuals should not sell or agree to sell to US citizens who intend to take them in to the USA nor should one sell them to US citizens in the USA over the Internet. If you do so, you run the risk of the USA seeking your extradition to the USA because the offence is committed in both countries (the offence of agreeing to sell and another agreeing to buy is the conspiracy offence) giving both countries jurisdiction over the offence. Canada is not apparently very interested in prosecuting this offence although it has done so in the past against Marc Emery (fines were imposed) and, as indicated above, the late Ian Hunter.



The USA is interested as evidenced by the recent extradition proceedings outstanding against Marc Emery, Michelle Rainey and Greg Williams.



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Our dear friend,
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Read more on Howard and his incredible journey in
HOW TO CHANGE THE WORLD
Howard J. Woodridge from L.E.A.P Rides Again,
Issue 3-2, Jan/Feb 2005 pg 20

Cannabis Health

THE CANNABIS HEALTH HOME CONGRATULATE OUR 'BEST OF THE BEST'

Getting to know all of our contributors has had a huge impact, not only on us, but on you. Every one of you deserve recognition and we had the space to include all of you. We have touched your hearts and opened our minds; we thank you. The Cannabis Health Home Team wishes you all good health, prosperity and peace for 2006.



Most Insightful Activist

"Cannabis people are fierce individualists. Normal group dynamics do not apply, and when people figure that out, they will figure out the reason for prohibition."

Tim Meehan's quote used to end the Editorial in Issue 2-4, May/June 2004 pg 4



Best Patient Advocacy Organization

"...that the US government policy on medical cannabis was at best, misguided. To us it seemed just plain mean, based on a relentless propaganda machine that just lied about the issue." **Al Byrne**, co-founder and Secretary-Treasurer of **Patients Out of Time**, on the results of the C-Span coverage given to medical marijuana in the Nineties. Patients Out of Time, Issue 3-3, Mar/Apr 2005 pg 18



Best Political Advocate

"Prohibition equals chaos. Prohibition equals no control. Prohibition equals criminalizing young people. Prohibition equals criminalizing responsible adult users of marijuana who aren't doing anybody, not even themselves, any harm."

Libby Davies as quoted in her outspoken interview in Issue 3-3, March/April 2005 pg 9



Best Patient Advocate

"When I saw how it freed him of the nausea and vomiting of cancer chemotherapy and its terrible anticipatory anxiety, how instead of starting to vomit immediately and having dry heaves for over eight hours, he would now get off the gurney and say, "Mom, can we go get a sub sandwich?" I began to wonder how many other people, how many other youngsters who have to go through chemotherapy could be spared this terrible nausea and vomiting?" Dr. Grinspoon on how cannabis helped his son through chemo in A Candid Conversation with **Dr. Lester Grinspoon**, Issue 3-5, July/Aug 2005 pg 8



THE TEAM WOULD LIKE TO SAY THANKS TO YOU AND THE 'BEST' WINNERS.

over the past 3 years
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Best Overall Quote

"Criminal law should be reserved for serious predatory conduct, and only in the world of science-fiction can a plant become a predator." **Alan Young** shares his thoughts with us in Marijuana for All, Issue 3-6, Sept/Oct 2005 pg 14



Funniest Legal Advice Quote

"And most importantly, if you're selling them at Wreck Beach don't sell them to anybody who has their clothes on!" **John Conroy's** closing paragraph in his article entitled "Crazy Cookies Cannabis Edibles and the Law Circa 2005", Issue 3-4, May/June 2004 pg 28



Funniest Science of Growing Quote

"...imagine there might come a day when someone will ask, astounded, 'You mean you bred the THC out of the plant?!'" **Dr. Dave West** in his second article on genetics. Genetics 101.2 - The Hawaii Hemp Project, Issue 1-5, July/Aug 2003 pg 16. Dr. Dave's first article, Dr. Dave Diversity of Cannabis Strains can be found in Issue 1-3, March/Apr 2003 pg 18



Best Overall Article

"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." **Dr. Lester Grinspoon** in his article The Pharmaceuticalization of Marijuana, Issue 1-5, July/Aug 2003 pg 5



Best Insightful Article

"A friend gave me a metaphor for understanding marijuana and the relationship he had with it. 'Habits involving drugs or anything else could be perceived as a thorn in one's side. Marijuana can be a thorn to dig out others, if it is used with open eyes.'" **Brian McAndrew** in his wonderfully insightful article Set, Setting and Dosage, Issue 1-1, Nov/Dec 2002 pg 16



**Special
3rd Anniversary
Issue**



Humanitarian Award

We are proud to present **Dennis Lillico** with this AWARD; Story written by Curt Robbins, this issue, page 13. The following is a quote from Dennis: *"I feel blessed! I feel like I'm the luckiest person on this planet right now... I do. Because I've been given an opportunity to try to help people"*

Most Compassionate Advocate

"It is our shared responsibility to battle the beasts to ensure the rights of those in need are never compromised in order for the government to maintain the status quo of pandering to prohibition while pretending to be concerned about those Canadians who are desperately in need of their freedom." **Hilary Black** shares her feelings in Compassion Under Attack, Issue 2-1, Jan/Feb 2003 pg 5

Most Compassionate Organization

"And while our hearts sometimes break, they are made richer with every turn of the soil, with every meeting of a new friend, with each day that brings us closer to the realization that our struggle for access to medical choice is also a struggle for liberty." **Valerie Leveroni Cottal**, founder **Wo/Man's Alliance for Medical Marijuana, WAMM**, writes a touching story, Strain Specific Research with Wo/Man's Alliance for Medical Marijuana, Issue 3-4, May/June 2005 pg 21

Best Writer for Patient Advocacy

"I believe marijuana is a panacea," she said. "It gave me my life back. I can't describe how miserable I was on the pharmaceutical drugs alone." **Mary-Lynne Camney** is quoted in the touching article Portrait of Homeland Insecurity, written by **Curt Robbins**, Issue 3-5, July/Aug 2005 pg 25



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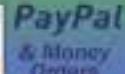
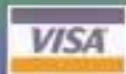


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Best Patient Activist Speaker

"Without watching people improve their lives by using cannabis, physicians have little information." **Ted Smith** shares his thoughts in The Cannabis Buyers Club and Hempology 101, Issue 3-2, Jan/Feb 2005 pg 23

Best Activism Article USA

"Progress in the states will continue to build pressure for Congress to adopt national policies based on science and common sense instead of myth and fear." **Bruce Mirken**, director of communications, Marijuana Policy Project, has this and much more to say in Marijuana Policy Project-Medical Marijuana in the US, Issue 3-3, Mar/Apr 2005 pg 28

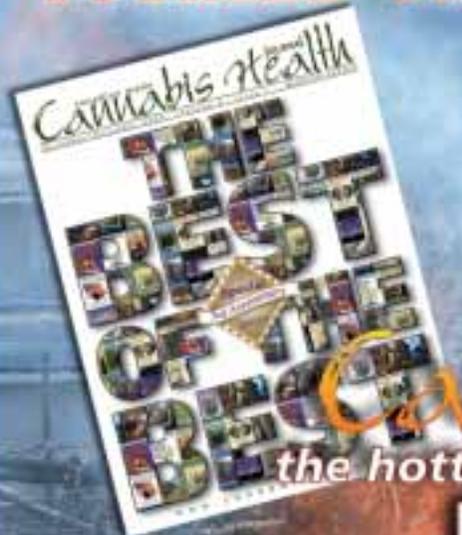
Best Activism Article Canada

"Some feel that cannabis is such an important plant that it should not be used for financial gain, while others feel that it's high time for legitimate business people and our tax revenue to profit from this plant instead of only 'criminals' having that ability." **Dominic Cramer** of Toronto Hemp Company in his article, An Even Brighter Future-Toronto Hemp Company, Issue 3-3, Mar/Apr 2005 pg 17

Best Harm Reduction Awareness Article

"Considered from the public health standpoint, cannabis is more often than not a replacement for alcohol and other drugs. When cannabis use goes up, alcohol use goes down." **Dana Beal** in his article, Public Health Marijuana-Dana Beal Outlines a New Direction in Harm Reduction, Issue 2-5, July/Aug 2004 pg 12

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Best Article: Growing For Health

"A weakened immune system does not need to be further compromised by pesticides, fungus or a virus." **Don McIntosh** of GroPro International offers some sage advice in *Growing Marijuana From a Health Point of View*, Issue 3-2, Jan/Feb 2005 pg 27

Best Article: Historical

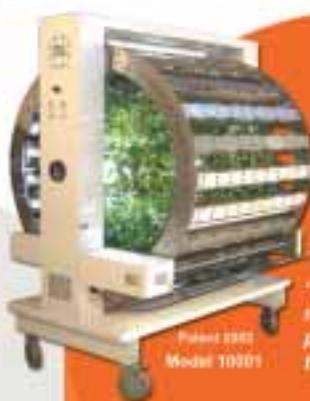
"The discovery of a smoking-cup, which contained remnants of charred hemp seeds, at the site documents that 3,000 years before Christ humanity had already been using cannabis for religious purposes." Just one of the fascinating facts **Chris Bennett** puts forth in his article, *The Sacred Plant-Renowned Cannabis Writer, Chris Bennett Tours Marijuana History*, Issue 2-6, Sept/Oct 2004 pg 12

Best Quote: Economics

"Basically Forbes is interested in this as a financial story. You know what they say in journalism, 'Follow the money'. If you want to understand something, figure out the business part." **Quentin Hardy** when asked why he chose to cover the economics of cannabis in Forbes magazine. Read the full article, *Cannabis Economics-Quentin Hardy Comments on the Emerging Economics of Cannabis*, Issue 2-4, May/June 2004 pg 6

Funniest Letter to the Editor

In one of our most amusing letters to the editor, **Suetaz** had this to say about her first experience with edibles, *"I learned that I can trust Marijuana to teach me how much is too much, but not to harm me in any way. I learned to have even more respect for Marijuana and what she is capable of and learned to love her even more."* Issue 3-3, Mar/Apr 2005 pg 6



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**Best Quote:
"Truth Is"**

"While I never recommend smoking tobacco, it is true that concomitant cannabis mitigates some of the harm to a degree. I would refer you to my Chronic Use Study, available online, and to an article that indicated that cannabis-only smoking does not seem to provoke emphysema, and to an interesting study by Roth et al. that demonstrates how THC actually helps prevent carcinogenic deterioration." **Dr. Ethan Russo** in his column, Ask Dr. Ethan, Issue 1-6, Sept/Oct 2003 pg 6

Best Writer: Youth Focus

"You cannot demystify a substance like marijuana when you still let Officer Friendly take you down to the station and deprive you of liberty." **Paul Henderson** in his article Too Good to be True - Paul Henderson on Health Canada's July 9th Un-solution, Issue 1-6, Sept/Oct 2003 pg 11

Best Youth Writer

"Speaking of open mindedness, what is Canada going to do about the United States?" One of our newest contributors, **Laura Webster**, gives her take on the cannabis issue in Cannabis and Public Policy, Issue 3-5, July/Aug 2005 pg 21

Best Anti-Prohibition Speaker

"For those who profit from the drug war industry, the war on drugs has been a raging success. For the rest of society, the war on drugs is one of the most egregious failures of the 20th century." Another great in-house article, Policy of Pot - A Discussion with **Eugene Oscapella**, Issue 3-6, Sept/Oct 2005 pg 24

**Best Writer:
Freelance Article**

*"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." GW Pharmaceutical British Company Produces Cannabis Medicinals - written by **Matt Elrod**, Issue 1-4, May/June 2003 pg 5*

**Best Article:
Government Coverup!**

"For more than 30 years, politicians and bureaucrats, primarily in the United States, have turned a blind eye to any and all science indicating that marijuana may play a role in cancer prevention, a finding that was first documented as early as 1974." **Paul Armentano**, Senior Policy Analyst for NORML and the NORML Foundation in Washington, DC, points to several studies which have been "buried" in his article, Cancer Cure Cover Up, Issue 3-3, Mar/Apr 2005 pg 23

Most Informed Educator

"We need teachers to understand how prohibition is anti-child and anti-family." **Jude Renaud**, M.A. Canadian Chair, Board of Directors, Educators for Sensible Drug Policy in the article Truth in Schools - A Replacement for DARE, Issue 2-3, Mar/Apr 2004 pg 19



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Best Response to Political Incorrectness

In a letter to Deputy Prime Minister, Anne McLellan, **Jody Pressman**, NORML, Canada, writes, "I am writing you today to express my outrage and deep disappointment in your recent comments labeling Canadians who smoke marijuana as 'stupid.'" Reprinted in Cannabis Health Journal Issue 3-2, Jan/Feb 2005 pg 6

Most Uninformed Statement by a Canadian Politician

Mr. Peter MacKay, Central Nova Scotia CPC, said: "Ingesting marijuana is very damaging; it's carcinogenic, THC." as quoted in our in-house article Debating Decriminalization, Issue 3-2, Jan/Feb 2005 pg 13



Best Political Cartoon

Mighty Mike, Cannabis Health Journal Issue 3-2, Jan/Feb 2005



Left: John Walters, US Drug Czar, Right: Marc Emery

Most Uninformed Statement: John Walters

"Marijuana has no medicinal value."



Best Cartoonist

Glen Smith's first in the series of Ned cartoons started in issue #3 and continued till issue #10. Saddam Ned with his weapons of mass delusion came from our Award Winning First Anniversary Issue 2-1 Nov/Dec 2003



Anne McLellan with Marc-Boris St. Maurice

Best Political Move

"I was left with the prospect of knocking on the palace gates for the rest of my days or taking the plunge and crossing the threshold to work from within." **Marc-Boris St. Maurice**, former leader of the Marijuana Party, now a member of the Liberal Party, on why he chose to leave the Marijuana Party. Read all about it in Marijuana Party Leader Joins Liberal Party of Canada, Issue 3-4, May/June 2005 pg 29

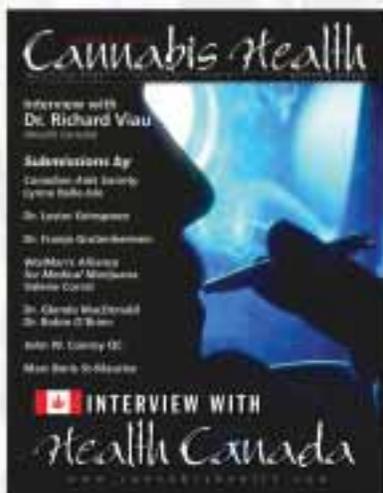
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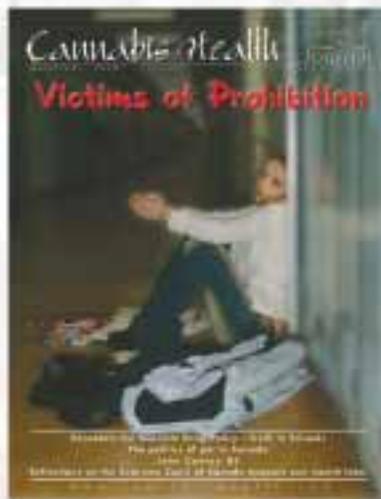
Most Controversial

This cover shocked many people. Contrary to first impression, we did not take a picture of someone smoking marijuana. This picture was released from Health Canada's media photo gallery with permission from the Minister of Public Works and Government Services, Canada 2005.



Most Dramatic Impact

The images are haunting and something to be frightened by. Recent incidents in our schools uncover victims of prohibition who are disillusioned by the hypocrisy, confused by the mixed messages from the media, parents and law enforcement and treated like criminals. This cover picture is the work of Alyse Fowler and the girl in the photo is none other than our own Editor's daughter, Whitney St. Jean. Both girls were grade 12 students in Grand Forks, BC. They volunteered for this cover because they support improved drug education and cleaner, safer schools. This photo was manipulated, lengthening the hallway, blurring the background to emphasize the feelings of isolation and victimization our youth feel.



Award Winning Issue

Congratulations go to Brian McAndrew, our Production Manager and owner of Beyond Graphics for winning a Silver Award for his design of this issue's cover. Among the thousands of entries from around the world, this issue rated among the very best.



Best Submitted Cover

Pat Ryan, artist from California's Sonoma Valley, wanted to reflect his on-going expression of love for our troubled planet. His devotion to his cause keeps him painting and laughing and quite likely maintains his sanity. His art was a great way to celebrate our 2nd anniversary.



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Drug Policy Alliance

2005 International Drug Policy Reform Conference



by Mary Taft-McPhee, *m Special Projects Coordinator, Drug Policy Alliance*

This November nearly 1000 activists, experts and advocates will come together in Long Beach, California, to attend the 2005 International Drug Policy Reform Conference, hosted by the Drug Policy Alliance. This conference is unique. It promises to be the most significant gathering ever of people who believe the war on drugs is doing more harm than good. While presenters and attendees vary greatly in their personal politics, specific interests, and attitudes toward drugs, they all agree on the need for major reform of drug policies both in the United States and across the world.

The conference begins with an opening reception on the night of Wednesday, November 9th, and kicks into high gear Thursday morning. It will provide an extraordinary three day crash course in the entire spectrum of drug policy issues, with more than one hundred panels on topics ranging from medical marijuana to Latin America, civil liberties, European drug policies, new advances in drug treatment, and the issue of methamphetamine. Presenters and attendees include scholars, journalists, elected officials, activists and people who have been directly affected by the war on drugs.

We expect Cannabis Health readers to be most interested in some of the excellent

sessions dealing with hemp and medical cannabis. These presentations include a mix of specific information and reflection on how best to move forward. One panel deals with the cutting edge cannabis research and policy reform taking place in Canada. Another provides a road map for lobbying legislative officials in support of medical marijuana. Californians will reflect on Proposition 215, which voters approved in 1996, legalizing marijuana for medical purposes in that state. Experts and activists will also discuss legal, state and federal strategies to ensure long-term success of medical marijuana efforts. A panel on hemp will cover the latest policy developments including the legal status of hemp foods and ways to maximize use of this crop in the United States. Finally, a panel on "Marijuana, Driving and Drug Testing on the Roads" will consider drug-impaired driving, and the failure of much drugged-driving

legislation to address the issue of actual impairment rather than evidence of past use.

Because the war on drugs is such a vast enterprise affecting so many aspects of law, public health, and politics, we hope that all attendees will reach outside of their comfort circles to connect the dots between different issues. Training sessions on fundraising and media will teach tried and true money raising fundamentals, how to write a press release, pitch a reporter and conduct an interview to get your issue in the news. A special breakout session has been scheduled to encourage people to form and broaden regional coalitions. Those on the front lines may also be interested in a panel on civil disobedience, in which domestic and international activists will share their tactics for planning successful actions.

Formerly incarcerated people will speak

Drug Policy Alliance

2005 International Drug Policy Reform Conference



out on the challenges of re-entry, leadership in the drug policy reform movement and their power as organizers. From the other side of the criminal justice system, unlikely allies including a judge and former police officer will discuss how they came to believe that drug prohibition is a manifest failure, and the ways in which the war on drugs has negatively impacted their profession. Panels on the effort to regain the right to vote and "Race, Racism and the Drug War" will explore the deep social roots of the war on drugs and look at ways in which we can most effectively draw attention to the disproportionate impact it has on communities of color.

A number of sessions will cover issues important to parents and youth, including student drug testing, racial disparity within the juvenile justice system, and efforts to reform it. Courageous harm reduction-oriented parents will speak out on how they deal with their child's struggle with drugs, or a drug-related death, and how they have transformed despair into productive work. A panel of students turns drug education on its head by addressing "How to Talk to Your Parents About Drugs," sharing advice about how to approach the issue of alcohol and other drug use. Finally, drug education and prevention experts present reality-based, cost-effective approaches that combine education, assistance when needed, and restorative practices in lieu of punishment. This cutting edge session on "Beyond Zero Tolerance," focuses on implementation of these approaches, which result in increased student connection to school and decreased behavior problems.

Political efforts such as California's Proposition 36, which provides for treatment instead of incarceration for nonviolent drug offenders, Seattle's Initiative I, which instructed city governments to treat private adult marijuana offenses as the lowest law enforcement priority and other measures in cities across the United States will be examined in detail by local experts. These presentations will include debates on the future of these laws, discussion on polling, messaging and endorsements, and prospects for launching similar initiatives in other cities. The issue of syringe access is also examined in a discussion of the implementation of California's SB 1159 and a panel providing a national snapshot of efforts to increase the availability of sterile syringes.

Attendees interested in international developments will find plenty of interest in a roundtable discussion of Dutch policies, a look at recent reforms in the United

Kingdom, and a panel on European political developments. The latter will endeavor to provide a picture of the general state of drug policy reform in Europe and will include information on Spain, Switzerland, and Germany, and the possibility of developing an alternate model that could challenge U.S. leadership on global drug policy. Another panel titled, "Shifting the Debate: Latin America," will look at the prospects for creating a new dialogue around harm reduction and regional drug policies.

Issues affecting Latinos in the United States will be discussed in a panel on family, religion and culture, in which Latino policy-makers explore the effects of the war on drugs in their communities, and some of the barriers to reform. Other highlights include a panel on "The Politics of Science" in which major thinkers will explore the ways in which government agencies and funding institutions shaped by powerful political forces often exercise a distorting and destructive influence on research agendas, and how this relates to drug policy reform. Religion, psychedelics, heroin prescription, harm reduction psychotherapy, pain management, methamphetamine, crack in the late 1980s and early 1990s, and methadone and buprenorphine behind bars are just some of the other panels that will be offered.

In addition to these incredible sessions, the conference also promises to be a ton of fun! There are numerous bars and reasonably priced restaurants located within walking distance of the conference hotel, and free yoga sessions will be held each morning. A film festival on Thursday and Friday night will screen recent films of note on drug policy reform, drug prohibition and related subjects from around the world, as well as older classics. On Friday night, High Times is holding a comedy night at the Hollywood Improv.

The conference closes on Saturday night with an awards dinner generously sponsored by the Criminal Justice Policy Foundation, a gala event to present the 2005 Awards for Achievement in Drug Policy Reform. These biennial awards for achievement in drug policy reform recognize the accomplishments and commitment of

people and organizations who have done outstanding drug policy reform work. The awards include the Richard J. Dennis Drugpeace Award for Outstanding Achievement in the Field of Drug Policy Reform; the Edward M. Brecher Award for Achievement in the Field of Journalism; the Alfred R. Lindesmith Award for Achievement in the Field of Scholarship; the Robert C. Randall Award for Achievement in the Field of Citizen Action; and the Norman E. Zinberg Award for Achievement in the Field of Medicine. This special evening will highlight just a few of this year's many heroes in drug policy reform and provide a last chance for conference attendees to celebrate and connect with one another before returning home.

The common thread bringing together the many topics covered in these three days is the desire of attendees and panelists to create positive change and promote drug policies based on reason, compassion and justice. The latest information, including online registration, is available at www.drugpolicy.org/conference. Please join me, my colleagues, and hundreds of other activists, students, researchers and those on the front lines of the war on drugs at the 2005 International Conference on Drug Policy Reform. You will be educated, entertained and galvanized – all in more ways than you can imagine.





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Every subscription, article, letter, art, photo and/or "Truth Is" submission and advertiser received before March 31, 2006 will be entered for a chance to win this exquisite one-of-a-kind medicine bag, worn during the opening ceremonies of the Festival of Freedom at the Forks. Created by Mikisew Cree First Nation artist, DorothyAnn, a gifted soul who is inspired by the world around her. "A piece of my soul goes into each medicine bag" DorothyAnn says of her creations. Her bags are made with 100% hemp, cord and hand dyed lining. The stones are: crystals, turquoise, 100 year old trading beads, handmade pure silver and

pewter Mexican beads. She even adds a piece of sweetgrass to bless the bag and a signed, numbered card is included. From her soul to yours, peace. This bag is valued at \$2,500 CDN. The winner will be announced in the May/June 2006 issue of Cannabis Health Journal. Good luck to all.



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Community Talking Stick

Hello,

As a long time subscriber to Cannabis Health I think that you should strive to present all sides of any issue as well as disclosure of any possible vested interests in any interviews like the one with Dr Lester Grinspoon in issue 3-5. He repeatedly takes GW Pharmaceuticals to task for GW's stand that non-smoked Cannabis delivery forms as well as sub-psychoactive yet therapeutically active dosage levels may be preferred by many patients. While I certainly respect Dr Grinspoon's opinion on these matters I would like to point out that many non-smokers may prefer to take Cannabis based medicines in delivery forms other than by smoking a joint or even vaporizing, it is a personal decision to be made by the individual patients, not by Dr Grinspoon. The same with sub-psychoactive dosage levels, if some patients prefer that then who is Dr Grinspoon to suggest that he knows better? What about the patients that receive most of their benefit from non-psychoactive Cannabinoids like CBD, must they take THC even if they do not require or want it? If patients want a psychoactive effect accompanying their therapeutic dose then they should decide this, not Dr Grinspoon. Finally it was outrageous that the obvious conflict of interest of Dr Grinspoon who is a consultant for Cannasat, a company that wishes to compete with GW for the medical marijuana medicines market, were not even mentioned in the interview. GW's path of using non-smoking delivery systems may well

bother traditional smoked herbal Cannabis medicinal patients, but forcing patients in the USA to wait until smoked herbal Cannabis is approved by the FDA or alternatively smoked recreational Cannabis is legalized so anyone can use it for medicine is a path that I believe will force patients to wait many additional years before they will have any access to legal sources of herbal based Cannabis medicines. I say the patients cannot wait and to force them to wait for one more day or even years to have access to legalized herbal medicinal or alternatively recreational Cannabis so it can be used by patients as medicine is immoral. Smoking may well be preferred by some patients but how easy will it be to get smoked herbal Cannabis through the FDA approval process? The patients are waiting. GW is taking the fastest approval path, for the USA and that is clear. Please do the right thing and in the future explain the possible conflicts of interest of anyone interviewed, like Dr Grinspoon's. Number one his relationship with Cannasat and second his personal conviction that the only way that patients will be able to freely use herbal Cannabis, is by legalizing recreational Cannabis, regardless of how long it may well take.

PS: I freely admit my ongoing relationship with GW, but I also am writing what I believe to be true, as well as what is best and fastest for all patients who benefit from Cannabis medicines. Sincerely, David Watson, CEO HortiaPharm BV, Netherlands Horta@euronet.nl

EDITOR'S NOTE:

In the spirit of open debate, CHJ gives the last word to the author of the original opinion.

To the editor,

While Mr. Watson asserts that he... "certainly respects my opinion on these matters..." he goes on to say about the forms and methods of the medical application of cannabinoids ... "patients... should decide this, not Dr. Grinspoon." It should be obvious to him that I decide nothing for patients I have never met; I merely, as I did in this interview, share my views. As to the form, I think that he somehow overlooked my plea that patients should have as much right to use herbal marijuana as either Marinol or Sativex, that these medicines should be allowed to compete on a level playing field. With respect to choice of application, the reason I favor the pulmonary route is precisely because, with its fast onset, it gives the patient the capacity to quickly and precisely titrate the dose required for his or her symptoms, a property not shared by either Marinol or Sativex.

He is quite right to say that one of us has a vested interest, but it is not me. Some months ago a Vancouver newspaper incorrectly stated that I was a paid consultant to Cannasat. I have never received any money or stock from Cannasat. The sole exception to this statement is an elongated shoehorn that I received from several Cannasat employees

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Community Talking Stick

ees after my knee surgery. Mr. Watson, on the other hand, has, through HortaPharm, a significant financial interest in GW Pharmaceuticals. Thus he will be the loser if Sativex, as it very well may, goes the way of Marinol.

Cordially, Lester Grinspoon M.D.

Dear Editor

Please help, at least six stores selling pipes were raided by the United States DEA in the last 2 months throughout Montana. They arrived in U-Haul trucks and left with money, pipes, rolling papers, and other items the stores relied upon to stay in business. Like thieves in the night they looted and plundered with frightening precision. The frontlines of the war for medicinal freedom are at your door step Canada. It's time for Canada to send a message to the United States. It's time for a message about freedom,

human rights, freedom to medicate. People and courts of Canada, PLEASE REFUSE the extradition of Mark Emery to the evil clutches of the DEA who are like lions salivating and thirsty for blood like the savage beasts that they are. The word on the streets of America are those of millions praying and hoping that Canada will deny the extradition of Marc Emery.

Please tell the world that the people of Montana should no longer allow the DEA to stage a war of oppression on Montanans' doorsteps. We're not their little boxing facility where they can train with the latest brutal tactics. This is a desperate cry for help from Montana. Please, people of Canada, please know that our U.S. Government is frightening and oppressive. With private prisons, life has become cheap. The U.S. Government Agencies only know how to take away freedoms. Never once have they ever given back

a freedom, just ruthless plundering of our freedoms.

"You can't make a law without taking away a freedom and unfortunately Government is run by Law Makers with a complete absence of Law Repealers creating an environment of a ruthless, and endless stripping of our freedoms."

Americans NEED Canadian Courts to refuse the extradition of Mark Emery. Canada, on this day Americans bow their heads and ask our Dear Neighbor to the North for HELP.

Sincerely, Anonymously Scared of U.S. Regime



Congratulations to our latest winner, Mariano in Alberta. He was a little surprised to receive a phone call so early in the AM (sorry about that Mariano), but the reason for my call soon had him smiling. Many thanks to all who subscribed; I wish each one of you could win. Your support is always appreciated.



TELL US YOUR STORY

CHJ is asking readers to submit their stories. We are looking for personal experiences that are meaningful, insightful, happy, sad, funny, thought provoking or just plain weird. Pictures or artwork will also be accepted.

Each submission published in the Journal will receive a one-year subscription to the Journal as well as being entered into the drawing for the medicine bag. Your anonymity will be respected.

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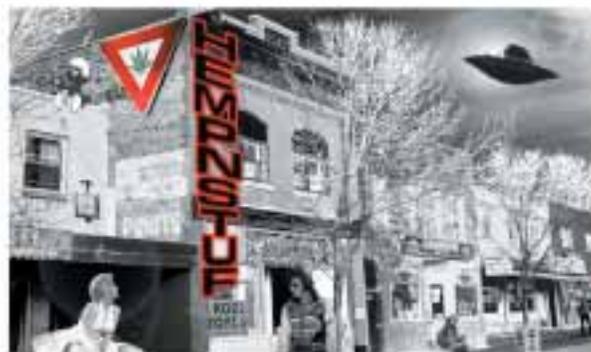
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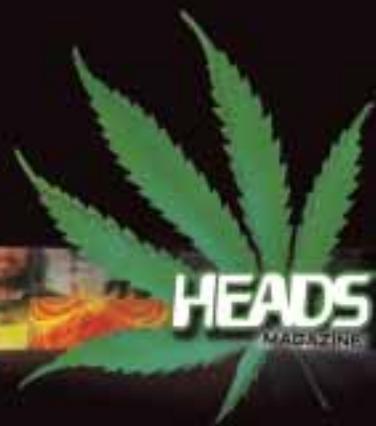
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