On The Loose In Colorado

The War On Your Privacy

Know Your Medicine

- Cost
- Quality
- Consistency
- Safety

Cannabis Advocates

On The Front Lines

Jason Lauve & Cathy Burds

WE TAKE CHARGE!
Creating The Patients’ Bill

A magazine by patients for patients

Medical cannabis patients are protected by the Colorado Constitution, Article XVIII § 14 and the Americans with Disabilities Act.
From one bud to another.

www.theincredibowl.com
Did you know…?

The average medical Cannabis patient’s age is 40 years old; NOT 24 years old. The Colorado Department of Public Health and Environment stated the younger age and weeks later made the correction to the real age of 40, which I believe will increase over time.

Of course there is a lag of information and so the following represents a period of time in the hopefully recent past. The average age of all patients is 40 years old. Currently there are only eight patients who are under the age of 18. According to testimony during the hearings of S.B. 109 there are over 37,000 patients currently on the registry. Of this number only 24 applications have been denied, 21 cards have been revoked and 236 patients have died. If there was rampant abuse, wouldn’t we see many more denials?

The patients on the Registry represent all the debilitating conditions covered under Amendment 20 and other ailments that

**THE AVERAGE MEDICAL CANNABIS PATIENT AGE IS 40 YEARS OLD**

have been requested by individual physicians. Severe pain is a reported condition for 90% of all registrants, which correlates to the general medical statistical cross section of all patients. Muscle spasms are the second-most reported condition at 30%. Currently there have been over 800 different physicians to have signed medical cannabis recommendations for patients across Colorado.

Two example populations where we expect to see rising numbers of Medical Marijuana Patients are the disabled and people 60 years and older. From just these two populations, the numbers of Medical Marijuana Patients can be expected to continue rising for at least 40 years. We think Colorado may see 1 million Medical Marijuana Patients before it’s all said and done. Almost 1 out of 5 people in America are disabled [1], and the population of Americans over 60 years old is growing.

The ‘baby boomers’ are the largest group that is moving into this statistic. Currently more than 15% of the US population is over 60; this number is expected to increase to well over 25% in only 30 years. This growth is not just an American trend, it is a global trend.

[1] Congressional Committee findings for ADA
From (http://www.cdphe.state.co.us/hs/medicalmarijuana/statistics.html)
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“IF IT IS ABOUT MEDICINE
WHY IS THE STATE TRYING TO SEND PATIENTS BACK TO THE STONED AGE?”

COVER: Jason Lauve and Cathy Burds with ellemeyer flasks, a mortar and pestle and a microscope; supporting voluntary testing of cannabis medicine. See Cathy’s story on page 18
Cannabis Health News Magazine (CHNM) is intended for educational purposes only. The use of marijuana is legal for those whose doctors have recommended it under Colorado law. CHNM does not encourage illegal activities and is provided solely to inform people about medicinal cannabis.

**WARNING:** This information is for educational purposes ONLY and is NOT intended for illegal activities. Over 18 only, unless you currently hold a Medical Marijuana Registry card from the Colorado State Department of Health.

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**CANNABIS HEALTH NEWS MAGAZINE**
**A MAGAZINE BY PATIENTS FOR PATIENTS**

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Letter from the Publisher,

We have made some major progress in the last year and I want to encourage you all to keep your focus on what we need to do. Patients must become politically active NOW! Our politicians are supposed to represent us, but they can’t do that if they do not hear from YOU. All they can go on are the stereotypes of cannabis fostered by William Randolph Hearst, a newspaper owner from the beginning of the 20th Century, unless you talk to them.

We are the ONLY State with a Constitutional Amendment to protect our medical cannabis rights. If there is any regulation, it must come with the approval of the patients. If you haven’t, please read Amendment 20 and try to understand the strength of that document.

Look into the 1978 Federal Compassionate Investigational New Drug program. These patients use up to eleven cured ounces of cannabis every 3 weeks and each can use their medicine anywhere. Irvin Rosenfeld is a 52-year-old stockbroker, George McMahon, Elvy Musikka, and Barbara Douglass are people that are part of the IND.

Our goal is to achieve the needs of the patients in four areas. They are consistency, safety, and quality of medical cannabis; at a reasonable cost. This is about improving human health and patients’ quality of life.

It appears as if able bodied people are trying to fight the injured, sick and dying. These people need to take their head out of the sand, but WE NEED to be gentle. Remember that education takes time and compassion. At the same time is okay to ask questions like, what pharmaceutical associations do our politicians have that are directly affecting us?

We must remember that politicians, police chiefs, prosecutors and others are financially impacted by the realities of medical cannabis. I don’t put any value on what they have to say unless it is backed up by factual evidence. They are here to enforce our laws, not get between me and my quality of life. Get out of my body! (Sounds historically familiar)

To the parents that are worried about their children going into a dispensary, of which they need a registry card from the health department to obtain medicine, teach your children with facts and show them how we can work together for a brighter future. Education surrounding the facts of cannabis is a key component of dispelling the past 80 years of propaganda, stereotype and fear.

I feel that what the government, State or Federal, is trying to do with medical cannabis is UNCONSTITUTIONAL; however, they have forced us to spend $$$ to protect those rights. Our politicians sit back on their ‘high’ horse screaming that this has created a “Wild, Wild, West,” and they still get paid.

Plain and simple, this is a control and money game for them. They just raked in all the money from hundreds of dispensaries opening up, of which they happily accepted, and now they will make money forcing us to defend our rights, trying spending us out of existence.

To achieve what is necessary for the safety of our communities, patients and children is to assert your Rights as an American. Don’t expect someone else to do your laundry for you. Present the facts and give them evidence; be careful not to get too emotional, facts count very heavily. Don’t let government control every part of our lives. When you are seeking professional medical care keep in mind that your doctor is your client. They can only suggest what may help you, they can not make you do it.

Step up to the plate and call your representatives; come to the Capitol in Denver to meet them. They work for YOU; yet they can only work from the limited information they have access to. They barely have time to read the actual Bills (if they read them at all); of which they have little if any background information to make an informed decision. That is where YOU come in, come visit, call, write letters, e-mail and do it again and again until YOU get what YOU need.

We The People must get an Executive Order in front of President Obama for him to sign that would release all of the research in the U.S. on marijuana, cannabis, and whatever else it is called, and make it available to the public. This will reveal much more information to the medical cannabis community for research. This will also start to address the Federal Governments irrational stance about not allowing a medical cannabis defense for those charged in the Federal courts.

We must get rid of the lists of ailments because we are ignoring the other ailments that cannabis will help. There are more ailments that we have not recognized and to limit things now is to prevent helping people in the future.

Why does the government want to get between the patient and their doctor? Let’s keep the Patients in Colorado in focus. We must keep our health in focus.

by Jason Lauve

THE PATIENTS’ BILL

We as medical patients of Colorado announce The Patients Bill. A set of requirements for patients needs addressing safety, consistency, quality, and cost.

Patients must get their needs met or they suffer. As a patient we must have access to the treatments and medicines we need without any impediments; while protecting privacy rights, physical safety, and mental well being and being exempt from all related expenses.

Look for the public release of The Patients Bill in the near future.

To learn more about the IND program search “Compassionate Investigational New Drug program” at wikipedia.com & learn even more about medical cannabis at: Patients Out Of Time www.medicalcannabis.com/patients-caregivers/federal-ind-patients

by Jason Lauve
An Herbalist's Perspective: Labeling

As an industry, we have a problem. As patients and caregivers, we have the same problem. When we walk into a dispensary looking for alternatives to smokeable medicine, we often don’t have the information we need to make an informed decision. We are attempting to compare apples to oranges.

There are really cool herbal preparations out there, and a lot of them come with pretty labels, or in bright colors with fun flavors. What many of them don’t have is a foundation in herbal medicine-making resulting in industry-standard labeling. When I say industry-standard, I mean Herbalism.

The FDA regulates things like foods, drugs, cosmetics and supplements. Medical Marijuana is really it’s own category, but since the Feds have yet to publicly recognize the will of the people, we are left trying to figure out where our remedies fit into their regulatory system. I’ll be the first to admit that I am reluctant to conform and do things just because a bureaucrat tells me to, but in this case, I think it’s a good idea to play by the rules.

A great herbalist, Michael Moore, said that Cannabis is just another plant medicine, and I agree. It’s not a drug by the FDA’s standards, and we don’t want it to be. Drugs are prescribed, patented and synthesized, and they go through a very expensive approval process. Drugs make a lot of money for faceless corporations, who fund the approval process as an investment in future profits. Cannabis is a medicine for the people. Cannabis is an herb, “a plant or plant part valued for its medicinal, savory or aromatic qualities.” Thank you, Merriam-Webster.

That takes us back to Herbalism. Herbalism has been around for as long as we have. The terminology has evolved over time, resulting in some standard terms and definitions. A tincture is an alcohol extraction. A glycerite is a glycerine extraction. A glycerine tincture is an extraction using both alcohol and glycerine. A tea is really an infusion or decoction, depending on method, and an herb cooked or steeped into an oil or honey is now an infused oil or honey.

The FDA regulates what goes on the labels of Dietary Supplements. They are primarily concerned with public safety, so they want know who made it and how to contact them, what it contains and how much, the lot number, when it expires, and the words “This product not intended to diagnose, treat, cure or prevent any disease.” (remember that expensive approval process? They also care about how big your words are, relative to the size of both the label and the bottle.

Edibles are tougher. The FDA is looking a little closer at food labels. You need a nutritional breakdown, in addition to complete ingredients ordered by weight, contact information, weight of product and allergy warnings.

What I want to know as an herbalist is how potent is this remedy? What is the equivalent dry weight? What strain(s) was it made from? Was it made from hash, kief, buds, shake, trim, fan leaves, roots or stems? I’ll gladly pay $50 for a tincture that is equivalent to an 1/8th of smokeable buds, but I want to know that’s what I’m buying and how long it will last me. I have allergies, so that pretty pink bottle of bubblegum flavored “tincture” and that gluten-free cookie will stay on the shelf if I can’t be sure it won’t dose me with something that makes me sick, like hidden sources of gluten.

This is a fledgling industry striving for credibility, and many of us are figuring it out as we go. That’s fine, I see it as an awareness issue. Most of the caregivers and dispensary owners I meet really want to do the best they can for their patients. With the needed information on labels, I can compare apples to apples, making the most of my medicine budget, and so can you.
ENGINEER REBUILD THYSELF

By Jerome

My story is about navigating from silver lining to silver lining. Like in mountain biking and kayaking, you go where you look. So don’t look at the clouds son, don’t look at the clouds.

Just after I graduated from University of Florida, one particular set of clouds nailed me hard. The first one was a Jeep Grand Wagoneer. I tried to stop, but I catapulted over my handlebars, and the front corner of it hit me in the chest. It ended up parked on my right hand, in a crosswalk of all places. And I swear to you, a personal injury attorney was driving it. What can I say? My life is ironic. He got out of his ticket for failure to yield right of way. Whatever.

The second cloud was all me. It was 9 months after the SUV hit me and I was on a new bike. I built it myself. The clipless pedals, well, I set them way too tight. I paid for that mistake with a femur fracture, broken up high enough to be classified as a hip fracture. After being bed ridden and hopping for three months, I had to learn to walk again.

Learning to walk was hard enough as my hips were massively asymmetrical. Also, I had a hyper-mobile spot in my spine from where the truck had hit me. I was in a new HMO, so they didn’t give me any physical therapy. I was on my own to learn to walk again. I did it pretty badly. I was born butt-first breech (sorry Mom) and I had always walked like a duck. Now I walked like a duck with a snake on it’s back, all sway and waddle. As a college-educated bio-medical engineer, that’s pretty embarrassing.

I went to physical therapy for years after that, learning how to walk again and again, learning how to reconnect with and feel my body, learning how to re-coordinate my muscle firing patterns. My degree really wasn’t helping. Being in my brain was just an escape from my body. Engineering analysis didn’t really cover this application. I was in pain constantly. The Anatomy Coloring Book became my pastime. Nearly four years after the first accident, I still used a cane almost every day. I was trying everything I could find to get better.

The specific kind of work I was trying that year was called Feldenkrais (fel-DEN-kr-ice). In tech talk, it is a neuromuscular repatterning technique. Basically, it is what you have to do to learn how to move again. It involves moving in slow motion paying very close attention to what you feel.

Most of what I felt from my hip was pain. I hated the stupidity of long term narcotic use, so that wasn’t an option. Doing Feldenkrais exercises sober was just counting repetitions of a seemingly pointless motion. I fled to my head to escape the pain, counted them out quickly and moved on with my day.

Like I said, I went to University of Florida, one of the biggest party schools in America, so of course I smoked pot. I was in PT early last decade, so nobody ever suggested that I combine the two. Well, one day I was high and I started doing my PT exercises. That day was a real eye opener.

When I smoked cannabis that day and did Feldenkrais, and I mean I smoked the smallest bit of bud ever, experimenting with a low dose in a truly medicinal fashion, my world opened up in a deep and resonant WOW moment. I stopped counting repetitions and opened up to the sensations in that motion. In Feldenkrais, one major technique is to learn to feel a motion without controlling it, like moving your shoulder to make your wrist roll, but concentrating on the sensations at the wrist. It teaches your brain about your body in a very subtle way. I always knew that in my head, but that day, I got it in my body. I could feel how my hip moved because of the shape of the bones and where the muscles attached to them. I could feel the muscles sliding over each other, as I laid on the floor, rolling slowly from side to side, in the way the therapist had shown me months before. For the first time I was really seeing the point in what I was doing.

I told my physical therapist about this the next time we met. She told me I was on the right track, and that Cannabis was medicine, but not to tell anyone she said so. Looking back, that sounds like the dark ages. Let me say it here, in bold type: Cannabis is not a cure all, but for the right problem, it is most certainly medicine.

Two years after that experiment, I stopped seeing a physical therapist. Now it is four years later. I don’t walk like a duck anymore. Now I dance. I dance swing, I dance salsa, I dance contact improv, and I’m learning flamenco. I dance all night long. And I can play a whole soccer game, and yeah, I’m sore as heck the next day, but what 37 year-old isn’t? I am whole and Cannabis helped make me so. I am better than I was before I broke my hip, before the smash to my spine.

I was in terrible shape for four years, and then I found the right medicine and got better a whole lot faster. I am so happy that our medical and legal communities are waking up to what so many other communities have known for so very long.

Peace and be well,
Jerome
PATIENT ADVOCATES FOR MEDICAL CANNABIS

The Sky is Not Falling

We need to protect the patients from pending predatory legislation in the State of Colorado. The Patients of Colorado now have Cathy Burds and Jason Lauve as patient advocates for Medical Cannabis. We are pleased to announce our endeavor as patients representing patients in the areas of Safety, Quality, Consistency and Cost. These areas cover all aspects pertaining to a patient’s betterment and quality of life. We as medical Cannabis patients are constitutionally protected by Article XVIII § 14. Many of our elected public servants, law enforcement, and the media are imagining a threat of unfounded problems regarding the impacts to our own communities. We are making things better and it appears as if some people don’t like that. Some medical Cannabis dispensaries and caregivers are content with their financial situation in the current market and support the fast tracking of these insane Bills, they are not protecting what is in the best interest of the patient. We believe the patients’ interests come first, and will fight for you.

If you are seriously interested in joining our team, please contact:

patients@cannabishealthnewsmagazine.com

Cathy Burds and Jason Lauve
What is the Right Amount for Me?

**EAT ME, DRINK ME, INSERT ME WITH CAUTION**

**S**

**OMING AND VAPORIZING**

Time to take effect: almost instantly.

When you smoke try to breathe normally, don’t hold the smoke in your lungs for too long. The cannabinoids are oils that adhere to the alveoli in your lungs almost instantly when you inhale. Holding your breath (the ‘Easy Rider’ myth) for a longer duration gives the carcinogens (the nasty stuff) a chance to absorb into your bloodstream. Some strains are known as “creepers.” You will want to wait a bit longer between inhalations to give these time to take effect.

**TINCTURES AND GLYCERITES**

Time to take effect: 5-10 minutes.

A Cannabis tincture is a solution of Cannabis in alcohol. The dosage varies between 3 and 60 drops, depending on the condition being treated and the potency of the tincture. Tinctures can be made more palatable by adding them to warm beverages or putting the dose on a sugar cube.

A Cannabis glycerite is similar to a tincture, except that the Cannabis is extracted into glycerine. Glycerine is less effective at extracting the Cannabinoids in Cannabis, so dosages are usually higher. I have seen recommended dosages ranging from 1-4 droppers. Glycerites have the advantage of tasting sweet, without the burn of alcohol. Glycerites can be found with added color and flavor for those who don’t like the taste of Cannabis. For people who do not use alcohol for medical, religious or moral reasons, glycerites are an alternative.

A Glycerine Tincture is a hybrid remedy, combining the extraction abilities of alcohol and the sweetness of glycerine. Shake these well, as they tend to separate.

**SUPPOSITORIES**

Time to take effect: 15 minutes to an hour.

Suppositories are usually made of cocoa butter or coconut oil and herbs, and are inserted into the vagina or rectum. They deliver medicine to the bloodstream quickly, and have the benefit of offering overnight pain relief. They are a nice option for patients who are terminally ill, have high pain levels or are unable to medicate themselves.

**EDIBLES**

Time to take effect: up to 1 hour (or more for some people).

We suggest that you start slow with small amounts over a period of a few days or even weeks, to find what works for you. Make sure you have some foods in your stomach when you medicate. Fatty foods such as meats, olive oil, butter, cheeses, nuts, and others help in the assimilation of your cannabis medication.

Some of you... may not notice anything the first time, may notice a tingle in your muscles may get dizzy.

One of the side effects of ingesting too much cannabis is sleep, and you may be groggy in the morning.

Gradually increase the amount you use until you reach your desired level of relief.

Keep notes of your use so you can track what is working and what is not.

Remedies will vary due to many factors, such as crop, strain, and techniques used. (Making candy without the right knowledge can result in areas of dense medication and areas with little or no medication)

**IF YOU EAT TOO MUCH**

Cannabis medication and start to feel dizzy, drowsy or nauseous, do not panic and try to stay calm (Don’t worry you won’t ‘freak out’ like the guy on the plane a few weeks back; he was probably lying.) You are okay and everything will work its way through your body. Stay hydrated (don’t drink too much water either, it can harm you) and eat healthy foods. The Cannabis plant is not toxic below 100 lbs. at a time, above that it could hurt if it fell on you. So you are safe if you use common sense (which is not so common anymore).

- The effects will dissipate, generally after 10 hours or so depending on your dose. The cannabinoids are fat soluble and will stay in your system for up to 30 days.
- Reserve a special period of time and relax in your favorite comfortable place when you are medicating.
- Do not operate machinery or drive while medicating with edibles, as the effect can intensify. (Your mind is in a fight or flight mode while driving)
- Make sure you DO NOT use alcohol with your cannabis medication, as it may magnify the effects of the alcohol. Keep in mind combining medications or alcohol can magnify the effects of both the Cannabis and any pharmaceuticals you may be taking.
- Note: Buyer beware. Make sure your caregiver and dispensary stand behind their medicated Cannabis items with a return policy. Do not be alarmed, but there are items that claim to have medicated Cannabis in them and they don’t.
- Keep out of reach of children and pets: Just like any other medication please keep your Cannabis in a secure location.
CB1 RECEPTORS (Cannabinoid receptor type 1) are found primarily in the brain, specifically in the basal ganglia and in the limbic system, including the hippocampus. They are also found in the cerebellum and in both male and female reproductive systems. CB1 receptors are essentially absent in the medulla oblongata, the part of the brain stem that is responsible for respiratory and cardiovascular functions. Thus, there is not a risk of respiratory or cardiovascular failure as there is with many other drugs. CB1 receptors appear to be responsible for the euphoric and anticonvulsive (relaxation) effects of cannabis.

CB2 RECEPTORS (Cannabinoid receptor type 2) are almost exclusively found in the immune system, with the greatest density in the spleen. While generally found only in the peripheral nervous system, a report does indicate that CB2 is expressed by a subpopulation of microglia in the human cerebellum [3]. CB2 receptors appear to be responsible for the anti-inflammatory and possibly other therapeutic effects of cannabis.

References
[6]. Di Marzo V. et al. "Leptin-regulated endocannabinoids are involved in maintaining food intake." Nature. 2001 Apr 12;410(6830):822-5. PMID 11298451

Now that you have a basic framework...

Pharmacology
Cannabinoids can be administered by smoking, vaporizing, oral ingestion, transdermal patch, intravenous injection, sublingual absorption, or rectal suppository. Once in the body, most cannabinoids are metabolized in the liver. Some are stored in fat cells in addition to being metabolized in the liver. Δ9-THC is metabolized to 11-hydroxy-Δ9-THC, which is then metabolized to 9-carboxy-THC.

Function
Endocannabinoids serve as intercellular ‘lipid messengers’, signaling molecules that are released from one cell and activate the cannabinoid receptors present on other nearby cells. Although in this intercellular signaling role they are similar to the well-known monoamine neurotransmitters, such as acetylcholine or dopamine, endocannabinoids differ in numerous ways from them. For instance, they use retrograde signaling.

Furthermore, endocannabinoids are lipophilic molecules that are not very soluble in water. They are not stored in vesicles, and exist as integral constituents of the membrane bilayers that make up cells. They are believed to be synthesized ‘on-demand’ rather than made and stored for later use. The mechanisms and enzymes underlying the biosynthesis of endocannabinoids remain elusive and continue to be an area of active research.

The endocannabinoid 2-AG has been found in bovine and human maternal milk. We were ingesting endocannabinoids when we were breast fed as an infant. It helps turn off and on our need to eat (appetite suppression and appetite stimulation), relaxes us, and helps induce a restful sleep after eating, which we all should do in this busy culture.
IMPORTANT INFORMATION: A patent from the Health and Human Services Department of the US Government about Cannabinoids as Antioxidants and Neuroprotectants from Oct 7, 2003 describes yet another medical use for cannabis, and this one can save lives.

The cannabinoids are found to have particular application as neuroprotectants, for example in limiting neurological damage as the result of a stroke, or in the treatment of neurodegenerative diseases, such as Alzheimer’s disease, Parkinson’s disease and HIV dementia. Nonpsychoactive Cannabinoids, such as cannabidiol (CBD) are particularly advantageous to use because they avoid toxicity that is encountered with psychoactive Cannabinoids at high doses. [1]

Cannabinoids are a group of terpenophenolic compounds present in Cannabis (Cannabis sativa L) which occur naturally in the nervous and immune systems of animals. Currently, at least 66 cannabinoids have been isolated from the Cannabis plant. THC, CBD and CBN are the main components of Cannabis; they are detailed below.

THC (Tetrahydrocannabinol) is the psychoactive cannabinoid found in the Cannabis plant; it also has medicinal value for cancer pain, migraines, appetite stimulation, nausea and vomiting. To keep the THC from degrading, store your cannabis in a dark, airtight container in a cool place.

CBD (Cannabidiol) alone is not intoxicating and can diminish some of the effects of THC as well as intensify others. It has sedative, analgesic, and antibiotic properties. It is known to have therapeutic value for some people in the treatment of epilepsy & movement disorders, stroke, head injury, disease modification in rheumatoid arthritis and other inflammatory conditions, appetite suppression, and some psychotic disorders. [1]

Medically, it appears to relieve convulsion, inflammation, anxiety, and nausea, and to inhibit cancer cell growth. [2] Recent studies have shown cannabidiol to be as effective as atypical antipsychotics in treating schizophrenia. [3]

CBN (Cannabinol) is the primary product of THC degradation and is produced as THC breaks down through oxidization. There is usually very little of it in a fresh plant.

CBN levels can be increased by degrading the THC-active. THC will degrade into CBN with exposure to light, air and high temperatures. This can also be achieved through decarboxylation. This takes THC-acid and degrades it into THC-active, it also converts THC-active into CBN. This can be achieved by heating or cooking the cannabis for a certain duration and temperature. It is only mildly psychoactive. Its affinity to the CB2 receptor is higher than for the CB1 receptor. CBN is anticonvulsant, lowers heart rate, slows intestinal motility and decreases clotting. [4]

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### TABLE 2

<table>
<thead>
<tr>
<th>Product group</th>
<th>Ratio THC:CBD</th>
<th>Target Therapeutic Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>High THC</td>
<td>&gt;95:5</td>
<td>Cancer pain, migraine, appetite stimulation</td>
</tr>
<tr>
<td>Even ratio</td>
<td>50:50</td>
<td>Multiple sclerosis, spinal cord injury, peripheral neuropathy, other neurogenic pain.</td>
</tr>
<tr>
<td>Reverse/Broad ratio CBD</td>
<td>&lt;25:75</td>
<td>Rheumatoid arthritis, Inflammatory bowel diseases.</td>
</tr>
<tr>
<td>High CBD</td>
<td>&lt;5:95</td>
<td>Psychotic disorders (schizophrenia), Epilepsy &amp; movement disorders Stroke, head injury. Disease modification in RA and other inflammatory conditions Appetite suppression</td>
</tr>
</tbody>
</table>

Dear Rogue DEA Agents,

I understand your profession to be very challenging and you may be doing a good job in other areas, but not this one. I am gravely concerned about the actions you have taken by orchestrating a raid on Full Spectrum Laboratories during the Colorado Senate committee hearing on January 27th, 2010. Medical cannabis does have proven medical uses, just read about the Federal CNIDP. Full Spectrum is a laboratory that is helping patients to find what cannabinoid blends work and why. They are able to offer a level of safety that didn’t exist before. FSL is advancing the scientific body of knowledge through proven & repeatable (or scientifically accepted) testing methods. Many physicians and others repeatedly complain that there isn’t enough research about Cannabis, which is directly caused by the DEA preventative actions. The doctors want labs like Full Spectrum to exist.

As patients, we have the freedom to choose what works for us, and you are interfering with our right of access to medical Cannabis. This raid has attempted to damage the patients’ access to a self regulated testing facility for safety.

As a medical Cannabis patient in the State of Colorado, with a medical recommendation for Cannabis, I condemn your actions. Think of it this way, how would you feel if thugs with guns came and unplugged your family member’s life. This way, how would you feel if thugs with guns came and unplugged your family member’s life? To ignore the scientific fact that endocannabinoids contribute to preserving life, is to deny reality and is simple proof of your ignorance.

The Endocannabinoid System has the important function of maintaining homeostasis in the Human body. Endocannabinoid receptors are found in all parts of the Human body, with the exception of a portion of the brain. By contrast, Opioid receptors are mostly found in the central nervous system and gastrointestinal tract. Continuing study of the Endocannabinoid System and how Cannabis interacts with this system is a vital part of the advancement of scientific knowledge for the betterment of Humanity. Cannabis is a viable medicine. It was one of the top three substances recommended by physicians prior to prohibition in 1937. Cannabis is a plant; it is safe. For thousands of years, Cannabis has been used as a substantial component of our medicine and health. Only for the past 73 years has ‘marijuana’ (Cannabis) has been forced into an illegal category by using psychology and the media to spread lies. In fact, in 1937 the American Medical Association objected during testimony to the change in law and voiced the medical position supporting maintaining the medical use of Cannabis. The politicians ignored the professional recommendation of the leading medical establishment in the United States. Why? Control!

The DEA has stolen legitimate medicine that was intended for terminally ill patients at the request of their physicians. I, Jason Lauve, as a medical cannabis patient in Colorado, hold the DEA responsible for shortening human lives and for the potential death of medical cannabis patients.

The lab is here to re-enforce the fact that cannabis is a viable medication. They also provide a critical voluntary service, to people who choose to have their medicine tested, which provides patients with a way to certify that their medicine is safe.

It is very apparent that your raid was executed during the Senate committee hearings on S.B. 109. This prevented Bob Winniki from giving critical testimony at the hearings. It appears as though the Federal government is attempting to influence issues at the State level. This sounds like a violation of The Hatch Act. (See insert)

You, at the DEA, have interfered with a doctor patient relationship by stealing medicine that was intended for terminally ill patients who are in terminal care. The medicine you took was for these patients, at the direct request from their physicians.

WAKE UP DEA and look at the reality of human suffering that you are creating. Not only are you stealing our money, our belongings and our medicine, but you’re stealing peoples’ lives through this type of execution. You are stealing from our opportunity to live a better life. You are stealing from all of The People of The United States of America. Cannabis has proven antioxidant and neuroprotectant actions that are able to help people with Alzheimer’s, Parkinson’s, stroke victims, and more.

As we patients, potential patients, parents, siblings, children and friends demand a public apology from the DEA. Who are you to judge us?

Education and research is the key to learning the truth. Enforcing unrealistic laws regarding Cannabis has caused more harm than this Medicinal plant ever could. Enforcing Cannabis prohibition is preventing the human race from moving forward. Cannabis helps people; it offers the possibility to extend lives while achieving a positive quality of life.

Sincerely,
Jason Lauve
Cannabis Patient and Publisher
Cannabis Health News Magazine

DEA Administrative Law Judge Francis L. Young concluded:

"Marijuana, in its natural form, is one of the safest therapeutically active substances known to man. By any measure of rational analysis cannabis can be safely used with a supervised routine of medical care."

The Hatch Act of 1939 is a United States federal law whose main provision is to prohibit federal employees (civil servants) from engaging in partisan political activity. Named after Senator Carl Hatch of New Mexico, the law was officially known as An Act to Prevent Pernicious Political Activities.

The act precluded federal employees from membership in "any political organization which advocates the overthrow of our constitutional form of government." During the Second Red Scare, this designation was interpreted to include communist and labor organizations.
He Has Successfully Represented Dozens Of:

Patients, Caregivers & Dispensaries.

2005, People v. May:
U.S. DEA
bust of patient grower, no criminal charges filed, forced DEA to return cultivation equipment

2006, People v. margena:
felony jury trial, acquittal on all criminal charges, all seized medicine returned

2007, People v. Masters:
motion to suppress granted, criminal charges dismissed, 39 seized plants returned to patients

2007, LaGoy v. Governor Ritter:
struck down Five Patient Limit, ushered in dispensary industry, State paid attorney fees

2008, People v. Dikes:
all charges dismissed, 71 seized plants returned to patient

2009, People v. Lauve:
felony jury trial, acquittal on all charges, 34 ounces returned to patient

2009, People v. Versfelt:
all charges dismissed against patient with 58 plants and 521 grams

2009, LaGoy v. Governor Ritter II:
Board of Health
action reversed, caregivers can grow marijuana and need not do more, State paid attorney fees

2009, CannaMart v. City of Centennial:
municipal ban on medical marijuana preliminarily enjoined

2010, People v. Olmstead:
marijuana felonies dismissed against caregiver, 1.9 pounds court-ordered returned

Track Record of Success

Our Favorite Cannabis Counsel

“Prominent pot lawyer” Westword
“A Scorched Earth Warrior” Denver Post
“Friend of Reform” SAFER and Sensible Colorado
“America’s Top 40 Attorneys under 40” National LawJournal
“Denver’s 50 Most Influential Powerbrokers” 5280 Magazine

Robert J. Corry, Jr.
Attorney and Counselor at Law
Stanford Law Graduate
(303) 634-2244

Robert.Corry@Comcast.net / www.RobCorry.com
600 Seventeenth St., Suite 2800, Denver 80202
As the cliché sayings have gone lately ‘there’s a green rush in Colorado’ and ‘it’s become the wild wild west again’. But this is not exclusive to the medical cannabis industry, real estate and retail businesses. State and local governments, too, have opened the floodgates of legislation upon Coloradoans. Just as we have many wanna-be caregivers/growers, dispensaries owners, consultants and the like, we now have had countless municipalities and bureaucrats trying their hand at pot politics.

Law enforcement and politicians are up in arms about regulating (capping) the industry, often citing concerns of public safety and profiteers run amuck. Could it be that most of these people simply cannot accept the idea of someone running a medical cannabis business making more money than them? Or is it more so the financial encroachment of medical cannabis upon Big Industry? This is blatantly obvious, particularly from pharmaceuticals and the medical industry, as well as alcohol and tobacco, not to mention the timber, petroleum and mining industries.

All of this is nothing new of course. We’ve always had lobbyists in power, getting questionable legislation passed, regardless of the transparency of the conflict of (special) interests, and the citizens legislators are charged to serve. I think nothing is more obvious than this recent inundation of attacks on the medical cannabis industry. The intentional focus has largely been on dispensaries, shrieking and wailing about public safety and nuisances. Although many counties including Denver had the sound mind to issue the business and tax licenses in the first place, now most conveniently recant as if falling like dominoes. The attempts to eradicate growers have been more subtle, yet just as devious.

We all know the best ways to eliminate the competition are to buy them out, or in this case, to regulate (capping) the industry out of business. (Over)regulating and monitoring 500 dispensaries and their cumulative power, wouldn’t be near as easy or cost effective as doing the same with 50 dispensaries. Or, as a few ‘so-called’ advocates might have it, 1-2 mega dispensaries?! Would this be the abhorred “MMD’s” spoken of by the Stapleton moms at a Denver city council meeting Jan. 6th? Whose comments made MMD’s sound like WMD’s?

Hmmm. Let’s see… MMJ = MMD… (sounds like) WMD… weapons of mass destruction… (sounds like) ! Weapons of Mass Dispensary!! That’s it!! These moms need to Google “teens and pharmaceuticals”. Please, I implore you!

This kind of ignorance is what allows things like a unanimous 13-0 decision in favor of cb-34 to pass with seemingly minimal public outrage except for those closer within the medical cannabis community. Although a vote like that doesn’t come cheap and certainly got its publicity, it was quickly on to the next set of rules from the next lawmaker, and the next lobbyist, the next group of law enforcement, special interests, and amendments to amendments. All of this from people who are not doctors, scientists, or ill patients! All of this from people who do not appear to read much, or choose only to acknowledge false or incomplete facts.

I wonder how many lawmakers passing drug related laws have read data from the Merck Manual of Diagnosis and Therapy. It states in part “…no physical dependence, no abstinence syndrome when discontinued. Cannabis can be used on an episodic but continuous basis without evidence of social or psychic dysfunction”.

Now how many of you can say that about your other medications?

We all know that alcohol is the real gateway drug.

So where is the public safety issue? If it’s not about dispensaries selling to kids, it’s about them getting robbed. I’ve yet to see or hear of a minor, or even a non-patient, going into a dispensary and obtaining medical cannabis. Then there are the banks and liquor stores that are often conveniently located close to residential areas, schools and each other. Rarely do communities rise up when one of those businesses are robbed, or if one too many open up. I don’t believe that ‘public safety’ is as much of a concern as lawmakers claim their constituents make it out to be, but if, that were true, why then do these bills attempt to also take out the caregiver/growers when most of this outcry has been unfounded?

There are different kinds of caregivers. There are those that grow for patients of a dispensary, and only provide medicine through that dispensary. There are also those caregivers and patients who choose to have a direct relationship, and do not operate on a ‘retail’ model. These caregivers have less overhead and can often provide their patients’ medicine at a much lower cost. as was primarily the case up until a year or two ago, when dispensaries began opening up, charging as much or more than black market prices. Many of the courts have been trying to eliminate caregivers who find themselves in the system, still pushing the agenda of the local Feds, in spite of the Obama administration’s direct statements regarding Patients and States Rights.

This rhetoric has worked its way up the ladder. Now politicians and special interest groups are worried about infringements on their kickbacks and profits, with a possible influx in Colorado of $1-1.5 billion in medical cannabis commerce and a potential of $200 million in tax revenue! Talk about cutting off your nose to spite your face, which seems to be the reason these people can’t stop to smell the flowers! (pun intended). The industry has been regulating itself just fine all along. Imagine that?! When that much money starts to generate from any industry, our government is going to lobby, assume control, regulate, tax, inflate, artificially replicate and decimate.

Continued on next page
Continued from The New Deal...

If any of these lawmakers (who just want to limit and control our medicine) want to be taken seriously by the medical cannabis patient community and voters, then Patients MUST be involved in creating these drafts. All of these draft proposals are based on second hand information at best, rather than first hand experiences. Should I have my doctor tell me how to maintain my vehicle? Or have a mechanic discuss my health care and treatment plan with me?

If these proposed regulations are not drafted by a patient based group, then it is inevitable that many patients will be harmed and forced back to the black market, which is just what most law enforcement, the courts, prisons and probations (or slave labor), DEA and big industry want. Patients filling prison beds.

Could this be (like F.D.R.’s) the New Deal, for medical marijuana?

What’s Up Doc?

All jokes aside, this gentleman knows his stuff and has his strains are in the right place.

Dr. Organics is a full service consulting, and teaching company. Based in Colorado, the Dr. Organics team provides a range of services from supporting caregivers and dispensaries as well as investor’s and individual start up’s.

Dr. Organics is a fully supported medical cannabis company with subcontractors in the construction, electrical, and interior design phases. They have a scope of services from single rooms to large scale!

They have consulted in Canada, Europe and across the United States. Dr Organics is the co author of two books and two videos on organic growing!

Dr. Organics teaches classes on growing every two weeks in Longmont, Colorado from 2:00 pm - 6:30 pm. They also have a student hotline from Monday thru Saturday 9:00 am. - 6:00 pm., to help with growing questions & needs from students and investors.

Dr. Organics has over fourteen years of professional grow experience in the cannabis industry. He has a strain named after him, the “CS” it stands for (Chris’s Special), a four time award winner, three People’s Choice, and one Exotic winner!!!

They obviously have a huge amount of “Love & Passion” at Dr. Organic, and it shows.

If you need help or just want to improve; you can contact Dr. Organics too, call owner and founder, Chris Cobb at (303) 993-9847.

Types of Cannabinoids:

**Phytocannabinoid**: Pertaining to or derived from the cannabis plant.

**Endocannabinoid** (Anandamide): occur naturally in humans and other animals.

**Synthetic**: THC, absent of any other cannabinoids, produced in a lab. For example Marinol.

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FEBRUARY/MARCH 2010 CHNM
I was a couple months shy of my 35th birthday when I was diagnosed with bladder cancer. I had been sick for about two and a half years before receiving an accurate diagnosis. Before my diagnosis, I was taking medication for my really bad headaches, Effexor. I took Darvocet for the pain that was in my neck from a car accident and then I took Promethazine for the nausea and vomiting. This is just the beginning of the list. I had a couple more in my tool chest if constipation or IBS happened from side effects from the medications. I went to work every day and didn’t have time to slow down and figure out what my body was telling me. Now I had no choice. I was told that I was to stop all of these medications immediately and we would start the other medications soon to kill the cancer. I learned of my bladder issue and I also learned of my liver condition. All the prescription drugs I was on during the two and a half years before the bladder cancer diagnosis had really hurt my liver and my body was run down. Medicinal Cannabis is an option in Colorado. I was encouraged to use that option. I was thinking many things but the first thought was “Oh Shit!” I had a lot of terrifying knowledge about Cannabis but had never received any medical knowledge of this drug. I was told it would help with the nausea, vomiting, intestinal cramping and weight loss that I was about to experience. I was also told that it would help with withdrawal that I was about to go through from the prescription drugs. Now the story truly begins! I was numb. I didn’t call anyone, not even my mother who at the time was recovering from a car accident, taking care of my ill father, and grieving over her sister that she had lost seven months prior to my diagnosis to Renal Carcinoma Cancer. I couldn’t call my husband because he had a lot on his plate, too. He owns his own company with his retired father. He had 15 employees and their families to provide for, along with the fact he was tired of hearing how sick I felt. I went home and cried. I got up the next day and started the process. I had blood work to do and I needed to get registered at the clinic to start the cancer treatments. I called a long time girl friend to drive me because the nurse had told me that they didn’t want me driving after the first treatment. I needed to see how my body did to determine if I needed someone to drive me in the future. I was offered the chance that day to enter into trial nutrition and psychology programs. I didn’t want to but the nurse talked me into it. It was a great decision. I made an appointment to see my family practitioner to get the documentation signed for my medicinal Cannabis license. I was amazed at what it took to be able to take a medication that was prescribed by a doctor and that was better for me than what I was already on. I thought I could use my Health Savings Account insurance policy to pay for my Medical Cannabis. I can use it to buy vitamins at the health food store, but it will not pay for my Medical Cannabis. Figuring out where to get the medication was another issue. My local pharmacy was no help when I took my prescription in to be filled. In fact the gentleman laughed at me and had no information as to where to go to get it! July was here and I turned thirty five. My husband was having troubles with his daughter and when she received the consequences of her actions she rebelled. The police were called to our home for the suspicion of Cannabis use. My husband had to fight to keep his children, all because of my medication. After the police were called to our house, I decided that I needed a game plan for the security of my family. Before I took medical cannabis for cancer, and I grew my medicine. I have never been so humbled and felt so judged in all my life! The parents of those children have all been very supportive. My children also are very educated.

I decided that if this stuff is so hard to acquire, with horrible reliability and consistency, I would grow it myself. I had a lot to learn. By this time everyone knew that I needed and used Medicinal Cannabis. Being part of the nutrition program taught me a lot about food. I learned how to read labels and why it is important to know about your food. You should know where it comes from, how it is raised or grown, and if there were chemicals involved or if it was considered truly organic. In the clinic I learned that the meat and dairy pyramid doesn’t work for me. I really learned how we are letting Corporations falsely educate and manipulate us. My mother had talked to my aunts, (my father’s sisters), in California. My Aunt was taking medication for arthritis. She qualified in California to get her Medical Cannabis license and so she did. My mother, father, and Uncle made a trip to California so I could get educated. I went to dispensaries with my aunts and they filled me in on a lot of things about Medical Cannabis that I never knew. They took me to my first pipe shop and I bought a water pipe. That was a piece of
Abbi’s dad in a position to break the law if Abbi was with him and he had to provide medicine to her. Laws should never be made that compromise human life! Abbi taught us a lot. Smoking was not what we wanted for Abbi or any child. I had to figure out other means of getting Abbi her medication. She had to smoke. The only other means at the time was edibles. Abbi’s disease also compromised her digestive system. Her doctors were against smoking of any kind and they weren’t willing to make exceptions. Vaporizing didn’t deliver everything that smoking would, so I kept on the progression trail. I found a Lab in Denver called Full Spectrum Laboratories. This place holds a future for Medical Cannabis. Here patients can have their product tested and even processed to make it more useful for ourselves.

In starting my journey I have always found opposition from law enforcement. I hate worrying everyday if I am going to be law enforcement’s next focus of attack. I can’t believe that we as Americans want law officials or government in general telling us what we can or can’t put in our bodies. The DEA came into the lab and took my medication. What next? I’m afraid it will be my home or who is supplying my medicine. I know I am not alone in my fears. My story isn’t over. Everything I have experienced has made me who I am, and led me to where I am today. Today, I visit with Senators and give them the patients’ perspective, because this is all about the patients. We need caregivers and dispensaries, because when you’re really sick you can’t grow your own, and new patients often don’t know how to go out and get their medicine. I point out that the role of Law Enforcement is to enforce the laws, not to create them. When we allow Law Enforcement to write the law, the result is a speed trap. I am a Patient Advocate, and I will continue to tell my story and fight for Patients’ Rights.

In May of 2009 I met an 11 year old patient, Abbi. Her mother needed help getting her licensed to use Medicinal Cannabis, because Abbi had a terminal disease where her skin did not adhere to the meat on her body. The disease came with its own complications. Our constitutional right wasn’t laid out correctly in Colorado to protect patients, and this was clear in Abbi’s case. Her parents are divorced and mom had sole custody. Dad is a police officer. Mom was the caregiver but dad had visitation. The law was set up so that it would put everything that smoking would, so I kept on the progression trail. I found a Lab in Denver called Full Spectrum Laboratories. This place holds a future for Medical Cannabis. Here patients can have their product tested and even processed to make it more useful for ourselves.

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It was the morning of August 7, 1983, and I was living the American dream. I had a beautiful wife, Mary Pat; we had our first daughter, Michelle, born in July, we had a house, cars, money in savings and I was in the process of starting my own business. Life was good. But on that day spending the afternoon with the in-laws, I had my first stroke.

Around noon, I started to feel a little weird. I was acting strangely and I tried to walk through the closed sliding glass door. I thought that I just had an ear infection. My equilibrium was off and my answers to questions were delayed.

The next morning I went to work even though I was not feeling like myself. This did not work out and I went to the doctor. He scheduled me to see a neurologist, that day and I got a CAT scan.

I was in the hospital for three days under going all sorts of tests. At that time I was diagnoses with Multiple Sclerosis (MS). We did not believe that is what I had. I went to every neurologist in town when I was released. I was diagnosed with everything in the book, including a brain tumor. The twelfth doctor that I saw was told me that he thought I’d had a “cerebral accident” or stroke. But he could not be sure because now it had been a few months since the incident. On November 19, 1983, three days after seeing this doctor, I suffered my second stroke. Because I had another stroke the doctor was able to make a diagnosis.

We got started immediately on my treatment. I went for months giving blood and going through additional neurological tests. Besides all the medical tests that I was going through, I was dealing with all the emotional fears, anger, loneliness, guilt, denial and self-doubt. All this became a major weight on my shoulders.

If all this was not enough, I suffered my third stroke in January 1984. This stroke affected my right side even more than the first two. The doctor had no choice but to start over because the current treatment was not working. I got a new prescription that one of the side effects was cataracts forming in 15% of patients. I did some research and discovered that was Cannabis was a good deterrent for the side effect of the prescription. I also realized that if I was in need of any pain medication. I refused because I was learning about medical cannabis and the benefits of the natural components. I told my doctor I used cannabis for my symptoms and asked him if he thought it would help. He didn’t condone it, but alluded to my smoking a joint a day. I was able to use the cannabis and walk the fitness path without pain.

While we were out one night I had my fifth stroke halfway through dinner. This stroke left me with some damage to the right side paralyzed enough that I was told that I needed a wheelchair when I left the hospital. I refused to take a wheelchair and walked out on my own.

When I look back, I know anger was my motivation during my recovery. I was angry because I didn’t know what was in store for my future and my family’s future. The only way I knew how to fight back was to learn how to walk and run again. I learned that I could not give up and let what ever this deseise was take control of my life. The emotional problems still snuck their way into my mind each day. Even more so now that the doctor’s were more puzzled than ever about my strokes. I was out of work this entire time and I was unable to get help from Social Security as there was no diagnosis. I was not providing for my family as I should. This was an additional emotional burden. A blood vessel breakthrough gave me hope. Medical Cannabis made a huge difference in reducing the anxiety of the many stress factors in my life.

I started rehab, but was not happy with the program. I decided that I would create my own program. I got up every morning and walked around the fitness path and did every station. It seemed like I did this forever, but eventually the neurons in my brain reconnected. I went from dragging my right leg to running. Not very fast and defiantly not pretty, but running. I was so happy that I let out a yell. Mary Pat came running outside because she thought I may have been hurt. It was a good day. I continued my routine and continued to improve.

My doctor was asking about pain and if I was in need of any pain medication. I refused because I was learning about medical cannabis and the benefits of the

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We got started immediately on my treatment. I went for months giving blood and going through additional neurological tests. Besides all the medical tests that I was going through, I was dealing with all the emotional fears, anger, loneliness, guilt, denial and self-doubt. All this became a major weight on my shoulders.

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AVOID BUSINESSES WHO ARE ANTI-MEDICAL CANNABIS

The following companies are, in one way or another, anti-medical cannabis. Which is a nice way of saying they discriminate.

- Bubba Gump Shrimp Co.
- Burke & Riley’s Irish Pub
- Carvers Ski, Board, Sport
- Denver Athletic
- DEX Yellow Pages
- Eldora Special Recreation Program
- Elevations Credit Union
- Enterprise Rent-A-Car
- Embassy Suits Hotels
- IP Fabrics
- Jackson Shirt Company
- Just Book It Online
- Mountain Tees
- Pioneer Hills Liquor
- The Pizza Parlor
- The Irish Cottage & Gift Shop
- The North Face
- Trappers Chop House
- RMLE Federal Credit Union
- Rocky Mountain College of Art Design
- Via Getaways
- Uniquely Natural
- Vectra Bank
- Wells Fargo

Support those who support you
Ask the companies you do business with if they are medical cannabis friendly. If a company is not, take your business elsewhere and support someone who is supportive of you.
Having been involved in community healing and social justice work for more than thirty years, one of the things I have learned is that implementing a program for vulnerable and marginalized populations within the labyrinth of federal, state and local regulations is difficult on a good day and almost impossible the rest of the time – regardless of the issue. So I have not been surprised that stake holders in the medical marijuana movement – patients, physicians, care givers, law enforcement, district attorneys, elected officials, et al. – are struggling to implement ARTICLE XVIII, Section 14 of the Colorado Constitution (Amendment 20) in an effective way when it comes to defining what constitutes patient care.

In my experience, turning law into program begins with an examination of the law itself. ARTICLE XVIII, Section 14 of the Colorado Constitution, paragraph (f) states that “Primary care-giver” means a person, other than the patient and the patient’s physician, who is eighteen years of age or older and has significant responsibility for managing the well-being of a patient who has a debilitating medical condition. The challenge is when these words are put into action, especially if you are trying to build a successful, LEGAL care giver practice (regardless of the size).

The Colorado DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT RULES governing the Colorado Medical Marijuana Program states that “Significant responsibility for managing the well-being of a patient” means assisting a patient with daily activities, including but not limited to transportation or housekeeping or meal preparation or shopping or making any necessary arrangement for access to medical care or services or provision of medical marijuana.” The key things to notice in this rule is that: a) the list of services to be provided uses the word “or” not “and”; also it, 2) uses the phrase “including but not limited to” which means that the list of services are examples, not an exhaustive list of things you MUST provide.

What the list alludes to is what those in the health care field call “activities of daily living” or ADLs – things we each need to do in order to fully participate in life. Legal medical marijuana patients by definition have debilitating illnesses which is generally understood to mean an illness or injury that limits in some measurable way the individual’s ability to conduct “activities of daily living” without some form of treatment, support or care. Given this, it is only logical that the State would define the care giver’s role to include these types of services. The State Department of Health’s position is further reinforced by the Colorado Appellant Court recent decision that “significant responsibility” must include ancillary services – not just the provision of medical marijuana.

DEFINING PATIENT CARE

So, if you want to become a credible and legal medical marijuana care giver does that mean that you have to run out and become a nurse or social worker or be the sole provider of all of your patients transportation, housing, or other needs – nope. That’s where the second set of words come in – “managing the well-being”. The Colorado Supreme Court has interpreted “manage” to mean “to direct, control, govern, administer, oversee.” Trozzo v. People, 51 Colo. 323, 334, 117 P. 150, 154 (1911) (quoting Commonwealth v. Johnson, 22 A. 703, 704 (Pa. 1891)). And how does a Care Giver go about “managing” their patients’ well-being as a care giver? It begins with understanding who your patient is in a formal, systematic way that is recorded or in other words conduct an assessment.

This assessment becomes the foundation of a care plan which includes the various services that are needed by the patient, what services you as the Care Giver can and will provide, who you referred the patient to for whatever else is needed, and the end goal or result that will be achieved by the patient as a result of the care plan. This care plan can be - and in fact should be - patient-directed with the support of the Care Giver in writing it up, finding – NOT PROVIDING - the resources needed to execute the plan, and acting as a support person or coach to help the patient achieve the self-defined goals. Once the care plan is established, “managing” then becomes a matter of making sure the care plan is followed, progress/outcomes are recorded, and the jury is still out as to whether it will need to be submitted or just kept on file. My bet is on “being kept on file” as it could be successfully argued that the need to submit treatment outcomes to the State is a violation of the patient’s civil as well as nationally recognized patient rights.

Currently there is nothing in the Colorado Department of Health Regulations that requires a legal medical marijuana care giver to conduct, keep or submit any type of assessment or develop any type of care plan. However, the initial legislative proposal drafted by Romer (while distinctly different from the proposed SB 109 which passed in Committee) and the proposed bill being floated around by the Country Sheriff’s Association includes or infers the inclusion and submission of a patient care plan. My guess is that regardless of what the final regulations end up looking like the need for a care plan is the minimum standard that will be required to meet the test of “managing the wellbeing” to remain in compliance/legal regardless of who is responsible for preparing it.

Specifically, Senator Romer’s initial bill stated “A PRIMARY CAREGIVER SHALL FILE A PATIENT PLAN WITH THE DEPARTMENT FOR EACH PATIENT THAT INCLUDES THE DOSAGE OF MEDICAL MARIJUANA RECOMMENDED AND THE OTHER SERVICES RECOMMENDED OR PROVIDED BY THE PRIMARY CAREGIVER, AND RECORDS OF EACH TRANSACTION WITH THE PATIENT.” [Just a side note, I’d much rather see the word encounter as opposed to transaction as it would be more consistent with the medical context. Also while Romer’s current proposed SB 109 addresses the issue of “bona fide patient physician relationship” yet doesn’t address the “significant responsibility” or role of the care giver at all.]

The proposed legislation being circulated by the County Sheriffs Association leaves it up to the Department of Health to define “what constitutes “significant responsibility for managing the well-being of a patient”; except that the act of supplying medical marijuana or marijuana paraphernalia, by itself, is insufficient to constitute “significant responsibility for managing the well-being of a patient.” Since the State Department of Health is already using the word “assisting” implying the Care Giver is doing the work (however in all likelihood the State will be forced to change to “managing” given
As promised, this installment will deal with grow room design. Because of the importance, we’ll cover it in two issues. This will give you time to think about the issues that you’ll face.

Let’s face it, every one of us will be building a completely different room, so we are going to get back to basics and discuss what the “Must Haves” are. When you sit down to design your room, extra time spent on details will pay huge returns over the life of your growing career. Your final design will determine how much work you will need to invest on a daily basis, the size of your yields, how much money you’ll spend, security and countless other things.

If you are new to growing and are feeling lost and/or overwhelmed, relax, it doesn’t have to be that hard. There are some basics you’ll need to understand when designing your grow room. If you have those covered, you’ll be just fine. Every one of your rooms will be different and it simply isn’t possible to describe every situation that might arise. We will discuss the major concerns that are likely to arise. Do you homework, ask other growers or email me about problem areas.

Let’s consider our major concerns when deciding where and how we will build our indoor grow area.

1. How big is your grow going to be? Keep in mind, if you are going to grow large plants like we used to, (old school) you’re going to need a lot of vertical and horizontal space. As your plants grow taller, they will start spreading out and before you know it, they will be large bushes. That’s all well and fine you say? Possibly, but remember you will need to have access to all of the plants as the grow cycle proceeds. If you’re growing in dirt, you’ll need to water and prune, checking for insects and other potential problems. A grow room with a small door on one side will very quickly be overtaken by the plants we’re growing. Hydroponic growers will need to do maintenance from time to time. If our plants are crowded, the light needed for the lower portion of the plant will never make it to the bottom and bud production will suffer dramatically. You will thank yourself many times for allowing yourself the room to move and breathe.

2. Are you going to be Vegging and Flowering at the same time? If so, you’ll need two separate rooms. We have two completely different light cycles for Vegging and Flowering, therefore we need two rooms and twice the equipment.

3. Unless you plan on buying clones each time you start a new grow, you’ll need an area to maintain a “Mother Plant” Fortunately, this doesn’t require the same lofty standards as our flowering room. In fact, you can grow a Mother Plant just about anywhere you can hang a light. Setting aside a portion of your Vegging room will work just fine for Moms. One thing to remember is, while Vegging, plants are going to be smaller than while Flowering. If you have two separate rooms, set aside a portion for a mother plant or two.

4. Clones can be grown almost anywhere; a table in a bedroom corner will work. Four square feet is enough room to start hundreds of clones. Flowering has one major difference from your other rooms. IT ABSOLUTELY MUST BE LIGHT TIGHT. Other than that, all things remain the same.

5. Think about how many rooms you’ll need, and how to make at least one ABSOLUTELY LIGHT TIGHT. Seal all the rooms with good epoxy-type white paint. Make sure each seam is caulked; we don’t want moisture to creep into tiny cracks. I once paid $10,000 to have black mold removed from my home. A couple dollars of epoxy would have prevented it all.

Until next time, when we’ll talk about electrical, ventilation, water, drainage and security, Think Green!

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**DEFINING PATIENT CARE**

**CONTINUED FROM PAGE 22...**

the Colorado Appellant Court’s recent ruling) what you end up with is the need to develop and manage a care plan for each patient that goes beyond the provision of medical marijuana alone to remain in compliance as a legal medical marijuana care giver.

While some Care Givers may see the impending requirements related to “managing the wellbeing” of the patient as an insurmountable barrier for their care business, in truth it is a key factor in CLEARLY distinguishing a medical marijuana care giver from a sales clerk and legitimizes the Care Giver profession. More importantly, it assures patients, who again BY LEGAL DEFINITION are vulnerable individuals with debilitating conditions, receive the level of professional health/wellness oriented care and support they need and deserve. It is also something that a care giver can contract out (given you are managing not doing) with a credible direct service provider or learn with training.

And, after all – the whole point of the “medical marijuana” movement is about the wellbeing of our patients - right?

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**THINK ABOUT IT...**

**IF YOU CAN NOT GET ‘HIGH’ FROM SMOKING HEMP, WHY HAS IT BEEN BANNED TO FARM IN THE UNITED STATES OF AMERICA?**
We would like to introduce you to our new feature; Trident: The Three Strains. Every issue, we will feature 3 different strains and their lab results. Testing provides valuable information about your medicine.

By looking at the percentages of THC, CBN and CBD both as a portion of the whole and relative to each other, we can get a better idea of which strain will work best for our conditions as we are shopping for our medicine. We can also see the differences in the cannabinoid profiles of older vs. modern strains. Breeding for high THC content has resulted in significantly decreased levels of CBN and CBD.

The moisture content tells us a bit about the curing process. A moisture content that is less than our average relative humidity usually means that the drying process was accelerated with an oven or dehydrator. Patients seem the most satisfied when their medicine is between 7 and 15% moisture content. The non-scientific way to test your curing process is to smoke it. The taste and feel of the smoke will give you a better idea of the cure stage. If the ash in the bowl is grey/white then it is on the better side of the cure, if it is black then the bud is too wet.

Testing also helps medicine makers. Cannabinoid profiles can be manipulated in order to tailor medication to specific symptoms. THC acid is not readily available to the body when ingesting. It must be decarboxylated, or changed to THC active where a carboxyl group (-COOH) is split off from a compound as carbon dioxide (CO2), before it can be assimilated into the body. With testing we can see if our medicines have been decarboxylated. This pertains more to edibles and oral preparations than smokeable buds.

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**Medicinal Gardens: Blueberry**

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**Medical Cannabis Botanical Test Results**

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<td>Inactive Cannabinoids</td>
<td>Calculated Active Cannabinoids</td>
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<td>CBD-A 1.179%</td>
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<td>CBN 0.465%</td>
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**Relative Ratio of Cannabinoids via HPLC (grams cannabinoid/grams TAC) | | | |
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**Medicinal Gardens: Maui Wowie**

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<td>Calculated Active Cannabinoids</td>
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<td>CBN 0.621%</td>
<td>CBN 0.621%</td>
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<tr>
<td>THC 1.965%</td>
<td>THC-A 21.820%</td>
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<td>Total Assayable Cannabinoids (TAC) 26.559</td>
<td>Total 23.754%</td>
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**Relative Ratio of Cannabinoids via HPLC (grams cannabinoid/grams TAC) | | | |
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<td>Total Cannabinoids</td>
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<td>Total CBD 8.006%</td>
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<td>CBN 2.338%</td>
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<td>THC 7.412%</td>
<td>THC-A 82.306%</td>
<td>Total THC 89.915%</td>
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Thank you for having your product tested by Full Spectrum Laboratories. The enclosed report details the results of the test. Please keep this report for your records and in case you need to refer back to the results in the future if there are any questions.

Please know that Full Spectrum Laboratories guarantees the accuracy of our test results. If you have any questions, feel free to contact us at the phone number or email address listed above.

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CHNM FEBRUARY/MARCH 2010
This story begins when I woke up in the Neuro-Intensive Care Unit of my town’s local hospital. After realizing where I was, I knew my life was going to be different, although I was uncertain how different. I had fallen from a ledge the night before, leaving me lying in this hospital bed suffering from a severe traumatic brain injury. (TBI) To be exact, I had intracerebral contusions within my right anterior lobe, blood in deep portions of my frontal lobe, and lastly a small punctuate contusion to my right parietal lobe. These areas of the brain typically help a person deal with thought, reason, behavior, emotion, and memory. To be honest, I was a mess. I wasn’t expected to make it through the day with the amount of hemorrhaging I had in my brain.

My symptoms ranged from loss of balance and vertigo to photosensitivity, causing mind-splitting migraines. I stopped drinking alcohol, due to it’s toxic effects on brain tissue, and began a period of recovery. My brain had begun to heal, but due to the damage to the brain tissue, I began to have seizures. I was then put onto “Bi-Polar” medication such as Lamictal, to control my mood irregularities. I was given another medication called Zoloft, as well as Vicodin for my migraines. At one point I was taking three to four medications at a time, swallowing 8 to 9 pills a day. It was awful!

That’s when I first realized how the effects of the “Forbidden-Plant” helped me and this new person I had become, due to the TBI. Whether you view Cannabis as recreational, medicinal, or therapeutic: the values it has brought to my life are what gets me through my daily tasks and activities.

I am currently down to taking one medication a day for seizures. Cannabis has been able to fill the place of the “Bi-Polar” medication, as well as the opiate-related medications such as: Vicodin and Percoset for my migraines. My doctor has made the seizure trimmed properly. However, she also likes to be topped and allowed to grow tall and bushy!

The soil I use is a two-part mixture of Foxfarm’s “Ocean Forest” and “Light Warrior” blends. As for my nutrients, I use Botanical Care “Pure Blend Pro” line with some of their optimal additives such as: Liquid Karma and Sweet. I use additional CO2 supplementation and generally stick to a nutrient feeding regimen every third watering. I begin my flush around day 40 with distilled water. I then flush my 3 gallon soil containers with about 10 gallons of water, each of the last several feedings. I allow a drying time of 7-10 days, generally jarring the flower once the stems begin to snap. I jar cure the flowers a drying time of 7-10 days, generally then flush my 3 gallon soil containers around day 40 with distilled water. I stick to a nutrient feeding regiment optimal additives such as: Liquid Blend Pro’ line with some of their mixture of Foxfarm’s “Ocean Forest” and “Light Warrior” blends. As for my nutrients, I use Botanical Care “Pure Blend Pro” line with some of their optimal additives such as: Liquid Karma and Sweet. I use additional CO2 supplementation and generally stick to a nutrient feeding regimen every third watering. I begin my flush around day 40 with distilled water. I then flush my 3 gallon soil containers with about 10 gallons of water, each of the last several feedings. I allow a drying time of 7-10 days, generally jarring the flower once the stems begin to snap. I jar cure the flowers for 3-4 weeks, opening them several times a day to allow the excess moisture to escape. Once this process is finished, I may sit back and thank this beautiful plant for providing me with flowers of such great personal therapeutic and medicinal values.

- High Hopes
milehighhopes@gmail.com
Over the past two months I have had the good fortune to meet with Lauren Davis from Robert Corry’s office about opening our own grow (production facility) and dispensary. From that point on, it has been a roller coaster dealing with municipalities, moratoriums, council members, planning and zoning, town managers and compliance departments finding properties that are approved for the usage of producing and/or selling medical marijuana. Even harder is finding Lessors (Landlords) that are willing to go forward on a lease or lease purchase for production facilities and dispensaries. It has been an uphill battle with an array of varied complexities. The purpose of this article is to help you, the prospective lessee, gain some insight into the world of commercial real estate and the current market, giving you the tools needed to improve your chances of getting into a leasehold agreement.

You Need to Be the Teacher

Many of the people who have contacted me hoping to open a dispensary or production facility are ill prepared and frankly are not willing to take the time to “help me, help them”. This is not a great start for a working relationship in an industry that already presents a substantial uphill battle for agents, given the slim chance of collecting a commission. People are not trying to open a Dairy Queen, but a highly controversial usage that is getting bad press. Talking with other agents as well as Lessors, Lessors (owners) are not lining up with pen in hand, waiting for Lessee’s (renters) to show up to open a federally approved for the usage of producing and/or selling medical marijuana. Even harder is finding Lessors (Landlords) that are willing to go forward on a lease or lease purchase for production facilities and dispensaries. It has been an uphill battle with an array of varied complexities. The purpose of this article is to help you, the prospective lessee, gain some insight into the world of commercial real estate and the current market, giving you the tools needed to improve your chances of getting into a leasehold agreement.

Commercial Real Estate Agents

Through my journey into the business of medical marijuana, I have discovered that a fair number of commercial real estate agents are opposed to working with clients. Many agents scorn the thought of working with what they believe are financially unqualified drug users. Others, even if they were willing to take on a client, do not know where to start deciphering and keeping up with the rapidly changing rules and regulations on local and state levels. They also do not understand the income potential that this industry offers. I have found that putting together a successful deal in our current real estate market and political climate, is getting harder and harder, and is going to get tougher. Many agents do not want to spend their time and energy qualifying properties and educating Lessors, only to end up not collecting a commission. Remember that agents don’t get paid until the deal closes, so we must be careful how we spend our time, for time in my industry is money. The odds are in your favor if you have an exacting business plan put together before contacting an agent or Lessor. Having a good business plan will give you validity and help to educate the agent and the potential Lessor. The saying “verbal agreements and statements are worth about as much as the paper they are written on” applies in commercial real estate. When a potential client calls and states: “I am looking to open a production facility and a dispensary, can you help?” This doesn’t give me the information I need to know if they are a good risk. What I want to hear is: who you are, that you are an incorporated business entity, your locality of interest, that you have a comprehensive business plan and professional support from an attorney, accountant and insurance, and that you can present this information to me professionally with documented legislation supporting your business plan in a binder. This helps me help you broker an agreement with a Lessor.

The Business Plan

The statement above covers most of the due diligence you need to complete. The business plan should consist of three parts; the first part being the introduction. The introduction states who and what you are (LLC, Partners, Investors etc), your qualifications or experience (if any), and your intention going forward. The Lessor and your agent will want to see a well thought out plan, for you need to convince that Lessor that “risk” is low and the “return” is guaranteed. The second part is to create a financial analysis of the business covering startup costs and at least one year’s projected profits and losses. I do clients’ business plans using Excel for it is easy to add, delete and sum items towards start up costs, operating

Continued on next page
costs, and yearly profit and loss flow chart. The third part is to have done your legal due diligence. You need to become acquainted with anyone who is making decisions on a local level towards your usage. You can find planning and zoning on most city websites. Get to know the planner on a first name basis! Personally I lay it on thick with them. They have a government job that is about as exciting as CSPAN and not much better than a postal worker with an NRA sticker on their car. So an extra “thank you”, “how is your day going”, “are you having a good new year?” in most cases can go a long way to separate you from the hundreds of mundane calls they take everyday and has helped me obtain the information I needed. Gather any and all city council meeting minutes and legal renderings. I would also include the memorandum handed down by the Department of Justice, Amendment 20 and pending legislation. The more you can show that you know what is going on politically and legally, the greater the chance to subside any perceived “risk” on the Lessors part. Read and know the ramifications of these documents. I have worked with Lessors and their agents, who have actually read these documents and have come back to me with questions. If this happens, you need to know the answers right off. The better you can articulate your business plan the greater chance the Lessor will perceive you as a well healed business person. If you are not confident putting a business plan together, it would be wise to find financial planner, a commercial agent who has the CCIM (Certified Commercial Investment Manager) or contact the SBA (Small Business Administration) for help.

LESSORS (LANDLORDS – PROPERTY OWNERS)

Lessors read articles like the one on the front page of the Denver Post on Sunday January 3rd claiming that “Denver likely has more medical marijuana dispensaries than Starbucks shops, schools or liquor retailers” dubbing Denver as “America’s Cannabis Capital”. This article was about as effective as Orson Wells’ War of the Worlds at scaring Lessors into believing the next plague is coming to a neighborhood near them, and it’s coming today; time to pull the children into the house and get them off the streets. Stories of alien mold consuming premises, as well as dogs and cats abound, hordes of gangs brandishing guns and breaking into facilities, although unfounded, persist for “perception trumps reality most every time”. It seems that there is a common thread when it comes to the masses. All truth passes through three phases; first change is ridiculed, and then violently opposed, than generally accepted as being self evident. Having a professional looking business plan that you can leave or send to a Lessor could make the difference between signing a lease or moving on to the next property. The more the Lessor, and your Realtor, knows about your business the greater chance that they will be at ease moving forward. It’s not about what you want, it’s about what the Lessor wants and what will make him or her comfortable with you! Lessors know what a Dairy Queen is; they don’t know what a dispensary or production facility is or the legal ramifications attached to them. Although your intentions may be “helping people with their illnesses” the landlord won’t care if you are Mother Theresa if he or she believes that you cannot pay the rent.

ON A PERSONAL NOTE:

“Perception is imperative.” When looking for a property, you are working in the business world. The saying “When in Rome, do as the Romans do” fits like a glove. Remember, “it is not what you want; it is what the landlord wants”: He or she is the gate keeper and literally holds the keys to the door until you have an executed lease. He or she is looking at you as someone who is part of his or her livelihood; he or she is the person who is going to have to field complaints if things get out of hand or if other retailers complain about the usage. I personally avoid using words like marijuana, grow room and smoking. Instead I use medication, production facility, medicating patients. Look the part, wear a suit and tie, smile, be cordial, and most of all do your homework before contacting an agent or property owner.

THE EFFECTS OF CANNABIS ARE COMPLEX

Here is one example of what someone may want to consider.

A medical user looking for something with sleep inducing properties might want to produce a crop that has high levels of CBD.

A medical user looking for something energetic, maybe for the daytime, will want to use a strain that has higher levels of THC.

“Technically, every dispensary in the state is in blatant violation of federal law,” quoted by The Denver Post.

“The time is coming when we go into a dispensary, we find out what their profit is, we seize the building and we arrest everybody. They’re violating federal law; they’re at risk of arrest and imprisonment.”

DENVER DEA Special Agent in Charge Jeffrey Sweetin

OUTLAW: Adl. 1. outlaw “an illegitimate seizure of power”

He refuses to recognize the statement, made by President Obama and then made by Attorney General Eric Holder, declaring to the Department of Justice that patients, caregivers and medical Cannabis clubs, as long as they followed state law, would be okay.

He then states, almost in a Freudian way, that they are losing revenue from the legalization of Medical Cannabis. Who do you think keeps all of the seized assets...?

The DEA is violating the will of the voters of The State of Colorado and The Colorado Constitution Article XVIII § 14.

TERPENES ARE MAJOR BIOSYNTHETIC BUILDING BLOCKS WITHIN NEARLY EVERY LIVING CREATURE.

They are the primary constituents of the essential oils of many types of plants and flowers. Essential oils are used widely as natural flavor additives for food, as fragrances in perfumery, and in traditional and alternative medicines such as aromatherapy. Synthetic variations and derivatives of natural terpenes and terpenoids also greatly expand the variety of aromas used in perfumery and flavors used in food additives. Vitamin A is an example of a terpene.
MEDICAL CANNABIS IS LEGAL, BUT HOW MUCH?

My client Jason Lauve, wheelchair-bound after a reckless snowboarder broke Jason’s back at Eldora, possessed two pounds of marijuana in his Boulder County home. The District Attorney charged Jason with two felony criminal offenses. On August 6, 2009, after a four-day trial brought by a team of top-notch felony-level prosecutors, a jury found Jason “not guilty.” He rolled out of the courthouse with his two pounds of marijuana, his year-long Kafkaesque legal nightmare over. It smelled like victory.

In 2000, Colorado voters legalized marijuana for medical use, enshrining protections in the Colorado Constitution, Article XVIII section 14. A patient and/or caregiver must meet three requirements: (1) the patient was previously diagnosed with a debilitating medical condition; (2) the patient is advised by a physician (advice which need not be “previous”) that marijuana might be beneficial to address that condition; and (3) in possession of such amounts of marijuana necessary to address the debilitating medical condition. The State-issued Medical Marijuana Registry card is optional.

The third prong generates the controversy. The Constitution contains non-binding guideline amounts of six plants, three of which are flowering, and two ounces of useable medical marijuana per patient, but provides for greater amounts if medically necessary. Even a novice marijuana grower knows that the plants vs. ounce guidelines are internally inconsistent with each other; i.e., three flowering plants will nearly always produce more than two ounces, so it is impossible to follow the guidelines.

In Jason’s case, he had the previous diagnosis and physician’s advice, and the prosecution had no evidence that Jason possessed more than was medically necessary. In every criminal case, the prosecution has the burden of proof beyond a reasonable doubt. Boulder County voters, suffering from a bad economy, will not long tolerate taking police off the streets to pursue many more of these medical marijuana prosecutions, so the acquittal may stand as precedent indefinitely.

The jury foreman stated that Jason could have legally possessed “a ton” of medical marijuana. In light of the new District Attorney’s policy of increasing jury trials to discern “community standards,” in Boulder County possession of medically necessary amounts of medical marijuana is legal, absent any specific evidence that the amount is excessive.

My name is Reginaldo Archuleta; I am a 41 year old Colorado resident struggling with multiple sclerosis. I was diagnosed in 2002; at that point I realized I would be on heavy narcotics for the rest of my life. When my MS was at its worst I was taking 13 different medications. I have been told that MS is not hereditary, yet I have an aunt who lived with it for 37 years and 2 other family members who are currently living with it. I turned to alternative medicines because my family and I were suffering because of the side effects.

I constantly felt sedated and lost; this affected my relationship with my children and others. My first experience with medical cannabis was with the Marinol pill, I didn’t like the way it made me feel. I attempted to smoke it and it helped, but I truly feel the edibles are best for me. When I started using edibles I saw major results. I was finally able to get out of my wheelchair and take a few steps. I am not fully mobile, but I am now, more then ever, capable of taking care of myself. These edibles have helped me with my pain and have allowed me to bond in new ways with my children that were nearly impossible prior to using medical cannabis. I am thankful the government has allowed me to grow cannabis, due to my condition I cannot work and struggle to afford my MEDICATION. Just like a diabetic needs insulin, medical cannabis is helping me to cope with my disability.

I urge medical cannabis users to take a stand and educate the community on the benefits of this MEDICATION. Cannabis’ effects on the body are minimal in comparison to other drugs used to ease pain. The people of Colorado using cannabis are not bad people. We are simply trying to save our bodies from the harm of pharmaceuticals. This drug is natural and will do the least harm to our already aching bodies. We the people of Colorado need to unite to educate and vote.

There are people all over the country who suffer as I do, this is the time for a movement. We need to stand up and take action, through uniting to promote and educate the public. The unknown is always scary, skeptics will never be gone, but we need to do our best to help the uneducated see the benefits.

If any people suffering from MS or similar problems need information please contact me at:

r.archuleta421@yahoo.com

Sincerely,

Reggie Archuleta
Colorado’s Constitutional Amendment 20 protects our Civil Rights to medical Cannabis. We DO NOT have to support unjust Bills that are being rammed through the government. About us; without us? This makes no sense.

This FAST TRACKING of the Cannabis Bills is already harming patients. Even the Senators admit that they know very little about what they are doing with the medical Cannabis legislation.

I was shocked; the Senators prompted all the proponents of SB109 to speak up ahead of everyone else. As opponents of SB109, we arrived 1 hour before the speaker sign-up sheet was available. The 1st 3 speaker sheets were opponents, yet we spoke last. I knew our system was messed up, but this is blatant disrespect and manipulation. The unanimous vote in favor of this Bill shows complete and utter disregard for the people’s will in the State of Colorado.

Law enforcement spoke of ads that ‘guarantee’ a medical Cannabis recommendation and the what ifs of crime that could, but hasn’t happened. Why is Law Enforcement making Laws? What is Law Enforcement (To serve and protect, right?) doing speaking against legitimate medical patients anyway? Their mothers, fathers, siblings, other family and friends are people who can, and are benefitting from using medical Cannabis. I believe there are also people in law enforcement that are using medical Cannabis. Advertisements promising recommendations are kin to the mass solicitations from credit card companies guaranteeing credit approval. I get ads in the mail that “guarantee” a credit card, but I am always refused due to my credit. Statistics can always be manipulated to benefit the person using them. I understand that crime has actually receded in areas where there are dispensaries, because of the fact that a person needs a card from the Colorado Health Department to receive entry and a visit with a caregiver.

An older woman testified that Cannabis killed her child, but didn’t say how. Why didn’t the Senators at the hearing ask her for more information to back up such egregious allegations?

Dr. Cologne testified and revealed that he knows nothing about the efficacy of medical Cannabis. People spoke of evils to our children. Well logically if the dispensaries have medical Cannabis inside them, there is less Cannabis on the streets. In fact, data from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Household Surveys on Drug Abuse (NHSDA) suggests the overall recreational marijuana use by teenagers has gone DOWN in the States that have legalized medical Cannabis use. An even deeper issue is to educate our children to understand that medical Cannabis is a medicine that can help people to live, will be around forever, and requires a license to obtain.

Finally after over 7 hours of hoopla, the people in opposition were given the opportunity to speak about the Bill. Many patients were unable to stay that length of time without access to food or medicine, and so our initial 3 pages of speakers dwindled considerably. I was outraged to witness Committee Members wandering, sending text messages, talking amongst themselves and eating pizza during opposing testimony.

We do not have to support Bills that harm us as Patients. Amendment 20 is our Royal Flush. In poker, if you have a royal flush, you have the top hand. Why trade for a pair?

CANNABIS IS SAFE AND has many medical uses. In addition, it can supplement the use of timber, petroleum, minerals that are mined from the earth, and thousands of other things, but we are talking about medicine. Please be considerate of others, they may not know what you know. Be gentle with your education, we want people to hear to us.
I wanted to express to you and those working to create legislation how important it is for many of our patients to be able to visit the physician as well as have access to the dispensary within the same location. We, as a company, recognize that there is a potential conflict-of-interest that can be perceived by those on the outside by doctors recommending Medical Cannabis when it appears that the dispensary is paying the doctor. Our model holds a holistic doctor, homeopath, acupuncturist, and massage therapists within our premises as well as has a physician that leases space twice a week. I cannot currently find the conflict of interest when the doctor is very respectable and responsible about how he handles his recommendations. I understand where it can be perceived that this system would appear to leave the physician in a place where he benefits from giving recommendations; however, with the complete separation of the business where he has no benefit either way, separating the doctor form the dispensary would do nothing but make it extremely inconvenient and even hard for many disabled patients to have to travel to a doctor’s office when they can have the discretion and comfort of taking care of everything at one location.

The goal of separating the physician from the dispensary seems like it is to insure that patients are getting legitimate registry cards and also keeping the incentive of the doctor to write recommendations from happening. As we run our operation (and a few others as I meet others in the business), the doctor has said no to a few patients and we never guarantee – and have no remorse – for a patient that comes to try to get a recommendation when they don't qualify. The checks and balances in this part of the system aren't going to happen by creating an inconvenient situation for the patient – it is in regulating the doctors that are recommending Medical Cannabis as an alternative; and the only way to handle that is the same system that exists with other drugs (which happen to be much more potent and dangerous). In the spirit of the Amendment, we should all be looking at this from the patient's perspective, not from the dispensary or law enforcement.

A simple fix here is to make sure that the dispensary isn't directly making money from the doctors' visit. As proposed, the doctor shouldn't have an ownership stake in the dispensary and the dispensary. By separating the doctor and dispensary from being under one roof, nothing will be accomplished short of creating another visit to another place to take care of what is already a good system, despite the bad press and reputation that is out there. The cost to the patient is actually less when a doctor is able to lease an office from a dispensary and not have the expenses associated with their own office (which would happen to incentivize a doctor to write recommendations).

We have created a very convenient and professional one-stop shop for a patient to handle their needs. By taking the physician out of the wellness center, we further take away the patients’ ability to have a well-rounded treatment program where the doctor, homeopath, acupuncturist/massage therapist, and caregiver can all discuss the 'plan-of-attack' on how to treat a patient and ideally cure them of what it is that they are dealing with. Separating the doctor and the dispensary creates a disadvantage for the patient – I don’t see any positive result by doing this.

Medical Cannabis has proven to be an extremely effective medicine for dozens of conditions. As we all know, studies have proven to be one of the safest and strongest drugs – it would be irresponsible to make it harder (which despite what the press has painted of the industry, it isn’t very easy to get a card) for the patient’s right to a healthier and more comfortable quality of life.

I welcome anyone that would like to visit my center on a ‘doctor day’ to see truly how business operates with their own eyes – we have a physician in on Monday and Wednesday afternoons (tomorrow is quick, but all are welcome). It’s very important that anyone involved in regulating the industry spend some quality time witnessing the operation, not just stopping by to walk through and just take a look.

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contest info on our site
The Educated Patient
By Heather Luttrell CCH

We’re hearing, reading and seeing more everyday about buying local. There are eat local movements and buy local movements. Yes! I love seeing the return to a Village mentality, while keeping the aspects of modern living that nourish us. I joined a CSA last year, and made efforts to buy more of my meats from local ranchers who respect their animals. It’s a natural extension for me to apply the same principles as I choose which dispensaries to support.

I want to be an educated patient. There are so many variables in this emerging industry, and sometimes it can be difficult to know who to support. What do we need to know to choose a dispensary that supports patients and supports Colorado’s economy? Some things you can observe for yourself, but some things need to be asked directly.

Are they offering quality medicine? (intact trichomes, no brown, smells pungent, not like hay, not too wet or too dry, and NOT squashed like it came from a brick)

Is the caregiver or budtender compassionate and educated, handling your medicine respectfully?

Where did the medicine come from? Is it from your same county? Same state? If the medicine isn’t from Colorado, why did the dispensary choose to buy medicine from out of state?

Was the medicine grown indoors, outdoors or in a greenhouse? Is it organic? Was it grown hydroponically or in soil?

Do the labels on their edibles have the same information as food you buy in the store? (nutrition content, complete list of ingredients, net weight, contact information, allergen warnings?)

Do their tinctures, glycerites, butters and oils have FDA compliant labeling? (correct terminology, complete ingredient list, volume, contact information?)

Do they offer any holistic services?

Do they offer a return policy? Those dispensaries growing for themselves or purchasing medicine from local growers will be able to personally guarantee their medicine.

Do they charge sales tax? Those that do may be more likely to be in business long-term. The government will only protect our right to give them our money if we actually give them our money!

How is their pricing structure? As top of the line doesn’t have to be significantly more expensive, I avoid the most expensive, but am also wary of the cheapest. Quality can be had for a fair price, and you often get what you pay for. The cheapest is cheap for a reason.

Do they have or contribute to an indigent program?

Does their business support any charities or not-for-profits?

Are the dispensary owners politically active?

Are the owners and employees patients?

Why did they start a dispensary?

Where do they see their business in 5 years? Is there a plan to still be here helping patients, or are they making as much as they can before they get shut down?

I like supporting my friends and neighbors. I like knowing that by shopping in my town, those sales tax dollars will fund programs that benefit me directly. I am so grateful that we have the freedom as patients to shop around and find businesses that support us.

Colorado’s political situation, with pending legislation written and influenced by politicians and law enforcement outside of our MMJ community, is at a pivotal place. Only by being involved, and/or supporting those who are involved, can we make a difference. Our money is always our most effective vote. Out of state owned companies take the profits we have helped them generate out of state, while locally owned companies keep their money right here in our communities.
BRITT, I AM REALLY INTERESTED IN GETTING MY MEDICAL MJ CARD. HOW WOULD I GO ABOUT THAT?

If you have Chronic pain, Multiple Sclerosis, Cancer, HIV/AIDS, Glaucoma or Unintentional weight loss, you may qualify in the state of Colorado for your medical marijuana card. You can go to the following website

http://www.cdphe.state.co.us/hs/medicalmarijuana/forms.html and print out the medical marijuana form. Bring the forms to your appointment and ask your primary physician if they will make a recommendation. Remember, the sooner you get your paperwork and $90 application fee to the medical marijuana registry the sooner you will get your license!

BRITT, HOW DO I CHOOSE A DISPENSARY AFTER GETTING MY MEDICAL MARIJUANA LICENSE?

I believe the best way to find a good dispensary is by word of mouth referrals. If you’re fortunate enough to know other patients, ask them where they like to go. You may also need to shop around until you find a dispensary you feel comfortable with, that accommodates your needs and provides quality medicine. Nothing is like Colorado homegrown.

BRITT, DO I NEED A CAREGIVER?

No, but I would recommend one. Usually a caregiver is a very knowledgeable grower who produces consistently high quality meds. Some caregivers offer additional services or have a referral network to help you find what you need.

BRITT, IF I HAVE A CAREGIVER CAN I STILL GROW MEDICINE FOR MYSELF?

Yes, as long as what you and your caregiver have does not exceed the amount medically necessary for your condition. Jason likes to grow his own plants, but can’t do all the work so he can have a caregiver to help him out. It is important to communicate with your caregiver, so you both know who is growing what. You can divide the allowed plants between you, to insure against a crop failure.

BRITT, WHAT IS THE MAIN DIFFERENCE BETWEEN INDICA AND SATIVA?

Sativas originally come to us from the tropics, and take longer to finish their growth cycle than Indicas. Their effects are often categorized as uplifting and energetic. The effects of a Sativa are almost cerebral, and they are a good choice for daytime smoking. Indicas come to us from North of the Equator, and tend to finish their bloom cycle in 50-60 days. An Indica’s effects are known for relaxation, stress relief, and for an overall sense of calm and serenity. A pure Indica strain is very potent in THC, and will cause everything to slow down a bit. Indicas are often chosen as a late evening medication for long lasting pain relief and sleep.

BRITT I’M CURIOUS, HOW MUCH MEDICATION AM I ALLOWED TO HAVE?

Luckily as a patient you can carry two ounces of medicine at any time. You aren’t limited to 1 strain of medication, it’s the combined weight that matters to the government. That’s nice for those of us who’ve found a combination of edibles and smokeables works best for us. Remember when driving always keep it locked in a secure location like a trunk, and always keep your paperwork with you.

BRITT, I AM USING SOIL FOR MY NEXT HARVEST. DO YOU HAVE ANY TIPS?

When growing in Soil, you can usually start flushing (by running clear water through the soil to rinse out the un-used nutrients) 2 weeks prior to harvest. Flushing is a vital step to growing top quality medicine. Flushing ensures a smooth, clean smoke, free of fertilizer buildup. There are products available to help flush. I like Clearex, which you can pick up at your local grow store.

You can now Email your questions to me: BrittanysBuds@CannabisHealthNewsMagazine.com

I would love to hear from anyone and everyone!

Thank you for reading,

xoxox Britt
Dear Friends,

Chemotherapy will f**k you up, and in 2009 it took out my favorite Auntie Jo, and my next door neighbor, who left behind his shocked wife and a 13 year old daughter. I was still muddling through the cretin after-effects of my own treatment, and feeling fatigued beyond tolerance, when I finally broke down after a couple of years and went for a cancer checkup at the end of January. Having had two bouts of breast cancer, replete with chemotherapy, radiation, several dozen body altering surgeries, and other indignities touted to prolong life, I think of myself more as a chemotherapy survivor, than a cancer survivor. I am well aware of the nature of the oncology industry, and spent the majority of my time working at a law firm so I could maintain health insurance, which cost a staggering $1,500 a month before co-pays.

I was scheduled to see a new doctor, knowing that he had access to my voluminous records, photos, x-rays, cat scans, MRIs, blood work, and treatment history, as part of my unhappy relationship with the Boulder County monopoly known as Rocky Mountain Cancer Centers. I told him I was feeling very tired and could accomplish no more than drag my sorry ass out of bed in the morning, go to work, come home and go to bed -- usually in my clothes. I was wondering if I might get a PET Scan, which I had heard might actually be able to detect cancer, to which he replied “I don’t think the insurance company would like that.”

Uhm, yes, excuse my rage here, but if you don’t know this, doctors work for insurance companies who dictate how doctors can treat you -- even though YOU pay for the insurance and the doctor is supposed to be looking after you! Anyway, the doctor refused a PET scan, but diagnosed that I was “depressed” and ordered blood work.

Kind ladies and gentlemen, I assure you I was not depressed. Barack Obama had just been elected President of the United States, thereby offering me, and my loved ones, an opportunity for hope and elation not previously felt in my history of political concern. Yes, the country was bobbing in a pool of vomitous swill created by the moronic, blood sucking George W. Bush and his band of thieves, but finally something was being done about it. No, I was not depressed, but I was finding it hard to even pick up the phone and speak, and that had me worried. I had not been to Europe yet. My novel to be made into a major motion picture had not been completed. I still had stuff to do.

The cancer doctor called me a couple of weeks later to let me know there was nothing unusual about my blood work, except the obvious diabetes. When I informed him I did not have diabetes, he said, “Well, I don’t deal with that sort of thing, you’ll have to find another doctor” and hung up the phone. I figured he was a crack pot, or at the very least was looking at someone else’s chart. I did make an appointment to see my gynecologist about a pesky reoccurring yeast infection, which was puzzling inasmuch as I have not dated since said aforementioned chemotherapy and humiliating body alterations.

My OBGYN was kind enough to listen to me and share with me some startling information. Yeast infections can be caused by your body’s inability to process sugar, a sign of diabetes . . . and diabetes can be brought on as an aftereffect of chemotherapy. The doc hooked me up with all the right people, and although it took many months to actually start getting treated for said disease (surprise! a healthy diet and exercise), at least I had an answer to why I was so damn tired. Knowledge is power, dear hearts. And then I was fired from my job.

Okay, so I wasn’t actually fired, but I was informed that two of the partners were retiring and that I was to be laid off at the end of September. Looking for a job when you

According to a 2007 study by scientists at the California Pacific Medical Center Research Institute, in cannabis, cannabidiol (CBD), may stop breast cancer from spreading body. The scientists believe their discovery may provide a non-toxic chemotherapy while achieving the same results minus the painful and effects. The research team says that CBD works by blocking the activity Id-1, which is believed to be responsible for a process which is the aggressive spread of cancer cells away from the original tumor site.
are sixty and sick, is no picnic. I had been at the law office for eleven years and the economy was in a mind-staggering recession. Unemployment was the highest in my lifetime, but I was not afeared. I had fierce skills, a home office, and a raging desire to be of service to mankind. I had a degree as a paralegal, damn it. In forty plus years, I had never been without at least one job. I made money for people. I had value.

I printed resumes with a jaunty picture of myself and mailed them, and e-mailed them, and posted them on job sites. I read want ads, made phone calls. I told my friends and colleagues. I informed my clients. I networked like a mutha. And . . . and . . . and NADA. By the end of July I had failed three job interviews (they were looking for someone younger), and a suggestion that I go to school for medical billing - - to which I replied “I would rather slit my wrists, lay down in the gutter and bleed to death.” I am not without passion.

As the last days of worked ticked by, I felt like I was going through a divorce. Emotions abounded. Anger, denial, Kubler-Ross’ steps of death. Change is tough, especially without health insurance.

By August, with my termination date fast approaching, I decided to look into starting my own business. As was suggested in one of the “how to choose a career” books I had perused, I gathered my colorful parachutes and took a leap. My partner and I had been growing our own organic medical cannabis for several years, since learning that his post stroke symptoms, heart and kidney problems responded well. His decades as an organic farmer and natural scientific mind lent themselves well to this endeavor.

They say luck happens when preparation meets opportunity, and we have been lucky to able to pay the bills so far. We have the most wonderful friends as our legal patients. We tend our garden with great love and produce exquisite medicine for the people who depend on us. I visit hospice, connect with cancer patients, educate seniors and do my best to keep up with the ever changing laws.

Since we have become caregivers, I’ve walked the neighborhood on sunny days, and gone to yoga class. I’ve cooked organic meals and almost completely reversed my diabetes. I had time to put up Christmas trees, made curtains and baked cookies. I visited with friends and family. I was there for the homebirth of my fifth grandchild. And most important . . . I got well.

As mature caregivers, we are.

TLC of Colorado
P.O. Box 1923
Longmont, Colorado 80501

Baba Placebo
Now that you have been discarded as “beyond the help of pharmaceuticals” with your cannabis recommendation in hand, delighting in those tasty brownies- all of your ailments have miraculously disappeared. You are left free to follow the blissful path of cannabis addiction to arrive at the door of total insanity. Maybe, maybe not!

According to them, cannabis is addictive and a dangerous drug worthy of imprisoning those handling it, even chopping off the arms of growers. (Such as in Indonesia and Singapore and maybe some Arab countries). But here in the civilized Americas we put such growers into cages (of all sorts) and insert them in a system that pipelines money out of the national treasury through the endless efforts of jails, courts, therapists, attorneys and doctors.

All of whom are assigned to control the addictions they give you, wiping out addictions they create and you turbulently dancing to the tune not knowing how to get out of the dance.

Since after all is said and done, your challenges are to bring your body, your mind & spirit into a non-tormenting, potentially blissful experience.

May we suggest some placebo.

I, Baba Placebo, bring to your awareness the long underappreciated art of the placebo medicine.
Cannabis Health News Magazine was honored to get a behind-the-scenes look at the lifeblood of Marisol Therapeutics. Mike Stetler has shown himself to be one of the good guys, a generous caregiver with love and respect for his patients and his plants. He puts in the work required to produce top-notch medicine with respect and a loving commitment to doing what is best for his ladies. Mike, who has been growing for about 30 years, comes from a 200 year old lineage of Native farmers who have passed their knowledge down through the generations. The next time you are in Pueblo, we recommend stopping by Marisol Therapeutics to meet his Santa Maria or Neehi. You won’t find these treasured strains anywhere else.
The government is saving a ton of money due to the growth in the medical cannabis industry. So, as a patient, I decided that I may have a unique perspective on this issue and have decided to throw my two cents in on the topic.

I posted much of the content you will read here all over the internet in an effort to help myself and others in my position. I sit in the online forums begging:

"Is there someone, anyone out there who hears my plea and wants to help me actually do something other than sit in online forums and complaining about the problem and hope someone does something"

I finally decided to stop beating a dead horse and set up a store front to help me get the funds I need for my own medicine and to donate 10% of our profits to GreenBelly Co-op in Eldorado Springs to help me get the supplies I need for my own medicine and to donate 10% of our profits to GreenBelly Co-op in Eldorado Springs to help others like me.

When I began to write the essay that I posted in the online forums, I decided that my joining the Medical Cannabis Registry was my Christmas Present to the American Taxpayer for the year 2009.

First of all, I am a female under 40 with severe and debilitating Fibromyalgia, the kind that forces doctors to shake their heads and prescribe one ineffective man made medicine on top of another while I waste away and my quality of life diminishes. I've even been told by a doctor or two that I am one of the worst Fibromyalgia cases on record.

My sole health insurance is provided to me under medicare/medicaid. This is because I am completely disabled and the doctors do not allow me to work, or even to attend school. I assure you that this is only for the time being... I am getting stronger all the time!

I was accepted into and attended Naropa University for two semesters in 2007-2008 in an effort to get a degree that would give me access to jobs more suited to my bodies abilities, and was pulled out by my doctors both times. Naropa wanted me there, I wanted to be there, but government programs required I be enrolled a certain amount of credit hours (beyond the abilities of my body) in order to keep my funding. I attempted an online school the next Fall to the same effect.

I was forced to be on government programs like Social Security Disability and Social Security Income (SSD/SSI) at a young age (I was in middle school when I was put on SSD/SSI for the first time). Being on the program at a young age, I did not accumulate much in the way of work money in my SSI account, although I did attempt to work several times. Unfortunately every time, an employer or doctor would get tired of me being sick and put a stop to it one way or another. That is why my monthly amounts from SSI/SSD are so low.

Also did you know the government actually Penalizes people for getting married if you are both on disability? They treat you as one person and give you one person's pay! For love, and for spiritual reasons I decided that was a risk I would just have to step out in faith and take. So, I married my love who happened to be on disability also anyway. Social security told us all on SSD/SSI with a straight face this year that the cost of living had not increased so by law they could not increase our measly monthly income.

Before I was placed on the Colorado Medical Cannabis Registry in June 2009, I would have to visit a doctors office several times a month, sometimes several times a week, sometimes with several appointments booked the same day with specialists and tests, physical therapy, etc., and there were too many trips to the emergency room to count.

I went to the ER out of sheer desperation, I went just so I could get comfortable enough to have a bit of sleep after a week or more of lingering in a painful place that seemed to be located deep within the realm of a narcotic distorted pain haze, a no-where-land that seemed to be somewhere between life and death. The doctors in the emergency room and elsewhere often treated me as though I was an addict, not a pain patient, AND I WAS MISERABLE!

Since I was approved for the medical cannabis registry I haven't needed near the amount of services from the medicaid/medicare program. In fact, I’ve had to see a doctor twice since June 3, 2009 when the doctor signed my forms. Once to have 14 teeth pulled, made necessary by years of no dental benefits, being on narcotics for almost a decade, and dealing with severe nausea/vomiting/malnutrition.

The other doctor visit and medications were for a bad cold that I caught at the dentists office. I haven't seen a doctor at all otherwise, although I do call my family doctor to check in and let her know I am doing well.

Before I was on the MMJ registry, I was on so many medications (20 plus taken though the day) that I felt like I was taking a pill every 2 minutes.... Number of traditional prescriptions I take daily now - ZERO.

The government was paying for all those medications I was on through medicare/medicaid, plus all the doctor visits to get, maintain, and change dosing on those prescriptions. Some of those medications by themselves cost the government thousands of dollars a month! Many could not have refills on them by law and required a doctor visit every time I needed more.
I always felt guilty about my personal burden on the American Taxpayers. Now I don’t have to feel guilty because I have given a present to the American Taxpayer. I got on the MMJ registry. Now I do not go to the mainstream doc unless I need antibiotics, am off all prescriptions, and am well enough to manage my site as well as volunteer with my caregiver at GreenBelly Coop. There I regularly trade my services in clerical/computer work either from home or in his office for medications when I am strapped for cash.

The government is saving many thousands of dollars a month on me alone, and yet I have to struggle to obtain this money saver for the American taxpayer. That much cut in government spending on the part of an individual... I should get a freaking medal or something. Now think how many individuals are saving the government this money.... We all need medals or medicine at the very least!

How many others are there like me? Meanwhile, the price of my medicine increases as the MMJ movement grows. My family and I have been stuck having to make really hard decisions like, do we pawn our wedding and engagement rings to get my medicine? Or do we pawn them and buy some food? Or do we keep the rings for sentimental reasons, lay here and just starve and have seizures from pain and lack of medicine/food?

I ended up pawning all the rings, having already sold all else of value to the pawn store and bought both medicine and food, and not enough of either. We promised ourselves we would get them back, but I ended up crying my eyes out when I realized I can’t afford to get them out of hock. I live in a Winnebago and have been in danger of starving to death at times. Now don’t get me wrong, my life has been profoundly changed by this medicine, and any hardship I may have to endure is truly worth the benefits of this plant, and I will not compromise and go back to the narcotics and other prescriptions for any reason. I would rather be in pain when I am without my medical cannabis than take morphine and get sicker.

Sometimes family members and the community can make it very hard to be a low income medical cannabis patient. I have heard many stories of people not living with family/friends any longer because they are shunned for their medicinal use. I’ve experienced this shunning first hand myself. The stereotype of the “typical” cannabis user is further damaging these people with no where else to turn!

This herb is profoundly changing lives! It is healing people, body, mind, and soul. Yet its legal users get treated as if they are using it for recreation. While recreational use is a VALID use of the plant which should be legalized, that is not why I personally NEED this plant.

This plant allows me to eat, to sleep, to get out of my bed, to manage my pain enough to have a job, to be involved with life instead of living in a nightmare world just praying for the end to come soon. If you happen to be a Fibromyalgia patient praying for the end, you can be praying for a long time as this is not a terminal disease.

Fibromyalgia itself may not kill you, but it can certainly make you wish for death. There are epidemics of Fibromyalgia levels of patients who are hurting so bad they are suicidal. Modern Western medicine can’t even agree on the causes/mechanisms of this disease because they don’t understand it.

Why should I use new untested man-made medicine created by people who don’t understand my disease and possibly believe it doesn’t exist? Especially when that disease has been treated with herbs known to posses pain relieving qualities for many generations of humans?

Personally, my last completely “pain free” moment was 3:30 PM on August 21, 2002. I know because I keep a detailed pain/medication journal in an effort to regulate my condition. I am confident that if I had the proper medicine, I would have pain free moments again. This herb doesn’t just treat pain sensations, it helps correct causes. Perhaps with the right regimen, daily pain could be a thing of the past for me.

Dispensaries are necessary, but not without a social conscience. Now the other side of the coin. It is no secret that the people who own dispensaries are making money on patients like me too. If you are low income and can’t afford your “mainstream pharmacy” medicine, you can go to various organizations and they will help you to buy your medicine, sometimes even on a regular basis if they are necessary and not covered by insurance, but that doesn’t include medical cannabis.

If you are brave enough to speak up and ask for help getting your medicine at these organizations, you will probably find the door closed firmly in your face. You may also find that other services from the organization become difficult or impossible to obtain as well. This is out and out discrimination in my opinion. If your medicine is MMJ no one is willing to help you unless you happen to be lucky enough to find a care giver who actually gives a care if you have medicine or not!

“So what,” you say? Well let’s look at this... The high price can force a person in my position to go back to buying their medicine off the street where it is less expensive, but also less potent, less safe.

1)You never know what has been added to you herb to make it seem as though there is more weight to the medicine.

2)It is much more dangerous to obtain, and the process of obtaining it can be a risk to your health. Long periods in the cold and encounters with strange germs can put a person right back in their sick bed or the hospital.

3) The money spent on street grade medication often goes back to fund gang and criminal activity. This is something that most medical cannabis patients do not want to support and got on the registry to stop supporting. I personally counted avoiding purchasing on the street as one of the largest pluses to getting on the registry, and yet I see people like me being forced back there.

WHAT IS TO BE DONE IF YOU HAVE NO MEDICINE? WHERE CAN YOU GO?

There are few funds or organizations willing to help people like me get my medicine when I can’t afford it, and you have to really dig in your need to find them. When I did find them, they could only help once or not at all due to the demand. Many patients do not have the strength for this search when they are lacking appropriate medication. It took me months of daily web crawling to dig up any organizations.

CONTINUED ON NEXT PAGE
If someone who has medicine/money wants to help a person in my position, likewise there is no way for a person who wants to help to donate money to people in a position similar to mine. Right now low income persons only relief seems to be individuals/churches/caregivers being kind. So I created this gift company and talked with my caregiver Green Belly Coop about setting up a fund, and here we are.

One church I know of is Green Faith Ministries. He is also known as the 420 Reverend. I have had contact with Reverend Brandon Baker from this organization who is a great man. He drove over 50 miles to get me some medicine for free. Unfortunately he is one man and the demand is high. Rev. B Baker is quoted as saying, “Tell the (Denver city) council a majority amount of local churches support un-regulated access for all needy mmj patients, give them my name and number if they say they want to meet with any of the spiritual mmj community church leaders!”

Now, I have no problem with the idea of paying for my medications... The person who grows it provides a service that a dollar amount really can’t be placed on and should be compensated. So should everyone involved in getting the medicine to me. That is only fair. I want the money I spend helps others like me or at least the movement in general. I also don’t want to put my poor caregiver out of business taking care of my needs.

What I am trying to say is that there is something fundamentally very wrong with the fact that there are so many people who are too poor to even know the appropriate dosage of medication for their amount of pain, yet the government is saving a bunch of cash and the Medical Cannabis industry is getting the “lion’s share” of the rest of their income.

It is frustrating to feel like you and others are falling through the cracks. Many in my position were barely hanging on before the economic downturn, and now see no light at the end of the tunnel. SSI/SSD keeps you far below the poverty line if you have been unable to work enough money living on $1000 a month or less for their whole family.

It is frustrating to see others get wealthy off of you and others while your tier of society starves. Sometimes I feel invisible, and I know for a fact I am not the only one out there feeling this.

Kiefair Keepsakes, stepping stone to a dream
My dream is to be able to get some land and set up an initial grow op with an all environmentally friendly building/management philosophy that would end up growing into a Nonprofit Medical Cannabis retreat/community/caregiver for patients like me to be able to get their medicine and/or live in a more affordable and kind setting, using their personal talents to benefit the community.

While I have the heart and the ability to do this work (given time and medication), I unfortunately have no capital for such a venture and am praying the universe will see fit to make it happen.

I have researched many aspects of this and it is very feasible, however getting investment in such a venture is not my forte. This kind of setting would be a great tool for a “for profit” dispensary to use. It would be good publicity to demonstrate social conscience, and they could also offer my nonprofit medications cheap to their own low income patients.

Inquire further e-mail me at: kiefair.keepsakes@gmail.com

I am a Colorado NATIVE and love this land, but I live in an RV and am willing to set up shop in any state with a registry.

I have a plan so that if I were able to obtain some land, I could be self sufficient (NO MORE SSI/SSD and I could actually contribute to charities instead of needing help from them!) and never have to worry about being hungry or without my necessary medicine. In time, many others could be helped with food and medicine grown on the land. I could be fulfilling needs rather than begging to have my needs filled.

I just wanna say Thanks to all the people out there helping to make it possible for people who need this medicine to have it. Whatever you celebrate this or any season, may it be meaningful and may Blessings come to you all!
Why the Fear [Mongering]? Where is the fire (evidence)?

The patients of Colorado want to see the evidence is that forms the foundations of these insane Bills. Why is law enforcement getting involved in my health care? As a patient, all I see is paranoia and reactions to stereotypes from law enforcement and politicians. Why are politicians writing bills about patients without a panel of patients as a review board?

The bills presented by Chris Romer and Senator Massey are a direct insult to the patients of Colorado. The costs of medicine are already way too high. There is neither the consistency nor enough supply to address the growing needs of patients in Colorado, as we approach 500,000 medical cannabis users in the next 2 years. The quality of medicine is not at the level it needs to be. The safety of Cannabis medicine is not being addressed from a patient’s perspective. The herbal industry has done a great job at this and we can learn from that.

We must recognize that there is a huge population of Baby Boomers that are starting to ask if MMJ will help their arthritis, digestion, nausea, and other ailments.

We must also demand, as patients, to be involved in the drafting of any legislation affecting Medical Marijuana. Tell them what you want!

Granny Storm Crow

"Granny Storm Crow’s MMJ Reference List"- about 150 pages of links to medical cannabis studies and articles. Please take a look at it, it’s worth your time!

You can find Granny’s list by doing a simple search on any search engine.
ACROSS
1 Cannabinoid that stimulates appetite
3 THCV
5 Lower levels of CBD and higher levels of THC
7 Professor who discovered THC in 1964.
8 DEA
10 Cannabinoid useful in the treatment of epilepsy
12 Higher levels of CBD and lower levels of THC
13 Cannabinoid that inhibits cancer cell growth
14 Glycerine based extraction
16 *What was the third most recommended remedy by physicians prior to Cannabis prohibition in 1937?*
18 Also known as N-arachidonylethanolamine or AEA
20 Aromatic Molecules
22 Who is going to hate our cartoons?
25 CB1 & CB2
26 Landlords - Property owners

DOWN
1 THC
2 Synthetic THC
4 Alcohol based extraction
6 The average medical Cannabis patient's age
9 CBD
11 Neuromuscular Repatterning Technique
15 *One that supports or promotes the interests of another*
17 CBN
19 The group name of molecules in Cannabis.
21 The removal of a carboxyl group through heating
23 Traumatic brain injury
24 Herbal preparation inserted into body cavity other than mouth

*FEBRUARY/MARCH 2010*
There are many aspects of health and healing being discussed in this magazine. I thought it would be a fun idea to spice things up a bit and have a Q and A section on sexual health. We all know sexual vitality is an important part of our well being. Boosting our immune system, reduce stress, reduce pain and better our sleep patterns to name just a few of the lovely benefits. When our body, mind, and spirit are jolted by disease, injury and other health problems our sexual health seems to be the first thing to go. Health issues can cause a wide range of sexual dysfunction. It seems if it is not the health issue causing these effects then it is usually the pharmaceuticals being taken for a problem that is putting a damper on things. When searching for information about sex and different health issues you are usually left with vague information and several suggestions of what pill to take. I just don't agree with the take this pill and that pill attitude. Open discussions on alternative ways for enhancing your sexual health, instead of pills, is needed on this topic. We need people to tell their stories and give their personal tricks and ideas, we need to ask questions and gather more healthy creative ways to enhance our sexual vitality.

I would like to begin some pillow talk with some questions on cannabis and sex. Do you feel that cannabis heightens your sexual functions and awareness? Or do you feel that cannabis brings you sexual dysfunction? Let’s get this topic rolling……

If you have any questions about women, sex, cannabis and any other exciting juicy confessions then send me a message and I will do my best to bring you the finest answer. I am not a sex expert, doctor, shrink or a porn star, I am a lovely lady who enjoys sex and loves to talk about it. So let's talk!!

DeAnn@CannabisHealthNewsMagazine.com

REJECT S. 3002 DSSA, THE FOOD SUPPLEMENT CRIMINALIZATION ACT OF 2010

It wasn’t enough for Congress to kill off the public option. Now they want to kill us directly by trying to outlaw nutritious food supplements … again. The corporate medical industry is doing everything they can to keep the American people from having any option besides their over-priced and often harmful health “care”, when they aren’t denying coverage altogether that is.

Senators McCain and Dorgan have just introduced yet another thinly veiled attempt to criminalize ordinary vitamin pills, proposing give the FDA the power to preemptively and without cause restrict their distribution, deceptively entitled the Dietary Supplement Safety Act, S. 3002. This is the same FDA that routinely waves through dangerous synthetic drugs that kill hundreds of thousands, hardly a recommendation for their administrative prowess. Yet millions of people take natural vitamins and other food supplements in complete safety already. Where is the epidemic of vitamin pill fatalities?

There is none.

Of course this is at the bottom line just an assault by giant medical corporations on small businesses who would dare cost them business by helping to keep the American people actually healthy. We just had a Supreme Court decision, which we will continue to fight to our last breath, saying in practical effect that the most powerful corporations can no longer be regulated in any meaningful way, endowing them with full citizenship rights as natural people. But let the American people try to take a completely natural vitamin pill with a couple too many milligrams of potency and they are ready to call out the SWAT team.

Reject S. 3002 Action Page:
http://www.peaceteam.net/action/pnum1032.php

OUR GOVERNMENT’S ADDICTION TO CANNABIS PROHIBITION IS THE PROBLEM.

This is EXACTLY what the government has, an addiction. The law enforcement exhibits this type of behavior. They are addicted to abusing our system by having law enforcement create law. They are addicted to stealing from us when they find and seize our Cannabis medicine and our assets. They are addicted to control and torture by telling us that we can’t use Cannabis yet it is okay to use Marinol (synthetic THC). They are addicted to an anti-American behavior that is destroying families, friends and the support of Cannabis patients across our country.
**Dr. Woodward’s Testimony**

Before the legal issues came to the federal level, at least 46 states had laws of their own about cannabis.

The American Medical Association was opposed to this act because the tax would be imposed on physicians prescribing cannabis, retail pharmacists selling cannabis, and medical cannabis cultivation and manufacturing. Dr. Woodward helped draft the Harrison Narcotics Act in 1914.

Cannabis was already prescribed for dozens of common ailments including veterinary medicine. The physician testified that doctors were unaware that marijuana was actually cannabis.

In Dr. Woodward’s testimony, we can read:

“"The problems of greatest menace in the United States seem to be the rise in the use of Indian hemp (marihuana) with inadequate control laws," [1]

“there is nothing in the medicinal use of Cannabis that has any relation to Cannabis addiction. I use the word "Cannabis" in preference to the word ‘marihuana’, because Cannabis is the correct term for describing the plant and its products. The term ‘marihuana’ is a mongrel word that has crept into this country over the Mexican border and has no general meaning, except as it relates to the use of Cannabis preparations for smoking. It is not recognized in medicine, and I might say that it is hardly recognized even in the Treasury Department.

I have here a copy of a letter written by the Acting Secretary of the Treasury, April 15, 1937, in which he says:

‘Marihuana is one of the products of the plant Cannabis sativa L., a plant which is sometimes referred to as Cannabis americana or Cannabis indica.’

“In all that you have heard here thus far, no mention has been made of any excessive use of the drug by any doctor or its excessive distribution by any pharmacist. And yet the burden of this bill is placed heavily on the doctors and pharmacists of the country, and I may say very heavily, most heavily, possibly of all, on the farmers of the country.”

“We [the AMA] cannot understand yet, Mr. Chairman, why this bill should have been prepared in secret for 2 years without any intimation, even, to the profession, that it was being prepared.”

FBN Commissioner Harry Anslinger and the Ways and Means Committee quickly denounced Woodward and the AMA, which already had an adversarial relationship with the Roosevelt administration.

George McMahon, afflicted with pain, spasms and nausea from the treatment of a rare terminal disease has, despite his personal trial, become one of the leading crusaders for the legalization of medical marijuana. One of only six United States citizens given the substance by the little known "Uncle Sam's Marijuana Farm," McMahon fights to bring similar relief to people suffering from such illnesses as glaucoma, cancer, hepatitis C, multiple sclerosis, trauma and spasms who can be helped by prescription pot. From the steps of state capitols and presenting his case before the Supreme Court, to testifying before Congress and appearing on local and national media, McMahon carries on his arduous struggle.

The recipient of the Certificate of Heroism, given to him by former first lady Nancy Reagan, now reveals his unique, courageous journey and sounds a call to arms for those who would join his ongoing battle to legalize medical marijuana. This compelling story puts a human face on a controversial, pressing national issue.

**Book Review**

*Prescription Pot: A Leading Advocate's Heroic Battle to Legalize Medical Marijuana*

George McMahon & Christopher Langen

**IMPORTANT INFORMATION:** A patent from the Health and Human Services Department of the US Government about Cannabinoids as Antioxidants and Neuroprotectants from Oct 7, 2003 US#6,630,507 describes yet another medical use for cannabis, and this one can save more lives.

**WE REPORT ON:**

- 3 Types of THC: active, acid, and V
- 2 Types of CBD: active and acid
- CBN
- Pesticides and fungus

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What Should Medical Cannabis Patients Know?

1 First: DO NO HARM - It is not broken, don't try to fix it; Amendment 20 is clear. Don't force medical patients back to the dark back alley.

2 Cannabis is Botanical Latin for the English marijuana which comes from the Mexican Spanish marihuana or marijuana, [1918] [1] which might have in turn derived from the Nahuatl malliuhuan meaning prisoner. [2] Traditional association with the personal name María Juana ("Mary Jane") is probably a folk etymology.[3]

3 William Randolph Hearst was an owner of a huge newspaper industry who had significant financial interests in the timber industry which manufactured his newspapers. He took advantage of the public's unfamiliarity with the term marijuana (they all knew Cannabis as Hemp) and supported a propaganda campaign against marijuana.

In the spring of 1937 our Government 'outlawed' marijuana to the direct objection of the American Medical Association, represented by William C. Woodward. (details on page 43)

In 1944 The La Guardia Committee was the first in depth study into the effects of smoking marijuana. It found that 1. "Under the influence of marihuana the basic personality structure of the individual does not change but some of the more superficial aspects of his behavior show alteration.

2. With the use of marihuana the individual experiences increased feelings of relaxation, disinhibition and self-confidence.

3. The new feeling of self-confidence induced by the drug expresses itself primarily through oral rather than through physical activity. There is some indication of a diminution in physical activity.

4. The disinhibition which results from the use of marijuana releases what is latent in the individual's thoughts and emotions but does not evoke responses which would be totally alien to him in his undrugged state.

5. Marihuana not only releases pleasant reactions but also feelings of anxiety.

6. Individuals with a limited capacity for effective experience and who have difficulty in making social contacts are more likely to resort to marijuana than those more capable of outgoing responses."

Summary, LaGuardia Committee Report on Marihuana, 1944

4 The La Guardia Committee systematically contradicted claims made by the U.S. Treasury Department that smoking marijuana results in insanity, deteriorates physical and mental health, assists in criminal behavior and juvenile delinquency, is physically addictive, and is a "gateway" drug to more dangerous drugs. (Why was the US Treasury Department making claims about marijuana?)

In 1972 the Shafer Commission had a similar response.

A Dark Back Alley, or Safety?

"The actual and potential harm of use of the drug is not great enough to justify intrusion by the criminal law into private behavior, a step which our society takes only ‘with the greatest reluctance.’"

5 We are the only State with a Constitutional Amendment to protect qualifying patients and their medical Cannabis Civil Rights.

6 The D.E.A., a Federal entity, is influencing our State politicians to make these changes to our existing Rights, through the government. This appears to be a violation of the Hatch Act. Some dispensaries and caregivers support this action. This is not in support of the patient.

7 The Federal Government does acknowledge the efficacy of medical Cannabis. See the Compassionate Investigational New Drug Program. The Compassionate Investigational New Drug program, or Compassionate IND, is the Investigational New Drug program allowing a number of patients to use National Institute on Drug Abuse-provided medical marijuana grown at the University of Mississippi. There are less than seven surviving patients.

8 Amendment 20 is a Right granted to us like the 1st Amendment to the US Constitution applies to all of us. The State can not take that Right from us. This Right, not a privilege, is granted to all of us.

9 Our medical history is private, protected by the ADA and HIPPA; our privacy is our own. The State is attempting to force us to change Amendment 20 and emotionally expose ourselves. This is torture for some of us. Don’t buy into their fear mongering.

10 Cost, consistency, quality, and safety: choose to know about your medicine. Be an educated patient. Support voluntary testing of medicinal Cannabis. This can also offer opportunities to improve current medicines. Research can only help us as patients; we have a population and the ability to do the research and to learn more.

11 Pharmaceuticals are prescribed; medical Cannabis is recommended.

12 As a Patient, you can obtain your medicine from any caregiver, dispensary or licensed patient. The CDPHE provides a form for changing your caregiver.

13 Politicians, law enforcement, pharmaceutical companies and many others are financially impacted by the realities of medical Cannabis.

14 Law Enforcement Against Prohibition: There are many in the law enforcement community that support us. http://www.leap.cc

15 Education: Teach your children well and they will know what’s around them. Let them know that a person must have a medical need and a State issued card to gain access to a dispensary. Most of the dispensaries have good security, check I.D. and only let patients purchase medical Cannabis.

16 If you get sick or injured and end up in the medical system, even with insurance, you will probably bankrupt. It has happened to me and countless others in America. The New York Times has a good article on this topic called “Insured, but Bankrupted by Health Crises” By Reed Abelson Published: June 30, 2009


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