

Autism & Cannabis

Prohibition Makes it Tough on Parents

Hijacked: US Healthcare

Care in Crisis, Physicians at the Center

Medical Cannabis 30 Years later: **Question?**

Yellow Ribbons

Veterans for Medical Cannabis

Strain Evaluation of

Cheese

Contest:

Win a custom

TY ROOR package

Interviews, Strain Reports, Grow Tlps, Events. and much more...



Display until February 2012

Also in this issue a look at other strains: Biker Kush



White OG



OleanerJC

By Kaliman Seeds



The healing power of green





GREEN HOUSE exodus cheese



GREEN HOUSE chemdog



GREEN HOUSE super lemon haze



GREEN HOUSE bubba kush



BARNEYS FARM tangerine dream



BARNEYS FARM pineapple chunk



DNA GENETICS la confidential



RESERVA PRIVADA og kush



RESERVA PRIVADA kosher kush



DELICIOUS SEEDS fruity chronic juice



WORLD OF SEEDS medical nl x skunk



WORLD OF SEEDS medical afghan kush x white window



ROYAL QUEEN special kush #1



ROYAL QUEEN auto northern lights



BUDDHA SEEDS white dwarf



KANNABIA SEEDS bcn diesel



SERIOUS SEEDS white russian



G13 LABS pineapple express



G13 LABS auto ak



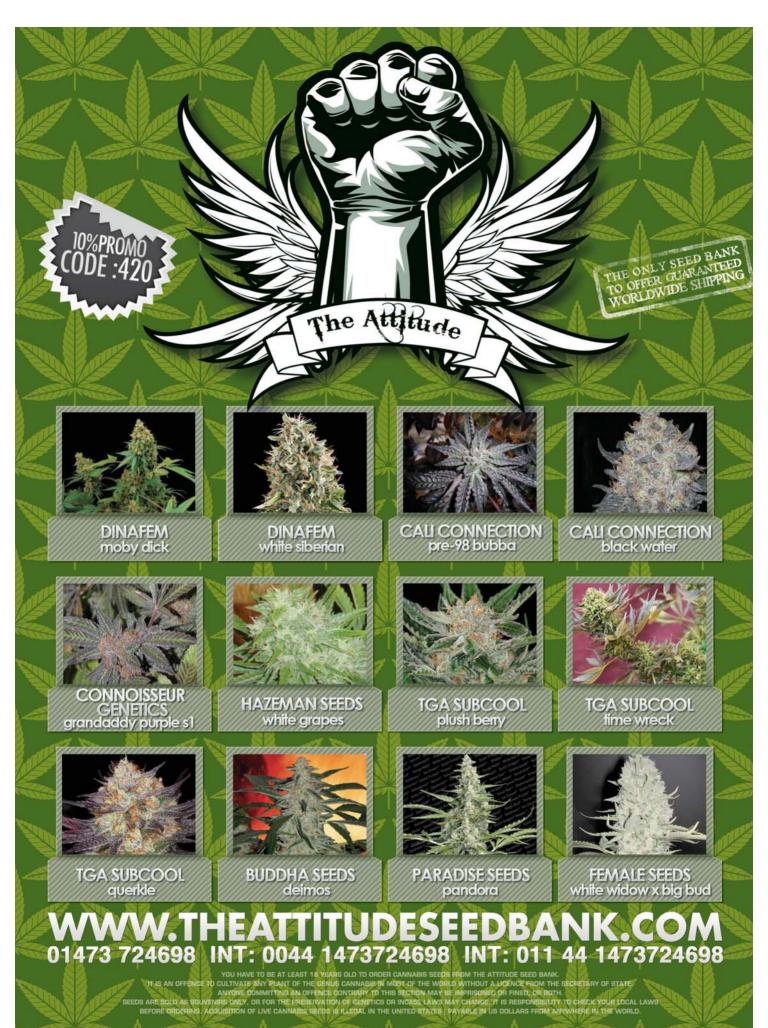
DINAFEM critical+

WWW.THEATTITUDESEEDBANK.COM 01473 724698 INT: 0044 1473724698 INT: 011 44 1473724698

YOU HAVE TO BE AT LEAST 18 YEARS OLD TO ORDER CANNABIS SEEDS FROM THE ATTITUDE SEED BANK.
IT IS AN OFFEICE TO CULTIVATE ANY PLANT OF THE GENUS CANNABIS IN MOST OF THE WORLD WITHOUT A LICENCE FROM THE SECRETARY OF STATE.

ANYONE COMMITTING AN OFFEICE CONTRARY TO THIS SECTION MAY BE IMPRISONED OR FINED, OR BOTH.

SEEDS ARE SOLD AS SOLVENIRS ONLY, OR FOR THE PRESERVATION OF GENETICS OR INCASE LAWS MAY CHANGE. IT IS RESPONSIBLITY TO CHECK YOUR LOCAL LAWS
BEFORE ORDERING, ACQUISITION OF LIVE CANNABIS SEEDS IS ILLEGAL IN THE UNITED STATES (PAYABLE IN US DOLLARS FROM ANYWHERE IN THE WORLD.













White Widow 1 seed 3 seeds €20,-5 seeds 10 seeds



Blue Mistic 3 seeds 1 seed €20,-5 seeds 10 seeds



Indoor Mix 1 seed 3 seeds €20,-5 seeds 10 seeds €55





Outdoor Mix 1 seed 3 seeds €20,-5 seeds 10 seeds €30,- €55,-



Critical	
1 seed	3 seeds
€9,-	€23,-
5 seeds	10 seeds
€35,-	€65



Ice 1 seed 3 seeds €23,-5 seeds 10 seeds €65,-



Power Flower 1 seed 3 seeds €23,-5 seeds 10 seeds €65,-



Fruit Spirit 1 seed 3 seeds €23,-5 seeds 10 seeds €65,-



Northern Light 1 seed 3 seeds €9,-5 seeds 10 seeds €65,-



Shining Silver Haze Amnesia Haze 1 seed 3 seeds €23,-5 seeds 10 seeds €35,- €65,-



1 seed 3 seeds €10,-5 seeds 10 seeds €75,-€40,-







Special Kush #1 1 seed 3 seeds €8,50 5 seeds 10 seeds €13,-



Special Queen #1 1 seed 3 seeds €8,75 5 seeds €13,50 10 seeds €25,-



Royal Moby 1 seed 3 seeds €34,-5 seeds €54.- 10 seeds €90,-



Easy Bud 1 seed 3 seeds €7,- €17,50 5 seeds €27,- 10 seeds €50,-



Quick One 1 seed 3 seeds €8,- €20,-5 seeds 10 seeds €30,- €55,-



Royal Automatic 1 seed 3 seeds €8,50 €21,50 €21,50 5 seeds | 10 seeds €32,50 | €60,-



Royal Dwarf 1 seed 3 seeds €6,- €15,-5 seeds €25,- 10 seeds €45,-

CONTACT US AND BECOME A ROYAL QUEEN DISTRIBUTOR

Royal Queen Seeds +31-73-5479916 info@royalqueenseeds.com





Publisher/ Editor in Chief

Marco Renda weedmaster@treatingvourself.com

Art/Layout Designer

ivan@treatingyourself.com

Copy Editor

Daniel Lindley

Sales Representative

Greg Kosakow

Q&A Advisor

shantibaba shantibaba@treatingyourself.com

Text & photography Contributors Marco Renda, Ivan Art, Shantibaba, Mary Lou Smart, Georgia Peschel, Al Graham, Joshua Boulet, Dr. Hornby, John Berfelo, Erik Miller, Dennis Park, Patients Out of Time, Al Byrne, ROOR, Dr. Ronald Stallings, Anthony Brucato, S. Brook Reed, Lazystrain, Jim Fowler, Rev. JefTek, Skunkmad, Ball family, Miss Knapper, 420grower, Subcool, Harry Resin, Swissmiss, Davide Stallone, Gregorio "Goyo" Fernandez

Cover shot:

Cheese#1 by Kaliman Seeds



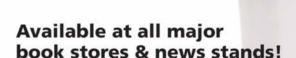
submit@treatingyourself.com

Treating Yourself 250 The East Mall, P.O. Box 36531 Etobicoke, Ontario M9B 3Y8 Canada T: + 416 620 1951 F: +416 620 0698

Printed in USA







Treating Yourself magazine and treatingyourself.com were created to provide adults with information to assist them in their responsible use of medical cannabis.

Subscribe online now: www.treatingyourself.com

Subscription Prices

1 year subscription for North America \$45.00 USD/CAD 1 year subscription International \$75.00 USD



Mail your subscriptions to:

Treating Yourself 250 The East Mall P.O. Box 36531 Etobicoke, Ontario M9B 3Y8 Canada

Contact us:

(416) 620 1951 Mon - Fri 8an - 8pm (Eastern) (416) 620 0698 Fax

Treating Yourself

Its High Time that High Times gets with the program!

It troubles me to see that a publication that has been around the prohibition of cannabis for over 36 years continues to be a non-existent team player. When we first introduced our publication in Amsterdam, six years ago, the folks at High Times thought that our publication was a joke and laughed at me - but they still accepted my money. Well in 2011, for the 24th annual HTCC, I received a personal phone call from their Advertising Department asking if I was going to be participating as a sponsor for the seventh year in a row with a hitch... NO Advertising in their show guide, NO Promoting Treating Yourself Magazine, which included handing out FREE copies to all attendees while they lasted, and lastly NO Promoting of the Treating Yourself Expo in Toronto which is being held on May 25 -27, 2012 at the Metro Toronto Convention Centre. When I asked why we couldn't continue to do business as we had in the past, I was told that it is because Treating Yourself Magazine and Expo is a threat to both their magazine and expos in the USA.

I have tried, on several occasions, to promote the TY Expo in Toronto in their publication with no success. Now some of you readers may think that this is sour grapes... But it isn't! You see all other cannabis related publications and expos are also being treated the same way. Unless it's an event that HIGH TIMES sponsors or sanctions there is no way that their readers will ever find out about the other events or publications. We, at Treating Yourself, have always put out an open invitation to all other cannabis related publications and events in order to work together to educate the uninformed. It's quite obvious that some of the International publications such as Weedworld, Skunk, Soft Secrets, Spannabis, and Canamo, as well as many of the other medical cannabis publications based in the USA, either promote or participate in some capacity.

It's High Time that High Times gets with the program as they are NOT the only cannabis related publication or event!

Now onto a positive note, I am extremely pleased to announce that Treating Yourself will be translated into Spanish and distributed in Spain in 2012. We are also working on having our publication translated into Hebrew and distributed in Israel too. It's wonderful to see the message spread further and educate people from far and wide.

Take Care and Peace



Marco Renda - Federal Exemptee - Publisher & Editor in Chief Treating Yourself, The Alternative Medicine Journal - weedmaster@treatingyourself.com





Issue 32 - Advertisers Index

- 4 1of a Kind Glass
- 54 Ad Astra Seeds
- IFCover, 3 Attitude Seedbank
 - 129 BC Bud Depot
 - 54 Cannasseurs Inc.
 - 118 Contest: Herbal Aire Give Away
 - 81 Contest: TYROOR package
 - 36 Crosstown Traffic
 - 41 Dolce Vita Magazine
 - 107 Finest Medicinal Seeds
 - 99 Glass Gripper VIP
 - 100 Gone To Pot
 - **BCover** Green House Seeds
 - 94 Greenlife Seeds
 - 109 GrowHD.TV
 - 41 Harborside
 - 10, 48 IvanArt
 - 100 Joint Doctors
 - 33 Kannabia Seed co.
 - 36 Karma Genetics
 - 48 KDK Distributors
 - 36 LA Container
 - 19 MedcannAccess
 - 54 Medical Cannabis Journal
 - **19 MMA**
 - 78-80 MM Seeds Wholesaler
 - 12 Michelle Rainey Foundation
 - 22 Mr.Nice Seedbank
 - 47 Nirvana
- **IRCover Paradise Seeds**
 - 36 Planetary Pride
 - 25 RooR
 - 5 Royal Queen Seeds
 - **85** Serious Seeds
 - 101 Soma Seeds
 - 89 TGA Genetics Seeds
 - 12 THC Farmer
 - 105 THSeeds
 - 69 Trimpro
 - 113 TYExpo2012
 - 112 TYMM&HExpo DVD
 - 6 TY Subscribe
 - 130 Vape on the Lake
 - 15 Vaporizers.ca
 - 29 Vapor Room
 - 121 WeedWorld
 - 100 West Coast Masters

Cartoons/ Illustrations

Ivan Art

11, 50, 95-98, 114

Georgiatoons 7, 59, 98, 125, 128

Joshua Boulet

HIGHLIGHTS

CONTESTS



Submission info

JPG, TIFF or EPS in (CMYK) Resolution: 300dpi at 1/1 (actual print size) Format:

• 1/4 page: 95mm x 132mm (wxh) / 3.74in x 5.2in Ad sizes:

- 1/2 horizontal: 195mm x 132mm (wxh) / 7.7in x 5.2
- 1/2 vertical: 95mm x 267mm (wxh) / 3.74in x 10.5in
- Full page: 203 x 276 (wxh) + 3mm bleed on all edges. / 8in x 10.9in + 1/8in bleed

Articles

Text: submitted in a Word document with photo files attached separately as JPG's, captions to be written in place of name on the photo file Photo format: JPG, 300dpi at actual print size. The more pixels the better!

Please take photos of objects or buds with a nuetral background (preferably white). Note

Advertising Policy Statement

TreatingYourself is not responsible for the actions, service or quality of the products and businesses advertised in our publication. We will not knowingly support unethical practices of any advertiser. If you choose to purchase a product from one of our advertisers, please let them know that you saw their ad in Treating Yourself Magazine

Disclaimer

Treating Yourself wishes to remind readers to be aware that the sale, possession and transport of viable cannabis seeds is illegal in many countries, particularly in the USA. We do not wish to induce anyone to act in conflict with the law. We do not promote the germination and growth of these seeds where prohibited by law. Treating Yourself assumes no responsibility for any claims or representations contained in this publication or in any advertisement. All material is for entertainment and educational purposes only! Treating Yourself does not encourage the illegal use of any of the products or advertisements within. All opinions are those of the writer and do not necessarily reflect those of Treating Yourself. Nothing in this publication may be reproduced in any manner, either in whole or in part without the expressed written consent of the publisher. All rights reserved. All advertised products and offers void where prohibited. Occasionally we may use material we believe to be placed in the public domain. Sometimes it is not possible to identify or contact the copyright holder. If you claim ownership of something we have published we will be pleased to make a proper acknowledgement. All letters and pictures sent are assumed to be for publication unless stated otherwise. Treating Yourself can not be held responsible for unsolicited contributions. No portion of this publication can be reproduced for profit without the written consent of the publisher.



INSIDE TY ISSUE 32

Marco's Editorial

News

Press Release:

- 13 New Medical Cannabis Website Launched...
- 14 Medical Cannabis 30 Years Later: A Question?
- 16 Yellow Ribbons
- 20 Outraged to See the Sick Having to Lead the Way
- 23 ROOR, Help Put the Purity Back into the Pure Smoke Kulture
- When Your Medicine is not Their Medicin 26

Health

- 30 Hijacked: US Healthcare Care in Crisis Physicians at the Center
- Autism and Cannabis: Prohibition Makes it Tough for Parents

Spotlight

TY Interviews:

- 66 Matt Kopalek from UBNorml TY Takes a Look at:
- 70 Bad Medicine, An AntiSchwagg Q&A to Health

Strain Reports

72 Cannatonic, Industrial Plant, Cheese#1

Cultivation

- 82 Standardized Medical Cannabis Grows
- Qleaner and a Cola Named Lance!
- Karma Genetics: a 2012 Preview
- The Origins of Cultivation

Reviews

Book Reviews:

102 How Does Your Garden Grow? A Cornucopia of Books to Nurture Your Green Thumb. Cannabis Cultivator, The Cannabis Grow Bible, Marijuana 101, Marijuana Made Simple

Product Reviews:

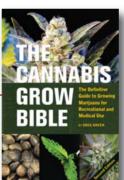
- 106 ROOT!T ●
- **108** Active Eye Green Lamp
- 110 Vegan Temple (General Organics)
- 111 Phillips ED18 600watt bulb

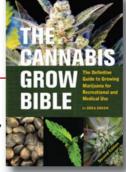
Events

- 114 Michelle Rainey Foundation Award
- **122** Keeping PACE Everywhere
- 126 One Day of Peace, Love and Harmony













Medical Cannabis 30 Years Later: A Question?



Autism & Cannabis p.60



Karma Genetics A 2012 Preview p.90



Michelle Rainey **Foundation Award** p.114

Why? Why not...

...drop everything and get them now



Why?

Limited edition

Set of 7 images:

7 postcards - 4"x 6" = \$10 + postage7 posters -11"x 17" = \$25 + postage

7 posters - 24"x 36" = \$50 + postage

by





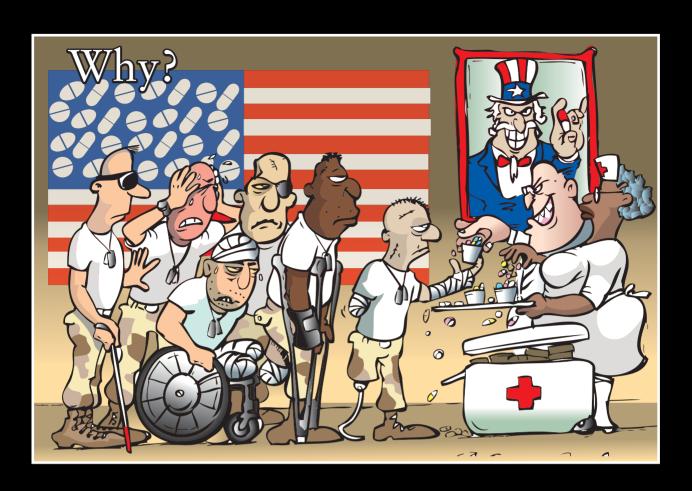
LEGAL PUSHER

Get yours now!

Distributed by KDK Distributors 403-285-1697

kellyk@valleyofgreen.com









All proceeds go to Legal Fees

> P.O. Box: 321 Maple Ridge, B.C. V2X 7G2 Canada

Shipping Included PayPal Accepted

Order Online

(Indicate size: S, M, L, XL, XXL) Men's and Women's Sizes available.

WWW.THCFARMER.COM

www.MichelleRainey.com

WE SET THE STANDARDS, OTHERS FOLLOW

YOUR CHANCE TO BUY RARE MARIJUANA SEEDS









Colombian Gold, Panama Red, Highland Nepalese, Vietnamese Black, Chocolate Thai, the exotic wacky weeds of yesteryear

Finally the myths and legends of the weed world have arrived in seed form for everyone to grow, smoke and enjoy!

Even better they are available worldwide & free seeds with every order!

So head to the place with the widest range of dank genetics, talk to the breeders who made them and grab a piece of a legend for yourself!

WORLDWIDE SHIP THE ORDER



TY PRESS RELEASE MEDIA RELEASE: October 3 2011

New Medical Cannabis Website Launched to Help Dipsensaries, Growers

CannCast.com Helps Get the Right Medicine to Patients

Berkeley, California, USA - For the last 10 years, Berkeley Patients Care Collective managers Erik Miller and David Bowers had been frustrated. There was no reliable way for their medical cannabis dispensary to regularly get the certain strains that their patients need. Waiting and wishing is sometimes all dispensary managers can do, while spending too much time with providers who don't have the strains or quality they want. Meanwhile, showing up and hoping their particular medicine is needed is too often a reality for providers. With no system available, these two industry pioneers decided to build it themselves. With their friend, product manager and web developer Dennis Park, they created an internet-based social solution that emphasizes efficiency, predictability and privacy. CannCast.com was born.

"There hasn't been a way until now to guarantee that certain strains which work well for patients would be available next month, or even next week." said Bowers.

"We know that greater predictability in what medicine becomes available, and when, ultimately benefits the patients," added Miller, "Particular strains are incredibly effective for certain ailments and needs."

CannCast.com is a private social network that facilitates meetings between medical cannabis providers and dispensaries based on specific strains. Dispensaries put up a list of requested strains. Providers post the strain type and quality level of their available excess medicine. Through simple search, activity feeds, and featured articles it allows easy dis-

covery of particular medications and CannCast users. Once contact is made, an appointment can be scheduled. Dispensaries get only what they want, providers find a home for what they have, and the end result is that patients have better access to their medicine.

"It is great to see innovations like this," said Don Duncan of Americans for Safe Access, "which create new ways for patients to find the medicine they need."

Miller and Bowers have dedicated themselves to a patient focused approach, with special emphasis on educating patients about the benefits of cannabis. They created CannCast as a 'freemium' model, so that the basic user can use the system at no cost. Their previous efforts include the popular cannabis collector cards, which debuted at the International Cannabis and Hemp Expo 2010 to a receptive audience. CannCast currently serves California, and will open in Colorado within the next few months.

For more information

Contact: Erik Miller or Dennis Park

Phone: 510-540-7878 Time: 12 noon to 6 pm, PST

Email: erik@canncast.com, dennis@canncast.com

www.canncast.com 🍨



Y PRESS RELEASE

MEDIA RELEASE: November 15, 2011

Medical Cannabis 30 Years Later: A Question?



n November 20, 1982 the US federal government sent a Florida citizen 300 cannabis cigarettes in a shiny tin can.

The US government, known the world over as a champion of preying on the sick with a weapon they call the war on drugs, continues to send the same man the same ration of cigarettes 29 years later.

This delivery of medicine is part of a "Compassionate" program that exists to study "new drugs", in this case, marijuana. Over that 29 year period the government has performed no such study.

Irvin Rosenfeld of Florida will begin his 30th year of smoking cannabis cigarettes on November 20, 2011 and he feels great.

"Having used cannabis for a serious illness for almost three decades puts me in the record books as the longest in-your-face proof that the medical cannabis policy in the US is illogical and mean," Irv spoke from his stock brokerage office where he is a senior vice president of investments.

"While smoking cannabis is derided by my federal government I have suffered no negative consequences from the experimentation, unobserved by them, that they have allowed me and three others to participate in," Irv added.

Irv and three other federal cannabis patients were medically examined by Patients Out of Time. The non-profit assumed the responsible agency, NIDA, would never dare conduct such study fearing rightfully that the findings would likely be and were found to be very positive for all four patients.

Such a study is thought by Congress to have never been completed yet has been published in 2002 and can be found at www.medicalcannabis.com. It is known as "The Missoula Study."

"When the medical team finished their extensive three day long study of my health they declared me in excellent condition for my age and affliction. For the federal government to continually assert that there is no adequate science proving therapeutic value to cannabis is absurd. I stand as a living, breathing example of just how wrong they are and how disingenuous their statements about the medical utility of cannabis have become."

Irv continued, "I intend to live another 30 years and I hope to see all patients afforded the same health care option that my government affords me. Please excuse me it's time to take my medicine."

Irv is on the Board of Directors of Patients Out of Time, a 501c3 educational charity, as are the other three federally supplied cannabis patients.

A media conundrum continues on this issue. Is the US government telling us the truth when it continues to claim that marijuana is a dangerous drug and must be prohibited, or do we believe the tens of thousands of patients like Irv and his colleagues and the science that supports their lives – that is the question?

Contact Irv: 954-536-9011 or

Patients Out of Time: 434 263-4484 *

INTRODUCING A REVOLUTION IN PORTABLE VAPORIZERS



VAPORIZATION

The vaporization method involves the heating of herbs with hot air to specific temperatures. This allows the active ingredient to be released at a temperature below the combustion point, allowing pure vapour without any first hand or second hand smoke.

PRODUCT DETAILS

The Vapir NO2 is the next generation of portable vaporizers, utilizing a revolutionary stainless steel encased, pure brass heating element that delivers completely clean heat for a fresh and dense vapor! Hand held, portable, plug in, up to 1 hour on battery, extra batteries available, digital temperature control, everything you need.

FEATURES:

- * 1 year warranty standard
- Easy to use out of the box
- * Heats up fast!
- Internal re-chargeable battery (also has plug-in option)
- * Temperature memory to ensure consistent result * Temperature control within 2-5 degrees
- Simultaneously charges battery while vaporizi
- * Displays temperatures in Celsius and Fahrenheit
- * Compact and portable for usage on-the-go

KIT INCLUDES:

- * NO₂ Portable Vaporizer + Battery with power cord * X-Tip, Cleaning Brush, Tube Attachment
- * 2 Bamboo Cleaning Sticks, Loading Spoon * 2 Mesh Screens installed + 4 Additional Mesh Screens

ALSO AVAILABLE:

- * 20 pack screens
- extra batteries
- * external battery charger

Most compact portable vaporizers available on the market employ a heating system which is powered either directly by flame (usually using a lighter) or through a butane heating mechanism; vaporization is often inconsistent and flavor can be affected. With the clean flameless heat created by the NO2, customers can now enjoy the true flavor and essence of their favorite herbs.

The NO2's digital temperature control ensures consistent operation every time, all the time - providing the most effective heating environment for vaporizing herbs. This creates the perfect environment to produce the freshest and most flavorful vapor without any harmful smoke! Full temperature control means no guessing or hoping for the best. The NO2 is the real deal.

For more information call us at 1(866) 35-VAPOR or visit www.vaporizers.ca.

We'll help choose the right solution for you.



Da Buddha/SSV





HerbalAire 2.1

We also carry Volcano, Vapir Oxygen, Vapir One, V-Tower, Vapor Daddy Dlx, iolite, MagicFlight and more. Accessories and parts in stock.

Shipping from Ottawa, Canada \$5 within Canada | \$8 to the USA

Faster shipping options available. We accept: VISA / MC / AMEX / PayPal Interac Online / email money transfers

vaporizers.ca

1 (866) 35-VAPOR 1 (866) 358-2767

www.vaporizers.ca sales@vaporizers.ca



'm not sure I'll get the words just right, and you do not want me to sing, but it seems to me it went something like:

"Oh she wore, she wore a yellow ribbon, she wore it for her love who was far, far away. Oh she wore, she wore a yellow ribbon, she wore it in the winter and in the month of May. Oh she wore, she wore a yellow ribbon, she wore it for her love who was far, far away."

It's an old US Army, Calvary tune. The Calvary wore yellow bandanas whether they were white troops or buffalo soldiers. It meant something to them when their women wore yellow.

Times change but in the US I see yellow ribbons on trees in front of houses, in some small towns they hang from the street light poles or beneath our flag and the POW banner. The back of every other car sports a ribbon or two.

Does it mean anything? These yellow ribbons. Or is it just the latest politically correct symbol? My vote is being held on those questions.

I'm waiting to see what the White House of the United States does with a petition they have received from citizens of both the US and Canada that do care about vellow. The signers of the petition were not yellow, anything but. The spirit that moves them is the other yellow, the yellow that says I care. I really do care.

"And when I asked her why she wore the ribbon, she said she wore it for her love who was far, far away." Far away in danger or back at "home" she cared, she supported her troop.

The petition: "Allow United States disabled Veterans access to medical marijuana to treat their PTS(d)."

www.Veteransformedicalcannabis.org (VMCA) was the originator of the petition which was accessed on the White House web page. In a month VMCA easily met the 5,000 signature requirement that the White House says will give the petition a professional review and a published finding of white house action on the petition. I'm waiting. Seems simple enough. This country allows some Vets to have therapeutic cannabis. The feds issue cannabis to four Directors of Patients Out of Time. Why just them? Why not all disabled Vets? Why not all patients?

The President as I write just declared student loans in the US will play by new rules with the stroke of a pen. The VHA in July 2010 said cannabis is medicine (for some) with the stroke of a pen.

This past June when Delta and American airlines were found to be charging Vets for extra weight coming back from war the public uprising was immediate, dramatic. Delta and American became good citizens and dropped the charges that never should have been there at all.

Where is the uprising for proper medical care of the Vet with the extra weight? Not PC enough or is the yellow ribbon on the bumper indicative, of a different yellow? The color that's afraid. Cowardly? I did my bit, I put a sticker on my car!

The definition of a petition is that it is a supplication, a prayer, a written plea legally.

I would hope the White House leadership understands

Vets I know use cannabis for pain from wounds that shattered bones, incinerated flesh, removed parts of their bodies by ripping them off. I know Vets that use it for phantom pain. The leg they don't have hurts like hell. Vets use cannabis to quit drinking alcohol and taking harder drugs.



They use it to sleep. Sleep, try living without it or waking every night, every hour of every night, with a horror story going off in your head. I have seen Vets with TBI use cannabis and how quickly and positively it affects them. It makes you forget some things that PTS wants you to remember.

that this petition does not meet that definition. This petition is a demand. A demand, made by my signature and those Vets who signed with me, that our Veteran brothers and sisters have access to medical cannabis - very quickly.

In 16 states and DC Veterans are treated with dignity if they choose to use cannabis medically. This is true of the private medical community of MD's and RN's and in the Veterans Administration facilities.

Vets I know use cannabis for pain from wounds that shattered bones, incinerated flesh, removed parts of their bodies by ripping them off. I know Vets that use it for phantom pain. The leg they don't have hurts like hell. Vets use cannabis to quit drinking alcohol and taking harder drugs. They use it to sleep, Sleep, try living without it or waking every night, every hour of every night, with a horror story going off in your head. I have seen Vets with TBI use cannabis and how quickly and positively it affects them. It makes you forget some things that PTS wants you to remember.

What's wrong with any of that?

Whether any of us like it or not these men and women have done what they were asked to do. I had the privilege of being responsible for the logistic support of many combat troops of the Navy, Marines and Coast Guard in Vietnam. The men I served with were the best definition of "man" I've ever witnessed. When they came home, when I came home, the country left us to flounder, to hurt, to feel unwanted, to die. In 1989 when I became a combat counselor for Nam Vets more had died by suicide than in the war. That was 22 years ago. That shall not happen again.

Not even a fucking parade?

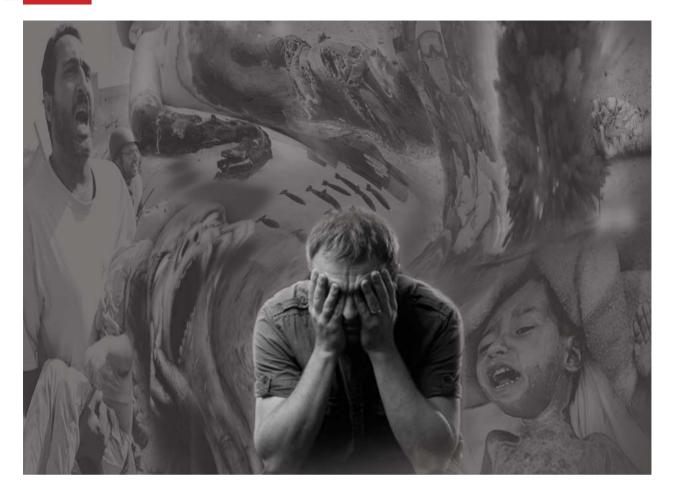
So this petition is a demand. At least it is my demand. My name is Al Byrne, I'm a Veteran and I demand Veterans be allowed the option of medical cannabis under the supervision of health care professionals.

And it does not, should not, can not matter where the Vet lives. If there are 16 states that allow Vets to use cannabis, even under Veteran Administration facility care, that means there are 34 states plus territories, that do not allow therapeutic cannabis protocols.

This is a new, never tried before, medical experiment that does not meet anybody's ethical definition of proper medical care. No double blind stuff needed. No historical precedent I can find in human history except in concentration camps and such places. The real bummer is that this new treatment protocol, I call it "Treatment By Geography" has Vets as guinea pigs. I'd really rather use the pigs.

My friend Brian lives in Hawaii. He's an Air Force Vet. For over 20 years he was denied care in VA hospitals because he used cannabis medically. He called a while back to thank me for my small role in getting Vets cannabis use approval in VA facilities in those 16 states including HI and by extension to him. I appreciated the call. Where I live I'm not appreciated at all.

I live in Virginia where our Army Veteran governor continues to fund Swat teams, black helicopters, hundreds of cops with millions of dollars hunting cannabis plants each year. This summer they caught my neighbor, a two tour Iraq Vet, Marine, 100% disabled, with 3 plants in his garden which the state police stole. One of the troopers that



harassed his young wife, while their cars idled, air conditioners running for a couple of hours, to make sure their cars stayed cool (just like them?) was an Iraq Vet.

In Virginia and another 33 states I am treated as a criminal for the therapeutic use of cannabis. My detractors, monolithic in their mantra of disingenuous prattle about medical "marijuana" ask time and again why they should believe my entreaty, my plea, my demand for medicine of my choosing. The answer is plain enough and well said by a Nam brother of mine from NC, Perry Parks, a retired Army Warrant officer, standing in the uniform he wore proudly for over 30 years, who answered a snarly Senator, "you should believe me because I said so!" What more does he have to prove Senator?

We know that cannabis is now accepted medicine in 23 countries, that huge pharmaceutical firms like Bayer and Novartis are distributing whole cannabis extracts called Sativex. We know that the guy running the federal US cannabis farm has a patent on cannabis suppositories and the feds themselves hold two patents on cannabis used medically. The largest hospital group in the US, the Veterans Health Administration has written that cannabis is medicine (1) and partially allows it's medical use. Allies, Canada, Czechoslovakia, and Israel use

cannabis for their Veterans as a primary aid.

By the years end President Obama will have removed all but Embassy Marines from Iraq. In Afghanistan "they will soldier on." I learned yesterday that a soldier died just this week- on his fourteenth tour. 14!

I only did one combat tour and that was enough for me or any troop. 3, 5, 14? What can that be like?

I do not have the arrogance, the mendacity to deny men and women anything that could help them after such service. Others do. I'm a Nam Vet and a Vet counselor. and an advocate for Vets and I'm convinced such ignorance is alive and well. What else could sponsor such a program as medical treatment by geography but ignorance, arrogance and a dead soul.

I want all of you to rise to this petition wherever you live, whatever your states law and DEMAND an end to the US official policy of Veteran mistreatment for injury while in the service of country. Do it, damm it!

"She wore the yellow ribbon in her hair for her love who was far, far away. Far, far away"

It meant something then.



Do You Need Access to Therapeutic Cannabis?

WE CAN HELP!

Our Patients Have Access to the Highest Quality Therapeutic Cannabis

MedCannAccess services are for people with Cancer ** Spinal Cord Injury ** Spinal Cord Disease AIDS/HIV+ ** Arthritis ** Multiple Sclerosis or any other condition helped by cannabis

416-253-1021 ph 416-253-1428 fax

TO ACCESS OUR SERVICES WE REQUIRE A CONFIRMED STATEMENT OF DIAGNOSIS FROM A CANADIAN PHYSICIAN

www.MedCannAccess.ca



Medical Marijuana of America

ONLINE DIRECTORY

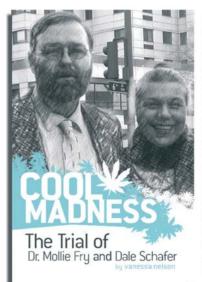
Search by Zip Code

Locate Medical
Cannabis Professionals and
Service Providers

Ratings & Reviews

Add and Manage Your Own Listings

MedicalMarijuanaOfAmerica.com



is the riveting true story of a medical marijuana doctor undergoing a federal trial for the first time in history. The main character of Cool Madness is Dr. Marion "Mollie" Fry, a cancer survivor who learned about the benefits of medical marijuana while enduring chemotherapy and a double mastectomy. After recovering, Dr. Fry set up a practice in the small northern California town of Cool and began recommending medical marijuana to her patients in accordance with state law. However, California's medical marijuana laws are not recognized by the federal government, and this legal conflict put Dr. Fry's activities under the scrutiny of authorities. Law enforcement surveillance on her home led to a raid that netted a meager 34-plant garden in September 2001.

COOL MADNESS, The Trial of Dr. Mollie Fry and Dale Schafer is the riveting true story of a

BOOKS BY VANESSA NELSON

In 2003 former "High Times" columnist Ed Rosenthal was convicted for growing and distributing medical marijuana, an activity legal under California law, but illegal under federal law. The jurors, who were prevented from hearing about California law, staged a revolt after learning that they had convicted a medical grower. Their public outrage matched the response of the activist community and pressured the judge into handing down a remarkably light sentence of just one day in jail, time Ed had already served. Coming 4 years after the original guilty verdict, the re-trial packs a heavier punch than ever before. During repeated outbursts in the courtroom, the loquacious defendant alternately ridicules his prosecutor and demands that his judge step down from the bench. The bombast becomes infectious, and soon everyone is speaking his mind in court, from outraged prospective jurors to righteous witnesses who refuse to testify. By the end, even the defense attorneys are threatened with jail time for c o n t e m p t.

www.MMAPUB.com





to See the Sick Having to Lead the Way...

ately I have been waking up and feeling irritated from the moment my eyes focus on the world. It is now getting to the point of Outrage. The state of things Mankind is capable of and what is really going on is more than concerning, and I am part of it!

I know there are always solutions to a problem if you are willing to deal with it and think out of the box. I have kids and I think of the future nowadays. I feel let down by law makers, the law, lawyers and legal red tape. I feel these people are seeing a parallel dimension to me. I really do not follow how their thinking allows human laws to act over the laws of Nature and Evolutionary changes? I feel certain they do not have the answers either but sells the concepts that cause delays until they can find temporary solutions. They are profiting from time, and that is something we do not have unlimited amounts of in a life!

I ask many of my co workers and members online to forums how they feel and what bothers them or makes them happy. I hear similar responses from all over the globe. So something is going on, that I am aware of, but since I only sense it and cannot really see it at present I feel agitated a little.

Currently and possibly due to the state of things on the globe with respect to humanity, we are seeing an evolution of thinking on the grounds of sympathetic use of Cannabis for medical patients, leading the force is the USA. Considering there are a lot more countries in the world than the USA, what do we do with the medical patients from those lands unfriendly to medicating with Cannabis? We wish for them to avoid infringing the laws of their land in search of relief without doing more than watching a plant grow?

We do have challenges ahead, no doubt! But with the terminally ill patients where pharmaceutical cures are causing no relief and even adverse effects as a result,

Cannabis is offering comfort and relief. So who in their right minds would object to these patients having relief and comfort in their State, especially when traditional medicines have ceased to have positive results? They are known as the modern day lepers. No professional is offering more than a band aid cure for a gapping open ulcer to this large group of patients! Many Doctors are visiting our websites nowadays and asking pertinent questions in private. They are making up their own minds but the definitive facts of Cannabis are growing and the length of time it has been in use in Humanity is by far a positive point when you evaluate most modern drugs have no more than 100 yrs of history.

No matter the moral reasons for each individual country having its attitude about certain drugs in the past, it is now a time for Cannabis to shine. People, who carry a medical condition that can be supported by a doctor's letter, should have a right to choose their medicament! I am not condoning any patient or person to infringe contemporary laws of their land, however it is time to prepare a way for other countries to follow a USA paradigm that is taking shape as we speak, and gaining a momentum that will one day reach a tipping point .

Why should anyone who is on borrowed time have to buy into legal delays that intentionally leave us all in limbo, if these laws are respect? I see it this way...if a patient who is terminally ill comes to me or my site and asks questions on how to grow, ready to buy a seed and go through all the cycle and trials and tribulations it will take to gain a finished product...rather than accept a doctor's prescription, then I am all ears, and will do all in my power to help them. Of course it is difficult to draw a line in the sand and argue where the point of medical use or recreational use is for any drug, but the fact remains high that any substance put in front of a population will always have some who misuse it while the majority uses it well.

Substantiating your medical or psychological condition

Outraged to See the Sick Having to Lead the Way...





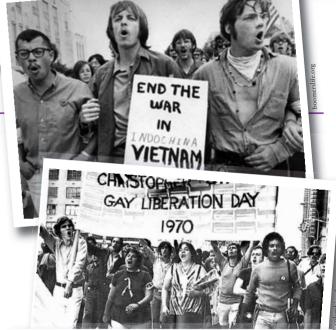


by way of a traditionally accepted doctor's letter would be already a good thing to possess if you come under the category of a user in a country who does not permit the use of Cannabis. Obviously discretional use in a private place and not open to the general public or in view of minors would be advisable and preferable. Setting a standard ourselves without having to be told how to act in our own area of expertise is the way to lead this push. Following mainly the guidelines for alcohol or tobacco would be best as these two topics have caused more revenue and more health issues for governments than probably all others put together.

Forming medical affiliations or clubs will be a great initial stage, and asking for help from existing medical clubs in the USA would be an obvious thing to do to begin the process. Approaching Doctors who will understand the issue on an individual level and write a recommendation to use Cannabis as an alternative would be an important step to secure for a medical organization. Online aid from a medical friendly community of like minded people would also be a great step in the right direction to legitimizing medical use. Power in numbers always is important when acting to change archaic rules and laws. It will be a very difficult decision for a judge to put a terminally ill patient behind bars for growing a plant and using it for his or her own styled treatment for the condition suffered!

To numb the Outrage of the Now, and find a livable solution to practicalities on a daily nature, we all need to change the way we view things. We should see a wider picture and then all realize we need to work together on the same side to make things better and more consistent for sufferers worldwide. We need the new jobs that this plant will supply as a result of its uses.

We need to get organized and equipped with the tools that rewrite the laws of a modern time. We need to collect data and test in laboratories so we can present our



case in science for evaluation. We are in this together whether we agree with other issues or not, so we must remain focused. The agitation I am feeling may also be the vibration and humming of impending change, and I am being impatient! So no matter what is installed for us all, we can choose to direct things if the passion and spirit is united. Health issues usually unite these two facets of human nature for a positive outcome. But remember every Mountain is climbed but one step at a time with harmony in the body and mind...the rest will follow.





NEW Official MNSpacket! and an online catalogue with loads of photos plus free helpdesk supporting all MNS growers... moderated by Shantibaba, Nevil and Howard Marks.

www.mrnice.nl

RooR

Help Put the Purity Back into the Pure Smoke Kulture



hen you hear the word "Roor", you probably associate it with one of the finest quality smoking or vaporizing products. People dream of owning one, discuss them like a fine wine and appreciate the excellent design and functionality of the range of pieces. A current Roor bong is the result of over twenty years of design to give optimal smoking pleasure. It has uniformity in the

quality of the product which remains a closely guarded secret, by a family owned business that is passionate about their glass. Roor's company objective is to create a "pure smoke kulture" which has become a thing of irony in recent times. Roor is now calling for your assistance as it is fighting back against the production and sale of counterfeit, poor quality glass, which is sold as a Roor

My friend and I were recently in a restaurant and he was wearing a Roor T-shirt. The waiter was thrilled and engaged us in a conversation about a recent purchase of Roor over the internet. He pulled out his cell phone and showed us a picture. Sadly, while it was obviously a fake Roor, this was a revelation to him. When the customer who wants to buy the best is continually swindled, **Martin Birzle**, the founder of Roor, realizes how unjust this is. Any business worth its salt recognizes and appreciates the power of a loyal following and tries their hardest to give them nothing but the best. At the end of the day, it is the customer that is being ripped off, swindled and crushed by counterfeit Roor products that are coming in from China. Now it's time that we all collectively fight back.

If you are thinking about purchasing a Roor product, this is what Martin Birzle suggests you do. First of all, go to **www.roor.de** and pull up the list of stores that have a formal agreement to sell the original Roor product. If a store claims to stock Roor and you are unsure, contact Martin directly though email, given on the website, to verify if their claims are legitimate.

Roor has also set up a new address called **stopfakes@roor.de**. Consumers are advised to use this address to help verify if a store is selling the real deal or report fakes. One way of doing this would be to try to take a dated photograph and submit it to Martin Birzle through this address. Any help would be appreciated and you could help put a stop to someone else getting ripped off

If a store is selling original Roors then you will find plenty of support and excellent customer service while making your purchase. The store should also stock a good range of products and the staff will be happy to explain the different attachments to better suit your needs. This is to be expected as Roor works closely with their retail stores and expect nothing but the finest customer service.

Roor has also set up a new address called stopfakes@roor.de. Consumers are advised to use this address to help verify if a store is selling the real deal or report fakes.

Since Roor became increasingly aware of the problem of counterfeits in the market, they have undertaken an investigation of a huge scale. This is well underway and substantial information is being gathered on a daily basis. They have hired a firm called Kestenberg Siegal Lipkus LLP which is a law firm that specializes in intellectual property, including trademark, enforcement. They have been educating both customs and police about the Roor product and counterfeit shipments, most of which appear to originate in China. They have been working extremely closely with trained private investigators as well as, in appropriate cases, with the Royal Canadian Mounted Police (R.C.M.P.) and the Toronto Police Service. It cannot be emphasized enough that the R.C.M.P. and the Toronto Police Service are extremely supportive of brands protecting their intellectual property and recognize the serious nature of fraud and selling counterfeits. They realize that this practice hurts the business, individual consumers, Roor's reputation and is highly unethical.

While this operation is currently taking place at ground level, the objective is to go beyond the stores, locate those who stock the stores and then over to those who are manufacturing the product in China. It should be stressed that Roor, together with their legal team will not stop until this has been done. They will continue to seek the assistance of law enforcement as well.

The investigation is centered on visiting the maximum number of stores in Canada. Their aim is not hurt the store owners if they comply and cease and desist in selling fake products. Once the counterfeit Roors have been identified by a representative from Roor, together with an enforcement team made up of representatives of kestenberg Siegal Lipkus LLP, its trained private investigators and a paid duty police officer, the store owners almost always fold. They then assist in the information gathering aspect and give the details of those providing the fake Roor stock. Roor is making significant progress in getting to the main sources and eliminating common thievery of customers like you. Both law enforcement and customs officials in Canada have been and continue to be aware of this project and it is in fact both a criminal and civil offence to sell Roor counterfeits in this country.

Roor has been further motivated by some great successes recently. As a direct result of this investigation, a major wholesale distributor has been shut down. In addition to this, both the R.C.M.P. and customs officials

at Canada Border Services Agency (CBSA) have stopped a shipment of more than twenty boxes of Roor counterfeits that were seized at the Port of Prince Rupert in B.C. Canada. This is just the beginning though and has simply added fuel to the fire. It does however give consumers optimism that this investigation is working and gathering momentum every day.

What further advice can Roor give you? Help stop the criminal, disrespectful, ripping off of the general consumer and be an educated buyer. Visit their website at www.Roor.de and read about their different products. Exact information regarding dimensions remain a closely guarded secret and must remain that way to guard against better counterfeits being made. Remember that Roor produces the highest grade of glass and while being a functional machine, prides itself on being a form of Art too. If your purchase comes in a box stamped with "made in China", be aware that you are buying a counterfeit. More importantly, work collectively with Roor and their legal team at trying to stamp out this criminal problem. Take notes, submit witnessed accounts together with photographed evidence and remember that there is no one as powerful as a loyal customer.

At the end of the day, Roor is a long established company that has built a reputation for excellent customer care and acknowledges that it wouldn't exist without you. Martin Birzle is committed to continuing this tradition and is passionate about repairing the damage that these fakes are causing people. He would like to give a heartfelt thank you to his loyal customers and pledge his commitment to protecting your interests in purchasing a piece of Roor glass. The Roor team are immensely grateful for any assistance given and empathize with those who have been conned. This provides them with more drive to stamp out this activity. In addition to this, they will continue to try to repair the damage done and deliver the finest customer service.

It's time to fight back and feel empowered in a time where being swindled by cheap copies is rampant. The Roor Company is calling for your help in order to protect consumers like yourselves to eliminate the problem of counterfeits. Your contribution and work at ground level could make a world of difference and is greatly appreciated by Roor. Never forget that customers hold the power through their decision to purchase a product. While Roor is committed to providing a "pure smoke kulture" you could be a vital component to making it more pure.

CYPRESS

"...our intention is
to provide you
avid smokers
with a new
refined method
and product
to better
your smoking
experience..."



www.roor.de

PURESMOKE KULTUЯE

reware that keine de De 20 18 ROOM® • Am Rosengarten 3 • 67227 Frankenthal/Germany

When Your Medicine is not Their Medicine:



Public Housing Crackdown in Medical Marijuana States

by Mary Lou Smart @ 2011

www.medicalcannabisart.com

The status of cannabis as a Schedule I drug under the Controlled Substances Act means much more than a prohibition on scientific research that would benefit millions of patients that rely on a safe, age-old remedy. What happens when a federal overlay of bureaucracy circumvents state law by weaving its way in through areas of low resistance is discrimination of the sick, disabled, elderly and incredibly disadvantaged that our laws were designed to protect.

Following federal interpretation of federal housing assistance, public housing agencies (PHAs) and privatelyowned properties receiving federal assistance throughout the United States are rapidly revamping policies to protect themselves.

In January 2011, the U.S. Department of Housing and Urban Development (HUD) issued a memo, Medical Use of Marijuana and Reasonable Accommodation in Federal Public and Assisted Housing, which addresses what is allowed under federal and state nondiscrimination laws. Reasonable accommodation is the key phrase as the mission of public housing is supposed to be fair housing. The memo first finds that owners of federallyassisted housing and PHAs not only have no obligation to house medical marijuana patients, they are not allowed to do so because there are no protections for people using illegal drugs under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA), and such accommodation is not considered reasonable under the Fair Housing Act. The first reference in this long-winded dissertation declares that "medical marijuana refers to marijuana authorized by state medical marijuana laws and the "use" of medical marijuana encompasses the use, unlawful possession, manufacture, and distribution of marijuana, as prohibited by the Controlled Substances Act (CSA)." The memo goes on to reviews state laws, mentioning narrow exemptions from prosecution under state law for qualifying patients, and reaffirming zero protection under federal law.

From the start, the memo makes it clear that nobody running a public housing operation can allow any applicant that admits to using medical marijuana to receive any kind of assistance or to move in.

The second part of the memo deals with the many medical marijuana patients already living in public housing. For this the memo refers to the Quality Housing and Work Responsibility Act of 1998 (QHWRA), another bureaucratic wonder that declared that PHAs and owners have the discretion to toss anyone whom they deem to be illegally using a controlled substance out of public housing.

When it comes to marijuana's strange placement with dangerous narcotics, a refresher is always in order. When the Controlled Substances Act was first passed in 1970, many legislators questioned why a harmless plant that had been used throughout history as medicine would be placed in Schedule 1 with dangerous drugs. They were assured that the placement was temporary, pending a Presidential investigation. A commission of four Congressmen and eight people appointed by President Richard Nixon, the National Commission on Marihuana and Drug Abuse, was given the job of studying marijuana abuse in the United States. Their 1972 report, named after the Commissions' Republican Chairman, former Pennsylvania Governor Richard Shafer, remarked on the medical benefit, and recommended that there should be no criminal penalties for medical marijuana use. In looking for any shred of abuse, the study concluded that "there is little proven danger of physical or psychological harm from the experimental or intermittent use of the natural preparations of cannabis." This is from Richard Nixon's hand-picked committee. The report was ignored. The legislators were duped. The harmless plant remained in Schedule 1. The hoax lives

Forty years later, another federal entity, the Veteran's Administration, is faced with an incredible problem that bureaucracy can no longer paper over. Thousands of veterans returning from 10 years of wars are treating themselves for a wide range of maladies, from post traumatic stress to pain, with marijuana. All sorts of meds being prescribed to these vets have toxic side effects, and chronic pain patients often turn to marijuana for the same reasons that the Shafer Report noted years ago; it is a safe bet, easy on the stomach and easy on the nerves. Many veterans from the Vietnam War and the Gulf War rely on cannabis. With a mandate of protecting veterans and following ethical standards in regards to medicine, the VA has issued more than one directive to protect veterans from being thrown out of VA pain-management programs for using medical marijuana in states with medical marijuana programs.

"I'd like to hear of anyone kicking a vet out of housing for using medical marijuana," said Michael Krawitz, director, Veterans for Medical Cannabis Access, www.veteransformedicalmarijuana.org.

"Getting the VA to fight HUD would be like getting someone's left eye to fight their right eye. It's an interesting little quandary that they've put themselves into."

Discrimination against persons with disabilities in public housing and federally-assisted housing is prohibited by Section 504 and the ADA, the memo notes before devoting the next few pages to explaining why federal nondiscrimination laws do not require PHAs and owners to allow marijuana use as a reasonable accommodation for disabilities. So while HUD claims to be continuing the work of the QHWRA by allowing discretion, it revels in the realm of the CSA, tossing the words *illegal drugs* and *illegal* this and *illegal* that around enough to scare the bejesus out of anyone who might be insane enough to invest in public housing.

It's almost like they've channeled the ghost of Harry J.



Anslinger, America's first Drug Czar, the man who was named the director of the Bureau of Narcotics in 1930, shrieking, "Marihuana is an addictive drug which produces in its users insanity, criminality, and death."

No surprise, but public housing authorities all over the United States responded immediately, using this "discretion" to modify their own documentation to protect themselves.

The Housing Authority of the City of Los Angeles (HACLA) is amending its 2011 Section 8 voucher administrative plan to clarify that medical marijuana users that are voucher program participants are subject to termination for violation of federal law, even through such use is legal in California. In June, tenants of REACH Community Development and Home Forward, two public-housing agencies in Oregon, were told that they cannot smoke medical marijuana in their apartments and houses. REACH, which has 6,200 public housing units, told tenants that they are not permitted to use any form of medical cannabis if they live in a federally-subsidized residence or if they receive a federally-funded Section 8 voucher. In Washington, the Vancouver Housing Authority (VHA) reworded its policy to state that not only would prospective tenants admitting to marijuana use be exempt, but used the HUD memo as justification to boot anyone who uses medical marijuana, stating in a resolution approved by the board that, "It would be inconsistent for VHA to adopt a policy to deny admission to, but allow continued participation by, medical marijuana users." How compassionate. In July, the Brewer, Maine housing authority's board of commissioners jumped on the band wagon when it voted to ban residents of any property owned or operated by the authority, including privately-owned communities that house Section 8 voucher recipients, from possessing or using marijuana for medicinal purposes.

Advocates, jaded by the non-stop assault from the feder-

al government in its fight to protect its gazillion-dollar turf, shrug their shoulders and admit that the HUD memo and subsequent discrimination of medical cannabis patients by PSAs is one more battle in an endless war.

"They are denying poor people access to medicine by saying that they can have housing but not medicine," said Krawitz. "This is just another brick in the road; the way that the federal government creeps in and keeps its Prohibition going."

Americans for Safe Access (ASA) is the largest national and member-based organization of patients, medical professionals, scientists and citizens promoting safe and legal access for therapeutic use and research. Kris Hermes, ASA's media specialist, tried to put a positive light on what he admitted is a discouraging trend of states backtracking without consideration of consequences. "While it actually gave instruction to local housing authorities to not require the accommodation of medical marijuana, it also gave them the discretion to tolerate it," he said. "I don't think that the federal government intended for the memo to be used in this way, as a method to crack down on patients in public housing. I've noticed that even though states may have passed laws prohibiting discrimination in housing, the federal memo seems to override those state laws. It's very disheartening because there really is no need for it."

Dan Riffle, a legislative analyst with Marijuana Policy Project, a national organization lobbying for reform, said that, "on any number of levels, the federal government needs to recognize the medical benefits of marijuana. It is the state agencies, or local entities or property owners that have it in their power to recognize that these are sick patients who need medical marijuana and should not be evicted just for using the medicine that their doctor recommends."

For more than 15 years, Patients Out of Time has been working with doctors, nurses and clinicians in addition to patients in pushing for reform. "The Department of Housing and Urban Development is a totally non-medical bureaucracy deciding that these people are not patients," said Al Byrne, co-founder of Patients Out of Time, former Naval officer, and former executive director of the National Organization for the Reform of Marijuana Laws (NORML). "These people that make these decisions are not trained as medical professionals, and so the whole thing is like a disaster of logic that has no medical validity, and yet it goes on as though it does."

Using the CSA as justification to deny housing to people that use cannabis as medicine is nothing new.

Carmenita Stevens (not her real name) needed emergency

shelter assistance a few years back. Breast cancer and a double mastectomy, prevented her from working. She was unable to pay her rent. A Maryland resident, she went in search of temporary aid to keep her home until she could get back on her feet. She was told that she needed to be homeless first.

"I needed about \$600 a month, temporarily, to stay in the home I'd been in for 12 years, but instead they required that I have no home," she said. "After an eviction process, they paid \$3,000 a month to put us up in a hotel."

They also required that she be drug free. She told them that she was a cannabis patient. She used the cannabis to restore her appetite following chemotherapy, for pain, and to avoid the side effects of prescription pain killers.

"The doctors had me on tons of opiates," she said. 'If I had continued on the pain regimen that they had me on, I wouldn't be talking to you."

Maryland does have a very weak medical marijuana law. In May, Governor O'Malley signed Senate Bill 308 into law. It improves upon the current Darrel Putnam Compassionate Use Act, which allowed for a medical necessity defense that could still result in a misdemeanor conviction and a \$100 fine. Although qualified patients can still be forced to pay a fine, the bill removed the misdemeanor conviction.

Stevens was always up front with her physicians. She let everyone know that she was medicating with cannabis. To get emergency assistance, she was told that she could not be using cannabis. She was drug tested.

"I put off applying because I needed my medicine, but I also needed housing," she said. "I put on the application that I was stopping cannabis under duress, against medical advice, in order for my son and I to have shelter. They didn't want me to put that, but I told them that I needed to because they were making me go against doctor's orders."

A very upbeat woman, she nevertheless found the urine testing to be humiliating.

"If I didn't go through what I went through, I would never have believed it," she said. "When they told me I needed to stop, I stopped, and my urine came clean within two weeks. That showed them that there was no addition. I said to the woman, "Let me see someone that's addicted to nicotine do that.""

While she's no longer in the \$3,000-a-month emergency shelter / hotel room, she still receives a voucher for public housing. Maryland's Housing Opportunities Commission offers assistance for low- and moderate-income families and individuals. Two years after she was required to go off of cannabis and begin urine testing for housing, her cancer returned. She underwent radiation, which left her with partial paralysis. She needed the cannabis to deal with the pain.

She eventually went to a doctor for a prescription for Marinol, a synthetic THC that has been given the lenient Schedule 3 status because a drug company sells it. With Marinol in her repertoire, she was able to smoke again without fear of THC showing up in a drug test.

"Not even a urine test would reveal the difference between cannabis and the prescription Marinol, and so I started medicating myself again," she said. "The pain is never where it would be if not for cannabis. And after all I've gone through, I'd probably be on a whole bunch of antidepressants or in somebody's mental institution if it were not for the cannabis."

A religious woman, Stevens is also considered an ideal tenant, "When they want to show an apartment they come to mine," she said. "The maintenance people might know, but they are cool. I pray that management never notices."

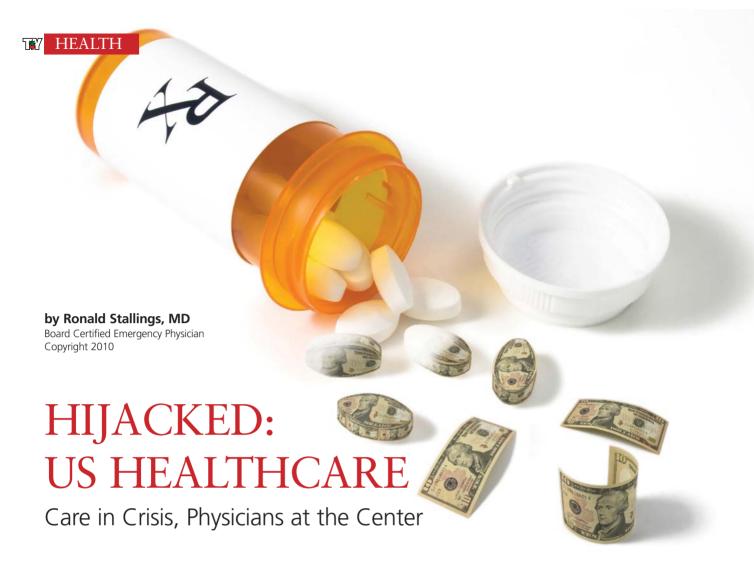
The irony that housing for the disadvantaged might be denied to a sick woman because her medicine is not the chosen medicine is not one that escapes Carmenita Stevens.

"Other people are not told what medication they can and cannot use," she said. "That's like saying to a diabetic, "Well, we'll house you, but if you use insulin, I'm sorry, but we can't help you.""

The incongruity is not lost on anyone. There is a clear consensus of Americans who believe that the United States' War on Drugs is an expensive failure of epic proportions.

"The federal government is always talking about trying to help people have access to medicine, and helping improve their conditions," said Krawitz, adding, "but here they are preying upon poor people that are in their care by denying them that medicine."





A Babe in the Woods

y patients that night, a group of young accident victims with head and neck fractures, had made my 24 hour ER shift especially exhausting. The early morning drive east along the Columbia River from the Oregon coast was lulling me to sleep. It is a beautiful drive, but the beauty is repetitive, and that morning it was blurring in and out of focus. My eyelids lifted and fell like lead.

The endless forms that I'd had to fill out that night on each of the patients had taken their toll, too. The forms are designed to facilitate patient evaluation, but I think they are really designed to squeeze the maximum billing out of each patient visit.

As I drove along, the next choice I made changed my life forever. I decided to fight off sleep by listening to a medical education tape series that I subscribe to. Barely able to focus, I snapped the tape into the player. The voice said,

The former editor of the New England Journal of Medicine states that it is no longer possible to believe most of clinical research published, or rely upon the judgment of trusted physicians or authoritative medical guidelines. The FDA, as of twelve years ago, is entirely funded by the pharmaceutical companies.

My eyes popped wide open. The speaker had my full attention. I suddenly knew that what he was telling me was the real reason behind my sabbatical leave the year before. And I thought about my present work place. The one and only meeting that I was ever asked to attend at that hospital was a marketing session. How could this be? How could the field of medicine I had dedicated 25 years of my life to have taken such a drastic wrong turn? How had the forces of self interest turned a once ethical institution into an establishment that places profits over people? Like a raging flood down the Columbia River, I felt a rush of memories—the irritants, the contradictions, the corruption I'd seen first-hand--it all poured over me.

American Medical Care has been hijacked by a variety of corporate, financial and pharmaceutical interests in a way that few fully understand. For the most part, American Medical Care no longer serves the patient. And, most sickening of all, physicians are often the willing instruments of that system. That day I also wondered if the medical use of marijuana, which I had been ambivalent about, could possibly be part of the solution for medical care in the U.S. And I wondered if it also might save me from the guilt and outrage I was feeling?

Two years have passed since that pivotal day. I have read books and articles, talked with people here and in other countries. In the U.S., it seems that the hijacking is just about complete. It will take persistent hard work over a long period of time to turn this situation around and I want to begin by telling you about what I have learned.

Not Your Parents' History Lesson: A Short History of Drugs and Supplements

Many of the wonder drugs that transformed human health during the last hundred years are natural substances that have been in use for centuries. Penicillin, for example, was used by South American indigenous physicians some 800 years ago. Greenwald, Blackman, Dowell, Pascual, and Woodbury in their 1998 Time article, "Herbal Healing," reviewed some history,

Ephedra, the main ingredient of some over-the-counter asthma treatments, has relieved breathing problems in China for 5,000 years. An estimated 25% of all modern pharmaceutical drugs are derived from herbs, including aspirin (from white willow bark), the heart medication digitalis (foxglove), and the cancer treatment Taxol (Pacific yew tree). There might have been no sexual revolution without the birth-control pill, derived from a Mexican yam.

Studies have shown that wine, which has been available to many cultures throughout the centuries, is a major factor in the reduction of cardiovascular disease and longevity.

U.S. Doctors more commonly prescribed medicinal herbs before World War II and before the advent of wonder drugs like penicillin (Greenwald, et. al., 1998).

Also, less parochial minded individuals are turning to cannabis, which has been shown to be scientifically effective and has been used for thousands of years for a myriad of illnesses.

All of the alternative medications are popular, in part, because they are usually cheaper than prescription medications (Yan, 2009).

Linda Marsa, in her book Prescription for Profits notes that most of the reasons for the improved health of the world, in developed countries where infections had not been a major factor in morbidity and mortality, can be attributed to better sanitation of water and food as well as improved safety conditions at work and elsewhere.

It is, she says, "...impossible to overstate the importance of the discovery of penicillin...Common potentially deadly illnesses, after penicillin came on the scene, became relatively minor ailments. And the unprecedented collaboration between government and industry to mass-produce penicillin was a spectacular demonstration of what a well-financed, cooperative research effort could accomplish." (Marsa, 1997, p. 22)

Bacterial and parasitic diseases are the second leading cause of death worldwide. According to a report on antibiotic research released in 2009 by the London School of Economics and Political Science, 175,000 deaths are attributed to hospital-acquired infections each year in Europe alone (Harrell, 2009).

Despite the importance of effective antibiotics, the number of different antibiotics available to treat infections when they do occur is dwindling because pharmaceutical companies have neglected to invest in the development of new types of drugs (Harrell, 2009).

It is true in general that the development of any new drugs is declining sharply because the big money is to be made in lifestyle drugs and making small changes in existing drugs to seek approval to market them for treatment of other conditions.

My own trips to Central and South America have helped me understand the reasons that microbes have mutated and why we are losing the battle against them, with little help from the pharmaceutical industry. In many countries a person does not need a physician's prescription to buy an antibiotic. Patients who are experiencing flu-like symptoms will, at the encouragement of their pharmacist, self-medicate for a viral or other illness for which antibiotics are completely ineffective. This, of course, ruins the effectiveness of an antibiotic when it is needed to treat an infection. I contend that doctors and pharmacists, almost single handedly, are responsible for an infection epidemic that is sweeping the nation: MRSA [Methicillin-resistant Staphylococcus aureus]. MRSA is a potentially lethal disease caused by an over prescription of antibiotics, usually for viral illnesses for which there is no cure.

Laura Blue, in an October 17, 2008 Time Magazine article discussing MRSA, noted that, "The last two decades of the 20th century saw nearly zero progress, and in those years several disease-causing bacteria evolved resistance to commonly used drugs. Researchers at the Centers for Disease Control and Prevention found that more than 40% of staph infections in the U.S in 2006 were MRSA-- a bug that now kills more Americans a year than AIDS."

There are several reasons why it's not cost-effective for

pharmaceutical companies to invest in antibiotic research, according to a London School of Economics report cited by Eben Harrell's 2009 article in Time, "The Desperate Need for New Antibiotics." Here are the reasons.

"The course of antibiotic treatment is typically short because the drug helps patients get better quickly.

"Doctors tend to write fewer prescriptions for an effective antibiotic so that their patients will be less likely to develop resistance to the drug.

"And then, when resistance to a certain antibiotic inevitably develops, the drug becomes obsolete."

And, as we know, if it is not profitable, industry won't invest research dollars.

Underlying the criticisms is the understanding that products like Clarinex, Crestor, and Botox waste resources, keep drug spending high, and distract the industry from doing really important work....all the brainpower that is devoted to tweaking Claritin (to keep the patent going) or developing Botox and other "Lifestyle drugs" could have been used to cure cancer (and AIDS) (Hawthorne, 2005, p. 277).

Or, of course, developing new antibiotics.

How did we get to a point where drug companies are manipulating our healthcare system for their own profits? How did we get to a point where government agencies support the interests of Wall Street and Big Pharma and leave the rest of us with the world's most costly (2.3 trillion dollar a year) sick-care system that rewards us with a life expectancy that ranks 42nd in the world and is, by all accounts, broken? I will relay to you what I have found.

The Problem: Pharmaceutical Companies

Our Expense and Their Profits

Americans now spend a staggering \$420 billion a year on prescription drugs, and that figure is growing by about 12 percent a year. When considering Pharma profits, as Dr. Marcia Angell writes in her 2004 book, *The Truth About the Drug Companies*, it is useful to note that "...the median net return for all other industries in the Fortune 500 is only 3.3 percent of sales, while Pharma has netted a whopping 18.5 percent. With the collapse of Lehman Brothers as well as many other commercial banks, the banks' financial records have come under intense scrutiny. Evidence shows, according to Dr. Angell, that "...commercial banking, itself no slouch as a well-connected and aggressive industry, runs a distant second at 13.5 percent." (Angell, 2004, p. 11) In Jacky Law's *Big Pharma*, 2006, the author notes,

Consider the world's top players. Just ten drugs earned no less than \$48.3 billion in 2003. Each of these products on its own represents more income than most companies see in a lifetime. Leading the table was Pfizer's Lipitor which earned \$10.3 billion, followed by another cholesterol reducing drug, Merck's Zocor, which had sales of \$6.1 billion (Law, 2006, p.8).

How did they do it? According to Dr. Angell,

Before its patent ran out...the price of Schering Plough's top selling allergy pill, Claritin, was raised thirteen times over five years, for a cumulative increase of more that 50 percent, over four times the rate of general inflation (Angell, 2005, p. xii).

In 2001 the ten American drug companies in the Fortune 500 list... ranked far above all other American industries in average net return, whether as a percentage of sales (18.5%), of assets (16.3%), or of shareholders' equity (33.2%). These are astonishing margins (Angell, 20005, p. 11).

Drug Industry's Fiction that Research is their Biggest Expense

As Dr. Angell tell us,

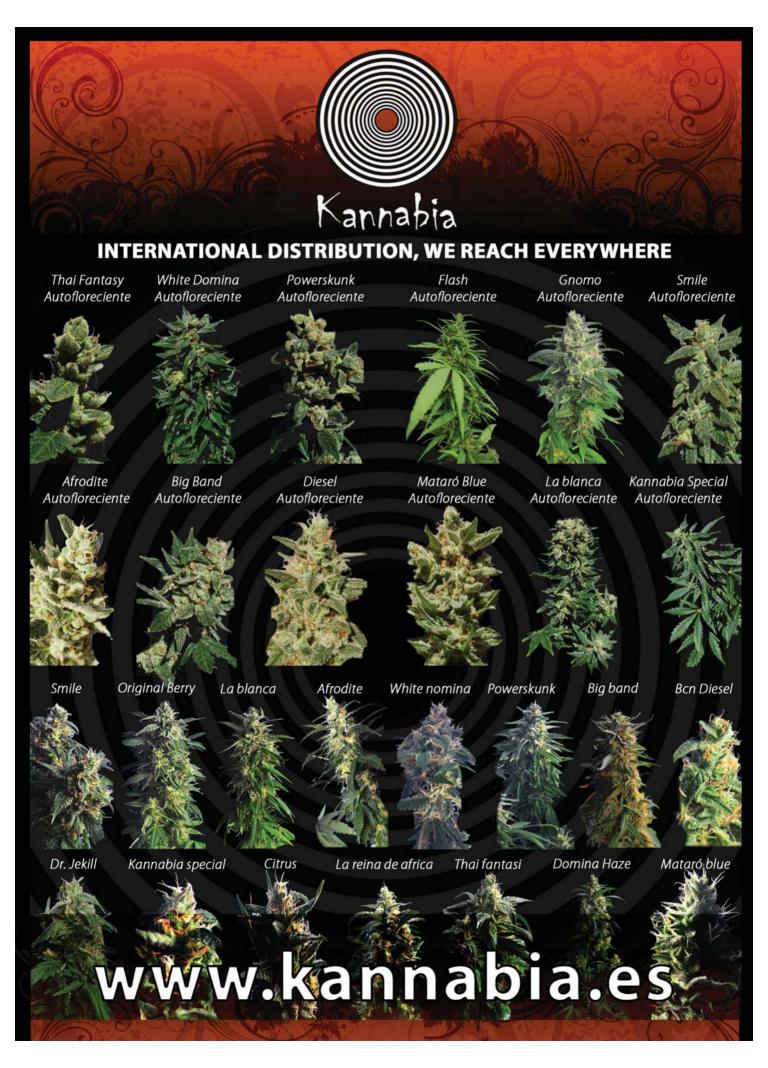
Big Pharma often claims that it spends more money on research than on marketing, a claim that is easily shown to be untrue. According to the SEC and shareholder reports for 2001, the biggest drug companies spent, on the average, 35 percent of their revenues on marketing and administration. That is, approximately 19 billion dollars, but the figure leaves another 35 billion in expenses unaccounted for by Research and Development or other costs (Angell, 2005, p. 136).

I imagine that the other 35 billion in expenses are used for the gray area marketing activities which drug companies call "education," which include seminars for physicians and presentations at medical conferences.

Ilaria Passarani, health policy officer at the European consumer organization BEUC, commented,

"These major drug companies should be focusing on innovative medicines, but this report says they actually spend 23% of turnover on marketing and promotional activities, a third more than the 17% they spend on research and development" (Cendrowicz, Time, Nov. 28, 2008).

As an example of the global reach of pharmaceutical advertising, when I was in east Africa in 1998, in a very remote area of Kenya, I was approached by two young men. They were the picture of health and they had only two questions for me. "Do you know Mike Tyson?" and "How can we get some Viagra?"



The Inflated Cost of US Drugs

Because of the influence of the pharmaceutical industry on government, inflated drug prices have burdened U.S. patients and taxpayers with unnecessarily high costs for years. Although it is against the law, people have found a solution in buying drugs from Canada,

...where government regulation kept prices some 70 percent lower than in the United States (Hawthorne, 2005, p.163).

So how is the American consumer grappling with the cost? As Dr. Angell notes, "They (low-income patients) may trade off drugs against home heating or food. Some people try to string out their drugs by taking them less often than prescribed, or sharing with a spouse...Not only do these low-income patients go without needed treatment but their doctors sometimes wrongly conclude that the drugs they prescribed didn't work and prescribe yet others." (Angell, 2005, p xii)

Boosting Profits by Prescribing for Lifestyle Benefits

Cialis is the third of the highly advertised impotence drugs, approved in November 2003. When Pfizer launched Viagra in 1998 it insisted that the drug was aimed at older men suffering from a diagnosed medical condition called erectile dysfunction. But as the ads with beautiful blondes and hulking sports stars made clear, that strategy was quickly abandoned, and now all three brands are basically pitched to younger men like expensive sex toys. Indeed, the fastest-growing group of Viagra users from 1998 to 2002 were men aged 18 to 45 according to a survey by the pharmacy benefits manager Express Scripts, Inc. (Hawthorne, 2005, p.276).

Neglecting Urgent Human Needs to Pursue Profit

I and many of my colleagues believe that development of lifestyle drugs drains the resources of the industry when those same resources would be better suited to research on HIV/AIDS and other life threatening disorders.

In 2004, the total number of new active substances approved for use by the FDA had dwindled to a new low of just 23, down from 31 recorded in 2003, and 29 in 2002. Of those 23 new pharmaceuticals, says Ian Lloyd, Managing Editor of the Global Pharma Research Database, only four can be described as significant therapeutic advances (Law, 2006, p. 10).

The development of new antibiotics appears to take a back seat to high profits that pharmaceutical companies find in lifestyle drugs such as cholesterol-lowering drugs, Viagra, Propecia, etc. (Harrell, 2009).

Designing New Conditions and New Drugs to Treat Them

Jacky Law, in her 2006 book Big Pharma, described how Irritable Bowel Syndrome, as well as other diseases, was a disorder fostered by pharmaceutical companies to sell their drugs. "Their marketing machine is very methodical: The first step of the strategy was to set up an advisory board with one key opinion leader from each state of Australia. The job of this doctor would be to provide advice to the corporate sponsors of current opinion in gastroenterology and on 'opportunities for shaping it'. Further work included developing 'best practice guidelines' for diagnosing and managing IBS." (Law, 2006, p.

Law goes on to explain how osteoporosis [in addition to such conditions as Attention Deficit Hyperactivity Disorder (ADHD), Restless Leg Syndrome (RLS), and Fibromyalgia (FM)], is a classic example of how corporations have changed the way populations think about disease, in this case about bone loss. In the case of osteoporosis treatments, you have to take the costly drugs for several years to show the slightest drop in risk. Also the risk is not equal across racial lines. For instance black people are less like to develop osteoporosis than whites though it is marketed to African Americans equally (Law, 2006, p. 59).

The Invention of Pre-Hypertension and **Pre-Diabetes**

Disorders have been reclassified in order to develop a great number of patients. A good example of this redefinition has taken place with anti-hypertension medications. According to Dr. Angell, "High blood pressure was defined for many years as BP above 140/90. An expert panel then introduced something called pre-hypertension in 2003, which is between 120/80 and 140/90. Overnight, people with blood pressures in this range found they had a medical condition." (Law, 2006, p. 48).

I have seen the same use of bogus science and playing fast and loose with diabetes. I have an aunt who is in her late 70's. I told her that her blood sugar of 120, which without medication has never gone higher than 130, is not diabetes like her MD stated. Nevertheless, because she trusts her physician, in her mind it just has to be so, regardless of the textbooks and reference material that I sent her and my encouragement to get a second opinion.

Corporate Strategies to Promote New Medical Conditions

In many cases, the formula is the same. Groups and/or organizations are orchestrated, funded, and facilitated by corporate interests, often via their PR and marketing infrastructure. A key strategy of the organizations is to target the news media with stories designed to create fears about the condition or disease and draw attention to the latest treatment. The media is a poster child for this use of the "stay tuned for the film or story at 11:00" style of journalism.

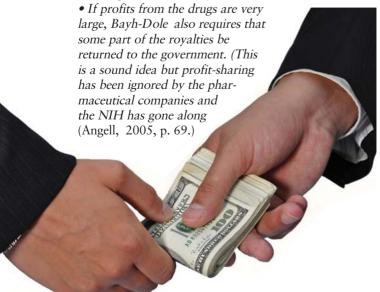
Company-sponsored advisory boards supply the "independent experts" for these stories, consumer groups provide the "victims", and PR companies supply media outlets with the positive spin about the latest breakthrough medications (Law, 2006, p. 52).

The Unholy Partnership between Congress and Big Pharma--Good Intentions Gone Wild

In 1980, Senators Birch Bayh and Bob Dole teamed up to sponsor a bill that would give companies exclusive licensing rights to discoveries arising from federally funded research and would encourage academic scientists to seek commercial applications for their work. Although it accelerated the process of commercializing inventions developed within universities and government, one effect of the bill was to decrease the crucial element of sharing information among scientists (Marshall, 1996, p. 1359).

The Bayh-Dole Act and, also in 1980, the Stevenson-Wydler Act allowed the NIH to specify that certain taxpayer-supported work in medical schools, teaching hospitals, and small biotech companies will not be patented but will remain in the public domain. Bayh-Dole makes the following requirements:

- Work licensed to drug companies must be "available to the public on reasonable terms."
- Work patented and licensed under the terms of Bayh-Dole must be reported to the National Institutes of Health (NIH) so that the NIH can keep track of drugs that originate in that way.



The result of the Bayh-Dole Act is that drug companies no longer have to rely on their own research for new drugs, and few of the large ones do. Increasingly, they rely on academia, small bio tech start-up companies, and the NIH, for the discovery of new drugs. At least a third of the drugs marketed by the major drug companies are now licensed from universities or small biotech companies, and these tend to be the most innovative new discoveries (Angell, 2005, p. 8).

The HIV/AIDS drug AZT, for example, is a good illustration of Bayh-Dole in action. AZT (Zidovudine) was the first drug on the market to treat HIV/AIDS. Sold under the brand name Retrovirus, it was originally manufactured by the drug company Burroughs Wellcome, then by the much larger British firm GlaxoSmithKline. The profits went at first to Burroughs Wellcome and then to GlaxoSmithKline, but the research and most of the development was done in government and university laboratories (Angell, 2005, p. 24)

To benefit from taxpayer-funded scientific research, many international pharmaceutical companies are locating their facilities near MIT (Angell, 2005, p. 13).

European companies, too, are now locating their research and development operations in the United States. They claim it is because we don't regulate drug prices, but more likely it is because they want to feed on the research output of American universities and the NIH. In other words, it's not private enterprise that draws them here but the very opposite---publicly sponsored research enterprise (Angell, 2005, p.xvii).

Of the seven innovative drugs approved in 2002, only three came from members of the Pharmaceutical Research Manufacturers of America (PhRMA). ...Nothing from any major American drug company. (Angell, 2005, pp. 55-56).

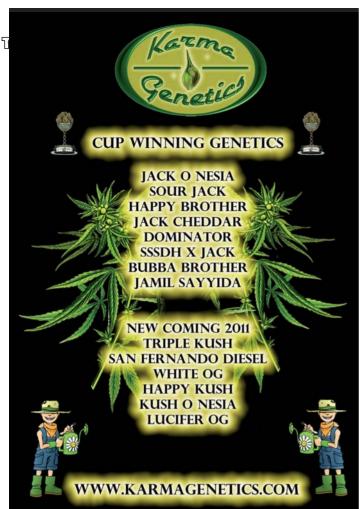
And the research was all paid for by the taxpayer-funded

Now primarily a marketing machine to sell drugs of dubious benefit, the drug industry uses its wealth and power to co-opt every institution that might stand in its way, including the US Congress, the Food and Drug Administration, academic medical centers, and the medical profession itself. Most of its marketing efforts are focused on influencing doctors, since they must write the prescriptions (Angell, 2005, p. xviii).

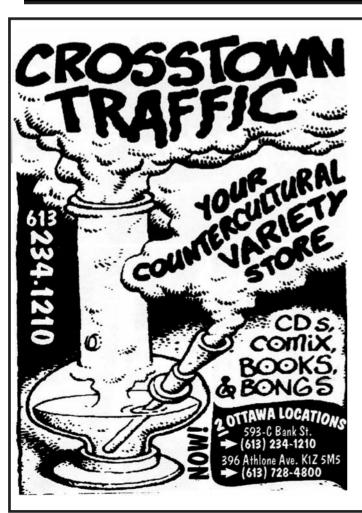
How the Industry Addresses Drug Safety Problems

The Problem with Avandia

For the 200 million diabetics worldwide, the past few years have brought some disturbing findings about risks









that may be associated with certain diabetes drugs. Recent concerns that Avandia might cause cardiovascular problems, for example, have led some experts to call for it to be pulled from the market, although it remains available today (Payne, 2009).

Some studies link Avandia to increased cardiovascular risks such as heart attack and death, a serious concern considering that people with diabetes face two to four times the risk of cardiovascular disease compared with the general public. A 2007 meta-analysis published in the The New England Journal of Medicine found that people taking Avandia had a higher risk of heart attack and death from cardiovascular causes. More recently, a study published in the Archives of Internal Medicine, found that the risk of death and heart failure for older people with diabetes seems to be greater in those taking Avandia than those taking Actos, another medication in the same Nevertheless. the studv funded class. GlaxoSmithKline, nicknamed the RECORD trial, found that taking Avandia did not seem to increase the risk of heart attack or death (Payne, 2009).

The FDA says that it will require GlaxoSmithKline to conduct a cardiovascular outcome trial on Avandia to provide a definitive answer to the question of Avandia and an unacceptable risk of cardiovascular disease (Payne, 2009).

Speaking on the subject of Avandia, Sidney Wolfe, editor of worstpills.org and Director of Health Research Group at the nonprofit Public Citizen reminds us, "Any drug that is worth anything needs to decrease the risk of cardiovascular disease." (Payne, 2009)

As a physician, my distrust of studies sponsored by the manufacturer of the product being studied is well founded. Again and again the industry has manipulated studies. The evidence is clear.

How the Industry Ignores Cheap but Effective Drugs

High Blood Pressure Treatments

A major study, the ALLHAT Antihypertensive Trial, reported in the Journal of the American Medical Association 2002, demonstrated that a common water pill was just as effective for lowering blood pressure and actually better for preventing some of the devastating complications of high blood pressure, mainly heart disease and strokes, than blood pressure medications promoted by the drug companies. The Director of the National Heart, Lung, and Blood Institute was unequivocal in his conclusion. "ALLHAT shows that diuretics are the best choice to treat hypertension, both medically and economically." (Angell, 2005, p. 96)

At that time, Norvasc, a product of Pfizer, Inc., was the



most heavily advertised drug in The New England Journal of Medicine. Not surprisingly, there were no advertisements for the common water pill. As a result, of the top fifty drugs used by senior citizens in 2001, Norvasc was the second most commonly used and diuretics like the one that proved superior in ALLHAT appeared nowhere on that list (Angell, 2005, p. 97).

How the Industry Tests the Effectiveness of New Drugs

Drug companies can't market a new drug until they have carried out a clinical trial to show that the drug is safe and effective compared to a sugar pill. That, however, raises another problem. Can we believe in the accuracy of those trials? After all, that crucial last stage of research and development is usually sponsored by the company that makes the drug, even if the early research was done elsewhere. Is there some way that companies are able to rig clinical trials to make their drugs look better than they are? Unfortunately, the answer is yes. Trials can be rigged in dozens of ways, and it happens all the time (Angell, 2005, p. 95).

Doctors rely for their information on medical journals, textbooks, seminars, medical education courses, and, unfortunately, drug company marketing. Textbooks and the beliefs of so-called "Thought Leaders" are no better than the evidence on which they are based, and that evidence, in most cases, comes from research reports in medical journals, so it is crucial that those reports be unbiased. Increasingly, clinical research on drugs is sponsored by the companies that manufacture them.

The Industry's Efforts to Build **New Markets for Existing Drugs**

The drug industry works in various ways to raise profits without making any useful scientific contribution. They test uses of existing drugs to be used for other conditions so that they can expand the market for approved drugs. And they package new disease "conditions" that can be treated with existing drugs.

For example, most young women experience some premenstrual tension from time to time. Lilly's launch of the prescription drug Sarafem made premenstrual symptoms a disease---now called "premenstrual dysphoric disorder" (PMDD). Sarafem, the treatment for PMDD, is the same as Prozac, a commonly prescribed antidepressant, but marketed at a higher price (Angell, 2005, p. 86).

Lax controls coupled with huge potential financial gain from lifestyle diseases led US attorney Richard Scruggs to take on Swiss drug company Novartis a few years ago for allegedly inventing the condition ADD. This was a serious charge, alleging the manufacturer of the their top selling ADD drug, Ritalin, had conspired with the APA to package up common behavioral traits - such as being unable to concentrate for long on everyday tasks- and define them as a single disorder.....(Hawthorne, 2005, p. 254).

How the Industry Skirts the **Question of Effectiveness**

The Emergence of Biased Research Dr. Angell comments on the increasing control exercised by the pharmaceutical industry.

Drugs companies have considerable control over the way the research is carried out and reported. That is new. Until the 1980s, researchers were largely independent of the companies that sponsored their work. Drug companies would give a grant to an academic medical center then step back and wait for the faculty researchers to report the results. Now, however, companies are involved in the details of research from design of the study through analysis of the data to the decision whether to publish the results. This has made bias extremely likely. Researchers don't control clinical trials any more; sponsors do (Angell, 2005, p. 100).

"I saw companies begin to exercise a level of control over the way research is done that was unheard of when I first came to the journal, and the aim was clearly to load the dice to make sure their drugs looked good." The deceptive methods include comparing new drugs to sugar pill instead of testing their effectiveness in comparison to drugs currently in use." Angell says that these are tactics that are difficult to spot when reviewing research. Angell notes that in her tenure as editor of the New England Journal of Medicine, they would reject such studies, but later would see them published in other journals (Angell, 2005, page xviii).

Beginning in the 1980s, when drug companies became richer, more powerful, and more profit-driven, they became less willing to sit back and wait for academic researchers to produce research results. Instead of relying on academic centers, companies turned to the new forprofit research industry that grew up to serve them (Angell, 2005, p. 100).

The doctors are not themselves trained researchers, so they do what they are told or risk losing their lucrative deals with the for-profit research contractors. The contract research organizations, in turn, answer only to big pharma (Angell, 2005, p. 101).

Many researchers have lost their independence but have profited greatly in doing so. This was the case when I worked at a "Doc in the Box" in Vancouver, Washington where an investigational study involving asthma was being conducted. As clinic staff, we were given no guidelines except to refer anyone with a wheeze to the study. Of course the owner of the clinic was paid very well for each person inducted into the study. In hindsight, I see why the owner of the clinic, a very wealthy doctor who was involved in a number of money-making projects, devoted so much of his time and attention to this aspect of his empire.

They [doctors] have lucrative financial arrangements with drug company sponsors that would have been impossible twenty years ago. Researchers serve as consultants to companies whose products they are studying, become paid members of advisory boards and speakers' bureaus, enter into patent and royalty arrangements together with their institutions, promote drugs and devices at company-sponsored symposiums, and allow themselves to be supplied with expensive gifts and luxury trips (Angell, 2005, p. 103).

At the same time, many research studies sponsored by drug companies exclude the researcher from having any knowledge of the outcome or giving them access to complete data (Angell, 2005, p. 103).

I heard an emergency medicine device presentation delivered by a Harvard researcher who addressed an audience of physicians. He proclaimed loudly that he had no financial connection to the product and at the same time told his audience that they were "backward idiots" if they were not using the product. In the course of the presentation, the speaker did disclose that he had been hired by a law firm to give expert testimony in defense of another product line that the same manufacturer had produced. I would also guess that he had not come to speak to us without compensation. He was listed as a member of a speakers' bureau, a bureau no doubt funded by a pharmaceutical manufacturer.

A recent survey found that industry-sponsored research was nearly four times as likely to be favorable to the company's product as NIH-sponsored research. That is in accord with a large body of evidence showing that researchers with industry connections are far more likely to favor company products (Angell, 2005, p. 106).

In the case of the calcium channel blockers to control high blood pressure, for instance, one survey of seventy articles about their safety found that 96% of the authors who were supportive of the drugs had financial ties to the companies that manufactured them, while only 37 percent of authors who were critical had such ties (Angell, 2005, p. 107)

Research Tricks

Big Pharma spends an enormous amount of its immense resources to circumvent and manipulate the system of drug evaluation. They are masterful at this, mind-

ful of the enormous rewards. Here are some of the research tricks.

Compare the new drug's effectiveness to that of a placebo. Research bias can be built into a study of effectiveness if the new drug is compared to a sugar pill rather than an older effective drug that treats the same condition. Using the sugar pill comparison, the drug may appear to be more effective than it is (Angell, 2005, p. xxvi).

When this method is used, even serious readers may automatically conclude that it is better than older drugs already in use. Other practices noted by Dr. Angell include comparing the new drug's effectiveness with an effective older drug but lowering the dose of the older drug in the trial so it will appear ineffective or, giving too high a dose of the older drug so it will have side effects. Researchers may test the drug's safety by enrolling only young subjects in a trial of a drug intended for use by older people. Because young people generally experience fewer side effects, the drug will look safer in these trials than it would in practice. Also, the trial can be designed to be too brief to be meaningful, they may present only part of the data—the part that makes the product look good-and ignore the rest. (Angell, 2005, pp. 107-108).

Also, the researchers or the drug company may choose to

suppress negative results. An empirical survey of article publishers demonstrated that they are more likely to publish positive results. The journal editors' rationale is that people want to read positive and useful information rather than negative information.

Companies Aggressively Seek FDA Approval for New Drugs

The Pharmaceutical Company's first task in getting approval is to build a clinical case by designing trials both pre and post approval to show their product in the best possible light. These are the publishing tricks:

- Report your trial's results only at the point when they come out well. Publish the helpful 6-month results, but bury the weak 12-month results.
- Test it against a small group of rivals, to show it is as good.
- Conduct your trial across a number of countries, publishing each result separately to suggest that a very large number of trials back your drug.
 - Keep republishing "positive trials." Negative can be buried in an obscure journal.

• Let the journals know that you will buy millions of dollars worth of reprints if they review your product favorably (Law, 2006, pp. 45-46.)

The FDA may approve the drug on the basis of minimal evidence. If the drug shows positive results in only two studies, it may be approved even if a majority of other studies show negative results (Angell, 2005, p. 112).

How the Industry Extends the Life of Its Patents

In a Time Magazine article, November 28, 2008, Leo Cendrowicz described charges brought against European drug makers for artificially inflated prices.

By using patent lawsuits and other delaying tactics to prevent cheaper generic medications from entering the market, the drug manufacturers cost European consumers up to \$4 billion over an eight-year period ending in 2007. European Union Competition commissioner Neelie Kroes contends, "Market entry of generic companies and the development of new and more affordable medicines is sometimes blocked or delayed at significant cost to healthcare systems, consumers, and taxpayers."

The damning indictment was part of a 400-page, interim Commission report based on evidence collected during January raids at the headquarters of some of the world's biggest drug companies, including US companies Pfizer and Johnson and Johnson, Britain's GlaxoSmithKline, Anglo-Swedish giant AstraZeneca, and Sanofi-aventis of France. The other companies known to be raided were Wyeth, Merck, Bayer Schering Pharma, and Roche, as well as generic firms Teva and Sandoz.

The most common tactic allegedly involves filing multiple patent applications often for the same medicine—so-called patent clusters—that stake out an extremely broad claim for a drug's intended use and physical form. This may include use as a liquid, a capsule or a pill. In one case, the E.U. found 1,300 patents for a single medicine.

.....generic medicines can cost as much as 90% less than branded drugs: total savings gained by copycat drugs [cheaper forms marketed after the patent expires] ...amounted to at least \$17 billion over the 2000-2007 period examined by the Commission.

How the Industry Promotes the Effectiveness and Safety of their New Drug

For years any change in my practice was based on journal articles and seminars. Most of the time, the new treatments were just old pills in new bottles, usually at a higher price.

Editor of the British medical journal, Lancet, Dr. Richard Horton, quoted in *Big Pharma*, describes the industry's methods.

"A pharmaceutical company will sponsor a scientific meeting. Speakers will be invited to talk about a product, and they will be paid a hefty fee... for doing so. They are chosen for their known view about a particular drug or because they have a reputation for being adaptable in attitude towards the needs of the company paying their fee."

The meeting takes place and the speaker delivers a talk. A pharmaceutic communications company will record this lecture and convert it into an article for publication, usually as part of a collection of papers emanating from the symposium. This collection will be offered to a medical publisher for an amount that can run into hundreds of thousands of pounds. The publisher will then seek a reputable journal to publish the papers based on the symposium, commonly as a supplement to the main journal.

The important point is that there is very little peer review in a whole raft of journals that pose as science journals. Their process of publication has been reduced to marketing dressed up as legitimate science..." says Horton (Law, 2006, p. 47).

What is disturbing is that I, along with probably a major-

ity of physicians, put an enormous amount of credence into these studies which are of dubious quality. These studies result in changes to our practice, unneeded extra healthcare costs, and, in some cases, death and disability for our patients.

How the Industry Advertises its Drugs

Television advertisement of drugs, sanctioned by the FDA, has increased in frequency and sophistication in recent years.

To pharmaceutical industry executives, some doctors, some consumer groups, and FDA officialdom, this is just an example of the government doing its job and trying to educate the public. But to most doctors, many consumer groups, and other critics, this is salesmanship, not education, and something as serious as medicine--something that can have horrible side effects, that can save lives if used properly or kill people if something goes wrong – should not be pitched like toothpaste (Hawthorne, 2005, p. 254)

Often advertising is designed to educate about newly discovered disorders for which the pharmaceutical industry has found a drug treatment. However glitzy and sexy the advertisements and movies may be (see the film *Love and Other Drugs*, 2011), they are nothing more than promotions along with loopholes and subliminal maneuvers that enable pharmaceutical companies to influence patients, influence lawmakers, and reap huge profits.

The pharmaceutical industry is everywhere in Washington, all but writing the Medicare prescription drug bill, fielding more lobbyists than there are members of Congress, flinging gifts and trips at doctors and trying to prevent double-blind drug trials that pit one drug against another, instead of against a placebo (Angell, 2005, p.106)

Drug Companies Defend their Higher Priced Drugs Against All Challengers

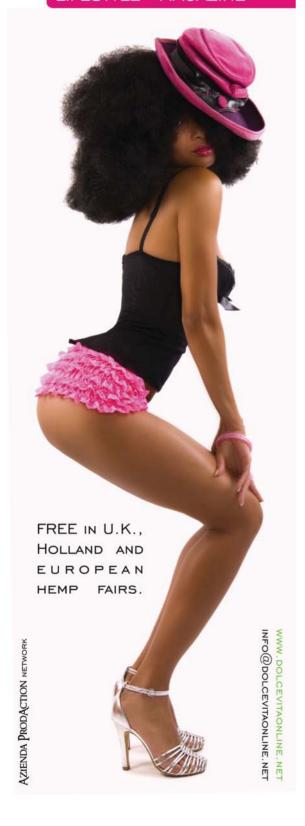
In her 1997 book *Prescription* for *Profits*, Linda Marsa describes Genentech's promotion of their drug t-PA to illustrate the tactics drug companies use to maintain the market for their higher-priced drugs. T-PA, used in cases of heart attack, costs an estimated \$2,000 per dose. When research scientists investigated the effectiveness



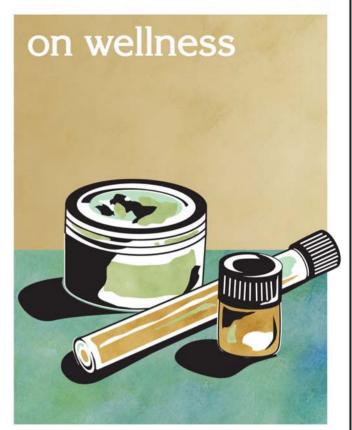
and safety of a less expensive drug, streptokinase, or a combination of t-PA and streptokinase to lower costs, Genentech attacked the study by spreading rumors that,



THE NEW ALTERNATIVE LIFESTYLE MAGAZINE



concentrate



up to 40 different Concentrates available everyday





1840 Embarcadero, Oakland, CA • (510) 533-0146 2106 Ringwood Ave, San Jose, CA • (408) 321-8424 10AM-8PM (OAKLAND) • 11AM-8PM (SAN JOSE) www.harborsidehealthcenter.com

NOW OPEN EARLIER IN OAKLAND!

in cases of heart attack, the control group would receive a placebo and that patients would have to pay their own costs. (Marsa, 1997, p. 211) Doctors, after hearing word of this deception, refused to refer their patients to the

Despite evidence to the contrary, Genentech still contends that its drug t-PA, a very costly medication, is more beneficial than Streptokinase, a less expensive alterna-

The studies comparing t-PA and the less expensive streptokinase, titled TIMI and GISSA-2, showed that while streptokinase was linked to greater numbers of bleeding problems and allergic reactions, t-PA was linked to higher incidences of strokes and re-occlusion (Marsa, 1997, p. 204). Another very large study, the International Study of Infarct Survival, ISSI-3...showed that t-PA was not more effective than less expensive medications, and that t PA had a higher risk of strokes. Marsa reported that "Oxford's Rory Collins, one of the British ISIS-3 researchers, said that if U.S. doctors used streptokinase, 'it would save more than \$100 million each year." (Marsa, 1997, p. 213)

Myocardial infarctions can be caused by a combination of events, i.e. vessel narrowing or spasms, plaques, and blood clots, to name a few; though the majority of them may include or be solely caused by vasospasms which inexpensive beta blockers can control. Attention is diverted away from that important cause because beta blockers are cheap to make and have slimmer profit margins.



I am not convinced that t-PA is our end point drug and that it is the most effective drug to treat most MIs, especially given a more cost-effective, equally effective, and less-promoted alternative. After all, in most post mortem heart samples of diagnosed heart attacks, no blood clots or arterial blockage can be found. This raises the question of hype versus scientific clarity.

What I find most disturbing is that as an emergency physician I am a front-line physician for t-PA use and it appears that I and my colleagues are, through our ignorance, being manipulated and pressured into using t-PA instead of an equally effective and less expensive medication. My personal survey of in-hospital pharmacies revealed that Streptokinase, once at a cost of \$800, is no longer available. t-PA is now the only choice available and it has doubled in price to a whopping \$4,000 a dose. What was once obscure to me is now clear. My sabbatical leaves were a reflection of the lunacy and corruption in my field.

Academic Researchers Face Growing Conflicts of Interest

University research facilities, once the setting for disinterested scientific study have, since the 1990's, formed public-private partnerships with pharmaceutical companies. The public universities' historic need for funding made them vulnerable to infusions of cash from the pharmaceutical giants once the government put laws in place to encourage that relationship.

A 1996 Harvard survey of 210 U.S. companies that fund academic scientists reached some disturbing conclusions. The study revealed that the ethical dilemmas and practical problems sparked by industrial intrusions on campus...were now endemic and magnified a thousand fold. ...the evidence was overwhelming that companies did, in fact, dictate what research was conducted by government supported scientists (Marsa, 1997, p. 253).

Drug Company Sponsorship of Patient Advocacy Groups

Another form of marketing disguised as education is the sponsorship of patient advocacy groups. Many of these groups are simply fronts for drug companies. Dr. Angell notes, "People who suffer from a certain disease are looking for a support network devoted to expanding awareness of the disease and they are pleased to find one." (Angell, 2005, p. 151-152). The groups they find, however, may be just another marketing tool for a drug company.

Drug companies also set up patient advocacy groups as magnets for people with specific diseases. These groups can be rich sources of patients for clinical trials. Most human subjects are now recruited through these kinds of efforts, not referred by their doctors. They are usually

paid from a few hundred to a few thousand dollars for participation in a trial (Angell, 2005, p. 30).

The Problem: The FDA

For almost a century, the FDA has been the Good Housekeeping seal of approval, the Nobel Prize, and Ivory soap combined. Americans count on this. No medicine or medical device can be sold in the United States unless the FDA pronounces that it is safe and that it works (Hawthorne, 2005, p. ix).

The Prescription Drug User Fee Act (PDUFA)

The Prescription Drug User Fee Act, first passed in 1992, began a process that would reduce the time required for the FDA to approve a new drug in return for fees paid by the pharmaceutical companies in order to supplement the budget of the FDA so that they could have staff adequate to the expedited approval process. FDA and the drug manufacturers hailed the new system for providing drugs more quickly in what could be life or death situations. Drugs to treat HIV/AIDS were among the first success stories of the PDUFA. Critics believe, however, that rapid approval times may compromise the safety of new drugs coming on the market, no matter how much the FDA is able to increase staffing to handle the task.

According to Janet Woodcock, Director of the Center for Drug Evaluation and Research for the FDA at the time, "Exhibit A is the wave of drugs that were recalled in the late 1990s and early 2000s, almost all of them approved after PDUFA was passed. Never before had so many dangerous drugs been pulled off the market in such a short period of time. The Pulitzer Prize-winning series in the Los Angeles Times in 2000, analyzing eight of those drugs in detail, described some of the user fee pressure but never quite came out and said that this could have led the agency to approve drugs that it should not have approved. ...Janet Woodcock...said that the law's performance goal and a heavy workload "create a sweat-shop environment that's causing high staff turnover." (Hawthorne, 2005, p.159)

As we have seen, the pharmaceutical industry uses money, time pressure, and money to wear down the FDA's approval process. Even then, the approval process is unlikely to guarantee safety over the long term because some problems may only become apparent over the long term.

Even if a drug is tested over the six years it typically takes to get through Phases I, II and III, it may have long-term effects that do not become apparent for a decade or more. In the case of silicone-filled breast implants, for instance, one manufacturer said that only 1.2 percent ruptured over a two-year period, however, looking at a 12-year span, FDA stats showed that one-fourth ruptured, on average (Hawthorne, 2005, p. 182).

Pharma's influences on the FDA were also highlighted in the fight over re-importation of prescription medication from Canada.

The FDA's supposed safety concerns seemed like a red herring. After all, the various bills in congress would subject re-imported drugs to FDA oversight, and the FDA already inspected manufacturing plants throughout the world and was clamping down on counterfeiting. This was Canada, for heaven's sake--you didn't see Canadians dropping dead by the dozens from poisoned hypertension pills (Hawthorne, 2005, p. 164).

The Gradual Erosion of the FDA's Independence and Influence

Letters and phone calls from members of congress directly to FDA officials became more common after 2000. The pressure that drug companies were able to exert on the congress resulted in pressure on the FDA to speed up the approval process.

Lester Crawford, the veteran FDA official and acting commissioner in the early 2000s, estimated that the agency gets 200 to 300 letters a year from members of congress (Hawthorne, 2005, p. 144).

FDA officials, too, applied pressure down the line to researchers based on requests they received from congress.

Jay Siegel was not so blasé the one time it happened to him, when he was director of CBER's Office of Therapeutics Research and Review. In fact, he was shocked. A high-level FDA official said to him, almost offhandedly, "Things would go well on a certain legislative issue if this approval happened." (Hawthorne, 2005, p. 156)

When the consumer group Public Citizen surveyed medical officers...in 1998, 34 of the 53 who responded said that the pressure to approve new drugs was "much greater," or "somewhat greater" than it had been before the user fee law. Nineteen (reviewers) said there were more than two dozen new drugs that they had reviewed and that had been given a go-ahead that they felt should not have been allowed on the market. Nine also reported what they considered "inappropriate" phone calls about a drug under review, usually from the manufacturer (Hawthorne, 2005, p. 160).

To appreciate the full significance of these calls and letters, you have to remember that Congress controls the FDA s budget.... For a reviewer to get a phone call from a member of Congress inquiring as to why a drug has not been approved yet is more or less like a mechanic in a company's auto pool getting a query from the chairman of the

board as to whether his car is ready. You bet it is (Hawthorne, 2005, p. 144).

The G.W. Bush Administration Accelerated the Role of Drug Companies in **Driving Drug Policy**

Heavy as the politics has been over the years...things took a leap into another dimension when George W. Bush came to Washington D.C. in 2001 (Hawthorne, 2005, p. 211).

The industry used their position of favor in the Bush administration to influence the Medicare prescription drug bill.

For years the industry used its clout to keep Congress from adding prescription drug coverage to Medicare, the health insurance plan for the elderly, because the manufacturers feared that would mean government price controls. When public outrage finally forced the drug makers to give in on the basic principle of Medicare coverage, in the early 2000s, they still managed to persuade the Republican-controlled congress to ban any governmentnegotiated price caps (Hawthorne, 2005, p. 145).

After the Republicans also took control of the White House in 2001, Big Pharma's muscle grew stronger yet. Several ex-pharmaceutical executives and allies were appointed to key federal posts (Hawthorne, 2005, p.218).

Problems Within the FDA

The FDA Holds Back Study Results that Indicate a Drug is Dangerous

A June 3, 2009 editorial column in the New York Times, "FDA's Secret Files," noted that, "At the insistence of industry, and its claims of proprietary information, the FDA often sits on data that raise questions about a drug's safety or therapeutic value. The consequences for some patients can be severe. Quoting an article of the previous day by Gardiner Harris, the editorial said, "In recent years, the FDA failed to inform the public that a widely-prescribed heartburn drug was especially toxic to babies, that a diabetes drug and a painkiller increased heart attack risks and that antidepressants increased suicidal thoughts and behavior in youngsters."

The FDA Cites Federal Law that **Restricts the Release of Trade Secrets**

Federal law that restricts the release of trade secrets and other internal records backs up the FDA's failure to fully report the results of research to the public.

Many people have been harmed over the decade because the FDA has treated clinical trial results of drugs and devices as trade secrets," said Dr. Stephen Nissen, a cardiologist at the Cleveland Clinic who has campaigned for

the release of such information...In 2007, Dr. Nissen published a study showing that Avandia, a popular diabetes medicine made by GlaxoSmith Kline, increased the risk of heart attack by 42 percent, The data [obtained from the FDAI Dr Nissen used was made public because of a lawsuit, but the agency had known of the possible risk for nearly two years (Harris, 2009).

If Test Results are Unflattering, Drug **Companies Ignore Data Supplied to the** FDA and Publish Misleading Information

"The Journal of the American Medical Association published a study of Celebrex, a painkiller made by Pfizer, suggesting that it helped guard against ulcers" (New York Times, 2009). However when more complete data was supplied to the FDA, which demonstrated that it did not guard against ulcers, "...sales representatives continued to give the original study to doctors' offices...The journal published an author's clarification after learning that Pfizer had given the FDA a more complete set of data suggesting that the drug did not protect against ulcers. Even so, Pfizer sales representatives continued to give the original study to doctor's offices (New York Times, 2009).

The FDA Fails to Remove Fraudulent **Researchers from its Ranks**

In October 22, 2009, writing in the New York Times, Gardiner Harris described the failure of the FDA to remove fraudulent researchers.

Defina Hernandez helped to carry out one of the most audacious drug research frauds in American history, but because federal drug regulators sent a legal notice years late and to the wrong address, she can legally continue to conduct research. She worked for Dr Rober Fiddes, and he helped conduct more than 170 drug studies for nearly every major drug maker in the world and routinely falsified data and patient records while doing so.

Ms Hernandez pled guilty to fraud and federal law required the FDA to ban her from participating in further drug research. The agency had five years after her conviction in which to act.

In a review of 18 proceedings, investigators for the Government Accountability Office found that the FDA took from 1 to 11 years to complete its process to ban researchers. This means many who were convicted of fraud remained eligible to conduct experiments for years (Harris, 2009).

The Deep Pockets of the Drug Industry **Assures Their Power over the FDA**

...the pharmaceutical industry that the FDA regulates...carries outsized clout. It has enough lobbyists to put a shadow on each member of Congress. Its trade

organization, the Pharmaceutical Research and Manufacturers of America, or PhRMA, spends some \$150 million a year in lobbying, including nearly \$5 million just to lobby the FDA. In most years that total has been the biggest political wallop of any American industry, according to the consumer group Public Citizen (Hawthorne, 2005, p. 145).

And, for the industry, the investment is well worth it.

Drug companies, after all, claim they spend more than \$800 million, on average, to develop a drug. If the FDA gives its imprimatur, the most successful products could bring in over \$500 million in sales apiece each year (Hawthorne, 2005, p. 145).

The End of the Historical Firewall that Separated Drug Companies and the FDA

Until the 1970s, the FDA and the drug companies barely spoke to each other. The FDA did not give any guidance on organizing clinical trials or compiling an application. As Bob Temple, the associate director of medical policy, wrote in a textbook he co-authored in 1995, "There was, in fact, an explicit concern that too much participation by FDA staff in the development process would leave the Agency unable to be appropriately neutral and analytical when the resulting data were submitted as part of a NDA." By the same token, the agency did not get all those phone calls from Congress. Bill Vodra (a former FDA lawyer) said that when he was associate chief counsel in the late 1970s "a drug company wouldn't have a congressional strategy as part of drug development." (Hawthorne, 2005, p. 147)

In the years that followed, the concept of conflict of interest between researchers and drug companies was swept away by the lure of well-paid research positions in industry. Concerns for future employment made drug reviewers think twice before criticizing a new drug. As Fran Hawthorne tells us in her 2005 book Inside the FDA, conflict of interest rules, "can only really kick in when the job negotiations are solid enough that the employee feels comfortable telling the FDA brass. The problem is that the potential for conflict may start years earlier while a reviewer is mulling over taking a job in industry sometime in the future. Members are afraid to be too hard on the companies where they soon hope to be sending their resumes." (Hawthorne, 2005, pp. 150-151).

Influences that Lead to Faster Drug Approval

A 1994 study by David Dranove, Northwestern University and David Meltzer, Brigham and Women's Hospital, looked at 700 breakthrough drugs approved over the previous 40 years.

They determined that the FDA seemed to approve drugs

with big potential sales faster than it approved those that were major scientific innovations. The pair measured approval times against sales figures and also, as a proxy for scientific importance, against the number of times a drug was cited in medical journals, medical textbooks, and subsequent patent applications. "This suggested that the companies were able to do quite a good job of influencing the approval process. We were surprised that the FDA was as responsive to the needs of the market over the needs of science." (Hawthorne, 2005, p. 158)

A long time industry insider notes:

The most that Bill Vodra, former FDA lawyer, will admit is that "White House or congressional pressure makes them (the reviewers) move faster." The pressure will not, he asserted, persuade the FDA to approve a bad drug, but that begs the question of whether moving faster causes reviewers to miss danger signals in trial results (Hawthorne. 2005, p. 157).

According to Daniel P. Carpenter, a professor of government at Harvard University in regard to the speed of FDA's approval of a drug, "The biggest influences were the number of times a disease was mentioned in the Washington Post (but not on TV news broadcasts), the budget of the Center for Drugs, and the budgets of patient advocacy groups." These factors could decrease approval time by 10 to 22 months (Hawthorne, 2005, p. 157).

I think that controlling the purse strings and otherwise allowing drug companies to breathe down the necks of reviewers give the industry too much influence in setting those deadlines.

FDA Enforcement of Standards Began to Plummet in 2001

By virtually all accounts, there were far more clashes between industry and the FDA in the early years. Starting in 2001, the number of warning letters began to plummet. Congressman Henry Waxman of California issued a report in October 2002 noting that "FDA enforcement actions for false and misleading drug advertising dropped significantly in the first two years of the (Bush) administration"---that is, 2001 and 2002. Waxman gave the new commissioner, Mark McClellan, a year to settle in, then produced a follow-up report in January2004. The findings: Even fewer warning letters were going out now. While the average number of new promotional pieces reviewed by the FDA each month increased by about six percent from 2002 to 2003, the number of enforcement letters fell 13 percent. In 1999 and 2000, the FDA had sent an average of 95 enforcement letters annually: by 2003, that was down to just 24 (Hawthorne, 2005, p. 267).

Dr. Angell reports, "I once heard another high official in

the agency (FDA) say publicly that the job of the FDA's Center for Evaluation and Research is to 'facilitate' drug development–something quite different from regulating it." She writes, "It would seem that the industry, not the public has become the FDA's client." (Angell, 2005, p. 243)

FDA Lacks the Resources to Do the Job

The FDA, in spite of the huge infusion of cash from PDUFA, doesn't have the staff to fulfill its major functions and, I might add, lacks the courage to fulfill its historical mission.

For one thing, the FDA just doesn't have the resources to do the job. In 2001, the agency had only thirty people to review 34,000 advertisements. Additionally, the FDA is charged with ensuring safe manufacturing standards, but here again, it is woefully understaffed for that task (Angell, 2005, p. 33).

The Drug Industry Sidesteps the FDA by Going Straight to the Doctors

The pharmaceutical industry has learned to customize its method of influence to fit the particular target. In their manipulation of the FDA, they have fine-tuned their approaches to side stepping FDA regulations, often at public expense, in order to sell more drugs. For example,

...simply market the drug for unapproved "off-label" uses—despite the fact that doing so is illegal. You do that by carrying out "research" that falls way below the standard required for FDA approval, then "educating" doctors about any favorable results. That way, you could circumvent the law. You could say you were not marketing for unapproved uses: you were merely disseminating the results of research to doctors who can legally prescribe a drug for any use (Angell, 2005, p. 157).

And, "... in the summer of 2004, the FDA's chief counsel, Dan Troy, came under fire for inviting drug companies to inform him of lawsuits against them so the FDA could help in their defense" (Law, 2006, p. 16)

The Problem: Doctors

The AMA and their Membership

Time Magazine, July 25, 1969, reported an outbreak of resistance to the American Medical Association by the student AMA during the AMA's annual meeting.

"...just after the predominantly white, middle-aged doctors had joined in a 30 minute tribute to the flag, a strident group of young medical students, doctors, and nurses burst into the hall, chanting "Hip, hip Hippocrates, up with service down with fees!"

Still remembered are the association's relentless fights of yesteryear against Medicare and Medicaid. Opponents

also recall its past opposition to group practice and its efforts to limit medical school enrollment. The AMA has made itself a visible villain, and is blamed, somewhat unfairly, for the soaring cost of medical care which is rising at a rate more than double that of the cost of living. In 1968, "AMPAC (American Medical Political Action Committee) doled out an estimated \$2.6 million in political contributions to candidates who mirrored its conservative views."

Within the emergency medicine field there exists a tension that is pitting doctor against doctor. With a shortage of thousands of emergency physicians for the some 8,000 hospitals in this country, two of the three boards, the American Board of Emergency Medicine, and the American Organization of Osteopathic Emergency Medicine, are fighting for sole recognition at the exclusion of the third, the American Board of Physician Specialties. Of course, just as the AMA tried to do with limiting the number of medical students, the attempt is to keep the supply low, the salaries high, and the political power firmly in their hands.

AMA lobbyists often team with other pressure groups, especially the Pharmaceutical Manufactures' Association, whose member drug firms help support AMPAC and spend huge sums on advertising in the medical journals. By law, the AMA 's political funding committee must be separated from its lobbying operation; in practice, however, the division is strictly a bookkeeping procedure (Time Magazine, 1969)

This MD's Experience of Drug Company Recruitment for Drug Trials

My experience with Contract Research Organizations, (CROs), as mentioned above, are along these exact same lines.

To get human subjects, drug companies or contract research organizations routinely offer doctors large bounties (averaging about \$7000 per patient in 2001) and sometimes bonuses for paid enrollment. For example, according to a 2000 Department of Health and human services Inspector General's Report, physicians in one trial were paid \$12,000 for each patient enrolled, plus another \$30,000 on the enrollment of the sixth patient. One risk of this bounty and bonus system in that it can induce doctors to enroll patients who are not really eligible, for instance, if it means an extra \$30,000 to you to enroll a patient in an asthma study, you might very well be tempted decide your next patient has asthma, whether he does or not (Angell, 2005, p. 30).

Other Influences that Mislead Doctors

Medical Journals devote most of their pages not to scientific studies but to pharmaceutical ads. Also, the Physician's Desk Reference which is the physician's drug

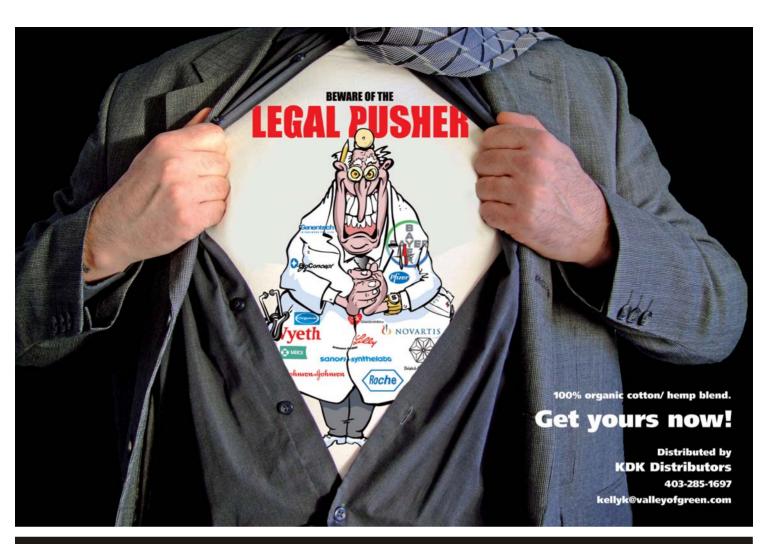


A WE NOW FLOWERING

FLOWERING

Blue Mystic Bubblelicious Northern Lights Short Rider Jock Horror

www.nirvana.nl





handbook has omitted some of the most important and time-tested medications so they can emphasize more expensive, newer drugs. To me it has become useless.

...whether the public benefits from taking more and more medicines for increasingly badly defined diseases is open to serious question. One could make a strong argument that Americans with minor ailments suffer more from overmedication and all the side effects and drug interactions that go with it, than from undermedication (Angell, 2005, p. 128).

It has been reported that Americans consume (and Doctor's prescribe) 95% of the world's Vicodin, and 60% of the world's opiates. How sweet it is, or, as Bob Dylan would say "Everybody must get stoned."

I have found that a significant number of speakers in the subscription medical seminar tapes I listen to are paid mouthpieces for the drug companies. "Come on in, the water's....." or " Mi Casa es Su Casa":

Drug companies pay doctors several hundred dollars a day to allow sales reps to shadow them as they see patients, a practice called a "proprietorship". One Schering-Plough rep explains "it's another way to build a relationship with the doctor and hopefully build business." (Angell, 2005, p. 127).

Drug reps are allowed to attend medical conferences, may be invited into operating rooms, and sometimes are even present when physicians examine patients in clinics or at the bedside (Angell, 2005, p. 128).

As an anesthesia resident I witnessed such practices often while at UMDNJ. I often wondered why they were there, these non-medical personnel, viewing sometimes full unclothed individuals. I don't recall a single time that a rep or doctor talked about the procedure or the manufacturer's item being used. It was mostly idle chat about golf or some recreational subject. In later years I spoke with an orthopedic rep who was a brother of a close friend who confirmed that it was the practice of "endearment". Over prescribing antibiotics and narcotics, doctors are often the willing accomplices of the drug companies because doctors feel and are trained that they must "do something" and "meet the expectations of the patient."

The outcome is that doctors have been taught too well to reach for a prescription pad instead of talking to patients (Angell, 2005, p. 169).

In 2003, the Office of the Inspector General of the US Department of Health and Human Services warned that excessive gift giving to doctors could be prosecuted under anti-kickback laws. These guidelines and the inspector general's warning may have discouraged the most extreme practices, but the guidelines are voluntary and even the warning is filled with loopholes (Angell, 2005, p. 129). This "food, flattery, and friendship," as it has been called, creates a sense of reciprocity in young doctors with long prescribing lives ahead of them (Angell, 2005, p. 127).

In my years of residency training I witnessed this finely tuned courting ritual. Drug reps come to residency programs, hospitals, and doctor's offices loaded with "freebies". In an atmosphere of good food, drinks, and small gifts, young residents who are eager to learn, and attending physicians, can be seduced and highly influenced by these softly authoritative figures who are often attractive and often female.

This may be why the Student AMA has chosen to speak out against Universities in general taking drug companysponsored monies.



The Medical Seminar Business

Most states mandate that doctors have a certain number of continuing medical education credits yearly. This is fortunate for the drug companies.

It has been estimated that the industry hosted over 300,000 pseudo-educational events in 2000, about a quarter of which offered continuing medical educations credits (Angell, 2005, p. 142).

One such course offered by the American Heart Association (AHA), regarding Advanced Cardiac Life Support, brought multi-millions of dollars to that organization. In addition, the drug companies profit greatly from drugs set up as the ACLS standard of care. However research has consistently throughout the years shown that these very expensive drugs and procedures touted by the AHA are ineffective compared to a "cheap" electric shock treatment during cardiac arrest.

The Fate of Professionals Who Do Play the Game

A cardiovascular journalist recalls one eminent doctor who was not on stage to announce the results of an important clinical trial he had led. When she asked him later why he had not announced the results, himself, he said he hadn't been prepared to give them the company spin (Law, 2006, p. 36).

Larger Sales Forces and Increased Visits to Doctors Boost Profits

James Brewer, head of sales force strategy at Lilly, said in 2003 that there were 88,000 reps in the US calling on some 950, 000 doctors. This compares with 55,000 in 1995, a time when there were also more drugs for them to sell. "...The average sales call is only two minutes, so the complexity of our business revolves around deriving the most value from these two minutes." (Law, 2006, p. 54).

Prescription-tracking companies buy information from big pharmacy chains about doctors' prescribing habits and sell it to drug companies. Using these physician profiles, drug reps know exactly what a doctor prescribes before each visit, so he can tailor their sales pitch and undermine drugs used by the physician and make every minute count (Angell, 2005, p. 130).

A group researching the prescribing behavior of doctors who receive sales visits showed a strong relationship between number of visits and doctors prescribing new drugs. The author stated, "The sales

rep may also have promoted two or three other drugs in that same visit, and for these three drugs in the study, each visit increased their market share with the doctor by 6-7%." (Law, 2006, p. 55).

As I have mentioned before, doctors are not researchers, nor are they very well trained to evaluate scientific studies. By and large, they, like I, rely to a great degree on sales reps and the self-serving documents they provide. Doctors tend to be overstretched and too busy to critically read studies or even focus on the bottom line in the practices. Few are even good business people. Their ineptness in certain areas is clear. Sixty percent of all doctors retire poor, a fact that most would find incredible (Medical Economics, circa 1990), and the main reason is staffing, coupled with poor management practices by the doctor.

Doctors, because of their heavy demands on their time and their desire to keep patients happy, contribute to prescription drug abuse. To cite an example, one of many I've experienced, I worked at a hospital where there was a "Candy Man," that is, a doctor who liberally overprescribed narcotics and antibiotics. The nurses told me they always knew when this individual had gone to a lecture

or heard a medical tape touting a new drug because he would change his practice, sometimes daily, based on that information and he could be counted on to mouth the study to them.

> **Doctors Overprescribe Instead** of Talking to Their Patients

> > I have a motto which I say to myself at least once a day: "Sitting down with a patient will save my ass." I have found repeatedly that a patient's first desire is to be heard, not necessarily to get a new kind of pill or have a procedure performed on them. Many needless prescriptions can be avoided by following this

practice.

NOVARTIS

Roche

In my own practice, fortuitously, I have avoided legal pitfalls and I have had few complaints from my patients. I say unabashedly that this is not the result of great intellect. In part it does have everything to do with sitting down, with a smile,

in front of my patient. The practice of sitting down with a patient, even when I'm not yet fully focused, forces me to actively listen or at least appear to, every single time, even in a busy emergency department. I learned this inadvertently from working very long hours in

an emergency department and just wanting to sit down to rest for a minute. Nurses in my early years of practice would come to me and say, "That patient really liked you because you sat down and listened to him." Studies have shown that doctors who sit down with their patients are perceived to have spent more time with them than a doctor who stands for the same amount of time. Another effect that has been demonstrated again and again, no matter how bad the physician, is that nice doctors don't get sued. But do many doctors follow that rule? No. It can be more common to hear a doctor say, "I'm here to save asses, not kiss them."

As an example of the power of effective communication, for the first years of my practice one of my biggest challenges was drugs seekers-- a very very clever bunch. Learning in medical school that the placebo effect was well documented, I would routinely instruct the nurses to give suspected drug seekers saltwater injections before which I would inform them that I was ordering a powerful endorphin stimulator, similar to morphine. I never gave it much thought until one very early morning when I had gone back to my call room, half asleep, I heard one of these patients stumbling down the hallway and as she passed my door she said, "I don't know what that doctor gave me, but it was strong!"

Cash Payments for Accepting a Drug Rep's Visit

Dr Neal Moser, a pulmonary and critical care physician with a 13 doctor group practice in Edgewood, Kentucky has made it known he sees nothing wrong in accepting \$50 for listening to a short sales pitch from a drug rep in his office, This is the deal offered by Time-Concepts LLC, one of several companies that have moved in to ease the strain on that two minute window (Law, 2006, p. 56).

According to Big Pharma author Jacky Law, "The American Medical Association, like its British counterpart, the BMA, prevents doctors from accepting cash payments on the grounds that it is likely to destroy their best medical judgment. Gifts are fine, if they cost under \$100 and help in some professional capacity." (Law, 2006, p. 56).

I would note that the AMA has no meaningful enforcement power over doctors in or out of their organization short of denying AMA membership to an individual. Efforts to "educate" the physician, however, would be hard for a doctor to avoid, because, as Moynihan, Heath and Henry say, quoted from their book Selling Sickness, "Drug companies have sponsored meetings where the disease was being defined, funded studies of therapies, and developed extensive financial ties with leading researchers. They have funded patient groups, disease foundations, and advertising campaigns (on both drugs

and diseases) targeted at doctors." (Law, 2006, p. 59) Law notes that in this context of biased education, sales visits, and profit over all, "Old, natural and obvious things, such as safe drugs that have been sold for years, broccoli, walking sticks, or vitamins, for example, don't get patented and there is therefore little incentive to deepen our understanding of their benefits, except in the dwindling public health sector. (Law, 2006, p. 74).

New Burdens on Emergency Physicians

Some hospitals, as members of The Joint Commission (TJC), formerly the Joint Commission on Accreditation of Healthcare Organizations, are now requiring emergency physicians, who spend an average of five to seven minutes with a patient in the emergency room, to vouch for the safety and effectiveness of all the patients' medications. This is unreasonable and no easy task since many elderly patients are sometimes on 15 to 25 different medications.

I am amazed at the number of patients who come to the ER expecting an antibiotic for viral infection and who, after I have sat down with them for mere minutes and explained the risk and the inappropriateness of antibiotics in their case, accept and are in agreement with my explanation. In my 25 years of practice I would be hard pressed to think of even two patients who demanded antibiotics.

And it does not stop at antibiotics. When I was an anesthesia resident, our star resident and I were told that our next patient was a frightened, screaming young child. The resident, without seeing the patient, went to get Versed, a powerful sedative. I stepped into the patient's room and almost immediately exclaimed how pretty her braids were for about two minutes. She immediately calmed down. The senior resident returned with the Versed to find a smiling child. I became well-known for this ability and, I might add, only for this ability, which was not heroic at all. After 15 years of screaming kids in the ER, I had learned that talking to the patient first pays off. And, after 25 years of practice when I have not seen the inside of a court room, I am convinced that it is paramount.

How the Drug Industry Has Corrupted Medical Education

Jeffrey Kluger, in a March 6, 2009 Time Magazine article, "Is Drug-Company Money Tainting Medical Education?" gives an account of the pressures on educational institutions and on doctors.

The American Medical Student Association (AMSA) decided to grade 150 med schools on just how much money and gifts they are collecting from drug companies—the more goodies a school is vacuuming up from the industry, the worse its grade. Harvard received an "F."

And while Harvard might be the highest-profile name that was posted on AMSA's grade list, it was hardly the only one that flunked. 40 out of the 150 schools surveyed received F's; only 22 got an A or B.

When doctors are being lavished with meals and speaking fees by the likes of Pfizer and Merck, can you trust them when they later write prescriptions for those companies' drugs? Medical schools were long considered above such vulgar stuff.

The facts, argued AMSA, justify their outrage. Of Harvard's 8,900 professors and lecturers, 1,600 admit that either they or a family member have had some kind of business link to drug companies-sometimes worth hundreds of thousands of dollars-that could bias their teaching or research. Additionally, pharma contributed more than \$11.5 million to the school last year for research and continuing-education classes.

As we move into the post-Bush era, Kluger sees some signs that the federal government is beginning to restrict the industry's influence on doctors. "Recently, the Pharmaceutical Research and Manufacturer Association prohibited salespeople from treating doctors to meals and golf excursions and even banned the ubiquitous company-branded pens, mugs and notepads that clutter waiting rooms and reception desks...(and recently) federal officials revealed a newly aggressive plan to begin pursuing civil and criminal charges against doctors who accept kickbacks or demand speaking or consulting fees for prescribing drugs or medical devices." However, as recently as July 2011, this practice remains.

Even Idealistic Doctors Succumb to Pharma's Strategies

"Pushing Drugs," a July 30, 2005 Science News article by Ben Harder, reviews the pressure medical marketing places on doctors and how effective it is. In regard to giving free drug samples, Harder says,

... listen to Dr. John D. Abramson of Hamilton, MA--"I thought I was being Robin Hood," Abramson says. Before long, however, he grew so familiar with administering the free drug samples that he found himself writing prescriptions for insured patients whose coverage would pay for the medications. For pharmaceutical companies, Abramson's behavior meant new customers. That's what they wanted," he says, "They were playing me like a violin."

Harder notes inventive strategies used by the drug com-

At least two pharmaceutical marketing strategies converge to alter doctor's prescribing habits. On one hand, detailer representatives target physicians with visits and samples, and ads tout drugs in journals. On the other, mass media advertisements urge people to ask their doctors about specific brand-name medications. This directto -consumer (DTC) advertising, which is not permitted in Europe and strictly limited in Canada, has in the past decade grown into a multi-billion dollar industry in the United States.

Consider these results reported by Harder from a fact finding study by Richard L. Kravitz of the University of California, Davis campus on the consequences of drug promotions. "He found while using physician actors in doctor's offices in San Francisco, Sacramento, Calif, or Rochester, that...When standardized patients faking major depression didn't specifically request an antidepressant, 31 percent received a drug prescription. However, when others claimed that a television show about depression had encouraged them to seek drug treatment, 76 percent received a prescription of some kind...Also, when members of a third group reporting identical symptoms asked specifically for Paxil, saying that they had seen it advertised on television, more that half resulting prescriptions were for that drug."

In standardized patients who reported symptoms of adjustment disorder (temporary condition typically treated without medication) and didn't raise the subject of antidepressant drugs, just 1 in 10 got medication. But nearly half of the actors who asked for medication got it. Most who asked for Paxil walked out with a prescription for the drug while most who made a nonspecific request were prescribed some other anitdepressant.

Some doctors say that DTC marketing may have done some good by informing patients about the diseases, the drugs, and increasing the conversation. Others say ads encourage patients to seek unnecessary treatment and don't fully convey the therapies' risks (Harder, 2005).

Fran Hawthorne, in Inside the FDA, quotes doctors' beliefs about drug advertising. "In light of the commercials' powers of persuasion, it is simply wrong as a policy, critics say, to peddle prescription drugs so cavalierly. "Medicines aren't like shampoo or perfume. They're things people need to maintain health, not discretionary products a person can use or throw away on a whim," wrote Dr. Erin N. Marcus, an internist and professor at the University of Miami School of Medicine, in an op-ed article in the New York Times in January 2003 (Hawthorne, 2005, p. 264).

A New York Times opinion piece, "Countering the Drug Salesmen," March 20, 2008 talks about a possible corrective policy under consideration by congress in which government-funded healthcare professionals would call on physicians to provide a counterweight to the drug companies and other one-sided influences that doctors

are exposed to. How well might it work? Harvard University prepared educational materials and sent their trained medical professionals--pharmacists and nurses-to doctors' offices and reported a saving of more than \$500,000 on gastrointestinal drugs alone.

Doctors Do Bear Some of the Responsibility

When it comes to conventional U.S. medicine, doctors are not great at health-care, but they are great at sickcare. Patients, too, bear part of the responsibility for this problem. When I take the time to counsel my patients about eating a healthy diet and exercising, their eyes glaze over. And, judging by their girth and by the portions and types of foods physicians are plating, they by and large are little more qualified to address this issue than their patients.

There is also a problem of doctors believing in their own infallibility. When Dr. Atul Gawande, a Harvard surgeon, developed a brief pre-surgical checklist that was demonstrated to eliminate many surgical errors, his colleagues were not anxious to adopt it. Gawande testified that his technique got "massively better results." Nevertheless, the checklist has not been widely accepted and Gawande believes that is because doctors don't want to admit that they make simple errors. Curiously, a majority of those same physicians would want the check done by their surgeon (National Public Radio News, 2010, Jan 5).

This lack of admission of infallibility manifests itself in poor communication between doctors, which adds to health-care cost in the way of poor patient care, duplication of services, and a greater risk of injury to patients from repeated tests.

Personally, I was surprised by the one doctor who thanked me for calling him regarding a patient's medication and other issues. You might think that doctors want to do the right thing and communicate, in spite of the time pressure and owning up to fallibility it implies. In my experience, the number of physicians who have called to talk about a patient at the clinic or the emergency department is negligible. Does sheer arrogance play a part? Most of Dr. Gawande's checklist revolves around good communications, so it seems we are willing to accept a higher morbidity and mortality rate because of our unwillingness to communicate.

The Acceptance of Advanced Cardiac Life **Support With No Evidence of Effectiveness**

Advanced Cardiac Life Support (ACLS), that is, the array of drugs, machines, and techniques commonly used in emergency rooms in the case of heart attack, is the treatment approach sponsored by the American Heart Association (AHA). There are many health care professionals who are convinced that ACLS has become a cot-

tage industry for the AHA and the pharmaceutical industry that offers little more than show and lacks any evidence of effectiveness. In reality, the only proven modality is defibrillation which is most effective within the first few minutes, usually outside the hospital, and can be performed by the lay public with little training.

The Problem: Doctors

As a member of this honorable profession which also has its full complement of flawed people who harbor a whole rainbow of bigotries, I still feel that it includes the most dedicated, the most diligent, the most ethical people I have been associated with. I believe the public, rightly so, has placed physicians at the top of the list of most trusted professions. Over the years, however, this hard-earned medallion has been tarnished. The reasons are many, as I will explain, but the answer always comes down to "the bottom line."

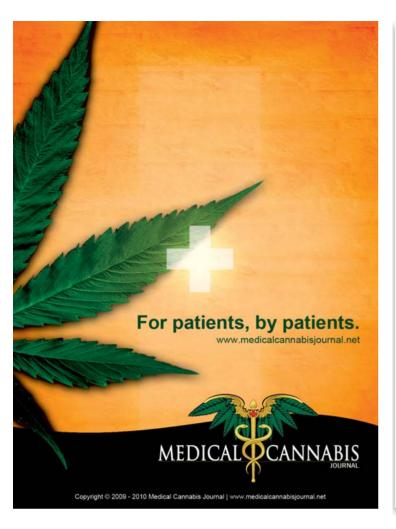
Doctors Bear Responsibility

When it comes to conventional U.S. medicine, doctors are not great at health-care, but they are great at sickcare. Patients, too, bear part of the responsibility for this problem. In light of the fact that study after study shows the diet and exercise is most important factor for good health, when I take the time to counsel my patients about eating a healthy diet and exercising, their eyes glaze over. And, judging by their lack of nutritional knowledge, abdominal girth, portions and types of foods physicians are plating, they by and large have little more credibility to address this issue than their patients.

There is also a problem of doctors believing in their own infallibility. When Dr. Atul Gawande, a Harvard surgeon, developed a brief pre-surgical checklist that was demonstrated to eliminate many surgical errors, his colleagues were not anxious to adopt it. Gawande testified that his technique got "massively better results." Nevertheless, the checklist has not been widely accepted and Gawande believes that is because doctors don't want to admit that they make simple errors. Curiously, a majority of those same physicians would want the check done by their surgeon (National Public Radio News, 2010, Jan 5).

This lack of admission of infallibility manifests itself in poor communication between doctors, which adds to health-care cost in the way of poor patient care, duplication of services, and a greater risk of injury to patients from repeated tests.

Personally, I was surprised by the one doctor who thanked me for calling him regarding a patient's medica-





Currently Featuring:









*www.adastraseeds.com

Cannasseurs Inc.

Is proud to present THE OFFICIAL FIELD GUIDE TO MEDICAL MARIJUANA Available to patients around the world as an easy way to get started, find what they need, keep track, and more...

- * OVER 100 NEED TO KNOW FACES
- * MUSTERIVE RESOURCES
- * FAST TO FOTO WDIR GRAVE

Active Components / Common Side Effects / Legal Concerns Understanding Names and Genetics / Keeping Track Getting What You Need / Ways To Medicate / Quality Control The Indica-Sativa Spectrum / Cannabis Throughout History

ELEAD CULDES

BUD-ROOM CHARTS

DECORATIVE POSTERS

POCKET FOLDERS

ONLINE RESOURCE NETWORK AND MORE...

Educate Medicate Legitimize



Treating Yourself Leafly





CANNASSEURSING.COM

GUID 2

Cannasseurs Inc

tion and other issues. You might think that doctors want to do the right thing and communicate, in spite of the time pressure and owning up to fallibility it implies. In my experience, the number of physicians who have called to talk about a patient at the clinic or the emergency department is negligible. Does sheer arrogance play a part? Most of Dr. Gawande's checklist revolves around good communications, so it seems we are willing to accept a higher morbidity and mortality rate because of our unwillingness to communicate.

Doctors' Role in the Over Prescription Problem

As touched on elsewhere, doctors are contributing to the epidemic prescription problem, whether it is the apparently cavalier practice of the physicians for Elvis, Rush Limbaugh, and Michael Jackson, the "Docs in the Box" in the office on the corner, or the local emergency department with its Candy Man.

The US consumer receives 95% of the world supply of Vicodin, and 60% of the world narcotic, according to one research. A study funded by the CDC and the National Center for Injury Prevention and Control showed in 1999 to 2005 the annual incident of unintentional drug overdoses increased from 11,155 to 22, 448. It now rank only second to motor vehicle accidents as a leading cause of death. This represent an increase of more than 100%. This increase was found to be due to physician backed prescriptions, and not attributed to illicit drugs such as heroin and cocaine. So the question begs: Why are physicians writing prescription for these powerful drugs when studies have shown them to not be as efficacious as non narcotics for some of the most common conditions? It pays! Doctors want to keep patients happy and maintain their revenue stream. They want to meet or exceed patient expectations, or frankly "get rid of" demanding, and or sometime drug seeking patients. Backed by dubious beneficial marketing studies generated by the Big Pharma marketing apparatus they feel compeled to offer these most powerful analgesics. Also, for emergency physicians, there is the phenomenon of the Press Ganey Scores. This is an analysis of patient satisfaction that administrators are watching closely in emergency departments across the country. Although I am a big fan of it, as well as a student of judicious marketing, it is held over the heads of physicians to the exclusion of good medical

In remote rural areas, Critical Care Access hospitals are particularly affected by prescription abuse. There are many reasons ie. shifting demographic, depressed local economies. These hospitals are often strapped for cash. Of late, many have closed there doors. Federal reimbursement to there facilities are dependent on "the num-

bers" for the indigent, and self-pay patients who often can't or don't pay. Administrators are keenly concerned with keeping the numbers up. In light of the extreme over prescription by some doctors, I have been asked to write prescription narcotic pain policies for emergency departments. To my amazement, they have largely been ignored. Why? It doesn' t pay. Drug seekers frequent emergency departments multiple times per week and sometimes several times a day and this practice is one of mutual financial benefit.

Not only narcotics but antibiotics and other prescription medications are often over prescribed. A doctor I know was denied employment for stating and practicing nonantibiotic prescription treatments for cold-like symptoms. He was asked not to write in the chart "homemade chicken soup" and other more natural, scientifically supported treatments.

The Ethics of Profiting from Medicine

Everywhere in the world of what was once pure scientific research, we see a rush for the gold and the influence of the business interests.

In the past, medical investigators felt it was unseemly to profit from people's ills. When Jonas Salk, for example, who was funded by grants from the March of Dimes, developed the polio vaccine, legendary newscaster Edward R. Murrow asked him why he never patented his invention. "How can you patent the sun?" Salk replied. For Salk and his contemporaries, commercialism cast a shadow, tainting the integrity of pure research (Marsa, 1997, p. 50).

These days scientists are quicker to protect their own turf and less able to collaborate. In Linda Marsa's 1997 Prescription for Profits, she describes a famous conference.

The collegial relationship famously broke down at the 1975 Asylomar Conference when 150 prominent scientific leaders converged on Monterey California where Recombinant DNA safety guidelines were to be developed. It quickly degenerated into esoteric schoolyard squabbling among a bunch of men who were accustomed to being the smartest kids in the class (Marsa, 1997, p. 65).

As Linda Marsa notes, "Secrecy replaced the openness that was once the hallmark of good science." Molecular biologist Russell Doolittle of University of California San Diego and the Salk Institute commented on the effects on the scientific community.

In a letter to the University of California's Patents Board, Doolittle wrote, "There used to be a good healthy exchange of ideas and information among researchers at UCSD, the Salk Institute, and Scripps. Now they are locking our doors. The threat to scholarship is serious, indeed." (Marsa, 1997, p. 137).

The Problem: Supreme Court Overturns the Citizens United Case and Unleashes a River of Money

A Supreme Court decision in January 2010 overturned a 20-year precedent that prevents corporations from buying campaign ads from their general treasuries. This decision also struck down a law saying corporations couldn't buy "issue ads" which can be thinly veiled opposition ads for specific candidates--flooding the airways in the closing days of campaigns.

The result? Corporations can unleash multi-million-dollar ad barrages against candidates who try to curb special interest power, or they can devote millions to propping up elected officials who back their schemes. With no limits on their spending, big oil, Wall Street banks, and health insurance companies will try to drown out the voices of everyday Americans.

The Problem: Patients and Societal Problems Increase the Costs of Healthcare

Emergency departments, which represent 50% of admission into hospitals, are now the scene of societal woes. A significant reason for the skyrocketing cost of healthcare lies with patients who use healthcare to treat social issues. Patients range from pregnant teens (or teens who just want to know if they are pregnant) faking abdominal pain and seeking medical care to obtain a picture of the unborn child, to drug seekers and frequent flyers.

Chronic and unnecessary visits are responsible for 80% of cost. For example, in the popular case of young girls feigning abdominal pain, this results in ER visits that often cost thousands of dollars. I personally am responsible for millions of dollars of unnecessary tests for fear of medical liability and I have been accused of being the "conservative doctor".

In a hospital in California, I knew of one frequent flyer who was estimated to have cost the state \$200,000. Make no mistake about it, we have a public option and it is called the Emergency Room.

Losing faith in Western Medicine or Just Supplementing It?

American consumers seem to be discovering new ways to maintain their health as John Greenwald et. al. explained in a 1998 Time article, "Herbal Healing."

Consumers spent more than \$12 million on natural supplements last year (1997), nearly double the amount



spent in 1994, and sales continued to grow at better than 10 % a year.

Among the eye-opening findings: Americans today make more visits to nontraditional physicians, including naturalists who claim expertise in herbs and other natural therapies, than to their family doctors. And they spend almost as much out of pocket (not reimbursed by health insurance) on alternative medicine (\$27 billion) as on all un-reimbursed physician services (\$29 billion).

The frantic expansion of the market for herbs and other supplements, though, comes at some risk to consumers. These products are not regulated in the U.S nearly as strictly as over-the-counter drugs or even foods--in sharp contrast to countries like Germany, where the government holds companies to strict standards for ingredients and manufacturing.

Perhaps a third of Americans have tried an herbal remedy, and that number is expected to grow sharply now that giant pharmaceutical companies with huge ad budgets and vast distribution channels are charging into the field (Greenwald et. al., 1998).

One major factor that will hasten the exodus to holistic medicine can be found in the remarks of an industry insider. A former Vice President of GlaxoSmithKline, an eminent academic geneticist from Duke University, announced that most of the company's products were ineffective in most patients. He was acknowledging that most drugs, because of genetic differences or other reasons, are only effective for 30% or 50% of the people who take them (The Independent, 12/8/2003). News like this is not good for the pharmaceutical industry which has staked its future on marketing specific drugs for more and more uses to ever wider groups of people.

Did Someone say "Herb"? or,

"Put that in your pipe and smoke it."

Cannabis needs to be researched with a healthy sense of skepticism. My own research has come up with startling preliminary results. If history is correct, and the results I

I have practiced emergency medicine all over the world, from Native American villages to the inner city of Newark, New Jersey to war torn Bosnia and Albania. I have treated many overdoses of heroin and other prescription drugs. Never once in my career have I ever had to treat a marijuana overdose.

am seeing from current international and national research, government and non-government, are correct, it is the one of the most useful medications known. Research confirms that cannabis shows promise in treating severe pain, muscle spasms, glaucoma, asthma, refractory nausea and vomiting, seizures, Alzheimer's, and a host of other disorders (Grotenhermen, et. al., 2002).

It is interesting to note that the same U.S. government which claims that cannabis is a dangerous drug, has no medicinal value, and prohibits its use, has registered a patent on a cannabinoid, the active medicinal chemical of marijuana, for its ability to protect the brain after a stroke (April 1999, #6630507: , United States of America/Department of Health and Human Services).

No other substance even comes close to its effectiveness. It poses virtually no serious health risk, especially when filtered inhalation and topical and oral ingestion are considered.

- Then why is it classified with dangerous drugs like heroin, when cigarettes and alcohol combined are responsible for well over 60% of hospital admissions and have little or no medicinal value?
- Why is it illegal for researchers to even study it in the laboratory?

I have practiced emergency medicine all over the world, from Native American villages to the inner city of



Newark, New Jersey to war torn Bosnia and Albania. I have treated many overdoses of heroin and other prescription drugs. Never once in my career have I ever had to treat a marijuana overdose. Textbooks barely describe marijuana overdoses. When they do, they say that it is harmless. The medically judicious use of cannabis must be further studied (Tintinalli et. al., 2004).

The primary reason for the public outcry against medical marijuana and its demise was a massive propaganda campaign against it. Note that it used to be stocked in pharmacies and was used in mainstream medicine both in the U.S. and Europe.

Then, pharmaceutical companies, in league with the government, and at the encouragement of the Hearst Corporation, convinced the public that marijuana was a threat to society. They had their reasons. The pharmaceutical companies understood that it was an effective treatment for many different ailments and it was cutting into their profits. The Hearst Corporation wanted to suppress competition from hemp pulp manufacturers to protect their stake in the paper industry (Herer, 2000).

From the point of view of the drug industry, because the cannabis plant could not be patented, it posed a real threat to their product lines. The anti-cannabis propaganda included films such as Reefer Madness which depicted drug-crazed, sex hungry wild teens. The films tried to link marijuana in the public mind with the threatening image of a promiscuous white woman and a black jazz musician.

Yale University drug historian, Dr. David Musto, explains in his 2000 video series Hooked: Illegal Drugs and How They Got That Way, that marijuana scare tactics were similar to the way cocaine was outlawed, by promoting the fear that cocaine would induce black people to attack whites. Musto asserts that all of the drug laws were developed because of racism against people of

The Epilogue

Because of all that I have learned, I would like to think that hope is still not lost, even in the face of what appear to be insurmountable odds in favor of the business of medicine. Consider that the business interests would love nothing more than for their subjects to roll over in the mire of hopeless. This we cannot do!



If Medicine Continues on its Present Course. What will Result?

- Increasing healthcare costs.
- A greater number of drugs inadequately studied and approved for sale, bolstered up by unsupported, supposedly peer reviewed and persuasive articles that will govern the way patients are treated.
- Biased scientific research resulting in an increase in patient illness and death.
- A dwindling middle class and further polarization of the US population where the best medicine goes to the wealthy. This will result in 3rd world medicine for most of us and first class medicine for the small group that can afford it. This may be why a recent Time Magazine headline reads, "Your next doctor may be a nurse."

What the Medical Establishment Won't Tell You

- Many of the drugs that we prescribe for hypertension, heart disease, high cholesterol, etc. have little effect on overall morbidity and mortality. They are expensive and many doctors don't have a clue what they cost.
 - There is a worldwide infectious disease crisis which the medical establishment created and for which we have no cure.
 - Shockingly, few new antibiotics are in development.
 - Most heart attacks are not caused by blood clots, but are probably spasmodic, so the clot buster at \$4,000 a dose that Genentech recommends may not help the majority of victims.
 - Advanced Cardiac Life Support (ACLS) and CPR

have little to no benefit over an electrical shock. ACLS and CPR have a dismal record of patients leaving the hospital alive.

- Aspirin and, potentially, cannabis are the true wonder drugs of human kind.
- Cannabis may be rediscovered as a true and, possibly, one of the only wonder drugs known to man, which has minimal side effects and no directly reported deaths.

The Solutions I Propose to You

- National Health Care with a Public Option. Remember, as I have said, we already have a much more costly public option. It's called the Emergency Room.
- The American public must become more politically active and hold elected officials accountable. Find out who is funded by what special interest and vote them out if their voting record reflects a loyalty to someone other than us. Remember that we get the government we deserve.
- Work with those few politicians, both democrats and republicans, who need us to, as Lyndon Johnson said, "Make me do it" This is done to create a groundswell of support for the progressive minded politicians who will serve the American people's true interest. A New York Times opinion piece written June 3, 2009 asserts that, "If some laws and regulations need to be rewritten, that is a small price to pay for greater transparency."
- Demand more from your physicians by being a partner in your own healthcare. Don't demand healthcare without basis. Follow the recommendations of nurses and access nurse practictioners and physician's assistants who are less likely to be bought.
- MDs should resist the influence of pharmaceutical companies and critically question research. Seek out the financial source of the research you read. Dr Angell recommends that, as a patient, when your doctor prescribes a new drug, ask these questions,
- What is the evidence that this drug is better than an alternative drug or some other approach to treatment?
- Has evidence been published in a peer-reviewed medical journal or are you relying on information from drug company representatives?

She also advises, "Ask your senators and representatives if they receive campaign contributions from pharma, and how much." And, "Pay no attention to direct to consumer ads for prescription drugs (Angell, 2005, p. 61).

These are hard questions for some, though for me, as a doctor, it would inspire me to know more about the drugs than I feel doctors typically know. And remember,

nurses can be some of your best healthcare friends.

To paraphrase a reader who responded to Dr. Angell's article "Is Academic Medicine for Sale?" An alert reader wrote, NO! The current owners are very happy with it (Angell, 2005, p. 61).

References

Andrews, M. (2008, Oct. 29). Costly Diabetes Drugs--Are They Worth It? U.S. News & World Report. Retrieved on Feb. 10, 2010 from

http://health.usnews.com/health-news/blogs/on-health-and-money/2008/10/29/costly-diabetes-drugs--are-they-worth-it

Angell, M. (2005). The Truth About the Drug Companies: How They Deceive Us and What To Do About It. New York: Random House.

Atul Gawande's 'Checklist' for Surgery Success. (2010, Jan. 5). National Public Radio, Retrieved Feb. 24, 2010 from

http://www.npr.org/templates/story/story.php?storyId=122226184

Blue, L. (2008, Oct. 17). A New Class of Antibiotics Could Offer Hope Against TB, Time, vol., Retrieved Feb. 2, 2010 from http://www.time.com/time/print-out/0,8816,1851375,00.html

Cendrowicz, L. (2008, Nov. 28). Big Pharma Faces a Crackdown in Europe, Time. Retrieved Feb. 10, 2010 from http://www.time.com/time/print-out/0.8816,1862791,00.html

"Countering the Drug Salesmen." (2008, March 20). New York Times. Retrieved May 2, 2011 from

http://www.nytimes.com/2008/03/20/opinion/20thu2.html

F.D.A.'s Secret Files. (2009, June 3). The New York Times. Retrieved Feb. 10, 2010 from http://www.nytimes.com/2009/06/03/opinion/03weds2.html

"Glaxo Chief: Our Drugs Don't Work on Most Patients. Retrieved July 27, 2011 from http://www.independent.co.uk/news/science/glaxo-chief-our-drugs-do-not-work-on-most-patients-575942.html

Greenwald, J.; Blackman, A.; Dowell, W.; Pascual, A.; Woodbury, R. (1998, Nov. 23) Herbal Healing, Time. Retrieved Feb. 10, 2010 from http://www.time.com/time/printout/0,8816,989622,00.html

Grotenhermen, F.; Russo, E; eds. (2002). Cannabis and Cannabinoids, Pharmacology, Toxicology and Therapeutics Potential. Binghamton, NY: The Haworth Press.

Harder, B. (2005, July 30). Pushing Drugs. Science News, 168, 5, pp. 75-76. Herer, J. (2000). The Emperor Wears No Clothes: The Authoritative Historical Record of Cannabis and the Conspiracy Against Marijuana, 11th edition. Van Nuys, California: Ah Ha Publishing.

Harrell, E. (2009, Oct. 1). The Desperate Need for New Antibiotics, Time, vol. Retrieved Feb. 2, 2010 from http://www.time.com/time/print-out/0.8816.1926853.00.html

Harris, G. (2009, June 2). Drug Agency May Reveal More Data on Actions. The New York Times. Retrieved Feb. 10, 2010 from

http://nytimes.com/2009/06/02/health/policy/02fda.html

Harris, G. (2009, Oct. 21). F.D.A. Lags in Banning Researchers After Fraud. The New York Times. Retrieved Feb. 10, 2010 from

http://www.nytimes.com/2009/10/22/health/policy/22fda.html

Hawthorne, F. (2005). Inside the FDA: The Business and Politics Behind the Drugs We Take and the Food We Eat. Hoboken, New Jersey: John Wiley & Sons, Inc.

Jewett, C. (2010, March 1). Medi-Cal officials' trips not disclosed, San Francisco Chronicle, p. A1.

Kluger, J. (2009, Mar. 6). Is Drug-Company Money Tainting Medical Education? Time. Retrieved Feb. 10, 2010 from http://www.time.com/time/print-out/0,8816,1883449,00.html

Law, J. (2006). Big Pharma: Exposing the Global Healthcare Agenda. New York: Caroll & Graf.

Marsa, L. (1997). Prescription for Profits: How the Pharmaceutical Industry Bankrolled the Unholy Marriage Between Science and Business. New York: Scribner.

Marshall, E. (1996, March 8). Gallo Institute and the Last Hurdle, Science, p. 1359.

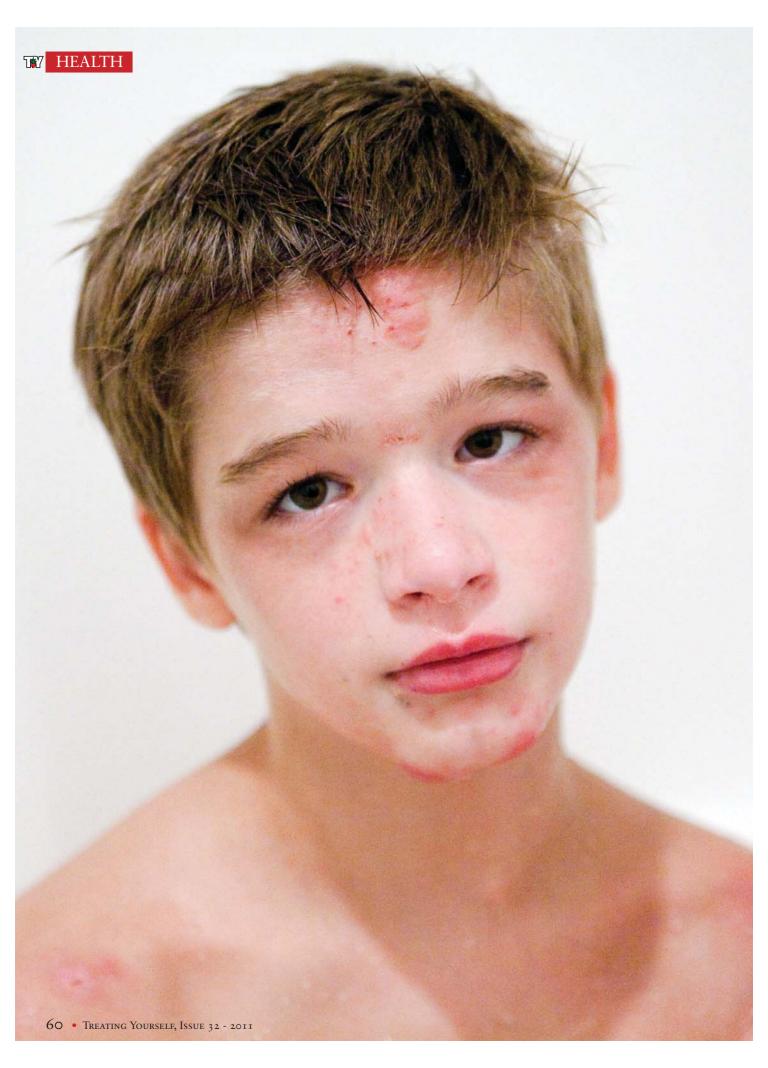
Musto, D. (2009). "Hooked: Illegal Drugs and How They Got That Way," History Channel. Retrieved May 2, 2011 from http://video.google.com/video-play?docid=4998262688881785593#

Payne, J. (2009, July 7). 5 Risks Linked to Diabetes Medications Like Lantus, Avandia, Actos. U.S. News & World Report. Retrieved on Feb. 10, 2010 from http://health.usnews.com/health-news/managing-your-healthcare/diabetes/articles/2009/07/07/5-risks-linked-to-diabetes-medications-like-lantus-avandia-actos/comments

Pressure Groups: Doctors' Dilemma, (1969, July 25). Time. Retrieved Feb. 10, 2010 from http://www.time.com/time/printout/0,8816,901114,00.html Tintinalli, J.; Gabor, D.; Stapczynski, J. (2004). Emergency Medicine: A Comprehensive Study Guide, 6th edition. New York: McGraw Hill. United States Patent and Trademark Office. (April, 1999). Patent no. 6630507. Cannabinoids as Antioxidants and Neuroprotectants. The United States of America as represented by the Department of Health and Human Services. Wallis, C.; Horowitz, J.; Lafferty, E. (1991, Nov. 4). Why New Age Medicine Is Catching On, Time, vol. Retrieved Feb. 10, 2010 from http://www.time.com/time/printout/0,8816,974180,00.html Yan, S. (2009, Feb. 18). Herbal Meds, Time, vol. Retrieved Feb. 2, 2010 from http://www.time.com/time/specials/packages/article/0,28804,1879548_1879547_1879532,00.html

Cartoon





Autism & Cannabis:

Prohibition Makes it Tough on Parents

by Mary Lou Smart @ 2011

www.medicalcannabisart.com

eremy Patrone (not his real name) has a goal. He and his wife want their son Alex treated with cannabis. They have done so in the past, with success. Since initial treatment, however, Alex has moved to a group home. Because of the hypocritical labeling of cannabis as a Schedule 1 drug with no known medical benefit under Controlled Substances Act of 1970, the United States government protects its federal budgets at the expense of compassionate care. The cruel policy of keeping cannabis medicine from the sick permeates every aspect of government, including housing that would receive any type of government assistance, even in states with legal medical marijuana programs.

Alex, 10, is severely autistic. He beats himself bloody on a regular basis. After his 5th birthday, his self-injurious behavior went from moderate to extreme. His parents tried to care for him, but his violent rages were uncontrollable, which left them drained and barely able to work or care for their other child. Heartbroken, they put Alex in a facility contracted by the state for developmentally disabled children.

For more than a year, Jeremy has been describing Alex's condition on his blog at www.alexneedshelp.com. He encourages parents as well as members of the media to contact him.

About Autism

Autism is a catch-all label for a large family of complex developmental brain disorders known as Pervasive Developmental Disorders (PDDs). At six weeks of age,

Alex was diagnosed with Tuberous Sclerosis, a rare, genetic disease that causes benign tumors to grow in the brain and on other vital organs such as the kidneys, heart, eyes, lungs and skin. Often affecting the central nervous system, the condition can result in seizures, developmental delay, and behavioral problems. Alex has seizures.

Autism occurs in a strikingly large number of children, one out of 110, more than pediatric AIDS, juvenile diabetes and cancer combined. Its characteristics include severely impaired social interaction and communication. A disorder of neural development, its signature is often restricted and repetitive behavior. While nobody understands why the rate of new cases is growing by an estimated 10 to 17 percent a year, theories such as environmental factors and improved testing are given as possible causes for the increased incidence.

Treatment

Dosing autism sufferers with anything is difficult. Having trouble with communication, they do not always follow instruction or let anyone know how they feel. Alex's parents were frustrated because their son's doctors prescribed a heavy regimen of pharmaceutical medications, including narcotics and seizure medications, that left him in a zombie state. His parents tried Zoloft, Risperdal, Ativan, Valium and many more, but Alex's condition did not seem to be improving. They didn't like seeing him drugged and wanted a more natural solution.

When friends told them about cannabis, they did look into it. Cannabis is known to help autism sufferers. While reports from the medical community concerning

His parents tried Zoloft, Risperdal, Ativan, Valium and many more, but Alex's condition did not seem to be improving. They didn't like seeing him drugged and wanted a more natural solution.

"In terms of safety, there is nothing that we have to offer pharmaceutically that can match the safety of cannabis," he said when contacted for an earlier article. "In my own practice as a clinician, I have never come across a single pharmaceutical agent that is as well tolerated, and lacking in significant side effects, as cannabis."

treatment of autism with cannabis are sparse in the United States thanks to the federal government's Prohibition, online support groups and blogs written by parents document stories of children making significant improvement, and leading happier, healthier lives.

That cannabis helps PDDs is not surprising. There are many other conditions associated with brain trauma and anxiety, such as post-traumatic stress, where research documents the benefit of whole plant therapy.

Post-Traumatic Stress Success

Numerous studies point to the endocannabinoid system's strong role in regulating emotions. Such studies, along with considerable patient testimony, convinced lawmakers to include Post-Traumatic Stress Disorder as the only psychiatric indication qualifying for a recommendation in New Mexico's medical cannabis program.

Bryan Krumm, psychiatric nurse practitioner, with Sage NeuroScience in New Mexico, even petitioned the federal government in an effort to have cannabis moved from Schedule I to protect patients as well as medical professionals.

"In terms of safety, there is nothing that we have to offer pharmaceutically that can match the safety of cannabis," he said when contacted for an earlier article. "In my own practice as a clinician, I have never come across a single pharmaceutical agent that is as well tolerated, and lacking in significant side effects, as cannabis."

Many of Krumm's patients suffer from post-traumatic stress, which, like autism, often involves high anxiety.

"I've seen some very significant benefits in helping with that, which go above and beyond what I've been able to do with just traditional pharmaceuticals," he said. "Probably the vast majority of patients that I have in the program still require pharmaceutical treatment. But quite often the traditional pharmaceuticals are not able to manage the anxiety, not able to stop the nightmares, the flashbacks, the constant, recurring thoughts that people get, and that's where cannabis is very helpful."

Animal studies point to hyperactivation of the amygdala, the part of the brain involved in emotional regulation. Shown in research to perform a primary role in the processing and memory of emotional reactions, the amvgdalae have a large number of cannabinoid receptors, as do other areas of the brain feeding into them.

"Activating those receptors helps turn off or slow down the hyperactivity," Krumm said. "So we see things like a decrease in anxiety, a lessening of depression. With patients with chronic suicidal behavior, we've seen it take away suicidality when they would not remit with traditional pharmaceuticals. Another big thing, with PTSD we see mood swings with irritability and anger. Cannabis really helps to control that. It has the advantage of working very quickly when working with the inhaled route in being able to suppress those types of emotions and allow people to function better."

Cannabis and Autism

With autism, parents are leading the way. Mainstream media outlets have covered the remarkable progress that Mieko Hester-Perez has had with her son Joey following cannabis treatment. Severely autistic, Joey's condition had spiraled out of control. He too experienced violent rages. He weighed about 45 pounds and had been given less than six months to live when she decided to take matters into her own hands and treat him with cannabis. He lived.

"Autism is nothing more than brain trauma," she reasoned. "When you do research on brain trauma, and apply when you've learned, it's easy to understand why cannabis is so effective with children diagnosed with autism. It's miraculous."

After being interviewed by Diane Sawyer on ABC News Good Morning America show over a year ago, she received calls from parents around the world who wanted to know more. Desperate to get their children off of drugs that didn't do much more than knock them out, they wanted to be able to give them back their lives with a safer solution than strong drugs. After treating her son with cannabis for over two years, his physicians had told Mieko that the severity of Joey's autism was no longer

apparent. She decided that others needed to know.

Understanding their plight and the lack of resources available, she founded Unconventional Foundation for Autism, www.u4a.org.

"The cannabis community is unaware of all of the loopholes that we go through," she said. "Parents cannot go public most of the time, because we are dealing with multiple government agencies, and need to do things discretely."

In addition to being executive director of Unconventional Foundation for Autism (UFA), Mieko is a legal researcher. She is able to navigate through a web of federal and medical information better than most, and shares her information. Even so, she's well aware of the federal government's determination to stop compassionate care at all costs, and does not speak in front of a camera without an attorney at her side. Considered a leading resource for cannabis and autism, UFA has cannabis professionals on its board, two doctors and two scientists.

"One thing that I learned right away," she said in regards to cannabis therapy, "is that there

aren't any autism experts. The parents are the experts."

Meiko says that every parent who comes to her wants to know about cannabis dosing.

"With pharmaceuticals you cannot find the right dose either," she said. "At some point you have to dumb it all the way down into layman's terms, because I have a lot of parents who contact me and want a solid answer on that when not even their doctors can give them a solid answer on traditional medications. It's trial and error."

Alex Needs Help

Jeremy received a recommendation from a physician in his home state of Oregon to treat his son with cannabis. For a time, a friend supplied the cannabis. Unfortunately,



he and his wife knew next to nothing about cannabis, and were operating completely on a hit or miss basis. When they were able to get their son to ingest an adequate dose via cannabutter on Oreo cookies or another edible, he became visibly calm and at times seemed to experience joy. They've filmed before and after episodes that are on the blog. Jeremy reports that cannabis was more effective than any treatment they had tried.

While they did experience some success, when their supply dried up, Alex's condition spiraled into a crisis mode. Because they were new to the dysfunction surrounding the field of cannabis medicine, they were shocked to see a prohibition getting in their way of a safe treatment. On his blog, Jeremy documents his disillusionment with the United States government.

In the group home, Alex has been treated with Haldol, Ativan, Valium, and at least one medication that could kill him if the dose was just a bit too high.

"Marijuana is controversial because its long-term effects on a child are believed to be unknown, and possibly risky," he writes, adding, "Alex's other medications are exactly the same - nobody has data for how longterm use of Risperdal affects a growing child! And when "death" can be listed as a possibility for some of his legal drugs, it's hard to believe anybody can claim marijuana shouldn't be an option."

In the group home, Alex has been treated with Haldol, Ativan, Valium, and at least one medication that could kill him if the dose was just a bit too high. Unable to help their son with a therapy that was working, Jeremy and his wife believe that they failed him. Like many, the experience has politicized Jeremy, 35, who says he now watches to see how a politician treats the cannabis issue before voting. Prior to trying to treat Alex, he and his wife had never used marijuana and did not want to.

"My wife and I both grew up basically believing all of the propaganda," he said. "I've tried it once to see if the dosing was right for Alex, but other than that, I don't use it."

Because they understand that cannabis helped their son and is a safe therapy, they'd like the staff at his son's group home to use it. That will probably not occur any time soon, what with federal agencies like the U.S. Department of Housing and Urban Development working hard to scare anyone offering any type of public housing assistance where cannabis is used, even in states with medical marijuana programs. Jeremy and his wife are receiving the same education that has turned millions into believers. This is also the same education that leaves just as many and more furious about tactics used by the U.S. Government.

"Prohibition is an utter failure." said Jeremy, commenting on www.alexneedshelp.com "For us, it has meant that we don't know how to get the right dose, what kind of dosing would work best, what strains could be better for Alex, etc. Basically, prohibition of cannabis has taken away a very good option for Alex's medication choices.

In any elections in your area where marijuana initiatives are on the ballot, vote wisely — marijuana is one of the safest medications we have, and education is the most powerful weapon we have. I for one have decided to look at every politician's drug policy stance as my number one issue prior to voting. Other issues are important to me, but none so much as ending the drug war."







Treating Yourself Interviews

Matt Kopalek from UB NORML

by Anthony C. Brucato

att Koplak is from Binghamton, New York. He is in his fourth year majoring in International Business studies with a minor in Biology at the University at Buffalo (UB). Matt Koplak and Adrien D'Angelo co-founded UB NORML in 2009 with the help from Elyse Brown to promote the cause of legalizing medical and responsible adult use of cannabis in New York. I had the chance to interview Matt about UB NORML

AB: Matt, how did you become interested in the legalization of cannabis?

MK: As a result of an extensive spinal surgery I had at age 14, I was unable to engage in the normal activities of the average athletic teen due to chronic pain. Two years into pharmaceutical "relief", my physician and I realized that painkillers were not only highly addictive, but they were ruining my life with their side effects. The pain from my spinal fusion made me so irritable that I was extremely rude to my parents and siblings. I was drowsy everyday because I couldn't sleep well at night. I began to build up a tolerance and had to take progressively more painkillers to ease the pain. Yet, the pain continued and I was more tired than ever. I discovered cannabis shortly thereafter and noted to my physician that it allowed me to sleep more than three hours a night and was more successful at relieving my back pains. The discovery of the medicinal effects of cannabis returned a feeling of joy to my heart and granted me a more positive attitude toward my future and endeavor. I credit it with many the life successes I've have had thus far! Unfortunately this wonderful and natural medicine, which can be grown naturally with only the soil and sun and which is far more effective, sustainable, and less addictive than known synthesized painkillers I've tried, is still completely illegal for medicinal and responsible adult use in New York.

I soon realized it made no sense that the taxpayers continue to allow the US Government to waste billions of our tax dollars every year on cannabis prohibition. It is absolutely insane that chronically ill patients are not allowed access to cannabis that has been repeatedly proven within the past five thousand years to have variety of medical benefits including the potential to cure multiple types of cancer . It is unjust to bar responsible adults from choosing to use cannabis for recreational purposes, because it is a more sustainable and safer alternative to alcohol. Farmers should be able to grow industrial hemp: the most sustainable, versatile, and hearty plant known to exist for a variety of economical uses, such as fiber, food, oil, and fuel. I hope to play a part in ending the incalculable suffering and economic costs, which are a consequence of cannabis and hemp prohibition.

AB: Explain how was NORML founded? Name the officers that are involved in UB NORML and describe their positions.

MK: Throughout my first two college years, I read constant news updates and tragic stories related to cannabis prohibition. I was quickly becoming consumed with feelings of great injustice in our society. I decided that I needed to channel all of this energy somewhere, but where? I happened to be heading to class when I saw someone with a NORML shirt on. I instinctively approached the guy wearing it with the question, "Do you want to start a NORML Chapter here on UB campus?" That's how I met Adrian D'Angelo. Adrien is this coming year's UB NORML President and he has been the guiding force behind bringing the masses into the group meetings and events. He also is the one who does all of the work for bringing in talented musicians for the UB Community to enjoy at all of our events. Elyse Brown has also been with us since the start. She is working hard on keeping UB NORML on task and organized. UB NORML is growing because of these two dedicated activists and their visions. We will also expect to have new activists on board for next year, such as Cassy Klewicki who has been doing overtime this summer to attract incoming students to the cause.





UB NORML Members:

(Left to Right) Bridget Robinson, Aaron Marguardt, Elyse Brown, Dan Kelley, Adrien D'Angelo, Priyanka Shah, Matt Kopalek, Cassandra Klewicki, Ariel Auster-Mehr, and Shawn Morales.

AB: How does, Dr. Satish K. Tripathi, the recent elected President of the University at Buffalo, feel about the recognition of UB NORML?

MK: As our club was recognized through the Student Association, the undergraduate student run government, Dr. Satish K. Tripathi had nothing to do with our group becoming an official student organization. The only times I've ever seen our Presidents here at UB do anything with the Student Association is when they've needed photo opportunities to appear in-touch with the student population. I hope that administrators will be as fully supportive of UB NORML as the student body has been.

AB: How is the general campus feeling towards **UB NORML?**

MK: As I just mentioned, there is a great acceptance of UB NORML, alongside a host of controversial activist groups such as the Lesbian Gay Bisexual Transgender Alliance (LGBT) folks, vegetarian, environmental, world issue, and other amazing groups. We are all continuously working to improve the social conditions of acceptance to new ideas such as with responsible adult use of cannabis. There has been notable opposition. One of the on-campus Health Prevention workers, whose name I will withhold out of respect for her position, was appalled when she saw our first '4/20 Cannabis Culture Celebration.' She was upset at the name more so than anything else, so we renamed it the 'Medical Marijuana and Hemp Awareness Day' the following year out of professional consideration for her and for the University at Buffalo. She told me that we "should be doing this kind of thing in lecture halls away from the public eye," and having discussions there because she feared parents and their children might tour UB that day and see the cannabis culture celebration on campus. After a brief discussion with her, I asked her if I could talk to her in her office later. She confessed to knowing people who use cannabis but she didn't believe that cannabis was safer than alcohol and cited her experience with 'lazy tokers' here at UB, whom she helps through her classes. Not only did I reply that unmotivated

people are unmotivated unrelated to cannabis, I sent her a link to Paul Armentano's book "Marijuana is Safer" which happened to be free for viewing for twenty-four hours online on that day. She promptly never responded to any emails I sent after that. Other than that, we get frequent jokes about our Baked Sale Fundraisers. We often get a couple of oldies asking us in a low tone "Do you guys have any more expensive brownies I can buy?"

AB: Does UB NORML have any annual event? If so, please describe the annual event(s).

MK: We just had our second annual 'Medical Marijuana and Hemp Awareness Day' on April 20 this past year. We hope to make the event progressively bigger each year as we are allotted more funding and bring in more of the UB community. Our goal is to benefit the public through education and social awareness about cannabis and hemp legalization. We featured Mosaic Foundation, a Roots Reggae outfit out of Rochester who rocked the house for us, and we had some local Buffalo music acts as well. Unfortunately, it was moved to indoors due to rain this year. Next year we should have tents setup in case of rain and possible move it to UB's South Campus where we can draw a larger crowd.

AB: Does UB NORML have any plans in recruiting and connecting with people outside of University at Buffalo? How so?

MK: Absolutely! We would love to in any way shape or form work with groups around the state or nation and their legalization efforts. Several discussions with various people from around the state have already begun. For example, Jay Goldstein, the Executive Director of Empire State NORML, is working with us to improve our development and action plans for the upcoming years. I wish we could get more involved in the community beyond our usual volunteer work.

AB: Do you foresee having UB NORML members working with Canadian activists such as co-hosting the Highway 420 Rally in Niagara Falls,

Ontario or joining the annual Treating Yourself Medical Marijuana Expo in Toronto?

MK: UB NORML would love to. I talked to a fellow about the annual Niagara Falls Highway 420 Rally, but it is a longer-term scope for the group at this point. We just learned about the Treating Yourself Medical Marijuana Expo in Toronto. Due to the lack of funds, we haven't been able to reach out to events outside of UB campus, as much we would like to yet. I hope someday we can participate in every local Buffalo and Greater Buffalo area venue.

AB: Alaska, Arizona, California, Colorado, Washington DC, Hawaii. Maine, Michigan, Montana, Nevada, New Jersey, New Mexico, Oregon, Rhode

Island, and Vermont legalized medical cannabis, but New York has not done it yet. How will UB NORML work closely with the New York Patients First organization and Marijuana Policy Project to help legalize medical cannabis?

MK: We have been in some preliminary discussions about working with the other NORML chapters in New York. We have been bringing computers to all of the venues we attend to allow people to send a pre-written email letter to our representatives in New York State to support legislation in favor of medical marijuana legalization. Again, as we grow, we plan to branch out and become more involved with larger organizations in the New York State area to help pass medical marijuana.

AB: How will the city of Buffalo benefit from the legalization of responsible adult use of cannabis?

MK: I wish I could point to an amazingly well written recent article in the Buffalo paper on this one. On the employment scale, there would be business opportunities for farmers, quality inspecting botanists, and retail companies such as with the Dutch coffee shops in Amsterdam. From the educational standpoint, we would see proper education in our schools and universities about scientifically based research and information on cannabis instead of the scare tactics and non-factual based approaches that we have been experiencing since the Reefer Madness era. Students should not have to fear losing their school and career opportunities over cannabis possessions. On the social standpoint, there would be a safer, legal alternative to alcohol for Buffalonians. There would be a greater overall relaxed atmosphere if medical cannabis users and recreational cannabis enthusiasts could get their products in a safe and legal manner.



Top Row (from left to right): Maggie Anderson, Yiyun Zhou, Matt Kopalek, Colin Knoer, Elyse Brown

Bottom Row:

Alexis Milford, Adrien D'Angelo, Kayla Rizzo, and Patrick Medlock-Turek - High School

UB NORML joined the Tree Planting event to commemorate Susan G. Komen for Cancer Awareness on November 7, 2009. It was hosted by the Buffalo Olmsted Parks Conservancy at Delaware Park in Buffalo, NY.

AB: Is there anything you would like to add or share about UB NORML and the officers with whom you are currently work-

MK: We've all grown so much since the start of UB NORML. Elyse has become extremely organized and more responsible. Adrien has developed better skills at how to run events and manage time, and I've learned a lot about what it takes to organize a group. I want to thank them and all of our ongoing members who have sustained UB NORML and, more importantly, contributed to a safer community and greater tomorrow.

AB: What would you like to say to potential cannabis activists and supporters?

MK: Read and educate yourself first. Start with understanding the benefits of medicinal uses and work your way into the social issues involved. There is so much suffering and injustice still going on due to marijuana prohibition. Don't get discouraged. I believe in our lifetime we will see cannabis legalization but that does not mean we are not going to have to work every day for it. If you are a college student looking for some input on starting your own chapter from a student's perspective, please feel free to email me at kopalek@buffalo.edu. I'd love to help in any way possible.

AB: Matt, thank you taking the time in answering questions for Treating Yourself magazine. It is exciting for Buffalo to have UB NORML working toward the repeal of cannabis prohibition. I agree that we will see New York State legalize cannabis for medical and responsible adult use in our lifetime, because we have dedicated activists like you, Adrien D'Angelo, and Elyse Brown working together. The staff of Treating Yourself hopes to see UB NORML supporters at the Highway 420 Rally in Niagara Falls and Treating Yourself Medical Marijuana Expo in the coming year.

I also want to thank Dr. Gail Rothman-Marshall for reviewing the UB NORML article and past articles with me. Dr. Rothman-Marshall is a Counseling Psychologist and Associate Professor teaching Psychology at the Rochester Institute of Technology, who received her Ph.D. in 1989 from the University at Buffalo's Department of Counseling, School, and Educational Psychology.

Bibliographic Reference

Guzman, M. (2003). Cannabinoids: potential anticancer agents. Nature Reviews Cancer, 3, 745-755. doi:10.1038/nrc1188



TRIMPRO®





Trimbox













SPOTLIGHT

Treating Yourself on

Bad Medicine An Anti-Schwagg Q & A to Health

by S. Brook Reed

Our vulnerability exceeds our prideful egos. As mere mortals, we emerge as the objects we devour. Eat at McDonald's exclusively; die young and fat. Party with meth; bye-bye white teeth and central nervous system. Depend on prescription opiates; presume the misshapen infirmity. Even your bicycle will fail you, in time, if you grease the bearings with graphite.

Not unlike medicinal pot--- It can be a life enhancer, yet can also be caustic to your mental and physical being. The same as our flesh and blood is most receptive to raw, nutritious foods – countering trans fatty acids and gas station munchies – your cellular tissue is receptive to fresh, strain-monitored marijuana as healing and rejuvenating. Yet more bogus than an intense strain confusing a patient, permeating your protoplasm with rotten, ready-for-the-trash stash is beating down your soundness-of-body intentions – thus the universal symptoms, not to mention mood fluctuations, in select patients.

Those most adversely affected by the down aspects of this uppity medication are the immune suppressed. Patients with stomach problems, or easily fractured health in general, are also prone to damage. Health disturbances may entail: Acid indigestion, heartburn and/or bloating; flu-like belly eruptions and/or flatulence; water retention and/or urinary tract disturbances; swollen lymph and/or prostate glands; excessive cough and dry throat; ringing in ears and/or sinus drainage; skin rashes or flushing; pins-and-needles itching and/or hives; fatigue and/or decreased libido; extreme sweating and body odor...For the cursed patients, they're no better than their most recent sack.

Alleged treatments are costly. With the market decline sending pro-biotic prices into orbit, some patients make the error of instead using antibiotic/antifungal pills to ward off nasty crud-bud-induced conditions. In truth, medical cannabis patients should never have to resort to prescriptions to counter a plaque - cough! – of foul medicine.

Never!

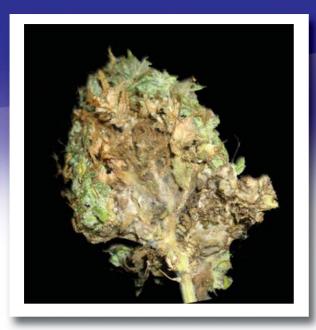
Unfortunately, some apprentice farmers or dated processors can potentially scare new patients away. Ill-advised post-crop curing methods, wrongly chosen storage, and ridiculous Mexican-type baling can result in muddy product. Like a mushy old banana, no good use can come of spore-speckled foliage that is no longer "kine" when abused or old, despite kief density.

Also tape a PESTICIDE BUD WARNING to the dirt-weed-boycott lamp post. With a stench that may exceed your mother-in-law's Spray 'n Golf commercially treated backyard, a baggie full of pot that reeks of chemicals is, without question, poisonous! Again, greenhorn growers are to blame. Thereby, the patient suffers. If your horse won't eat it, and it makes the guard dog whimper, don't toke it!

So don't waste your money on that bottle of CelestialGro! C'mon, we don't want to plead – the Ortho Chinese Hornet Killer is even worse! Anything that zaps bugs, or encourages early budding, is probably more hazardous to humans than you know, regardless of popularity. Twenty-two thousand North Americans meet their maker every year, the result of pesticide exposures. Currently, thousands of national/international pest control manufacturers face wrongful death/injury lawsuits, where many have prevailed in the past. These facts, conveniently, never tumble from the mouth of your garden center retailer. Your well-being is being gambled; apathy and ignorance are rampant.

Peter Kaiser and Gerry Pierce (both of Kaiser Farm) are organic agriculturists who advised us well on producing garden/medicinal perfection. Also Southern Oregon's leading medicinal cannabis activist and guru Cynthia Willis asserted her brand of motherly horticulture advise.





Mold can be a bigger pest than bugs. What cropdrying hints can you disclose for mildew evasion? Peter Kaiser: Sulfa burners. If we don't use them. mold can be a factor. Dehumidifying and circulating the air is very important. Good outdoor weather judgment is also crucial. Timing means a lot. If a small amount of mold is visible, we harvest the plant immediately.

Do some farmers package it up too soon?

Gerry Pierce: No plastic should be used until the medicine has been properly cured. Pre-mature bagging can definitely cause mold problems. Once bagged, keep it stirred dailv.

What about color and taste retention? Why do gorgeous buds turn brown or lose their lime green glimmer and delectable flavor?

GP: Plastic, re-moisturizing, or age cause loss of color/freshness. Medicine should only be dried in paper or cardboard.

What chemicals are used on the farm?

PK: We are absolutely organic. We don't use pesticides or synthetic fertilizer; we use Neem Oil, which dissipates in one week. And we use milk spray for calcium fertilizer. Soap or oil-based pest systems are effective and much safer. For the soil, we use coconut husks, worm castings. washed cow or chicken manure, peat moss, washed sand and decomposed granite for minerals. Then, no topical or soil samples at all for one month prior to harvest. We don't even expose our voluptuous gals to generator or tiller exhaust fumes; we take the term organic one step further and cultivate by hand.

What else repels bugs?

PK: We give the plants a bath---wash the bugs off with clear water---the old fashioned, non-toxic method.

There are trace elements of hundreds of nasty chemicals due to conventional farming, etc., in North America's tap water. What do you irrigate

Spotlight on Bad Med

PK: Well water. There is no arsenic, lime, chlorine, lead. mercury, or accumulated conventional farming chemicals in our water.

Some patients prefer indoor to outdoor harvests, Do you grow outdoors and and vice-versa. indoors, both?

PK: All in the great outdoors. Technically, it is much easier to be organic when you are growing outdoors.

Cynthia, you and your store manager, Larry Wise II barter often with Kaiser Farm, and upholds a similar yet distinctive mode of spore/chemical dodging. Please share some of your Green-Thumb knowledge.

Cynthia Willis: We, too, wash the bugs off with mere water. I touch and caress the buds---show them love---it makes for more stout plants. We also shake all the water from the buds daily---zero moisture remains overnight. We observe the intricacies of the tops closely---any detected fungus is a young generation of such and is quickly trimmed from the plant before contamination takes place. We like Ed Rosenthal's Zero Tolerance; it keeps the wormy and winged pests away. Why poison the client or ourselves? We're here to help, not handicap, the health progression of our people.

What post-harvest mistakes do farmers/providers make that cause problems for patients?

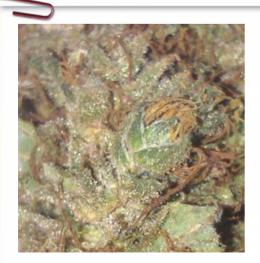
CW: We, personally, make the drying process simplistic. When the preparations are complicated, the likelihood of mold becomes greater. Get the plants in and out of the drying space! Once those plants or fragments are reaped, drying time should not exceed one week. Otherwise, something is wrong, and mold could be in fruition. We remove remnants of the tree, a bit at a time. The apex and external buds go first. We cure everything in a 5' by 9' cedar wood closet. Once suitably depleted of moisture, we transfer the dried pieces into turkey roasting bags, glass jars, or not too-tightly vacuum-packed containers. Our organic cannabis ages gracefully and is guaranteed non-noxious and parasite-free. Always.



Cannatonic



Cannatonic



Cannatonic



Physical Test

Cannatonic Strain:

Resin Seeds Breeder: Skunk-mad Grower:

Skunk-mad, 420grower & the Ball Family Judge:

July 19, 2011 Date:

1. Visual Appeal: 10 *Visual appeal of the buds from* 1-10 *unappealing-excellent.*

2. Visible Trichomes: 9 *Visible trichome content from* 1-10 *none-totally covered.*

3. Colors that are present in the trichome heads under magnification: Cloudy 60% Amber 20%

4. Colors present in the buds *and/or on a scale 1-9 light-dark:* Brown 4, Green 7, White 7, Rust 6, Orange 4,

5. Bud density: 9 *Bud density from* 1-10 *airy-dense.*

6. Aroma descriptors: *scale from* 1-9 *upon freshly broken bud where a one indicates* a subtle presence and 9 indicates a pronounced presence. Earthy 4, Pepper 4, Mint 4, Spice 5, Lemon 8

7. Aroma: 9 Aroma from 1-10 repulsive-delightful.

8. Seed content: 0 *Seed content from* 0-10 *none-fully seeded.*

9. Weeks cured: 3+ *If know the number of weeks your sample has been cured.*

Comment - This bud had a really nice structure with some very nice fox tails & some very dense nuggets. You can easily see the trichomes with the naked eye, when looked at under the scope the stems are very long with huge glistening heads. It is still slightly sticky to the touch & has excellent bag appeal.





Smoke Test

- 1. Utensils: TY RooR, Herbalaire vaporizer & Headquarter papers, Blunts
- **2. Taste descriptors:** Use numbers 1-9 that apply to the taste where 1 indicates a subtle presence and 9 indicates a very pronounced presence Earthy 5, Fruit 4, Menthol 5, Mint 7, Citrus 8, Lemon 9
- **3. Taste:** 9 *Impression of the taste from* 1-10 *unpleasant-delicious.*
- 4. State of dryness: 5 1-10 wet-dry where 5 is ideal.
- **5. Smoke ability:** 10 *smoke ability of the sample from* 1-10 *harsh-smooth.*
- **6. Smoke expansion:** 8 *smoke expantion in the lungs from* 1-10 *stable-explodes.*

Smoke Test Comments: - We tried the cannatonic in several different ways to give a good smoke report evaluation as we all don't smoke in the same way. We liked it best ran through the herbalaire vaporizer giving off some of the densest smoke ever. The smoke is very thick, smooth on the throat you can still feel it in your lungs but not in a bad way. The real taste comes when you exhale there is a lovely taste of lemons, mint & a pine, spicy aroma

FOLLOW UP QUESTIONS

- 1. Dosage: 2 bags, 2 bowls, 2 joints to reach desired effects.
- **2. Effect onset:** 9 Rate of how quickly the effect hit from 1-10 immediate-major creeper.
- 3. Sativa influence: 9 Sativa influence (best described as a clear and energetic mental effect) detected from 0-10 none-extreme.
- **4. Indica influence:** 1 indica influence (best described as a sedative, lethargic or numbing effect) detected from 0-10 none-extreme.
- **5. Potency:** 8 *Rate the potency of the sample from 0-10 none-devastating.*
- 6. Duration of effect: 2 hrs
- **7. Tolerance build up: O** *Rate of how quickly tolerance builds from 0-10 none-rapid.*
- 8. Usability: from 1-9, a one indicates the worst time of day to consume this strain and a nine represents the ideal time of day.
 - Morning/wake up 6 Day/work 9 Evening/relax 7 Night/sleep
- **9. Overall satisfaction:** 10 Rate your overall satisfaction from 1-10 poor-Holy Grail.
- **10.** Ability and conditions: 3 Rate your overall ability to judge from 1-10 low-high.
- 11. Do you personally consider this strain a keeper for long term use? Yes
- **12. Effect:** What effect did the strain have write P if the you got a POSITIVE effect and N if you had a NEGATIVE effect

Ability to rest or sit still Paranoia relief Р Anxiety relief Sex drive Appetite Sleep Audio perception Speech process **Humor perception** Taste perception Р Imagination/creativity Thought process Pain relief Visual perception

Extended Medical Survey:

P P ADD/ADHD Depression Muscular movement disorders Diarrhea Allergic rhinitis Nausea **Epilepsy Amphetamine Dependence** Panic Attack Anorexia Glaucoma Peripheral nerve pain Henatitis Post traumatic Stress Disorder Arthritis/Musculoskeletar pain High blood pressure/Racingpulse **PreMenstrual Syndrome** Asthma/Cough Insomnia Sedative/Opiate Dependence Bipolar disorder Cancer/Chemotherapy Itching Schizophrenia Migraine/vascular headache **Spasticity in Multiple Sclerosis** Chronic fatigue Muscle Spasm Crohn's/IBS

FINAL COMMENTS: - We were very impressed with the medicinal properties of this strain & the unusual effects that it has. The high you get is totally different than what you would tend to expect from a sativa dominant strain, you don't get so much of the couch lock that a great sativa can bring but that is by far overcome with the beneficial medicinal effects. This strain gives the relief you need but still leaves you functional which is very important. We have tested a strain that works so well for numerous ailments but mainly migraines, pain & pms. The guys that tested this strain have all called it a ladies smoke mainly because the lack of a head buzz which we are so used to & the fact that it does work so well for the ladies time of the month. This strain is the future hopefully there will be more Ll(thc.cbd) pheno,s in the near future as they are much needed by the medicinal community. Thank you resin seeds for finding this magical strain.

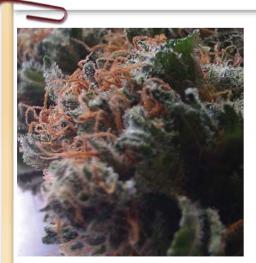




Industrial plant



Industrial plant



Industrial plant



Physical Test

Industrial Plant Strain:

Dinafem Breeder: Skunk-mad Grower:

Skunk-mad, 420grower & family Judae:

May 29, 2011 Date:

1. Visual Appeal: 9 *Visual appeal of the buds from 1-10 unappealing-excellent.*

2. Visible Trichomes: 10 *Visible trichome content from* 1-10 *none-totally covered.*

3. Colors that are present in the trichome heads under magnification: Cloudy 30% Amber 60%

4. Colors present in the buds *and/or on a scale 1-9 light-dark:* Green 6, White 6, Rust 8, Orange 8

5. Bud density: 10 *Bud density from* 1-10 *airy-dense.*

6. Aroma descriptors: – scale from 1-9 upon freshly broken bud where a one indicates a subtle presence and 9 indicates a pronounced presence. Berry 5, Pepper 5, Meat 5, bubblegum 6, Hash 5, Skunk 7, Spice 4

7. Aroma: 10 *Aroma from* 1-10 *repulsive-delightful.*

8. Seed content: 0 *Seed content from* 0-10 *none-fully seeded.*

9. Weeks cured: 6 *If know the number of weeks your sample has been cured.*

Comment - This is some of the prettyest looking bud,s i have had the pleasure to do a smoke report on. The buds are ultra compact & are covered totally with lovelly looking trichomes. Even after 6 weeks of curing the bud,s still have a stight sticky feel & when ground up you get a wonderful aroma of fruity bubblgum.





Smoke Test

- 1. Utensils: TY RooR bong, Herbalaire vaporizer 2.1, Headquarter papers
- **2. Taste descriptors:** Use numbers 1-9 that apply to the taste where 1 indicates a subtle presence and 9 indicates a very pronounced presence Berry 5, Pepper 5, Fruit 5, Bubblegum 8, Hash 7, Spice 6
- **3. Taste:** 9 *Impression of the taste from* 1-10 *unpleasant-delicious.*
- **4. State of dryness: 5** 1-10 wet-dry where 5 is ideal.
- **5. Smoke ability:** 9 *smoke ability of the sample from* 1-10 *harsh-smooth.*
- **6. Smoke expansion:** 2 *smoke expantion in the lungs from* 1-10 *stable-explodes.*

Smoke Test Comments: - When you smoke this strain you first get a wonderful taste of fruity skunk with a lingering after taste of hash, it is not the most potent strain i have tried but it is very good for daily use. We tried it in the TY RooR,a Herbalaire vaporizer & in joint form but it performed better in a vaporizer with a very smooth smoke & uplifting high. The smoke is very thick but stable in your lungs so no coughing

FOLLOW UP QUESTIONS

- **1. Dosage:** 2 vapor bags or 2 joints to reach desired effects.
- **2. Effect onset: 7** *Rate of how quickly the effect hit from* 1-10 *immediate-major creeper.*
- **3. Sativa influence:** 5 Sativa influence (best described as a clear and energetic mental effect) detected from 0-10 none-extreme.
- **4. Indica influence:** 5 indica influence (best described as a sedative, lethargic or numbing effect) detected from 0-10 none-extreme.
- **5. Potency:** 8 *Rate the potency of the sample from 0-10 none-devastating.*
- 6. Duration of effect: 1.5 -2 hrs
- **7. Tolerance build up:** Rate of how quickly tolerance builds from 0-10 none-rapid.
- **8.** Usability: from 1-9, a one indicates the worst time of day to consume this strain and a nine represents the ideal time of day.
 - Morning/wake up 7 Day/work 9 Evening/relax 9 Night/sleep 7
- **9. Overall satisfaction: 7** *Rate your overall satisfaction from* 1-10 *poor-Holy Grail.*
- **10. Ability and conditions:** 9 Rate your overall ability to judge from 1-10 low-high.
- 11. Do you personally consider this strain a keeper for long term use? Yes
- **12. Effect:** What effect did the strain have write P if the you got a POSITIVE effect and N if you had a NEGATIVE effect

Visual perception

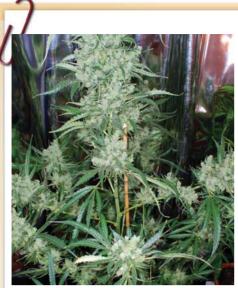
P Ability to rest or sit still - Paranoia relief
P Appetite - Sleep
P Audio perception - Speech process
P Humor perception - Imagination/creativity
P Appetite - Taste perception
Thought process

Pain relief Extended Medical Survey:

P ADD/ADHD Depression Muscular movement disorders Allergic rhinitis Diarrhea Nausea **Amphetamine Dependence Epilepsy** Panic Attack Glaucoma Peripheral nerve pain Anorexia **Post traumatic Stress Disorder** Henatitis Arthritis/Musculoskeletar pain High blood pressure/Racingpulse **PreMenstrual Syndrome** Asthma/Cough Insomnia Sedative/Opiate Dependence Bipolar disorder Cancer/Chemotherapy Itching Schizophrenia Migraine/vascular headache **Spasticity in Multiple Sclerosis** Chronic fatique Muscle Spasm Crohn's/IBS

FINAL COMMMENTS: -Overall we were very satisfied with the effects the Industrial plant gave, If you want a strain that will give you a nice head high but still leaves you motivated then this is a great strain. Dont get me wrong this strain will KO you especcially when vaporized & the crystal content is amazing, When looked at under a 100x scope the trichomes have a very small stem with HUGE amber heads which are very sticky to the touch. We were quite satisfied with this strain so thank you Dinafem.





Cheese #1



Cheese #1



Cheese #1



Physical Test

Cheese #1 Strain:

Kaliman Seeds Breeder: Swissmiss Grower:

Skunk-mad, Miss Knapper & Swiss-miss Judge:

August 24, 2011 Date:

1. Visual Appeal: 10 *Visual appeal of the buds from* 1-10 *unappealing-excellent.*

2. Visible Trichomes: 9 *Visible trichome content from* 1-10 *none-totally covered.*

3. Colors that are present in the trichome heads under magnification: Cloudy 80% Amber 5%

4. Colors present in the buds *and/or on a scale 1-9 light-dark:* Green 3, White 7, Orange 6

5. Bud density: 4 *Bud density from 1-10 airy-dense.*

6. Aroma descriptors: – scale from 1-9 upon freshly broken bud where a one indicates a subtle presence and 9 indicates a pronounced presence.

Berry 5, Floral 5, Pepper 2, Fruit 8, Pine 3, Citrus 6

7. Aroma: 10 *Aroma from* 1-10 *repulsive-delightful.*

8. Seed content: O Seed content from 0-10 none-fully seeded.

9. Weeks cured: 1+ *If know the number of weeks your sample has been cured.*

Comment - This strain is very sticky to the touch & the trichome content is amazing. The buds are small but well formed & when looked at under the scope the trichomes are very well formed with long thin stems with fat clear head's. 10/10 for bag appeal & cured very well.





Smoke Test

- 1. Utensils: TY RooR bong, Herbalaire vaporizer 2.1, Headquarter papers hemp
- **2. Taste descriptors:** *Use numbers* 1-9 *that apply to the taste where* 1 *indicates a subtle presence and* 9 *indicates a very pronounced presence* Berry 2, Floral 3, Fruit 8, Hash 5, Skunk 6, Spice 3
- **3. Taste:** 10 *Impression of the taste from* 1-10 *unpleasant-delicious.*
- 4. State of dryness: 4 1-10 wet-dry where 5 is ideal.
- **5. Smoke ability:** 10 *smoke ability of the sample from* 1-10 *harsh-smooth.*
- **6. Smoke expansion:** 1 *smoke expantion in the lungs from* 1-10 *stable-explodes.*

Smoke Test Comments: - This is some of the tastiest smoke `s we have had the pleasure to try. We mainly smoked it through the herbalaire vaporizer which even on a low setting produced some very dense vapor with a very stable hit & a super fruity taste with the after taste of a fine cheese. The smoke is very uplifting if smoked in moderation if you smoke to much or vape on a higher setting the high is more body than head, we also liked it for moderate/severe pain relief, help with anxiety & muscle spasms.

FOLLOW UP OUESTIONS

- **1. Dosage:** 2 vapor bags, 3 bowls or 1 fat joint to reach desired effects.
- **2. Effect onset:** 2 Rate of how quickly the effect hit from 1-10 immediate-major creeper.
- **3. Sativa influence:** 6 Sativa influence (best described as a clear and energetic mental effect) detected from 0-10 none-extreme.
- **4.** Indica influence: 4 indica influence (best described as a sedative, lethargic or numbing effect) detected from 0-10 none-extreme.
- **5. Potency:** 9 Rate the potency of the sample from 0-10 none-devastating.
- 6. Duration of effect: 2+ hrs
- **7. Tolerance build up:** Rate of how quickly tolerance builds from 0-10 none-rapid.
- 8. Usability: from 1-9, a one indicates the worst time of day to consume this strain and a nine represents the ideal time of day.

Morning/wake up 4 Day/work 4 Evening/relax 8 Night/sleep 7

- **9. Overall satisfaction: 9** *Rate your overall satisfaction from* 1-10 *poor-Holy Grail.*
- **10.** Ability and conditions: 9 Rate your overall ability to judge from 1-10 low-high.
- 11. Do you personally consider this strain a keeper for long term use? Yes
- **12. Effect:** What effect did the strain have write P if the you got a POSITIVE effect and \mathbb{N} if you had a NEGATIVE effect

Ability to rest or sit still Paranoia relief P Anxiety relief Sex drive Appetite Sleep

Audio perception Speech process

Humor perception Taste perception Imagination/creativity Thought process Pain relief Visual perception

Extended Medical Survey:

Asthma/Cough

Bipolar disorder

ADD/ADHD Depression Diarrhea Allergic rhinitis Amphetamine Dependence **Epilepsy** Glaucoma Anorexia Arthritis/Musculoskeletar pain

Hepatitis High blood pressure/Racingpulse Insomnia Cancer/Chemotherapy Itching

Chronic fatigue Migraine/vascular headache Crohn's/IBS Muscle Spasm

FINAL COMMENTS: -Growing up in the UK cheese has been a strain that I smoke a lot, well variations on cheese as true exodus cheese was very hard to find (being a clone only strain until now), but the cheese#l is the closest I have smoked that smelled tasted & affected me like true exodus cheese that I originally smoked back in the early 90,s when I first got introduced to medicinal values of cannabis. The smell is truly amazing with an overwhelming fruitiness & a great unique skunk overtone. This strain truly excelled when ran through the vaporizer bag system& we found it best when vaporized at a lower temperature than the norm (around 150o). This was a real pleasure for us & a great trip down memory lane. A huge thank you to swissmiss for growing such an outstanding strain, & Rockster of Kaliman seeds for creating this once mythical clone only strain now available to the medicinal community finally in seed form. A great all round strain now ready for a global invasion. Dedicated to my Grandad who sadly passed away 18/08/2011 (Mark Ball).

Muscular movement disorders

Nausea

Р **Panic Attack**

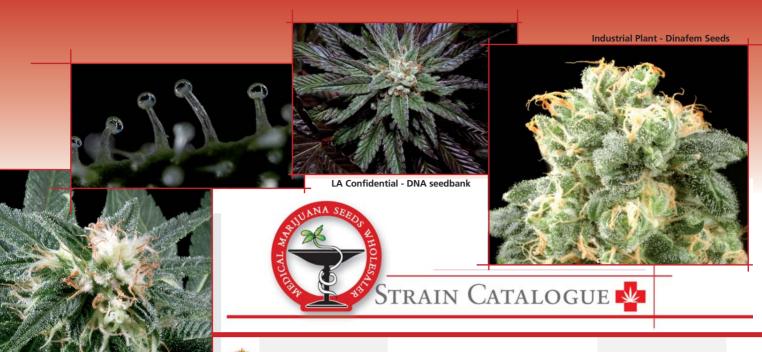
Peripheral nerve pain

Post traumatic Stress Disorder

PreMenstrual Syndrome Sedative/Opiate Dependence

Schizophrenia

Spasticity in Multiple Sclerosis





BARNEYS FARM

REGULAR PACKS OF 10 8 Ball Kush \$44.00 \$51.00 Acapulco Gold \$56.00 Amnesia Lemon Blue Cheese \$51.00 Crimea Blue \$41.00 Dr Grinspoon \$59.00 G 13 Haze \$59.00 \$48.00 Honey B Laughing Buddha \$57.00 ISD \$56.00 Morning Glory \$57.00 Night Shade \$56.00 Phatt Fruity \$42.00 Pineapple Chunk \$51.00 \$42.00 Red Cherry Berry Red Diesel \$59.00 \$56.00 Red Dragon \$57.00 Sweet Tooth Tangerine Dream \$59.00 Top Dawg \$54.00 \$44.00 Utopia Vanilla Kush \$63.00 Violator Kush \$57.00

REGULAR SEEDS PACKS OF 10 Laughing Buddha \$78.00 \$62.00 Morning Glory Sweet Tooth \$69.00 \$78.00 Violator Kush

FEMINIZED AUTO FLOWER SEEDS PACKS OF 5 \$39.00 Little Cheese Pineapple Express \$41.00



BC BUD DEPOT

REGULAR PACKS OF 12 BC God Bud \$105.00 The Purps \$105.00 BC Mango \$90.00 BC Blueberry \$90.00 BC Sweet Tooth \$90.00 BC Sweet God \$90.00 The Black \$90.00 Texada Timewarp \$90.00 \$90.00 BC Pine Warp Purple Buddha \$75.00 \$75.00 Burmese Jack Herer Feminized \$150.00



FEMINIZED PACKS OF 5 \$60.00 White Dwarf \$45.00 Red Dwarf \$60.00 Deimos Svrup \$55.00 Quasar \$70.00 Pulsar \$70.00

CASH CROP KEN REGULAR PACKS OF 10 Kenny's Mix Mostly Indica \$30.00 \$45.00 Jas Bud Kish x Burmese \$45.00 Kish x Juicy Fruit OG Nukush \$45.00 \$45.00 Posh Kish x Honey Pot Kush \$45.00 Purple Nukush Nuken x Purple Kush \$45.00 Rene x Nuken \$45.00 Watermelon x Nuken \$45.00 White Widow x Nuken \$45,00 Bubba Kush X Nuken \$45.00 Mental Floss X Nuken \$45.00 Kish \$75.00 Nuken \$75.00



DINAFEM SEEDS FEMINIZED PACKS OF 5

White Widow \$75.00 Shark Attack \$50.00 Moby Dick \$83.00 Blue Widow \$60.00 Blue Hash \$66.00 California Hash Plant \$72.00 Moby Hash \$74.00 Power Kush \$53.00 Critical+ \$68.00 Diesel \$48.00 Blue Fruit \$53.00 Industrial Plant \$74.00 Original Amnesia NEW \$65.00 Cheese \$53.00 White Siberian \$50.00 Moby Dick #2 \$71.00 Critical Jack \$56.00 Cloud #9 \$45.00 Sweet Deep Grapefruit \$48.00

AUTOFLOWERING FEMINIZED PACKS of 5 Fruit \$45.00 \$60.00 Haze Critical+ \$60.00 Roadrunner \$60.00 Roadrunner#2 \$54.00 Critical Jack NEW \$56.00



DNA/ RESERVA PRIVADA

FEMINIZED PACKS OF 6

60 Day Wonder Autoflower\$83.00 \$60.00 C13 Haze Cannadential \$75.00 Chocolope \$90.00 Connie Chung \$83.00 Hashplant Haze \$60.00 Kushberry LA Confidential \$75.00 \$90.00 LA Woman \$90.00 Lemon Skunk \$60.00 \$83.00 ReCon. Rocklock \$60.00 Sharksbreath '09 \$60.00 Sleestack \$90.00 Sour Cream \$60.00 Sweet Haze \$60.00 Cole Train \$75.00 Confidential Cheese \$75.00 \$90.00 Kandy Kush OG Kush \$105.00 RKS \$60.00 Silver Bubble \$60.00 \$105.00 Sour Kush The OG #18 \$105.00 Tora Bora \$90.00



EVA SEEDS

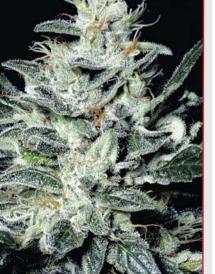
FEMINIZED INDICA PACKS OF 5 \$56.00 African Free \$56.00 High Level Jamaican Dream \$88.00 Missing \$80.00 Monster \$56.00 \$56.00 Nexus PAPA'S Candy \$80.00 Pink Plant \$96.00 T N T Kush \$88.00 VENENO \$98.00



FINEST MEDICINAL SEEDS

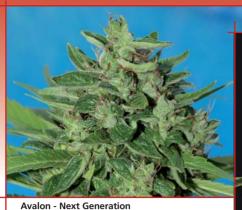
FEMINIZED INDICA PACKS OF 5 Citrus Skunk \$75.00 Medifemss \$75.00 Medi Kush \$75.00 Peace Maker \$75.00 Skunk NL \$75.00 White Rhino \$75.00 White Widow \$75.00

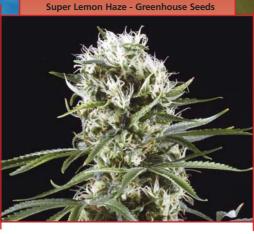
FEMINIZED SATIVA PACKS OF 5 \$95.00 Amnesia Haze \$95.00 G13 NL 5 Haze \$95.00



Peacemaker- FMS Seeds

Sensi Star - Paradise Seeds







Super Silver Haze - Mr. Nice

Distributed by:

2979 Lake Shore Blvd

W Etobicoke, Ontario, M8V 1J8 T: (647) 349 8600

Catering to the needs of licensed growers across Canada.



GREEN HOUSE SEED CO.			
FEMINIZED PACKS OF 5			
Big Bang	\$30.00		
The Church	\$35.00		
A.M.S	\$35.00		
Kalashnikova	\$35.00		
Super Bud	\$35.00		
Excodus Cheese	\$35.00		
Lady Burn 1974	\$38.00		
Arjan's Haze #3	\$38.00		
Lemon Skunk	\$38.00		
Greenhouse Thai	\$38.00		
Diamond Girl	\$38.00		
Cheese	\$42.00		
Pure Kush	\$42.00		
Himalaya Gold	\$48.00		
Moby Dick	\$48.00		
Trainwreck	\$48.00		
NL5	\$48.00		
Alaskan Ice	\$48.00		
King's Kush	\$48.00		
Chemdog	\$48.00		
Jack Herer	\$48.00		
Super Critical	\$48.00		
K-Train	\$52.00		
Bubba Kush	\$52.00		
Kaia Kush	\$52.00		
Damns Sour	\$52.00		
	\$55.00		
White Widow White Rhino	\$55.00		
Great White Shark	\$55.00		
El Nino	\$55.00		
Super Silver Haze	\$62.00		
Nevill's Haze	\$62.00		
Hawaiian Snow	\$62.00		
Arjan's Haze #1	\$62.00		
Arjan's Haze #2	\$62.00		
Arjan's Ultra Haze #1	\$62.00		
Arjan's Ultra Haze #2			
Arjan's Strawberry Haze			
Super Lemon Haze	\$68.00		
autoflowering strains			

Arjan's Strawberry Haze	2\$62.00
Super Lemon Haze	\$68.00
utoflowering strains	
Big Bang Autoflowering	\$48.00
Green-o-Matic	\$48.00
Super Critical Auto	\$60.00
nix packs	
Sat/Ind mix A	\$48.00
Sat/Ind mix B	\$48.00
Sat/Ind mix C	\$48.00
Sat/Ind mix D	\$48.00
ndica mix E	\$48.00
ndica mix F	\$48.00
ndica mix G	\$48.00
ndica mix H	\$48.00
ndica mix I	\$48.00
Black & White	\$48.00
Rasta K	\$48.00

\$52.00

Sativa Mix

KANNABIA

FEMINIZED PACKS OF 5	
Afrodite	\$44.00
Big band	\$44.00
Citrus	\$44.00
Kannabia special	\$44.00
La blanca	\$44.00
La reina de africa	\$44.00
Mataro blue	\$44.00
Original berry	\$44.00
Power skunk	\$44.00
Smile	\$44.00
Thai fantasy	\$44.00
White domina	\$44.00
Queso	\$44.00
Afrodite auto	\$44.00
Big band auto	\$44.00
Bcn diesel auto	\$44.00
Kannabia special auto	\$44.00
La blanca auto	\$44.00
Mataro blue auto	\$44.00
Power skunk auto	\$44.00
Smile auto	\$44.00
Thai fantasy auto	\$44.00
White domina auto	\$44.00
Flash auto	\$44.00
Gnomo auto	\$44.00



REGULAR PACKS OF 15			
Afghan Haze	\$1	02	.00
ASH Afghan Skunk x Afghan Haze	\$8	6.0	00
Black Widow	\$1	02	.00
Critical Haze	\$1	20	.00
Critical Mass	\$1	02	.00
Critical Skunk	\$8	6.0	00
Devil	\$8	6.0	00
Dreamtime	\$5	3.0	00
Early Queen		8.0	
Early Queen x Afghan Haze			
Early Skunk Haze			.00
Early Skunk	\$8	6.0	00
G13 x Haze			.00
G13 x Skunk	\$8	6.0	00
G13 x Widow	\$1	02	.00
La Nina	\$1	20	.00
Angel Heart	\$1	02	.00
MangoHazex Afghan Skunk			
Mango Haze			.00
Angel's Breathe	\$1	20	.00
Mango Haze x Afghan Haze	<i>+</i> 4	^-	
Mango x Widow			.00
M.Kush x Afghan Haze			
M.Kush x Skunk		6.0	
Medicine Man			.00
Neville's Haze			.00
Neville's Haze x Mango			
Neville`s Skunk)		02	.00
Neville's Haze x Afghan Skur		20	00
NL5 x Haze	\$ I		.00
NL5 xAfghan			36.0
NL5x Skunk			36.0
N.H.S NLx Haze/ Skunk			02
Ortega			02
Shark Shock		38	36.0



Photo of seeds: www.stallonedavide.com

IAIL IAICE			
REGULAR PACKS OF 15			
Afghan Haze			.00
ASH Afghan Skunk x Afghan Haze	\$8	6.0	00
Black Widow	\$1	02	.00
Critical Haze	\$1	20	.00
Critical Mass	\$1	02	.00
Critical Skunk	\$8	6.0	00
Devil	\$8	6.0	00
Dreamtime	\$5	3.0	00
Early Queen	\$6	8.0	00
Early Queen x Afghan Haze	\$1	02.	00
Early Skunk Haze	\$1	20	.00
Early Skunk	\$8	6.0	00
G13 x Haze	\$1	20	.00
G13 x Skunk	\$8	6.0	00
G13 x Widow	\$1	02	.00
La Nina	\$1	20	.00
Angel Heart	\$1	02	.00
MangoHazex Afghan Skunk			
Mango Haze			.00
Angel's Breathe	\$1	20	.00
Mango Haze x Afghan Haze	+ 4	^-	~~
Mango x Widow			.00
M.Kush x Afghan Haze			
M.Kush x Skunk		36.0	
Medicine Man			.00
Neville's Haze			.00
Neville's Haze x Mango			
Neville`s Skunk)		02	.00
Neville's Haze x Afghan Skur NL5 x Haze		20	.00
	ÞΙ		
NL5 xAfghan			36.0
NL5x Skunk			36.0
N.H.S NLx Haze/ Skunk			02
Ortega			102
Shark Shock		\$٤	36.0





NEXT GENERATION

REGULAR PACKS OF 10	
Diablo	\$80.00
Grape Fruit Haze	\$80.00
Medicine	\$80.00
Romulan Diesel	\$80.00
Romulan Haze	\$80.00
Avalon	\$80.00
Blue Dynamite	\$80.00
Bonkers	\$80.00
Dynamite	\$80.00
Grape Fruit Kush	\$80.00
Island Sweet Skunk	\$80.00
Romulan	\$80.00
Romulan Max	\$80.00
Romulan x Hash Plant	\$80.00
Romulan x Time Warp	\$80.00
Time Warp	\$80.00
FEMINIZED PACKS OF 10	
Grapefruit Diesel	\$140.00

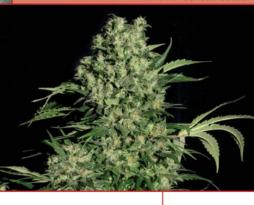


NIRVANA Regular Packs Contain 10 Seeds Feminized Packs Contain 5 Seeds Aurora Indica R\$30/F\$38 Bubblelicious R\$30/F\$38 Chrystal R\$30/F\$38 ICE R\$30/F\$38 Indoor Mix R\$30/F\$38 Medusa R\$30/F\$38 Papaya R\$30/F\$38 Snow White R\$30/F\$38 White Castle R\$30/F\$38 White Rhino R\$30/F\$38 White Widow R\$30/F\$38



PARADISE	
FEMINIZED PACKS OF 5	
Dutch Dragon	\$60.00
Sensi Star	\$90.00
Nebula	\$75.00
Magic Bud	\$45.00
Opium	\$75.00
Sweet Purpleoetnik#1	\$60.00
Wappa	\$45.00
Ice Cream	\$75.00
Jacky White	\$75.00
White Berry	\$75.00
Delahaze	\$75.00
Automaria	\$60.00
Acid	\$75.00
Pandora	\$60.00
Lucid Bolt	\$75.00
Vertigo	\$60.00
Alikush	\$75.00
Atomical Haze	\$90.00
Automaria II	\$60.00
COLLECTION PACKS OF 6	
Sativa Pack	\$87.00
Indica Pack	\$87.00









STRAIN CATALOGUE

TGA









RESIN SEEDS

ROYAL QUEEN SEEDS

\$85.00

\$85.00

\$60.00

FEMINIZED PACKS OF 5	
Ice	\$52.00
White Widow	\$45.00
Fruit Spirit	\$52.00
Power Flower	\$52.00
Shining SIlver Haze	\$52.00
Amnesia Haze	\$60.00
Blue Mistic	\$45.00
Northern Light	\$52.00
Skunk #1	\$45.00
Critical	\$52.00
Indoor Mix	\$45.00
Outdoor Mix	\$45.00
Special Kush #1	\$20.00
Special Queen #1	\$21.00
Royal Cheese	\$52.00
Royal Moby	\$79.00





SERIOUS SEEDS

REGULAR PACKS OF 11	
AK47	\$120.00
Bubble Gum	\$105.00
Chronic	\$105.00
Kali Mist	\$120.00
White Russian	\$105.00
FEMINIZED PACKS OF 5	
AK47	\$120.00

\$105.00 \$105.00



SOMA

Chronic

REGULAR PACKS OF 10 Amnesia Haze Regular \$195.00 Buddha's Sister \$120.00 Sogouda \$150.00 Lavender \$120.00 Kushadelic \$150.00 NYC Diesel \$195.00 Somantra \$150.00 FEMINIZED PACKS OF 10 Hash Heaven \$195.00

NYC Diesel \$210.00 Lavender \$150.00



\$105.00 \$105.00 Agent Orange Apollo-13 BX \$105.00 Cheese Quake Chernobyl \$105.00 Dairy Queen \$105.00 \$105.00 \$105.00 \$105.00 Deep Purple Jack The Ripper \$105.00 Jack Cleaner 2 Jilly Bean \$105.00 Pandora`s Box \$105.00 \$105.00 Qleaner Qrazy Train Querkle \$105.00 \$105.00 Space Bomb \$105.00 \$105.00 Space Jill The 3rd Dimension \$105.00 The Void \$105.00 \$105.00 \$105.00 Vortex The Flav



THE CALI CONNECTION

THE CALL COMME	C11014
REGULAR PACKS OF 10	
Tahoe OG	\$110.00
Larry OG	\$110.00
Deadhead OG	\$110.00
Sour OG	\$110.00
Chem3 OG	\$110.00
Chem 4 OG	\$110.00
Chem Valley Kush	\$110.00
Ogiesel	\$110.00
Corleone Kush	\$110.00
Julius Cesar	\$110.00
Blackwater	\$110.00
Jamaican Me Crazy	\$110.00
Jamaican OG	\$110.00
Jamaican D	\$110.00
Chem 4	\$110.00
Hazey OG	\$110.00
Purple Diesel	\$110.00
Regulator Kush	\$110.00



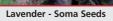
THSEEDS

REGULAR PACKS OF 10	
S.A.G.E	\$105.00
Chocolate Chunk	\$82.00
Mendocino Madness	\$60.00
Heavy Duty Fruity	\$105.00
Bubblegum	\$135.00
Skunk XXX	\$30.00
The Hog	\$150.00
MK-Ultra	\$140.00
Sage 'n Sour	\$120.00
Kushage	\$105.00
Burmese Kush	\$110.00
Da Purps	\$90.00
A-Train	\$105.00
Wreckage	\$90.00
Lambo	\$120.00
Darkstar	\$125.00
Skunkage	\$45.00
Cold Creed Kush	\$120.00
**Mkage	\$120.00

FEMINIZED PACKS OF 5 S.A.G.E \$60.00 \$60.00 BuKu MK Ultra \$75.00 A-Train \$60.00 Kushage \$60.00 Sage'n Sour \$67.00 **Mkage \$65.00



Cannatonic- Resin Seeds





W Etobicoke, Ontario, M8V 1J8 T: (647) 349 8600

Treating Yourself

Win a complete custom

package!

Just answer the question and complete the following entry form and send it to TY! One lucky winner will be chosen for each prize. GOOD LUCK!!!

Deadline for contest entry is February 1, 2012

Answer the following TY QUESTION:

What NEW RooR product will Treating Yourself be giving away next year?



complete with carrying case!

Deadline for contest entry is February 1, 2012		
Name:Address:		
City:	Province / State :	
Postal / Zip Code:	Country:	
Home Phone #:	Best time to call?	
Email Address :		

Please mail completed entry form to:

Treating Yourself, Attn: RooR contest, 250 The East Mall, P.O. Box 36531, Etobicoke, Ontario. M9B 3Y8 Canada

Only 1 entry per person.

If more than 1 entry is received then you will be disqualified from the contest.

Deadline for contest entry is

February 1, 2012
Winners name will be announced in Treating Yourself issue # 36 Winner will be contacted by phone / mail / email so please be sure to provide your contact information in full.

ALL INFORMATION WILL BE DISTROYED IMMEDIATELY AFTER
A WINNER HAS BEEN PICKED AND CONTACTED



From TY 31 MH **Toronto Ontario**

Please keep those entries coming. We know there are many more lucky winners.





Standardized Medical Cannabis Grows

by Dr. Hornby and John Berfelo



ohn Berfelo (JB), I first met in 2005, when he came to a compassion club where I was conducting research. At that time he wasn't in good shape, having sustained serious multiple injuries in a fall, leaving him seemingly destined to a life of chronic pain and synthetic pharmaceutical painkillers. Over the past six years, I have come to know JB as one of the most courageous and genuine people I have had the pleasure to meet...this is a small part of that story.

Broken up and addicted to opiate painkillers was IB's first presentation, yet there was a spark that told he was someone different, more tenacious than most,

a good note keeper of his daily pain regimen, put most important a will to be better and optimize his well being. As a result of these qualities he became the subject of our first case study on cannabis and pain management, published in a peer reviewed medical journal. (http://www.drpaulhornby.ca/research.html).

So I have been tracking IB for some time, he was my guinea pig when we began experiments with oral preparations of cannabis, for pain management, plus various John winning first prize at the Treating Yourself Expo, Toronto, June 2011

other natural supplements (TY issue #22 page 59-61 "Why Amino Acids Work") that also proved beneficial. In the meantime IB significantly cut his use of some of the more powerful pharmaceutical painkillers known, (Oxycontin, Supradol and Percocet and other SSRI drugs for depression).

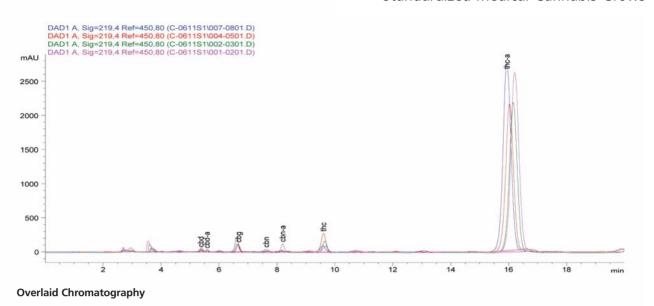
JB underwent two recent surgeries (L3-L4 fusion) only using cannabis for post-operative pain and has been completely off all pharmaceutical medications for a number of years. Over this time period we spent many hours in interviews attempting to optimize IB's pain management and his life and it's course and the complete turnaround that it had made

over these few short years. Being the tenacious sort of person that IB is, it wasn't long before he was a fully licensed MMAR exemptee and was growing his own medicine.

And our often-daily interviews continued. What I have harped about all along is the need for standardization and quality control of medicinal cannabis. In everything from the seed up to oral or even smoke able product. That, too, includes the grow...the goal being consistent, reproducible medicine, time and time again. It also means that cannabis is now included with every other herbal medicine in Canada, by following the same protocols for standardization and quality control.

It's easy enough to standardize oral preparations as we did for JB, early on,

and that he continues to use as part of his pain regimen. But standardizing a grow...is a different thing, everything must be consistent from the lighting, to the nutrient, to strain selection. All must be the same each time, to get consistent product. Not possible you say...well Brother John has done it, not only with his own grow but with three other licensed grows as well, making a



total of four identical grows each producing the same product, over and over.

And, that's not quite it. JB's medical cannabis entry won first prize at the 2011 Treating Yourself conference in Toronto for Medi Kush. Bravo, John Berfelo!

Now key to JB's success both in standardizing the grow and the finished product was his choice of nutrient...well not really his choice since I strongly recommended a product called Medi-One produced by, Green Planet Nutrients, here in British Columbia. What I liked about this product, was the fact that it's designed for people in chronic pain, those new to gardening and perhaps the down-right lazy, since its an extremely simple product to use.

I've heard JB say many times, "You can't screw it up." It's ease of use comes from the fact that it's a one part system.

You use Medi-One through vegetative and flower. Simple. And it's all-organic

with a primary ingredient being Atlantic Haddock a filter feeding herring that is enzyme hydrolyzed into the mix. What I like about this fish is that it filter feeds plankton...a high impact nutrient source.

It does smell a bit and requires pH up, but other than that it's tested and proven by JB and myself in numerous grow experiments to produce excellent quality medicine with the virtual yield of a full feed regimen that requires twice the cost and ten times the labor.

Hey it also won the Cup! Winning as the best medical marijuana to come from a personal grower. The strain that won was one of JB's unusual Kush's called Medi Kush, grown with Medi-One in a standardized fashion by a medical patient. This is also the strain that JB uses for his pain control. He preps it into oral products like capsules, brownies or cookies and also smokes for breakthrough pain and daily management. Since JB now has consistent product he can expect the same effect time and time again, the same degree of pain management and a functional regimen, for any given strain.

What he will do from time to time is send a sample to myself for analysis (you can too*) and update on whether he's still on track and for more than a year, since beginning his standardization program and using Medi-One the product has been constant. Once again, good on ya Bro!

And then, as mentioned earlier, he was able to get three other growers to do the same and the chromatography shows they're all consistent.

Chromatography being the technique that we use to measure the most abundant cannabinoids, namely, THC, CBD and CBN. The instrument shown below also allows us to see the entire cannabinoid profile of the plant, all sixty-plus of them.

We use this technique to quantify the amount of THC, CBN and very importantly CBD in all forms of cannabis, whether it be raw bud, brownies or our

Hewlett Packard 1090 High Pressure Liquid Chromatograph (HPLC)



beloved capsules. And it allows us to track cannabinoid formation during the growth cycle of the plant and to see products like Medi-one at work.

HPLC has been the tool of my trade for more than 30 years and has proven itself invaluable countless times in our research of medicinal marijuana.

As stated, we also used it to demonstrate the consistency in the grows supervised by JB and his standardization program. Shown below is an overlay of samples from the four different grow sites.

Note that the peak area is directly proportional to the concentration of the compound that made it. Therefore, the bigger the peak the more of the compound there is. By far the biggest peak is the one labeled thc-a which is the acid form of THC, that when heated converts one to one to THC. The THC-acid does not bind the receptor, THC does. The need for heat in activating cannabis whether it's burned in a joint or heated into a brownie, the process called de-carboxylation, is the same.

On the previous page is an overlay of 4 different standardized grows all showing THC levels in the mid-twenty percent range, the variation here is 3 to 4% points, not much when one considers the large variation in THC levels between strains and different crops, often more like 15%.

Needless to say we were very pleased with these results; IB, since he'd achieved his goal and myself since I could finally silence my rant.

In the above discussion we have steered away from hard science in attempts to present this concept to a general audience. It was our intent to let medical growers know of the possibility of producing standardized, consistent, medicine in relatively short time, at low cost, with ease, particularly with a simple, foolproof nutrient like Medi-One.

For further information on growing standardized medical grade marijuana contact JB johnb420@gmail.com.

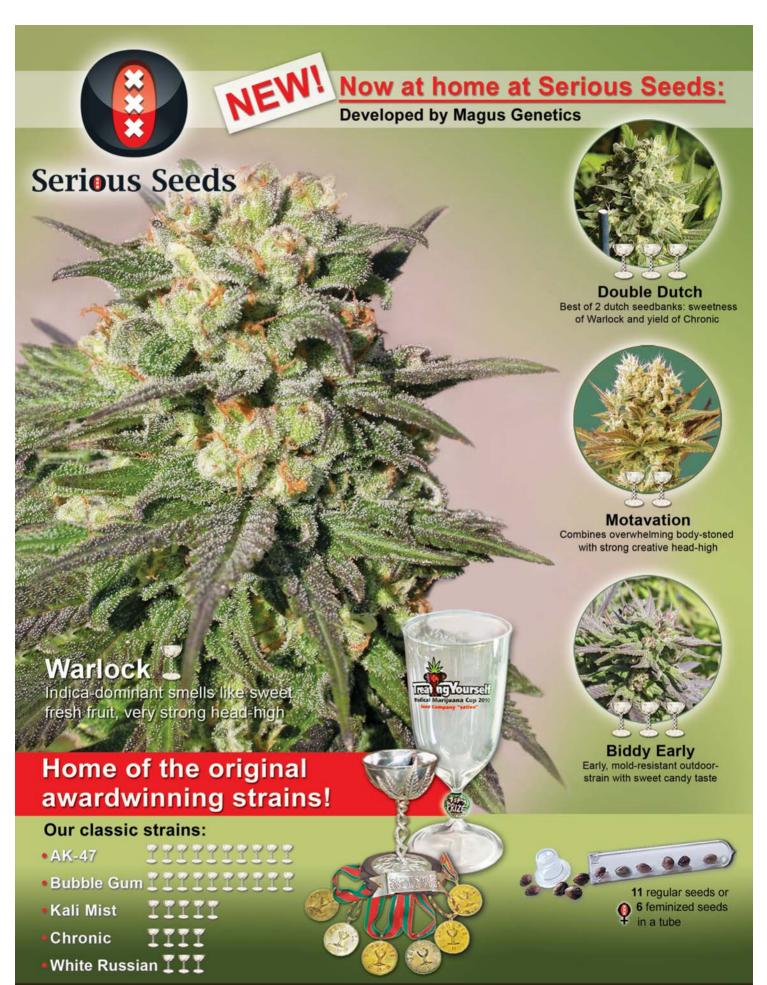
Grow in Peace.

*We are now accepting samples for cannabinoid analysis from licensed grows and dispensaries. For more information contact: paul@hedron.ca 🍄



DAY YEAR LIFE EVERYONE!!!





For catalog, info or seeds: Postbus 1239, 1440 BE Pumerend, The Netherlands info@seriousseeds.com, www.seriousseeds.com

Qleaner and a Cola named Lance!

by Subcool

This is the story if the largest single cola I have ever grown but there is so much more to the story than the bud we nick named Lance Armstrong. This journey actually goes back about 15 years ago when I had the idea to cross Jacks Cleaner with Blue Berry. I was intrigued by the idea of a sour berry strain with increased potency over just pure Blue Berry. The resulting cross JCB did not meet my high standards and I decided to discontinue that project. even though it did result in the famous cutting Batgirl. Over time I continued breeding with the Jacks Cleaner cutting and through trial and error eventually created the strain Jack the Ripper using Space Queen as the male. When I moved out west and came across the strain Purple Urkle with her grapey taste my thoughts drifted back to the sour berry cross and I thought Oh My Sour Grape! Since I do not believe in reversing the sex of a female plant in order to obtain pollen I took a different route. I used the Space Queen male outcross the Urkle creating a completely different strain everyone knows and Querkle. I actually created this strain so I could have genetic line to select and Urkle dominant male I am sure all the fans of Querkle will be surprised to hear this.

I first made a small batch of test seeds using a random male we found in the first test run or Querkle. This first attempt was tagged as Qleaner V-1. The initial findings were promising so we started 40 Querkle seeds and re started the male selection process from a much larger gene pool.

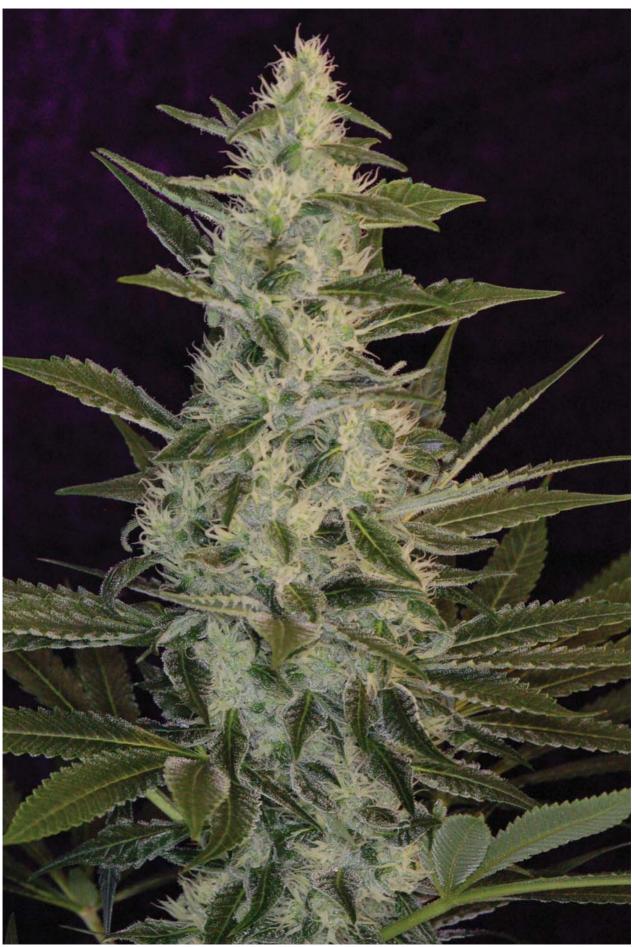
After working down from seven males we chose the one with the most dominant Urkle traits. That Querkle male was then crossed with the Urkle mother plant to create Deep Purple. The sole purpose of this pairing was so we could grow out the Deep Purple line to confirm the traits he would pass on. I confirmed the male did indeed pass on the desired traits of coloring as well as the grape flavor I was looking for. In fact the male turned out to be such a good breeding male that the test cross Deep Purple went on to be one of most sought after strains.

We then used the pollen from this male and our Jacks Cleaner female to create a new strain we called Qleaner V-2. Qleaner V-2 was grown out by TGA testers and the results were stellar. One skilled tester Bongorilla had such

good results that his best Qleaner female made it into Skunk magazine as well as Big Book of Buds 4. The Photo credit was left off by Quick Trading on the first printing but they promised to fix it on the second print-

While all the attention went to Bongorilla's amazing pictures I also grew out Qleaner but I never documented my results on paper and that is why I decided to re visit this strain in this article. I started 10 seeds and they all germinated without problems and they were transplanted into plain Roots brand soil. I enjoy growing from seed for a few reasons, one it's always a nice surprise to see what the seed will produce. The other is Hybrid vigor seeds simply grow faster and with more energy that clones do. Maybe this is why many old school growers grow from seed each year.

The plants took off and around 6 weeks of growth they started indicating sex. Over the next 10 days I was able to determine I had 5 females and 5 males a good ratio in anyone's grow book. I then transplanted the females into 5 gallon containers using my Super soil. Normally I grow my plants out in 7 gallon pots but with unknown seedlings I prefer to take up a bit less floor space in the bud room until I find the keeper girl. The plants went into bud when they reached 30" at around 60 days from the start of the seeds. The plants started stretching a few days after entering 12/12 lighting and continued to do so for about 3 weeks ending up at a height of 5 feet. The buds started forming fast by the fourth week of budding and this was when I started getting grape, lemon and berry smells. The plants were quite resinous as you would expect from a JC hybrid but I could also see the Urkle traits as well. By week 6 of flowering many of the plants had started to exhibit a purple tint to the outer leaves and in the resins themselves. I had 3 females that leaned more to the Urkle side being slightly shorter and having a wider blocky structure. Two of the females however leaned more to the Jacks Cleaner side and it was one of these females that produced the enormous cola. At the time Lance Armstrong was going for his 7th win at the Tour de France so as a tribute we nick named the already towering Cola after this amazing athlete.





Week 7 came and all of the plants were keepers in their own right, each with its own unique smells some more berry some more grape and two with a more pronounced lemon smell. It was around this time that Ed Rosenthal invited me to submit a bud shot for the cover of his new grow book. I took hundreds of pictures of Lance during this period but Ed was looking for a specific style of picture that in the end I was not able to capture. It had more to do with the shape of the bud Ed wanted a picture of a cola that filled the entire frame and Lance was so tall and had a pointing spear style top. One of the pictures however was used inside the book in the grow section which is very cool. The shot features me holding a yard stick next to the bud which is over 21" long. The dry weight of just the main top cola was 74 grams and it only took a small pinch to medicate with.

Qleaner not only has an amazing color but a Grape taste that I can't get enough of. The lemon taste of Jacks Cleaner combines with the grape taste to produce a candy like taste. Unlike Purple Urkle this new hybrid is covered in raised tricomes that make incredibly tasty bubble hash that will simply wipe your memory clean. The high is a mix of body stone and a slight trippy feeling. You have to really be careful not to smoke to much as the taste is so addictive but this isn't your normal tasty weed with loads of flavor and no results, this mix of heavy weight parents brings on a serious stoning. I found myself just grooving to Tool after a few bong-rips just smiling like a Cheshire cat.

So there you have it the story of the biggest bud I have ever grown from seed. I had to break about 1/4 of the bud off just to fit it into a tall pasta jar. Every time I would see a card holding friend I would pass a piece of the bud along until that huge tower was whittled away to nothing.

You can learn even more about the Qleaner at tgagenetics.com/strain/gleaner/gleaner.php 🍄



Leading the Industry in Laboratory Testing to Advance Cannabinoid Research



ck the Ripper

tive Cannabinoids

ve Cannabinoids:

www.tgagenetics.com

Available at:





Check Out TGA Gear & get a signed copy of Subcool's book at

www.tgaclothing.com

Karma Genetics a 2012 Preview

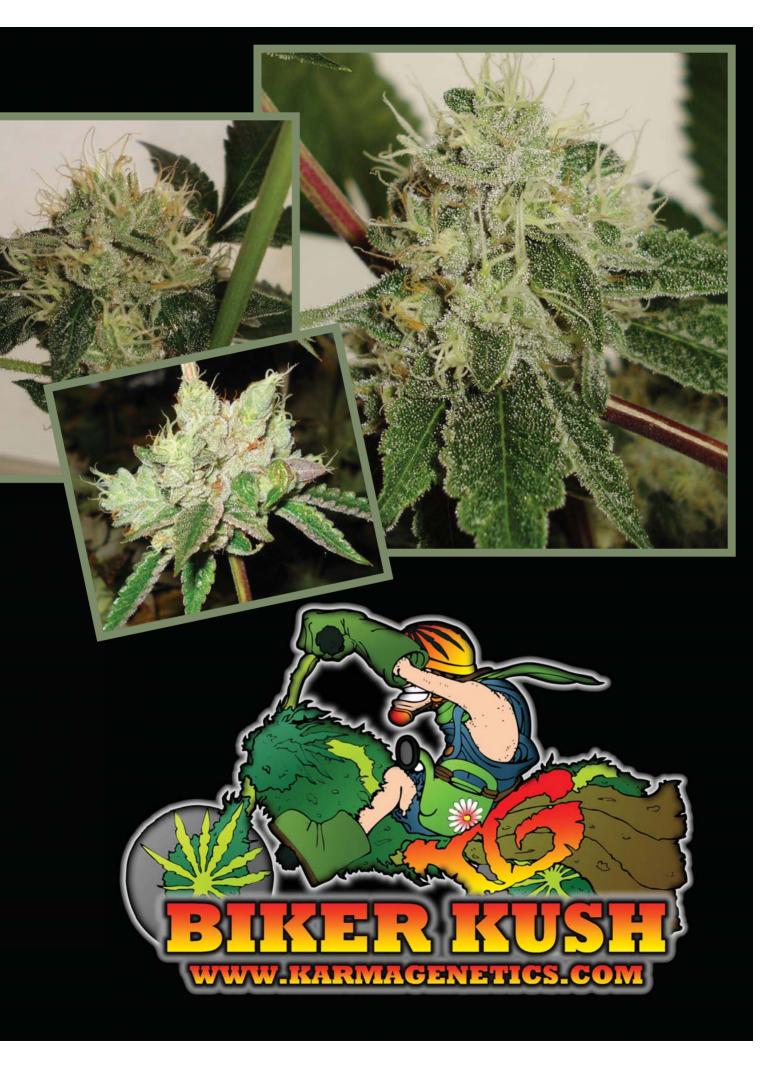
by Harry Resin

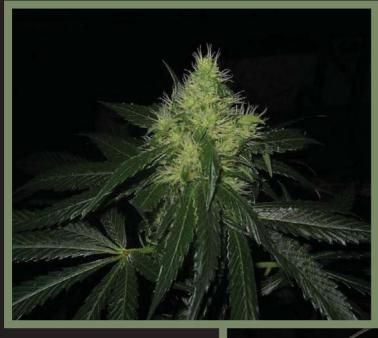
've had the pleasure of being friends with Karma, the owner and founder of Karma Genetics for the last six years. Last year Karma won an award at the Cannabis Cup and has since had a busy 2011, refining existing strains and developing new one's. Karma is in a unique situation as he is center of a one man operation, he prefers to do everything himself in order to ensure quality control and to make sure that his genetics grow true. He is someone who breeds with integrity, "everyone who buys a pack should be ecstatic about the results, this is how I am, if I'm not satisfied I'll pull the whole line. I really believe in the Karma and love that goes hand in hand with breeding and growing. This i hope is reflected in my work." This also means that he doesn't have a team behind hi, so in some cases his releases are quite limited getting scooped up within a matter of days on the internet. Karma has been quite active on all the forums for years, he's on cannacollective.co.uk, breedbay.co.uk, and icmag.com. He really participates in the online community sharing genetics and strains with his fans and friends. Because of his contact with people through the forums he has always been on the forefront of what strains are current and in demand.

This has led to his almost two year Kush breeding project. What makes Karma unique is that he shies away from making feminized seeds. This means that he actually goes through a lengthy breeding and testing process when he makes every new strain. Which makes his strains stable, its not like he just takes a clone, sprays it and makes female seeds within six months. His is a process ensuring that you get stable and true strains, each one with its unique flavor and qualities.

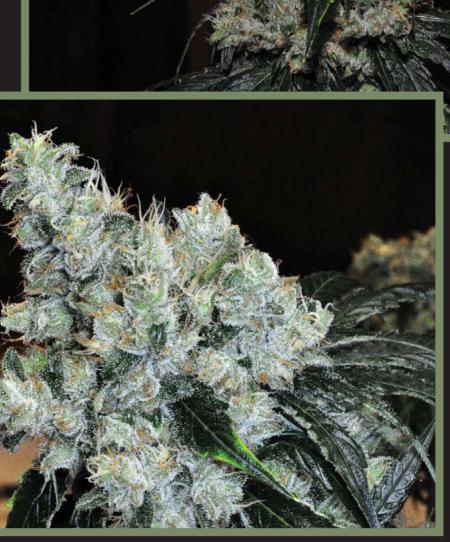
For the past two years he's been working on a series of new Kushes that have involved a lot of work and a lot of ups and downs. Karma has been inter working several of these new Kushes with some of his tried and tested males amongst them the Jack#22. "This male is an old Jack Herrer male that really adds an amazing haze quality both in high and taste," Karma says. "Rather than most hazes this male tends to keep the structure of the buds very tight and doesn't really add to the flowering time."







WhiteOG





The first of his new releases is the sour jack. This strain is made from a Sour Diesel IBL that he had selected from seeds. The Sour Diesel cut he picked was a sticky dank pheno, that really had that deep sour flavor. It was really one of my favorite smokes, when we were hanging out with some of the guys from the forum that Sour Diesel was almost always the first gone. At least until the White OG made her appearance.

To make the Sour Jack he crossed the Sour Diesel with his Jack #22 male. After several tests and a few batches of seeds he finally found the combination that worked best and he released this new strain. It flowers out about an average of ten weeks but can go as late as eleven. The haze flavor has combined nicely with the sour taste, giving it a really unique taste that is neither sour nor hazey. As far as structure it really maintains its sour look, tight colas with that distinct dark green leaf that is common to the sour diesel and it has those really tight popcorn calyxes. This one as you can see in the pictures is also the biggest yielder, with the plants reaching massive heights. You can prune it of course and it works well in a Sea of Green set up.

The next strain is the Biker Kush, this one was made in a two part process. An HA OG cut was originally combined with his SFV OG bx2 male. The HA OG is a dank OG that yields slightly better than the SFV OG cut. With this 2012 release he used a biker Kush male from the original cross to breed back certain qualities that he was looking for which were found in the original. For an OG, this strain has a really decent yield, and it grows slightly faster than its SFV sister. As great as the yield is the Biker Kush is all flavor. It is a major stinker, this one just keeps putting out the smell. As a result it require a really strong filter as it really fills the grow room with its pungent aroma. The smoke is also strong and it has a really tangy flavor. Karma says "this is one my favorites as it has a really clear high that comes on fast and strong and it tastes so good. Its one of those strains that when a joint goes round no one wants to pass it." Always a good sign.

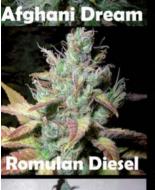
His next new release for 2012 is the White OG V2.0. This is the improved White OG, it is slightly different from the White OG that won an award in last years cup, in that it is more stable and more refined. Exhibiting even better yields. This strain's parents are, Krome's The White cut and a Triple Kush father. The Triple Kush is a 2010 release which was made from the Firewhite #6 X SFV OG Kush BX2. The White OG V2.0 is one of the strongest strains in his stable. It is a powerful stone that acts like an analgesic, relaxing all your muscles and inducing a state of total calmness. Karma recommends it as his top medical strain, as it provides a number of powerful healing effects. The plant has a great vigor to it during both its veg and flowering cycle. The yield is better than the standard SFV OG and it grows bigger and fatter much quicker than its sister. The plant has a really nice structure as it grows, with buds looking like mini pine trees, its also coated in resin, as you can see in the pictures it just glistens. This crystal production really starts around week five and it just gets more sparkly from there. This plant really produces top quality nugs that will leave the grower plenty satisfied.

Each of his new strains is quite distinct even though they all have their roots in the OG family. Looking at the finished product you can really see a distinct set of features in each of the strains which really differentiates one from another. Karma does breed for his fans but first and foremost he breeds for himself. As he is an experienced cannammelier he is really searching for unique flavors and highs. I would check out the forums regularly for updates on new releases and always keep an eye out in these pages for more. The proof they say is always in the pudding, in this case, in the smoke.

Love and light 🍨































We specialize in Canada's finest genetics and select seeds from around the world. The authenticity of our seed stock is guaranteed.

Next Generation See	d Co.	Elite Seeds - feminized		Br
Avalon	\$90	Mota Khan Afghana	\$100	Af
BC Big Bang	\$90	Bestial Skunk	\$100	A-
Bonkers	\$90	Elite 47	\$100	Bo
Blue Dynamite	\$90	La Rica	\$120	Bi
Blueberry Punch	\$90	Llimonet Haze	\$120	BI
Diablo	\$90	Caprichosa Thai	\$120	B
Dynamite	\$90	Blue Elite Sativa	\$110	C
Island Sweet Skunk	\$90	Elite Blue Indica	\$120	C
Grapefruit Haze	\$90	Banana Joint	\$100	El
Grapeskunk	\$90	Black Hole	\$100	Fo
Medicine	\$90	La Katana	\$100	Fi
Romulan	\$90	Greenhouse Seeds-feminized		Ja
Romulan Max	\$90	Arjan's Haze 1	\$180	M
Romulan Haze	\$90	El Nino	\$110	N
Romulan Hashplant	\$90	Great White Shark	\$110	P
Romulan Timewarp	\$90	Hawiaan Snow	\$180	Su
Stinky	\$90	Super Silver Haze	\$180	Tr
Timewarp	\$90	Dutch Passion - femini	zed	W
Grapefruit Diesel	\$130	Blueberry	\$180	H
Grapegod	\$130	Master Kush	\$110	N
Grapefruit Kush	\$130	Skunk 1	\$80	Af
Romulan Diesel	\$130	Strawberry Cough	\$120	B
Secret Valley Seeds		White Widow	\$180	B
Brainwarp	\$60	Paridise Seeds		D
Purple Pineberry	\$60	Dutch Dragon	\$90	Isl
Northern Flame	\$60	Nebula	\$95	Le
Jamacian Grape	\$60	Sweet Purple	\$85	G
Top Dollar	\$60	Sheherazade	\$90	G
Hardcore	\$60	Grendevil Genetics		N
Outdoor mix	\$40	Orange Haze	\$100	R
Big Buddha Seeds		Margot	\$100	To
Cheese	\$100	Cana de Espana		P
Serious Seeds		Godzilla	\$90	H
Ak 47	\$130	Edelwiess	\$80	R
Bubblegum	\$125	Reggae Seeds		St
Chronic	\$125	Juanita La lagrimosa	\$130	n
White Russian	\$115	Dance Hall	\$130	

ritish Columbia Seed Co. ghani Dream \$90 aldy \$90 ig Blue \$90 \$90 aze ubblefunk \$90 ali Miss \$90 ouchlock \$90 ectric Haze \$90 ast Freddie \$90 ve-O \$90 \$90 laui Mist \$90 lorthern Lights #5 \$90 urple Lightning \$90 uper Kush \$90 rue Skunk \$90 Vhite Lightning \$90 eavy Duty Fruity \$90 ext Generation - feminized \$100 fghani Kush C Early Blueberry \$100 C Golden Skunk \$100 ynamite \$140 land Sweet Skunk \$160 emonator \$120 \$160 rapegod rapefruit Diesel \$140 Y Purple Diesel \$95 omulan Diesel \$150 ylor'd Genetics feminized wdered Peak \$110 azy Daze \$110 cky Mountain High \$110 eve McGarrett's Hair \$110

Seeds

nore seeds online!



y	Green Hours Seca Co.

Island Sweet Skunk

Purple Pineberry

Grapegod

Brainwarp

Payable by Cash, I	BLANK money order, or Credit Card. We	e deliver discretly worldwide, please allow 2-3 w	eeks for delivery. We accept no
responsiblity for impro	oper use of our products. Our seeds are in	ntended for medicinal and research purposes only	y. Check your laws before ordering.
READ CAREFULLY:	Money orders MUST BE LEFT BLANK,	YOU MUST BE 21 YEARS OF AGE MINIMUM,	\$10 shipping & handling per order.

Strain #3: Strain #4: Address: State/Province: Country:		Name:	Strain #2:	itrain #1:
Country:	/Province:	Address:	Strain #4:	Strain #3:
TOTAL A CONTROLL	ry:			Salad & anadomical
Total \$ enclosed: E-mail : Area Code:	ode:	E-mail:		otal \$ enclosea:



The Origins of Cultivation

by Lazystrain

Illustrations by Ivan Art (ivanart.net)

he Reason WHY people cultivate cannabis and have incorporated the plant into their material culture is a mystery linked to our inquisitive nature as human beings. As humans evolved so we learned how to adapt; either ourselves towards plants, or plants towards ourselves, so that a balance between ourselves and nature could peacefully co-exist. Throughout all periods of history Cannabis has accompanied communities of people on their journey through the world. Gradually as humans became domesticated, so they slowly domesticated cannabis as an annual crop that they could exploit and harvest to its full potential.

Origins of Cultivation

It is estimated that People first domesticated plants from wild cultigens during the late/new Stone Age or Neolithic Period approximately 30,000 – 20,000 years ago. The exact origins of Cannabis Cultivation are however unexplained by archaeology; mainly because material evidence to support the cultivation of crops by the earliest proto-farming communities is limited.

It is however excepted that as and when people began to settle in one location, as opposed to leading a huntergathering lifestyle, that they domesticated certain plant species from the wild. Alongside barley, rice, emmer, einkorn, and wheat, cannabis sativa was cultivated by several sedentary communities for its textile, fuel, nutritional, and shamanic properties – as well as being a reliable source of winter fodder (feed) for the then recently domesticated cattle.

As these proto-farming communities traveled from valley to valley, area to area, in search new agricultural land to borrow, the seeds of their cultivation became feral and then wild again in the following generations. Cannabis had cunningly tricked people into being

another one of its many methods of seed dispersal.

Seed Dispersal

Seed Dispersal is the means via which annual species of plants naturally propagate. Seeds can be dispersed in a number of ways. In Cannabis the primary method of seed dispersal is via the elements





of weather (wind, rain, frost, and snowfall). As seeds ripen they naturally fall to the ground, where rainfall, even if minor, will lodge the seed into a comfortable position to settle down and overwinter.

The secondary method of seed dispersal in cannabis is animal. Several species of bird and mammal will happily feed on cannabis seed, flowers, and stalks. Whilst in a hungry hurry to gobble down as many seeds or flowers as possible, some seeds may not be cracked by the beaks of birds or teeth of ruminants. These whole seeds are indigestible and are deposited later in a new location by the bird or beast.

Thirdly humans have purposely collected the seeds of cannabis and carefully saved them to eat or cultivate the following season. People soon discovered that seeds of good parents grew into good plants with good seeds. By selecting the most desirable genetic characteristics in each season, proto-farmers where unknowingly the first cannabis breeders. Cannabis had evolved to such a pinnacle in its evolution that it could now add humans to its list of methods of seed dispersal.

Cannabis sativa and Cannabis indica

Geographically, as yet, there is no determinable way of telling if cannabis moved up-hill or down-hill in its evolution. (e.g. via the elements of nature or alongside the diaspora of people). What is known is that Cannabis populated new ecological niches and specific geographical locations which where most suited towards growth and cultivation. This in turn allowed the Cannabis plant to evolve several sub-species for its self based on region.

Typically Cannabis indica plants come

from highland altitudes. Cannabis indica plants grow shorter and smaller than their Cannabis sativa cousins from the populated lowlands which grow taller and bigger. To date no-one knows if these specific differences were natural or the result of domestication. Traditionally Cannabis indica is (in the majority) often cultivated in regions where varieties of Cannabis sativa grow feral in the same location. In contrast however, within tropical regions where Cannabis sativa is cultivated feral populations of Cannabis indica are often absent from the botanical record.

Circumstantial evidence therefore suggests that Cannabis sativa was first domesticated in the settled lowlands and cultivated towards a standard of plant that could later be cultivated more easily in the exposed uplands. In which case Cannabis indica was selectively bred towards the fastest seed-baring plants, which finished before the onset of winter. This then allowed a new species of Cannabis (now called Cannabis indica after the Indus Valley region) to evolve. Since when Cannabis indica gradually developed its own traits and established its mountainous identity.

Early Farming

Early methods of farming were a case of trial and error and seeing what worked best in the location. In this respect little has changed between prehistoric and modern day methods of farming. The point of interest for Archaeobotanists is the moment of transition from collecting seeds from wild plants (as foodstuffs) and collecting seeds from plants that had been purposely cultivated the previous season (as foodstuffs).

There is plenty of evidence to suggest that hunter-gather communities were "managing" the wild landscape and its natural resources prior to the complete domestication of many plant species. We know this because of the remains of slash-and-burn methods of farming, from early forestry, and the remains of early livestock grazing, which all support this theory. At some magical moment in the development of complex societies, either some seeds were spilt on the floor and observed in growth the following season, or perhaps an elder member of the community who could no longer forage over long distances planted some seeds they'd collected as an

experiment? As a result a new society of agrarian communities slowly developed into what we understand today as

"farming".

The presence of sheep/goat where important to proto-farming communities for several reasons. Primarily cattle were used to graze areas of scrub-land into forest clearings,





which once tilled made ideal farm land. The other reason cattle were important was for the manure they produced, which when scattered on the land provided a rich source of nutrients for mono-crops. As these animals escaped their captives and compounds, they deposited the seeds of their last meal in a new location, thus further aiding seed dispersal and populations of feral plants including cannabis.

Feral Plants

A feral plant is a species that has reverted back to a semiwild state following a period of domestication. Alternatively a domesticated plant is a wild species that has been maintained and managed by people. It is possible that early farming communities managed cannabis in its wild-state, removing female or male plants from wild populations. By isolating male plants for use in textiles and rope-making and isolating female plants for the production of essential oils and seeds, a feral cannabis crop was attainable.

The feral nature of Cannabis, to revert back to a semiwild state, arguably demonstrates that land-race species of cannabis although semi-domesticated, aren't too distant from their truly wild cousins. Much debate surrounding the existence of wild and feral species of cannabis in nature, however currently continues (online) amid the canna-botanists.

Cannabis Domestication

Cannabis naturally sheds its seeds in winter. When left to its own devices these seeds fall to the ground and grow in situ the following season. At the point when these seeds were collected and safely stored and sown out the following season to an organized system of planting, then cannabis was truly domesticated.

The domestication of species including cannabis allowed communities of people and populations of plants to exist beyond their natural range. Many valleys and hilltops where reclaimed from nature during this period in history as woodland fell to axe and fire. As new pastures where opened out as arable farmland, feral crops of cannabis found a niche - often on the very edge of the new 'urban' environment.

Many proto-farming communities did not completely abandon their hunter-gathering traditions and opted for a semi-nomadic lifestyle instead. As the neolithic period unfolded however farming communities slowly became more sedentary; with the addition of permanent housing, managed fields, law, order, monetary systems and organized religion. Religious movements particularly helped to distribute the seeds of many crops including Cannabis into some of the most remote regions of the world during this period.

Textile Cannabis

Today the fibers of Cannabis sativa can be used to produce cordage, rope, cloth, and paper. We know our ancestors cultivated cannabis for the purpose of textiles, because some archaeological evidence still survives. In the majority of cases however because cannabis is a plant material much evidence of its everyday use during the Neolithic period does not survive the archaeological record. In this case, Anthropology looks towards present day examples where credible correlations can be drawn between theory and practice.

Prior to the invention of synthetic fibers, hemp fiber procured from Cannabis sativa was the strongest and most reliable textile material available. When crafted into rope its primary uses were in sailing and building. It is therefore quite possible that many megalithic monuments, including the Pyramids and Stonehenge were constructed with the use of rope pulleys made from the stems of cannabis during the Neolithic.

Cannabis Foodstuffs

Cannabis seeds are known to hold proteins, amino acids, omega oils, and fiber. Although devoid of psychoactive properties cannabis seeds provide many of the nutritional requirements needed for human survival. Moreover cannabis is one of the few crops that can be cultivated at high altitudes due to its natural metabolism. To place such debate into perspective, the peoples of Nepal have been harvesting cannabis for the past 10,000 years in its wild, feral, and domesticated state primarily as a major foodstuff.

Since it takes a whole season to produce seed crops outdoors early cannabis farmers learned how to select seeds from the most productive plants as seed donors. Slowly dominant traits were discontinued each season in favor of recessive traits, until all the plants in the field in each season grew the same. At which point the seeds of specific cannabis varieties could be reliably traded with other farming communities to produce constant results in the field.



Cannabis Medicine

Meanwhile clandestine monks, high in their mountain monasteries, were cultivating cannabis for its medicinal qualities (as well as religious sacrament). By combining individual plants with other individuals, sourced from different geographical locations, monks where able to isolate beneficial qualities in the form of medicine from cannabis. This medicine is held within the natural cannabiniods and terpines of the plant itself.

Neolithic Herbalists isolated the medicinal qualities of cannabis much in the same way as a Hashish Maker does today. Once collected the natural oils of the plant could then be administered as medicine. Cannabis was used in hot and cold compresses, dressings, tinctures, ointments, cookery as well as in incense or it was directly inhaled, throughout the neolithic period across several continents of the world.

Cannabis Trade

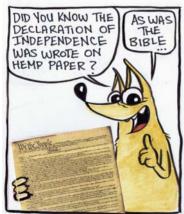
As cannabis gained its notoriety as a reliable resource, so the value of its worth as a trade commodity increased.

The fibers, flowers, seeds, and extracted oils could be traded across local and long-ranges, presented at market places and seasonal fares. As proto-farmers discovered the seed crops available to them, a new agrarian revolution unfolded with the potential for consistent trading to exist between otherwise waring neighbors.

Gradually as distant traders in the North converged with traders from the South, and as East met West, the gene-pools of specific varieties of cannabis became intermingled. Like a botanical 'clash of civilizations', the Cannabis germ-plasm from one remote valley met with the germ-plasm of next. As a result cannabis and its culture was propelled miles by trade (and the prospect of getting high). Many textile varieties of cannabis, including the origins of Cannabis ruderalis (now found in Russia) were developed during the Neolithic period; as were some of the strongest Uzbek and Afghan varieties associated with hashish today.

Meanwhile, to place things back into perspective, Cannabis sativa, its culture, and seed trade would not reach the shoreline of the Americas until some 10,000 vears later.

Cartoon



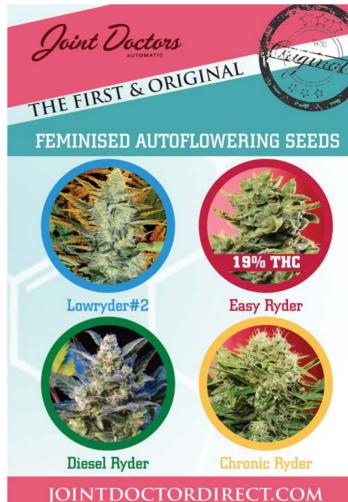
Cultivating Compassion By Georgia



www.georgiatoons.com // Georgia







OUNCES ARE FOR AMATEURS.

LEARN HOW TO YIELD A POUND PER PLANT INDOORS.

"By far one of the BEST grow books I have had the pleasure of reading.

The West Coast Masters truly have uncovered the ultimate techniques for growing medicinal cannabis."

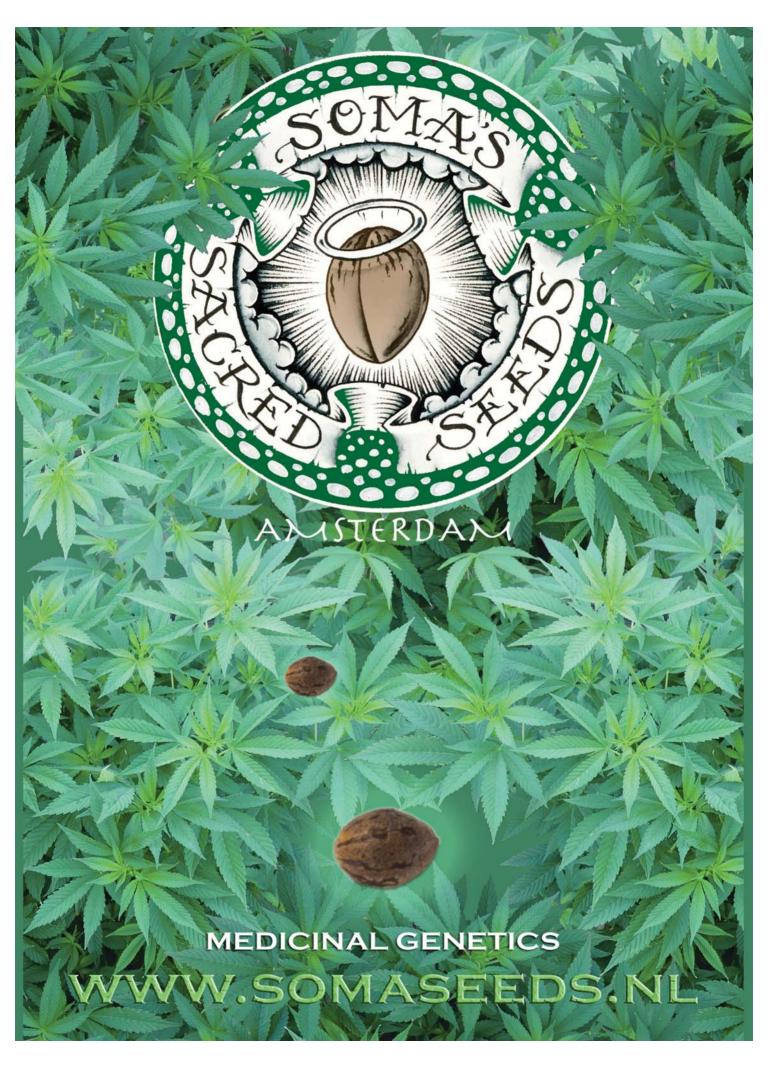
Marco Renda - Treating Yourself

US\$34.99 + P&H LIMITED EDITION HARDCOVER

ORDER YOUR COPY TODAY AT WESTCOASTMASTERS.COM







REVIEW TY Book Reviews

How Does Your Garden Grow?

A Cornucopia of Books to Nurture a Green Thumb

by Mary Lou Smart © 2011

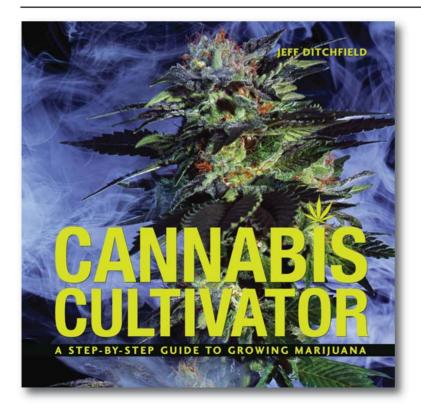
www.medicalcannabisart.com

or anyone who enjoys or needs marijuana, history repeats itself every day of the week. Thanks to a modern-day Prohibition on marijuana, our favorite cash crop is expensive. Even though it is widely distributed in a barely regulated market, demand is sky high. If you are obtaining it on the black market, you are paying a skyhigh risk premium. If you are buying it from a legal venue such as a wellness center or dispensary in one of America's medical marijuana states, you are also probably paying a sky-high price thanks to the unwillingness of the federal government to stop its budget-protecting War on Drugs. In the United States, dysfunction at the federal level in keeping a harmless medicine scheduled as a dangerous narcotic serves to keep even legal businesses operating in prohibitively-expensive legal grey areas. As anyone reading about the arbitrary decisions to shut down hundreds of dispensaries all over Los Angeles, California or throughout the state of

Montana, this is a risky and expensive business that enables law enforcement and military budgets to soar to higher levels every year while guaranteeing lucrative careers for lawyers and drug dealers.

As long as a modern-day Prohibition is kept alive, end users will pay top dollar for a weed. For those with any number of medical conditions that require a decent supply for regular dosing, growing at home is almost a necessity.

While the prospect of learning to grow can be daunting for those already burdened with illness, there are scores of cannabis gardening books catering to novices. Because the advice given varies from book to book, the first-time grower should probably buy more than one and read each carefully before proceeding. The authors selected by Green Candy Press, which specializes in grow books, draw from extensive personal experience.



Jeff Ditchfield is a versatile grower from the United Kingdom. He lives in Spain, where he enjoys 320 days of sunshine a year, and boasts of getting 48 ounces of dry bud off of one plant. His book, Cannabis Cultivator, is a slim, easy-to-digest guide offering basic information for indoor and outdoor gardens.

Ditchfield is not a patient. He spent many years supplying cannabis to multiple sclerosis (MS) patients in the United Kingdom where he set up Bud Buddies. From 2002 until 2007, Bud Buddies, an illegal medical supply organization, operated with the goal of getting cannabis and cannabis preparations to over 600 seriously ill people. Before it was shut down, the organization delivered compassionate care with its highquality organic bud, cannabis oils, tinctures, oil for topical application, cannabis oil capsules.

"It has been 11 years since the passage of the 18th Amendment as interpreted by the Volstead Act. The time has come when we should organize, and become articulate, and to work for some sane solution in this problem. Prohibition, it has led to more violation of, and contempt for, law, to more hypocrisy, among both private citizens and public officials, than anything else in our national history."

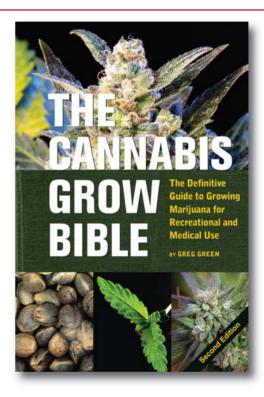
Pauline Sabin, Founder of the Women's Organization for National Prohibition Reform, 1929

Ditchfield has spoken about cannabis cultivation and its medical application to many in the medical profession including pharmacy students at John Moores University in Liverpool and physicians at the Royal College of General Practitioners in London.

While working at Bud Buddies, he learned about MS. His patients often told him that Sativa varieties are good for treating neuropathic pain, whereas Indica varieties relieve muscle spasms. He offers their experience with this debilitating condition as a caution against putting too much faith in advertising for medical cannabis seeds and strains. While discussing his book, he explained that, "Medical cannabis lists on cannabis sites and forums should be taken with a huge dose of salt. Take MS, for example. Multiple sclerosis is a degenerative disease where the body's own immune system attacks the myelin coating of the nerves, the symptoms are very diverse, and sufferers endure intense neuropathic pain, vision problems, vertigo, dizziness, fatigue, incontinence, muscle stiffness, spasms, tremors, trouble with swallowing and depression. MS sufferers can experience some or all of these symptoms. To claim that a specific strain is good for MS is at the best a wild guess, and at worst a ploy to sell more seeds."

Ditchfield offers that "searching for the perfect medi-strain is as pointless as searching for the Holy Grail, and medi-users will be much better served by having access to a pure Sativa and a pure Indica strain. This will allow them to experiment with blends."

With excellent photography, numerous tips, and a troubleshooting section for cannabis nutrient deficiencies, Cannibis Cultivator shows that even though there is a trick to growing healthy plants, with proper preparation it can be very easy to do.



Greg Green's book, *The Cannabis Grow Bible*, is a comprehensive guide that digs deep with a gene-centered review of the ageold plant's nature. First released by Green Candy in 2003, it has been the publisher's most popular cannabis offering to date. An evolutionary biologist by trade, Green drives home the message that each living thing is only as good as its genetic material, meaning that healthy plants must come from strong stock. He devotes considerable time to the topics of seed selection, species and strains.

Most comfortable with research, Green, who lives in Europe, shared that the cannabis plant developed over time alongside human beings in a mutualistic relationship. Considering that the human body is chock full of endocannabinoid receptors that provide pathways for medicinal benefit, he notes that a prohibition on cannabis is contrary to scientific evidence. Just as bees pollinate plants as they suck nectar from flowers, ours is a symbiotic relationship that developed over time.

"It is unnatural to tell people not to take cannabis, given that within our DNA we can verify that our bodies have been using cannabis for a very long time," he said, adding "I don't want to

TY Book Reviews

fall into the naturalistic fallacy of saying that if it happens in nature, it's good for us too, but I would suggest that individuals who think that cannabis and human beings have no history whatsoever, and that cannabis is dangerous because it is something artificial or brand new, are not drawing on what scientific evidence shows. The scientific evidence and the archeological evidence show that there is a very strong correlation between human beings and the cannabis plant. There is an evolutionary trajectory there. The evidence is in the genes; it's in the DNA; it's in the biochemistry."

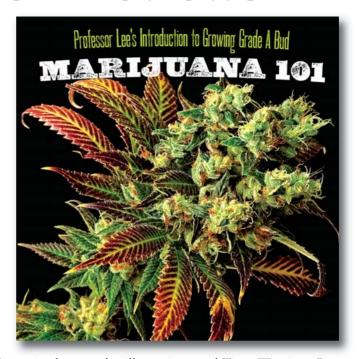
At over 500 pages, The Cannabis Grow Bible offers something for everyone, including a chapter on making hash; a chapter on social issues; and even a chapter with an illustrated how-to for making a vaporizer out of a lightbulb. Hint: wear protective gloves!

Secret Gardens

Just as hooch had to be hidden from view behind cleverly constructed revolving bookcases or in speakeasies during the first failed Prohibition, everything to do with marijuana must be kept under wraps. Loose lips sink ships. All grow books offer tips on safety and security.

Professor Lee's book, Marijuana 101, was written with the novice in mind. So wary is Lee of thieves and law enforcement, he didn't even write his book until he had completely stopped growing and smoking, but he admits to being proud of having gotten away with growing his own for over a decade. A retiree living in Texas, he is not thrilled to be taking pharmaceutical medications for age-related aches and pains, and yearns for the day when his favorite remedy is legal. Until then, he plans trips to Amsterdam or the Toronto Cannabis Cup, and enjoys writing articles and giving lectures.

Marijuana 101 is a treat, filled with attractive graphics such as a squarepants instructor who Professor Lee jokes has more hair than he does.



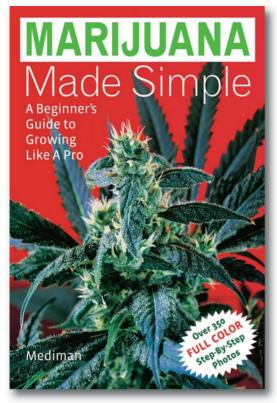
Fantastic photography, illustrations, and Tips!, Warning!, Danger!, and Fix! guide boxes make his lessons lively. Throughout, his concern for new patients rings clear as a bell.

"The first bits of advice that I always like to give to anyone contemplating growing concern security and safety," he said. "Just because it might be legal for you to grow (if you are fortunate enough to live in a state with a medical marijuana program), you still have to watch out for thieves who won't think twice about breaking into your place and stealing your crops, even if that means hurting you to do so. Always keep a low profile about the existence of your garden, and use great discretion with anyone you trust. After that, I strongly suggest that people use caution to avoid accidentally hurting themselves or damaging their homes. Anytime one mixes water with electricity and confined spaces, the risk of electrocution or fire goes way up. Of course, these are extreme scenarios that can be avoided with the practical application of common sense and selfcontrol."

In our modern-day Prohibition, authors writing about marijuana often enjoy using it, and most hide their identities with pseudonyms. **Mediman** is no exception. His book, Marijuana Made Simple, is Green Candy's most recent offering.

"This is my first book, and I'd love to see my real name on the cover," he said. "It does feel kind of corny being called Mediman, but with the laws the way they are, I have no choice."

Mediman, 36, suffers from Wilson's disease, an extremely rare genetic disorder resulting in copper overload. Copper accumulates in tissues causing everything from neurological symptoms to liver disease. It is treated with medication that reduces the copper absorption. Mediman's symptoms, such as a brain that operates in overdrive, can be controlled with cannabis. Completely disabled, Mediman was among the first 100 people to become a legal patient in Canada in 2001.

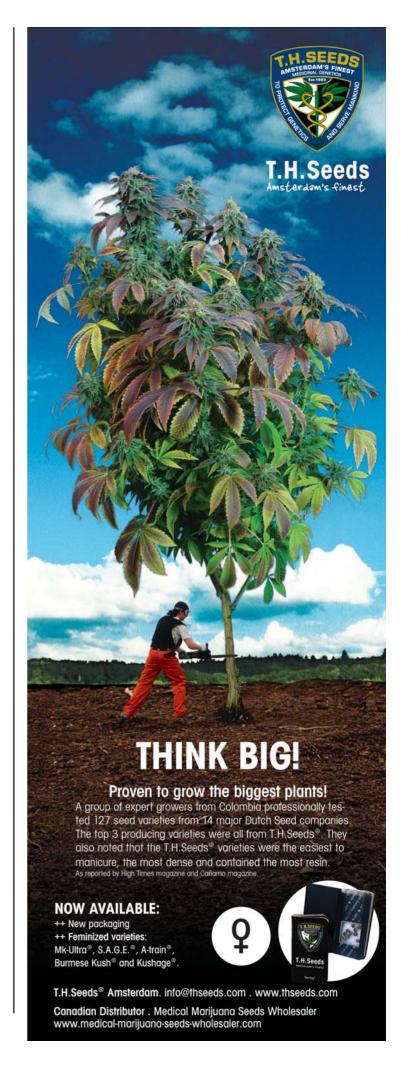


Mediman, who developed an award-winning strain to treat his own condition, has helped many patients build secret rooms. His methods have been so successful that he decided to write about them. In his book he guides newcomers through basic steps necessary for creating the perfect do-it-yourself grow operation.

A computer engineer before his serious condition was finally diagnosed; he employed a concise and methodical approach in developing his guide. Having found that many of the grow books on the market are more like encyclopedias than guides, his primary goal in writing Marijuana Made Simple, was not to overwhelm the average person. His book offers easy-to-follow instruction on getting started, with guidance on fertilizer, pests, oil and hash preparation, and delivery methods.

Beginning patients that get into gardening to keep the cost of medicine within reach often find that nurturing their secret stash becomes a healing process.

"I do feel that the personal energy that you put into this not only has much to do with how your product turns out, but it gives each plant your own unique characteristics," Mediman said. "Our energies coincide. It's kind of like that premise that the more love you put into it, the better it will turn out. Growing is very therapeutic."



TY Product Reviews -



ROOT!T

by skunk-mad

- Maximise your success rate
- Faster more vigorous rooting
- Organic and fully biodegradable
- Simple to use and easy to pot on
- No mess, no fuss, just excellent results

The **ROOT!T** range is the latest innovation in propagation and has been developed to help growers get off to a flying start. With our ongoing product development, we constantly look for ways to improve existing products as well as creating new ones. The products are all designed to maximise success rates and be simple to use.

Reliable performance

Most of our kits feature the ROOT!T Natural Rooting Sponge which has demonstrated time after time superior rooting ability. It is nice to handle, clean and compostable after use. It dries from the outside in so you will see when it is time to water before your plants get stressed. Due to the way it is made, when combined with ROOT!T Gel4Plugs, it will encourage root growth on cuttings faster than any other growing media.

The product has been developed by a leading propagation company in the UK which maintains stringent quality control to ensure the products perform consistently well. Each batch of liquid product undergoes complete laboratory analysis before shipment.

ROOT!T™ Propagation Kit

This kit comes with everything you need to get you started. Complete with a medium size propagator, a 24 cell insert and tray, filled with ROOT!T Natural Rooting Sponges that offer the latest and fastest rooting available today, a sterile scalpel, ROOT!T Gel4Plugs Rooting Gel sachet & ROOT!T First Feed sachet and a book on how to grow from cuttings or seeds. The ideal introduction kit to propagation!

Whats inside?

- 1 High quality propagator
- 24 cell insert with ROOT!T **Natural Rooting Sponges**
- ROOT!T First Feed sachet
- ROOT!T Gel4Plugs Rooting Gel sachet
- 1 Sterilised Scalpel
- 'How to' guide on achieving great results from your cuttings & seeds 🍨



FinestMedicinalSeeds



Disclaime

The possession and transport of viable cannabis seeds is illegal in many countries, particularly in the USA. We do not promote the germination and growth of these seeds where prohibited by law. Our strains are intended for medicinal and research purposes only.

TY Product Reviews

Active Eye Green Lamp

by skunk-mad

Active eye has developed several different green lights that have been developed with the active indoor grower in mind.



When growing in a controlled environment it is very important to not interrupt the photoperiod and more importantly when your grow environment should be in a dark photoperiod that no light enters your grow environment. This can be very difficult if you have to enter your grow environment in a dark period to foliar feed, battle pest problems or to just check on your plants in general. Interrupting the photo period can cause many un-wanted problems but now there is a solution.

Active eye have developed a series of green lights which leading experts have told us will not interrupt the photo period of your plant. This means that you can finally see what you are doing in your grow environment but your plants are still in the dark and more importantly none the wiser.



- 1, The Active eye cap light means that you can see you plants and you have both hands free to do your work. This light simply clips to the underside of your caps brim and incorporates 6bHigh intensity LED bulbs for extended viewing range. The Active eye light is easy to operate by using the thumb switch to select one of the 4 different settings. It is lightweight, compact with 100,000+ hours of light from just 2 lithium cell batteries.
- **2, The Active eye flash light** is a must have piece of kit as it is compact and long lasting. Small enough to fit into your pocket, this light incorporates 9 powerful high intensity LED bulbs with 100,000+ hour's of light and uses three AAA batteries.
- **3, The Active eye work light** is a serious piece of kit. This powerful green LED light can be used free standing or can be hung with the 2 built in hook's. The 78 high-intensity LED bulbs deliver a wide beam of light for maximum viewing range. It comes complete with a charger with 100,000+ hours of light per charge.
- 4, The Active eye head light convenient, practical and means that you can see your plant whilst your hands stay free. This lamp has 17 high-intensity LED bulbs that can be used with different settings and the direction of the light can be tilted to maximize efficiency. The Active eye head light has 100,000+ hours of light and uses 3 AAA batteries.

Now with these great lights out there you can enter your grow environment at any time without fear of losing a crop.

For more information contact your local retailer 🍨





Watch and upload the best cannabis growing Videos in FULL HD exclusively on

- WATCH THE MOST EXCLUSIVE CANNABIS DOCUMENTARIES
- CREATE YOUR OWN CUSTOM PROFILE PAGE
- UPLOAD YOUR OWN GROW VIDEOS AND PICTURES
- SHARE YOUR GROW VIDEOS WITH THE WORLD
- LEARN FROM CANNABIS GROW TUTORIALS IN FULL HD
- MEET GROWERS AND SHARE KNOWLEDGE
- PRIVATE CHAT AND FORUMS
- AND MUCH MORE....

WWW.GROWHD.TV

TY Product Reviews

The Vegan **Temple**

by Reverend Jef Tek

Founder of: The Michelle Rainey Foundation









always choose quality over quantity when it comes to growing world-class grass. I vow to use the finest methods, and the finest food. Recently, I was given a full compliment of General Organics', fully vegan plant food to try out. It was real nice of my man G to swag-me-up like he did, but he knows what comes around goes around and so do I. I had been slowly noticing the quality of my previous "organic based" product over the years- slipping! Yes, I always knew it was NOT a fully organic product but I did get excellent results from the simple to use one-part formula. You know?

Unfortunately, in order for manufacturers to get the nitrogen/potassium/phosphorus to stay in the correct ratios they need to use some pretty nasty chemicals to stabilize and preserve the formula. EDTA and the likes...

Yes, this fell under the heading of keeping things simple one nute, one pH adjuster, simple! But, over the years I have witnessed an inconsistency, especially when buying larger two and a half gallon sizes of nutrients. Four years ago I got yellow mushrooms in my grow beds (Leucocoprinus birnbaumii), at first I thought it was from overwatering the grow beds but a few weeks later I found the very same yellow mushrooms growing wildly inside a two and a half gallon jug of Liquid Karma. Coincidence? I think not.

When the back label of my nutrient, which was always in full color, suddenly switched to black and white, I began to get suspicious. When I inquired, my Hydro Guy confirmed; The company in question were having internal issues, but I still used it anyway. When a normal batch of my favorite medicinal strain, Afghani Bullrider began yellowing way too soon into flower, I knew the nitrogen just wasn't there anymore. And, if the nitrogen wasn't reliable then what was I feeding my poor plants with? Believe me, a lack of nitrogen certainly isn't the end of the world; clean burning, bright green nugs with trichomes literally jumping off their stems, a wonderful flavor/aroma - just a diminished amount of these delightful medicinal buddies. So, I began having smaller and smaller plants with smaller and smaller harvests throughout the first half of this year. That is not good when you have medical patients depending on you and you haven't

enough for yourself, it leads to hurt feelings, and cops and courts and a huge waste of time for everyone involved. Sometimes things happen, like powdery mildew, pests or ungrateful patients who don't know just exactly how hard it is to maintain everything, everyday, so they can have their medicine. IT'S NOT EASY. I haven't had a vacation in a decade.

Switching to General Organics has been a breeze, their 6 liquid additives all balance right out when mixed in the recommended ratios. I also switched from just using Sunshine mix #4 and now cut it 50/50 with General Coco, to save money and increase drainage. I also switched back to buckets with holes in the bottom to facilitate free drainage and increase root aeration. The plants have all responded beautifully.

A typical Vegetative feeding will use 10ml of Bio Root, 10ml of Bio Thrive Grow, 5ml of CaMg and 2.5ml of Bio Weed per gallon of non-chlorinated water. As plants grow it is ok to give 1.5 - 2 times the recommended feeding for perfect results.

A typical Flowering feeding will use 5ml of Bio Root, 5ml of CaMg, 10ml of Bio Thrive Bloom and 2.5ml of Bio Bud per gallon of clean water. Again, it may be necessary to double the amount of Bloom food and or CaMg if you find it necessary to achieve your optimum results.

What I like:

Throw away your pH adjusters and the damn pH probe as well, this stuff balances out so perfectly each and every time I wound-up calibrating the pH probe with the solution I just mixed up. The same goes for your ppm meter. At the recommended dosages I mentioned earlier you will acheive 800 ppm every time, on the dot! With 5.8 to 6.0 pH every time, I literally disconnected my probes and I haven't looked back. (By going to 1.5 times the feed, or 15ml per gallon, you will create 1000 ppm and the same perfect pH. How cool is that, no pH up or down to contend with. That stuff is caustic!

What I love:

Being able to taste the difference already! No fooling, the

ash is whiter, the aroma is sharper, clearer and tastier than ever before. More berry flavors. The health and vigor has returned to the plants and they are responding beautifully to this product line. I am ecstatic that not only is this stuff organic but it is fully vegan! Each product smells so pure and healthy. Like good food, I keep it all in the refrigerator for perfect freshness! (Hey, it says, Once opened to store in a cool dark location?)

Oh yea, and the harvests are up again as well, maybe even a little bigger than with my old product, that is amazing. Others in my area have reported diminished powdery mildew as well when using General Organics, even one with a side-by-side setup using General Hydroponics and General Organics, he also confirmed a larger crop size with the Organics. I believe this is all due to the plant naturally taking up the nutrients they need rather than being forcefed nutrients they may not need at all. The nitrogen fixes it self so nicely it just may be impossible to overfeed using the grow chart provided and that is a great thing.

Downside: No downside!

It may cost a little bit more but who cares what it costs, the General has been at this longer than anyone, they have the knowledge and the research and development on their side, and now they have me on their side - Thanks General! You did it again!

They also offer 5 more products I don't need; BioMarine for foliar feeding and soil drenches. (I don't do either!) Diamond Black fulvic acid, (never saw any benefit.) Two subcultures, microbes and bacteria require a lot more than two months to work so I don't use them either. Azamax, an OMRI organic insecticide, miticide and nematicide that I also don't have any need for. Thank god I have been bug-free for almost 5 years now!

You may have interest in these last 5 products but the only thing I am grateful for is that there is an OMRI insecticide, finally.

Seal your room, take a shower before entering your grow spaces and for the love of Christ, get yourself an Ozone Generator. They get rid of powdery mildew. Ugh! Enough said!

Phillips, Master Color HPS-Retro White, ED18, 600 watt bulb



by Reverend Jef Tek

Founder of: The Michelle Rainey Foundation

There's a new 600 watt Ceramic Metal Halide bulb on the market and it runs on a standard High Pressure sodium Ballast! Check it out. Phillips, Master Color HPS-Retro White, ED18, 600 watt bulb. Burns in the horizontal position and has the spectrum of a MH and a HPS on steroids! No fooling. It is the absolute whitest HPS you have ever seen, I guarantee it - whiter than white! The spectrum looks like the real sun and I swear this is the light to watch - not physically!

Funny story: The G-Meister hooks me up with one of these babies so I asked myself, why not get a new "DIGITAL" ballast to go with my new light? So, I did!

Got it all home, hooked up a brand new LR-100 Bell Lighting hood in my veg room. Installed the new Phillips 600 watter, mounted the digi' ballast to the wall -fan-up- and plugged it in. Bright white light filled the room, followed by flickering yellower then yellower -no, wait, now it's orange! Blam, white again. 5 minutes later it's off and the digital ballast smells funny. I quickly disconnect it all and headed back to the store that is now closed for 3 days due to a long weekend - drat! Back to the house to reconnect the old 400 watt Metal halide and Coil and core Ballast, then wait 3 days...

Tuesday, The G Man, hooks my shit up and it doesn't work. Ballast, bulb - all gone! So, with my assistant, his assistant and the regional distributor for these bulbs, ballasts, etc,... We hook-up a new bulb, with a new digital ballast, the only thing different was the bulb was in a vertical position for our experiment. Glasses on; G flips the switch and all five of us watched the flickering rainbow of darkening colors until the bulb turned silver inside and died! The ballast survived, yea! So, I traded down my warranted digi' and opted for a switchable coil and core monster 600 watt ballast and a new bulb.

This combination has been working fine for over 3 months now, continually blasting my happier-than-ever vegetative babies with rich, warm, full-spectrum lighting that makes the transition into the 8000 watt budroom much less stressful. That's the name of the game relieving Stresses, wherever and whenever we can!

Hope this year is much less stressful for you, I now I can not handle much more.

Over and out!

Peace, Vegan food, Ceramic Metal halide's & Buds 🍨

IT'S HERE! TYEXPO DVD SET!

A 6 DVD set containing over 7 hours of footage from the 2010 TYExpo

3 DVD set covering 6 hours of the 2011 TYExpo



- Lectures
- Musical Acts
- Exhibitor Interviews
- Comedy Night on 2010 DVD
- Awards Night:

Marijuana Music Awards + Medical Marijuana Cup

or both for \$55

+ Shipping and Taxes

Order yours today!

Distributed by

KDK Distributors

403/285-1697



Toronto, Canada 🍄 May 25-27, 2012



Metro Toronto Convention Centre North Building Hall A



SPECIAL EVENTS

THE FLAME OFF!

Glass Blowing Competition

- Chris Carlson
 Pakoh
 Marcell
- Ghost Brandon Martin
- M Kurt B Chad G



MEDICAL MARIJUANA CUP 2012

- World's largest Vapour Lounge
- **★ Seed Vendors**
- **Seminars**
- **№ Activism Alley + much more**
- **Admission prices**

Day pass - \$20 3-day pass - \$50 VIP pass (limited number) - \$420

Y Show hours

Friday 10am-8pm

Saturday 10am-8pm

Sunday 10am-6pm

For information on becoming a Sponsor or Vendor please go to

www.treatingyourselfexpo.com

























Michelle Rainey



II4 • TREATING YOURSELF, ISSUE 32 - 2011

Foundation Award





- Al proudly displays the Michelle Rainey Foundation Award - Al speaking after receiving the MRF Award

by Al Graham

www.peopleadvocatingcannabiseducation.org

Photos by Michael Guerrini



People Advocating Cannabis Education

n 2010 and once again in 2011 the Treating Yourself Expo presented the Marijuana Music and the Treating Yourself Medical Cup Awards to those who excelled in what they were involved in. Whether it was singing a great ballad to growing some fantastic medication they were presented with an award for their achievement. This year though there was a new award presented at the Expo by the Michelle Rainey Foundation. The Patient Advocate Award is to be presented to the person that they feel exemplified Michelle and what she stood for. This award could have gone to many, many people in our movement but surprisingly to me, but not to my friends, I was chosen the first person to ever receive this award. I am honoured to receive this and it truly wasn't something I expected. To be even in the running for this award would be an honour but to win it sure is.

Background

At one time or another we all start out as a person that is unknown, a person that just wants to speak up, a person that wants to make a difference and I am no different. Like Michelle once did, I go about day in and day out educating everyone and anyone who will listen to me about cannabis. However it hasn't always been like this, as just like a lot of people, I worked long hours in a factory before coming ill. While there I was involved in everything from being a production worker to a Supervisory position before getting settled into Quality Assurance and production testing. I wrote ISO documentation, taught the general product knowledge training course and did the general safety training for new employees where I worked. I am a person who has coached kid's soccer, baseball and hockey. While involved with hockey I became the Vice -President of the organization and I coached a bunch of B team kids to an All-Ontario Hockey Championship. From there I would lead a bunch of people into the mud and over the rocks as a President of an Off-Road club. While there I was heavily involved in organizing



Michelle and Dr. Bob at the 2010 TY Expo

Michelle and Andrew at the 2010 TY Expo

and setting up one of the toughest off road competitions in the province. Twelve years have passed since I set up a different off road competition at our town fair. While I am no longer involved in this, the competition is still running today and has become the second largest draw behind the demolition derby. The fair competition was run in order to help educate the public about responsible and respectable offroading. It's something I'm still doing but now I'm teaching the responsible and respectable use of cannabis.

Getting started

For me things got started when I was released from hospital after having to deal with my first ever Crohns Disease flair up back in 2003. I did some research on the cannabis plant and found that there were benefits for me to use it as a medication. From there I just wanted to let everyone know how this plant would help me. Back then I would get t-shirts made to send out a message to people because I always felt a t-shirt is really an advertising sandwich board. This is still something I still believe in today so I keep wearing shirts that promote cannabis as a medicine.

From there I moved onto helping Marco with the public shows that Treating Yourself was participating in. This would include large events such as The International Home Show, The National Women's Show, The Total Health Show as well as the ten day long National Home Show. While attending these shows many are looking for something else other than information on cannabis but by the time they leave they know that we were present. When you come across a cannabis booth amongst furniture or lingerie it does create some excitement. These shows haven't stopped and now Marco has me looking after getting things ready including arranging the volunteers and making sure that they are all ready to educate the uneducated at these events.

Meeting Michelle

Issue 7 of Treating Yourself is double special to me as this is the issue that Michelle and I both had our patients profiles

published. It's also special to me because this was the first time that I had written for TY. This issue was also on the newsstands when TY held its first ever public awareness seminar at the Delta Chelsea Hotel in downtown Toronto which is the event that Michelle and I met for the first time. When I first introduced myself to her, I told her that I was also in the same issue as her and for the same reason. Crohns. At that point we talked a bit about the disease and then she signed my copy of the magazine, from one fellow "crohnie" to another. Later on that day I watched Michelle speak about her condition and I thought to myself, someday I may be able to do the same thing.

Throughout the years I did meet Michelle many more times. In the early years it always made me happy to know that she always remembered me and cared enough to ask how I was doing. It also told me that the efforts that I had been involved in had been getting noticed.

With Issue 8 I continued with another home show article and added some other items such as Prohibition Sucks and a call for people to Get Involved in the cannabis movement. Since those early articles I have reported and written about the many shows that TY has done to educate the public From there things just kept going. As time went along I just wrote and in the end I'm still writing. Since the beginning twenty five issues of TY have come and gone and since that first article I have been able to contribute over fifty more with more coming. Along the way I've written about the adventures of M.M.A.D. Participants, M.A and now P.A.C.E.. I've written articles with people as I did in "Lynda Duncan: A Former Junkie that Suffers with Chronic Pain" to articles about people as I did with a feature article on Casper Leitch and his radio show Time 4 Hemp. I've also touched on how society treats medicinal people and the stigma around it.

My aim and goal has always been the grass roots people, the very same people that will have to get the governments to change their minds. Throughout this time I have meet many people and have achieved things that I would never have



Michelle enjoying herself on the boat cruise

Marco Renda, Dr. Melamede, Michelle Rainey and movie director Len Richmond

been possible without Treating Yourself and the cannabis community. Marco unofficially calls me his GTA events writer and that's perfectly fine, but for me, I'm just a guy wanting to share his medicinal experience with cannabis and to prove to others that it's not a menace to society but one with great benefits

My journey also gave me a chance in a life time as a radio announcer. For fourteen months I did live remote radio appearances every weekend on Rock 107, a Quinte area radio station talking about everything cannabis. After a short break I was back at it again at the station for another year as Treating Yourself had agreed to sponsor a radio program at the same radio station called The Trip. While doing this program, I did a weekly ninety second cannabis newscast where I would touch on the latest cannabis news, whether it was international, national or local. This experience allowed me to reach out to tens of thousands of people on a weekly basis.

Last Moment Together

When I was presented this award I thought about Michelle and the last time we spoke. It was at the first ever TY Expo. Michelle spent that weekend working hard on the Expo's video where she was a tower of power and going all the time. At the time many of us didn't know how sick Michelle was including me. As she left to go home after the show she passed me some of her best medication, we know it as Bull Rider. She told me that it would help me with my crohns and make my quality of life better. Even in her remaining time with us she was still thinking of others. I put it away to have after the Expo and then she gave me a hug. Not just a hug but a long gentle hug as if she knew that it could be the last one we shared. She then released her embrace on me and her hands slide down to grab my wrists. At this moment she and I just stared into each other's eyes and tears started to appear. Nothing was said not a word, just more tears. It was like a magical moment as if she was telling me that everything would be ok. I now know she was saying good bye and not just bye because a good-bye is forever.

The Future

Now that I am with P.A.C.E., I have started the public speaking which I mentioned that I'd do some day, I speak before and after each P.A.C.E. movie. P.A.C.E. is about educating the uneducated by bringing Michelle's videos and many other educational videos to movie screens at two Cafes in our area. Our educational themes touch on the science, the history, prohibition and the patient's experiences with using cannabis as a medication. We are medical and non-medical users of cannabis that is doing, what Michelle is still doing, educating the public.

While I may have received this award it sure wouldn't be possible without my wife Gayle beside me. She quietly allows me to go about my business to educate people without complaining about the time I spend doing it. She sees how important it is to me and everyone else much like Jeff Tek was for Michelle. Then there is Mike who I have written about several times as he would attend many of the shows I did with TY. There are also my three adult children and my friends Fourtwenty Deb, Hippi Chick and many others who have been with me every step of the way. There are also businesses such as BMA Hydroponics, who purchase and distribute up to two hundred copies of every issue of Treating Yourself to medical patients for free or the two cafes The Grindhouse and The Studio. Both of these cafes have stuck with P.A.C.E. even though there were many risks with getting involved with a cannabis group in these small conservative communities. To all of you thank you for your support it hasn't gone unnoticed

The Foundation

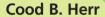
After winning the award I contacted Jeff Tek to get the goals and objectives of the foundation. He says it is to "help educate medical marijuana patients and growers "and that they hoped that "one day everyone in need of medical marijuana will have a carefree and easy way of obtaining and ingesting their medicine" but most of all it is "to honour the memory of the beloved medical marijuana patient and advocate, Michelle Rainey."

NO herbalAire Vaporizers given away this issue!

No NEW WINNERS...

Each and every issue of TY Magazine, HerbalAire and KDK Distributors have each donated a HerbalAire Vaporizer to deserving med patients.

Unfortunately we have no new winners for this issue. So keep those entries coming!!!!



medicinal cannabis user and advocate.

Will B. Hymm

medicinal cannabis user and advocate.



Cood B. Herr



Will B. Hymm

Hello TY Members. I have got some great news!

Each and every issue I will be

Giving away 2 Herbal Aire Vaporizer

to some needy medical patient!

The rules are very simple:

- 1) You must be a member in good standing with TY or your local compassion club.
- 2) Financially impossible for you to purchase on your own
- 3) You must be 21 years of age or older
- 4) Legitimate Medicinal users only
- 5) Write or email a short 100 word story detailing why you should be a recipient
- 6) Provide a photo and any documentation neccesary to support your request
- 7) If chosen you may have your photo and a short reason why you were selected printed

Please note I expect a lot of inquiries so only the most in need please apply.

Through Treating Yourself KDK Distributors and HerbalAire we wish you well!

Kelly KDK Distributors

Free Vaporisor 22 Anaheim Bay N.E. Calgary , Alberta Canada, T1Y 7E2 kellyk@valleyofgreen.com





Michelle being interviewed at the 2010 TY Expo

He wanted me to let everyone know that "the foundation will continue to offer Michelle's patented "Med Pack", which contains a personalized letter from Michy herself and all the information you need to know about how to talk to your doctor and the process of getting your Medical Marihuana Access Regulations (MMAR) license from Health Canada."

The project that she headed and was extremely proud of was her t-shirt campaign. Jeff says Michelle would wear "her shirt religiously to everywhere from the gym to a rock concert". Jeff tells me that they are still offering Michelle's well known MEDICINAL T-shirts complete with the trademark pot leaf in the A. He says that "she would be honored and at peace to know we are all still rockin' her shirts giving each-other "big booby hugs" in her absence."

There is good news coming in 2012 as the foundation plans on expanding the MEDICINAL logo to tank tops, hoodies, booty shorts and other items. Jeff tells me to let you know to "keep an eye on MichelleRainey.com to get your very own and support a legacy started and continued by love." He continued with "Out of great loss we must overcome our grief, cherish the memories of those lost and take from there the courage to continue on."

When I went looking for some information for this article I came across Jeff's letter about Michelle. It's on the front page of the MichelleRainey.com website and now I'd like to take this opportunity, with Jeff's permission, to share it with you.

Michelle Rainey -Medical Cannabis Patients Advocate

A journey of a thousand miles begins with the first step and each day Michelle's feet hit the ground running with the conviction of a true leader. Leading by example is her modus operandi and she sets the bar high, intimidating some, but inspiring many. With a can-do approach and hands-on talents, she has become synonymous with Medicinal Marijuana in Canada and the world.

Wanted by the U.S. DEA on trumped-up charges of manufacturing marijuana, conspiracy, seed sales and money laundering, Michelle has become a medicinal patient's advocate, Director of Marketing and Sales for a leading alternative medicine journal, Treating Yourself Magazine and Financial Agent for the B.C. Marijuana Party while fighting extradition - all at the same time. Talk about juggling your life and your career and as if all this wasn't enough for the average person to deal with; Michelle was

diagnosed with Cancer last year. The big C! Most people, including many famous people, will shrink back into their world and disappear from sight when confronted with the thing we all know killed "The Duke" John Wayne. Some will talk about it after their Cancer has gone into remission, Michelle responded by making videos, telling everyone about her situation and helping many with valuable information, even though she lost her oldest brother to Cancer just the year before, she never relented or lost hope.

Vitamins and at least 5 days of hard cardio workout at our local gym lead to alliances with the gym staff as well as the owners who actually happen to be world bodybuilding champions. Positive mental attitude absolutely spilled-over to everyone she met during her daily travels, including the proprietor of the vitamin store who was impressed with Michelle's knowledge of the correct cancer-fighting preparations. Her upbringing in the Health Food industry and her life long fight with Crohn's disease has prepared her well for the fight of her life and she faced invasive surgeries to get the bad stuff out. After three tough back-to-back operations Michelle's prognosis is now looking great. She will still be a Cancer patient for life with mandatory checkups but for the most-part, this chapter has ended on a nice note, thanks to everybody who helped, a good health care system and some very talented doctors, and a lot of praying.

After a very successful banking career lasting over a decade Michelle decided to take the bull by the horns and join the Marijuana Movement when fate caused her path to cross with Marc Emery's. When he walked into her bank, she took it as a sign and completely exchanged her safe and comfortable life for a hell-ride. Life in the fast lane is an understatement when you know the depths of conviction Michelle had

to have to be the catalyst for the day to day affairs of every project and undertaking they did for almost another decade, from elections to the creation of Pot-TV. Now Michelle helps patients fill out the myriad of forms Health Canada requires for each medicinal cannabis user to complete. (When was the last time someone had to fill-out 40 pages of paperwork for a Valium?) Just the task of downloading the correct documents could be a nightmare so when Michelle first filledout her papers we simply made copies of the correct forms then she took them and made full-sets of forms for anyone who needs them. Then she took it one step further and complied information regarding scientific findings on medicinal cannabis to inform potential patients- doctors with. The response was amazing, first from the potential patients and then from the doctors themselves. Most admitted no knowledge of cannabis. She showed it to her doctor and he congratulated her on her presentation, he was impressed and very supportive.

The information packs cost a lot of money to produce and she has never charged a dime for any, we even pay for postage out of our own pockets. Michelle has sent packets to the college of physicians in each of the thirteen provinces of Canada and three formally acknowledged the information and thanked her. Perceptions of cannabis are being slowly changed one person, one doctor at a time. Michelle's probation officer supports her efforts and the ironic thing is that she doesn't have any legal trouble with her home country, but she is wanted by a country that officially has over 20% of its own population behind bars. Barack Obama is the 44th president of the United States and he promised to put a halt to dispensary raids in the 14 states that support legal medicinal marijuana and now President Obama's half brother, George, has been arrested and charged with possession of marijuana near his home in Nairobi, Kenya. Even though Barack doesn't know George well and even though many presidents had brothers who did embarrassing things you got to take this as a sign to take notice of the pot situation in the world; is it time for a real change? (I'm not talking Billy Beer.)

I can only hope that the propaganda will die and that rational thinking will prevail in regards to cannabis. Michelle has a way with people, from the very old to the young and everyone in between, her patients and understanding never cease to amaze me. What was the first verse to that Mary Tyler Moore song, "Who can turn the world on with her song?" Something like that describes Michelle's talents for turning people on to what is right and what is important but with a huge dose of compassion and understanding. Understanding is what we all need a massive infusion of, where is the understanding bailout? Everybody complains about their job, that their condo won't sell or their hair isn't what it used to be; from early-early morning to late at night

and sometimes all-night-long, Michelle's main Crohn's symptom, diarrhea, keeps her shackled to the toilet sometimes for hours at a time and in all the time I have known her she has never complained once. Instead she helps others and takes good care of me and nurtures the relationships that make us what we are today, without her I'd be nothing and without me, Michelle would be a lonely warrior. She would still kickass and take names but I believe in Karma and wherever you are is where you are meant to be. Me, I'll just keep writing and filming and taking good care of the medicine that takes good care of us, and I'll be extra sure to take good care of the one who takes care of me, so she can continue to add to the list of over a hundred medicinal patients she has already helped to get signed.

Not much more to say except I am probably biased in this assessment of my wonderful wife Michelle and her plight. When we met we both immediately knew that we were meant to be together. We were married the last day of the last Tokers- Bowl in 2005. In front of over 200 surprised, redeyed guests, friends and about a dozen video cameras we tied the knot - A Canadian married An American - on the Fourth of July at a huge pot party! There wasn't a dry eye in the hall when the band played an incredibly accurate rendition of "One" by U2. That night we danced in peace and harmony but the fun was over just three short weeks later, July 29th when the Vancouver PD in conjunction with the US DEA shut -er down. They raided the BCMP and put an end to Marc Emery Seeds but life goes on for the other thousand seed merchants and so does the life of medicinal cannabis. They targeted the only company that was pouring all their profits into legalization and marijuana law reform. Inform yourself then inform your doctor, lawyer, teacher or probation officer, pot cures cancer, and a whole list of other things, if used responsibly by responsible adults, pot can be just as beneficial as the best vitamins and nutrients. To dispel one myth; I've smoked tons of good marijuana and never once got "wasted." Michelle uses pot daily to control her symptoms and she's not a "dope." We are the future and we need your help, take that first step and see where your journey takes you.

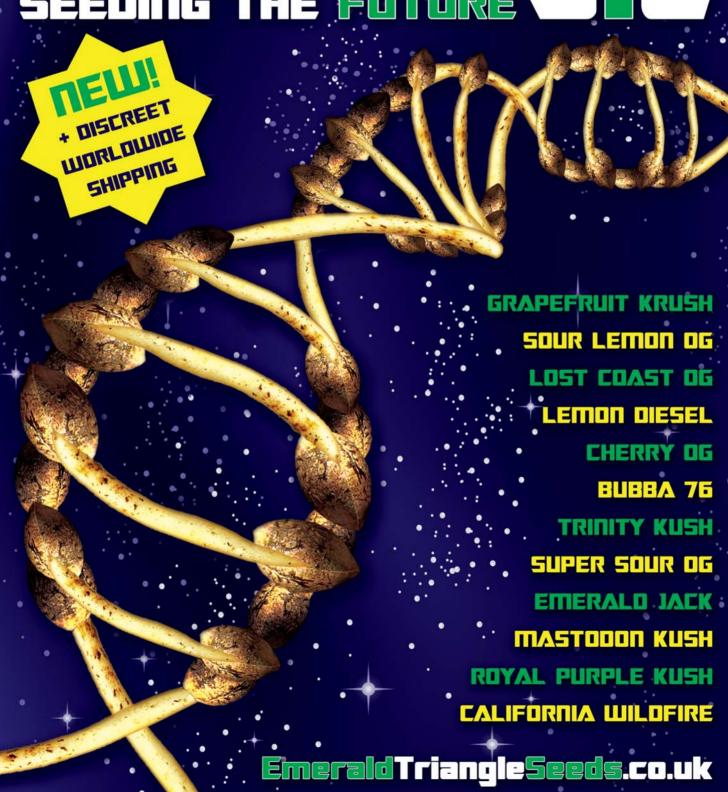
Peace and Buds, Jef Tek Feb 2009

The Michelle Rainey Foundation is run by President Reverend Jef Tek and Vice President Kaara Heywood. The Foundation can be reached at P.O. Box 321 Maple Ridge B.C. V2X 7G2 Canada or by visiting **www.MichelleRainey.com**

If you are People Advocating Cannabis Education then you're helping to keep Michelle's goals, objectives and spirit alive.







Keeping



by Al Graham

P.A.C.E.

www.peopleadvocatingcannabiseducation.org

Everywhere

e've all heard the saying "my time flies when you're having fun" while being sick isn't part of the fun, the educating part sure has been. As I sit in front of my computer about to write another article about P.A.C.E. it dawned on me that People Advocating Cannabis Education is now officially a year old.

Throughout this year we have educated an uncountable number of people. This has been done through the shows we attend to with TY, through our educational movie series, our socials and through the distribution of our therapeutic cannabis links brochure. Our website went up shortly after we got started which has helped immensely with getting the information out to people. While the site is quite simple looking it's full of knowledge that people seek so they to can become educated about cannabis.

Happy Anniversary

It's hard to believe that just over a year ago P.A.C.E. didn't exist and since then it's grown constantly. We have created a mailing list, our Facebook group has many members and people are following us on Tweeter. Over this time P.A.C.E. has also become vocal in our local newspapers as the LTE sections have become populated with letters about the new cannabis mandatory minimum laws, its medicinal value as well as informative historic information. At no time in the past can I recall see-





"If you want to legalize cannabis we have to speak up and out to be heard. This is what the gay community did and we must do the same"

ing so many letters about cannabis in the local papers and it's something that we feel that is an important part to help educate people.

Writing to the press is one way to get the information and education out to the public. I'd like to encourage more of you to follow suit because as P.A.C.E. participant Gary says... "If you want to legalize cannabis we have to speak up and out to be heard. This is what the gay community did and we must do the same". I'd like to encourage more P.A.C.E. participants and you to join us in the letter writing as this will help in two ways, it will help get the truth out and you will do as Gary has asked, for you to speak out. Could you imagine if the 6 million Canadians who consume cannabis spoke out, what would happen?

While we celebrate the one year anniversary of P.A.C.E., next month will be our one year anniversary of showing our Cannabis Educational Series. While this will be the end of this year's schedule, it's not the end of the movies as P.A.C.E. has just purchased another set that will be added to our collection. These movies will then be mixed in with some of the other popular ones we showed in 2011 to make the schedule up for the coming year.

The upcoming year will feature movies such as How Weed Won the West, Hemp Revolution and High: The True Tale of Marijuana to name a few. We will also be adding some of the lecturers that appeared at the 2010

Treating Yourself Expo such as Dr. Courtney, Dr. Malamede and Mary Lynn Mathre.

When we started our Cannabis Educational Series last year we surprised many people in our area but there were some that were very happy to see what we were doing. This year we are adding something new again. In October we started to bring live interviews with activists from around the world to our shows. We plan on doing this via Skype and then projecting the person's video onto our big screen. If things go as planned we hope to have a speaker for

each of the themes that our educational series touches on. It would be great to interview someone from LEAP or an activist lawyer during a prohibition themed movie or a medical researcher of cannabis while we show a science based movie. The testing has been done now it's time to put it to work.

P.A.C.E. Social

While the majority of our educational stuff is done in a serious atmosphere we also do it in a more relaxed atmosphere when we hold our quarterly P.A.C.E. Socials. Our last social was held back at Hippi Chicks place because of a last minute problem at the scheduled location. We'd like thank Hippi Chick for filling in and allowing our gathering to still happen.

The invites went out to over fifty local people and within no time we had filled the available seats. Everyone who attends has a great time as the Grow op board game helps to bring other activists together under one roof to talk openly and freely with like minded people. It allows for an exchange of ideas and to keep others informed as to what is happening in the movement.

When we hold these board game tournaments we give our host some options as to what they can do. This includes which day of the weekend, what time they want to start and if they prefer a pot luck lunch or dinner. We even let them have the option of playing one large game or two shorter ones but when it comes to our entry donation and our pot luck menu this we retain.

> Doing battle on the Grow Op game Get Chill'ed if you land on a Grow Op







Al and Gayle with Greydon on the patio at the Grindhouse

Hippi Chick's place isn't very large but we were able to fit everyone into the open concept living and dining rooms. The new rules that we added to the game which included allowing people to barter or auction off certain squares and locations on the game board has helped the players to accumulate much needed funds to keep them playing longer. It's also made the game more challenging as another avenue of income has been added as well people are now competing verbally to purchase items.

The day's events were set up as the same as it has been in the past. We got started well before noon and then at around one o'clock everyone stops long enough to grab a bite to eat from the pot luck buffet. With it being super hot outside our host asked that everyone bring a cold item for the meal contribution and it seems everyone got the message. There was no baked lasagne or anything else that had to go into the oven. Instead we had a wide arrange of sandwich meats and a freshly cooked deboned chicken to build a super sandwich with. Also available were several cold salads and other healthy food treats. Then of course there were the snack food part with a healthy touch as we were able to dunk the fruit and vegetables into some special delicious tasting canna infused dips.

After lunch things get started again. Throughout the afternoon you could hear cheering noises coming from the different tables but you also get to hear about the anguish of someone losing their garden.

Not only did we make a few rule changes but we also added a new feature to the game. In the board game monopoly a person pays rent based on the location and if the player has hotels on their property. Since this game is similar to monopoly we added a rent to properties which is another way for a person to get some income. Also with this new rule if a person lands on a property that is set up with a crop that is waiting to be sold to the organization, the person landing on the square will now have to pay a rental fee or share some karma with them. While this new rule had some bumps along the way we're sure that we'll get them fixed up before the next social.

When the game came to an end at four o'clock everyone added up their money as well as their property investments to come up with what their estate was worth. While this is being done some last minute raffle tickets were sold and then at four twenty we announce the winners of the tournament. The person who finishes last



doesn't go home empty handed though as they are awarded the Black Thumb Award. For this they receive a pre-selected small item from our gift table while the overall winner gets to choose which item they want. The overall winner also goes home as the Salad Bowl winner until the next tournament when the championship bowl will be passed onto the next winner.

This time around the P.A.C.E. Social winner was P.A.C.E. participate Dan. Dan is not only our winner but he is also a winner in the eyes of his new child because his partner Justine gave birth to a bouncing baby boy just days before the Social. Not far from him were a very competitive Geoff and Adam. All three of them are former winners of the tournament but for someone like Hippi Chick and myself, who have been playing this game since it hit the market, a win is still a universe away.

P.A.C.E. would like to thank the businesses that support us and our Social. This includes the Intergalactic Trading Company, BMA Hydroponics, The Studio, Grindhouse Cafe, Peterborough Hydroponic Center, Treating Yourself Magazine, Spirit Quest Seeds, Canada's Number 1 Seedbank and Green Tree Eco Hydroponics. A thank you also goes out to our friend Casper who puts the work into making the great marijuana themed music podcasts that we play during our

socials. You can also download them at his website Time4hemp.com.

Coming Events

Over the next few months we'll have more movies, another Social and we'll become very involved once again with TY in the GTA area where we'll help out at The National Woman's Show and the 10 day long National Home Show. We'll also be attending the Grand Opening of the new TY store. This store will be located in west end of Toronto near Islington along Lakeshore road and contain two businesses in one. It'll feature a ground level vapour lounge called Vape on the Lake with some consumer products being available while the basement will house One of a Kind a high end glass shop. Marco has also talked to me briefly about bringing the P.A.C.E. educational series to Toronto and the new store.

P.A.C.E. is also working on two other events in our area. Both events would take place in our local theatre which would help bring even more respect to what P.A.C.E. is achieving. To get the support of our local theatre co-op will only help expand on what P.A.C.E. is doing. One of the events could turn into an all day long show that could include not only some of the movies we collected but also local musicians and possibly health care professionals speaking about the benefits of cannabis. The second event that we have started is a night with NORML Canada. Boris and Kelly of NORML will be in the area this fall promoting the Resolving Marijuana Prohibition Tour. This will be the third time that I have worked with them and afterwards I'm sure I'll be look forward to the next time.

P.A.C.E. is about People Advocating Cannabis Education. Are you keeping P.A.C.E.?

Cartoon



Cultivating Compassion By Georgia

One Day of Peace, Love and Harmony,

a Happening in Boston



he local news media sources in Boston, in both print and television worlds, appear to be avoiding the reporting of the fact that with well over 60,000 people in one area for two purposes, smoking up and listening to a free concert event and several key note speakers talk about legalizing marijuana in Massachusetts for medicinal purposes and recreational use alike, and there were ZERO arrests and ZERO incidents reportable. In fact, the only thing that the media can associate is of course negative in the respect that after a young man passed out on a train platform and had to be rescued after falling down onto the tracks, he may have stated that he was coming from the Freedom Rally. What the reports fail to mention is that he may have fallen out due to health issues or dehydration. The reports I read were void of any such information. Total propaganda if you ask me.

The event that I travelled 5 hours across three states to attend was simply the best Boston Freedom Rally I have ever attended, BAR NONE! This was the third year that MassCann/NORML opted to have dual stages. The second stage, affectionately known as the "Stingray" stage after its sponsor, Stingray Body Art and Piercing, had several thousand more people around it than last year, and the crowd seemed to stay in that spot all day.

The day started off great, the sun was shining and the

temperatures were mild. It felt to me as if spring were in the air and not fall. I noticed that everyone was especially spry. There was an exceptional air of happiness everywhere. Immediately upon arriving at Boston Common and parking my vehicle, I walked to the MassCann tent to greet my friend Steve Epstein, one of MassCann's founding fathers. Even Steve had an unusual air of spring happiness about him. I paid my yearly dues to the organization and received voting rights at their bi-monthly meetings as well as a trick new freedom rally tee shirt made from pure hemp. What a total bargain for \$30.00. MassCann is the Massachusetts Affiliated branch of NORML. This year's rally was their 22cnd. Here here for 22 more.

The next order of business for the day was to locate Mike "Cann" Crawford, the president of MassCann, to get my VIP passes for the event from him. Mike is simply one of the best men I know of and I thank god that he is my friend. He hooked me right up with the credentials I needed to get some rather awesome crowd shots at 4:20 taken from the main stage showing the crowd with a rather thick green cloud hanging lazily over their heads much like a droopy eyelid would over a stoned eye. It was awesome. Mike is actually a widely heralded activist and extreme Medical Marijuana supporter, whose words and views can be digested on his blog site at http://www.mikecann.net.



The rally officially kicked off as usual at "high" noon. It got off to a grand start. The people started to pile in as the bands played and key note speakers addressed the crowds with their words of support in the repeal of the prohibition of God's sacred herb, as well as heralding its many medicinal uses. This year's band lineup included many of Boston's finest acts from all genres. Some of the more notable ones were Boston's own D.J. Slim, Termanology, Prospect Hill, Planetoid, and the headlining act, Tree. Tree is fronted by Dave Tree, a loyal MassCann board member, who used to be one of Boston's most listened to radio personalities on the now defunct WBCN. Rumor has it that this band actually came out of a self-imposed exile to headline at this event and one other show that night, before returning once again to that self-imposed exile to God knows where. I know their performance was absolutely the rawest performance of the day, and it definitely left me wanting to see and hear more from them. As many well-known performers as there were, there was an equal amount of high profile key note speakers. But, in my estimation, the best key note speaker was Maine State Representative Diane Russell. Maybe I'm just partial to her because we are both "Mainahs", but her speech seemed simply brilliant. She spoke about a bill that she introduced into legislature in Maine that was the state's first ever legalization bill. I remember going to the state

From Above Freedom rally 2011 crowd shot from main stage @ 420 Steve Epstein tells it like it is



Dave Tree performs with his band



Diane Russell



Mike "Cann" Crawford on the main stage

house to testify before the committee on the bill. It was a great experience. After many hours of testimony and argument one way and another amongst the committee members, her bill ended up failing by a narrow margin. Our nation needs more patriots just like her if we are to win this war on drugs.

As I walked the grounds of Boston Common throughout the day I noticed that the crowds were happy, extremely happy. I saw people aiding very obviously handicapped people out of true compassion. I witnessed well over 60,000 people come together in one area and show more love, respect, and compassion for their fellow man than all of our governments combined! This event was as close to Nirvana as a person can get. It may be due, partially, to the fact that there were no unruly police officers videotaping the crowds like there were in years past. Gone were the multitudes of uniformed police officers that walked the Common watching all while seemingly keeping the peace. Gone were the plain clothed officers that usually score one or two arrests by going places and demanding things of those suspected of selling God's herb other than what Massachusetts laws allow. And best of all, since all of the officers were somewhere else, gone were the usual civil tickets given out for minor possession, and more importantly, gone were any and all arrests resulting from sales or any other offense!

This truly was an event to remember. My hat is off to Steve Epstein, Mike "Cann" Crawford, Bill Downing, and all of the board of directors at MassCann for a job well done. I commend and applaud you for your hard work and diligence not only in executing this event, but for your continued hard work on making the marijuana laws of this nation just a little more bearable.

Cartoon



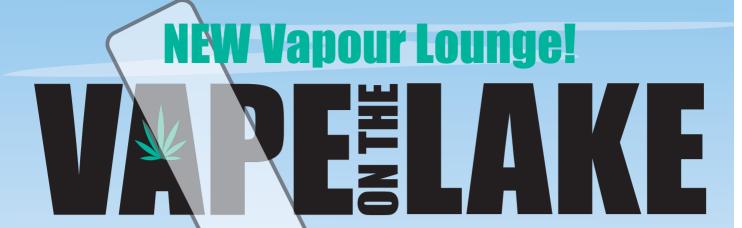


BE CONTINUED

www.georgiatoons.com

Cultivating Compassion By Georgia







Come in and check out:

- Volcano Herbal Aire Oracle
 NO2 RooR vaporizers
 - 100% Handicap accessible fffsewi-Fi

Entrance fee \$5.00

Monday thru Thursday and Sunday 11am - 10pm / Friday and Saturday 11am - 1am



vapeonthelake.com

2985 Lakeshore Blvd. W. • Etobicoke, Ontario • Tel: 647 349 0214



Pandora® AUTOFLOWERING WITH LARGE COMPACT BUDS

Pandora is a multiple branching big yielding, fast to finish feminized Automatic flowering plant. She can grow over one meter in height, Ideal for guerilla-growing, multiple harvests and for indoor cultivation when limited space requires medium sized plants.

W W W . P A R A D I S E - S E E D S . C O M



PARADISE SEEDS: POSTBOX 377 - 1000 AJ AMSTERDAM - HOLLAND
TEL: +31 206795422 - FAX: +31 342461027 - E-MAIL: INFO@PARADISE-SEEDS.COM - WWW.PARADISE-SEEDS.COM

