



EVERYTHING MEDICAL MARIJUANA

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FEATURES



Baby Steps into Medical Marijuana Baby is Now Cancer Free

Rebakah Dewey was diagnosed with infantile fibrosarcoma, a cancerous growth in her left leg that we reported on back in April. Today we are so happy to hear that she is cancer free with the help of marijuana.

34

We are Patients Not Potheads

Breaking the stereotypical concepts of marijuana users that have been fed to us from outdated, anti-marijuana prohibition ideals as a form of shaming the use of marijunana. Today marijuana is gaining momentum as a form of medicine which means we need to change how we perceive marijuana use and who uses it.

38

Is Product Testing Enhancing Public Safety?

Most of the time when purchasing marijuana one looks to the potency of the total cannabinoids. This tells us how strong it is and how it will effect us. See the results of how much labs vary when it comes to testing marijuana for potency and why that is bad for public safety.

56



CONTENTS

- 
- 12** A Mother's Struggle, Her Son's Success
- 15** Lupus, Cannabis, and Edible Treats One Woman's Journey
- 18** A Dozen Questions with Jon Marsh: Cannabis Oil Success Stories
- 22** Canna Warrior Ferrell Jackson 
- 25** Veteran Point of View
- 28** Cannabis and Autism A Family Portrait
- 42** MCAT (Medical Cannabis Association of Texas)
- 44** CBD For Preventing Migraines
- 48** The Third Annual Original Terpefestival and the Chemovar and the Cultivar
- 62** Hempfest Photos
- 64** Washington New Hemp Laws and Medical Marijuana Patients
- 68** Changes to Washington State's Marijuana Law
- 72** The Newest Medical Marijuana Laws in the State of Oregon

Everything Medical Marijuana - Our Goal

Everything Medical Marijuana was formed due to the lack of medical marijuana information available on the market today.

Our goal here is to provide information on the most current research, news, and products affiliated with the continuing medical marijuana movement. We emphasize on real people with real stories, transitioning from traditional medicine to medical marijuana.



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The Staff for Everything Medical Marijuana



Jami Bisi

Owner, Publisher

A burn patient at the young age of 18, Jami has been an active advocate for the medical marijuana movement for over a decade. In search of an alternative medicine for her son, Jami found medical marijuana, and has been striving to inform others of the medical benefits ever since.

Kelly Bisi

Senior Editor, Writer

A self-proclaimed writer for over 6 years, Kelly strives to serve the community with raw, unfiltered stories from the MMJ movement. She joined Everything Medical Marijuana to write for the sick & speak the unspoken testimonies of the countless MMJ patients around WA.



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**Graphic Designer,
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Claude is a jack-of-many trades, eco-friendly farmer, photographer, computer graphics designer, handy man, Marine, father and more. Claude is excited to bring his knowledge and skills in the development of Everything Medical Marijuana, while learning more about the medicinal benefits of cannabis.

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What is your Medical Marijuana Story?

Tell us your story of how medical marijuana helped you and we will share that story in our magazine or website. Your story could help someone see that marijuana is medicine.

Scientists can research, study and analyze information about marijuana for years before anything is official about its benefits; but the truth is you and everyone that uses marijuana are already the result of its beneficial qualities, your story is proof and others need to hear it. Help us show the world that marijuana can actually help people by being a testimonial to its benefits.

It is time to break the stigma that marijuana is a dangerous drug and show that it is a "godsend" for you and that it can be one for others. Don't let the government, corporation, pharmaceutical industry keep it locked away; other people, your neighbors, your family members, your friends, a stranger on the street might benefit from your story, share it with us and we will share it with the world.

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A Mother's Struggle Her Son's Success!

By Kate Givans

Although medical cannabis is now considered legal for use in 29 states, it has not always been that way. Countless individuals with serious medical conditions have faced prison, legal fees, fines, and even the removal of their children – all for using cannabis. They are the firsts. The ones that advocates fought to release. They are grandparents, parents, and siblings of special needs children that have serious health conditions. They are the face of the movement.

These warriors, they didn't ask to be on the front lines of the cannabis movement, yet they are and always have been. They didn't have much of a choice. They knew, beyond a shadow of a doubt, that their health was more important, and that the use of cannabis was worth the risk.

Their stories, forever etched in history, deserve to be told. They need to be heard – not just because the federal government is talking about cracking down on states that

have legalized cannabis. It's not even about the states that still refuse to legalize cannabis for their ailing patients. It's about paying tribute to some of the greatest warriors in cannabis legalization. More than that, it's about finally seeing the truth: that the line between legal and illegal isn't always as black and white as it seems.

Instead, it is gray and blurred.

The story of Jami Bisi and her son, Scott Bisi, who was diagnosed with muscular dystrophy at the age of 14, serves as a prime example. Though the stakes were high and the consequences could have been devastating, Jami bucked the advice of traditional medicine to treat her son.

“My son gets diagnosed with this God-awful disease, and all they want to do is put him on narcotics,” Jami told *Everything Medical Marijuana Magazine* during a recent interview. “With what I’ve been through, I wouldn’t have it, so I looked for an alternative medicine and found cannabis.”

What she’s been through includes a severe burn injury that covered most of her body, countless scar revision surgeries, years of narcotic prescriptions to help manage the pain, and the consequences that accompany long-term narcotic use. She has experienced partial vision loss, two strokes, and progressive aging – all of which might have been prevented, had someone pointed her in the direction of cannabis, right from the start.

She wasn’t about to make the same mistake with Scott. So, despite it being illegal to do so at the time, she started giving Scott medical marijuana at the age of 16. They focused mostly on non-traditional forms of ingestion, such as edibles, tinctures, and vaping, but none of that would have mattered if law enforcement or a child protective services agent had stepped in.

“It was a gray line,” Jami said of treating Scott at such a young age. But knowing that her son might be wheelchair bound by the age of 18 and could be gone by his early 20s, she had to try. Thankfully, she managed to get through Scott’s minor child years without any real issues.

Scott also appeared to be doing extremely well on medical cannabis – so well, in fact, that he didn’t need that wheelchair at the age of 18. He was still walking, and had even taken up a hobby by that time: fixing and altering trucks. It kept him mobile and busy, but without the same risks as sports and other activities that might have damaged his muscles.

All the while, his mother kept giving him cannabis. She also began to incorporate other naturopathic alternatives, such as daily massage. And Scott continued to thrive.

It was in 2011 when Jami realized that she had to share what was happening in her son’s life. She needed to share his story, but even more importantly, she needed to share the medicine that was keeping him alive and walking. She opened Cannabis Outreach Services (COS) in Lacey, Washington to help and educate patients like her son.

But then Everything Started Catching Up with Her.

Back then, dispensaries were rare, even in so-called progressive states like Washington. In fact, there was only one other place in the state where patients could get their medicine, and it was all the way in Seattle. Laws also didn’t offer protection to these places, so the individuals that ran them were constantly at risk for serious criminal charges.

Jami Nearly Paid the Ultimate Price.

Targeted by law enforcement, COS was raided and Jami was charged with 25 felonies. Still, she refused to give up. She hired cannabis attorneys who could help her advocate for her son. She even brought Scott in to meet the prosecuting attorney, hoping it would help him understand why she’d broken the law. When she pleaded her case, they couldn’t help but listen.

“This is my son. This is his medicine. I don’t know how to stop,” she’d told the prosecuting attorney. “This is the way I can get fresh medicine for him without going on a street corner.”

In the end, Jami was let off the hook with nothing more than probation. All 25 felony counts were dropped. Sadly,

they remain on her record. And all because she'd given her son a medication that is now considered legal in the state of Washington – and not just for medical purposes, but also for recreational use.

“If I get pulled over, I have 25 felonies on my record for a medicine that’s now legal,” Jami said.

Yet, even now, she regrets nothing.

Scott has outlived his prognosis by nearly a decade, and though his condition is incurable, cannabis continues to give him a quality of life he might not have otherwise enjoyed. He is still walking and still working on cars. He even owns his own business, Cougar House Garage, where he and Brandon Waldaias design, custom build, and alter award-winning trucks. For Scott, it’s a dream come true. For Jami, it is the satisfaction of special needs parenting

done right.

“It’s been so fun to watch him do this,” Jami told the *Mason County Journal*, a local newspaper, back in 2015. “It’s been a lot of work, but he’s done really well.”

Yet, deep down, Jami knows that her job is not yet done.


There are other mothers out there with children who, like Scott, are suffering from debilitating conditions that diminish their quality of life and may even lead to an early death. Jami continues to fight and advocate for them, reaching out globally and in her own community, doing all she can to bring hope to these families. Because, if she’s learned anything from her experience, it’s that a mother’s love and determination can defy the odds.

It can change things. If given even half a chance, it might even change the world.



Learn more about Scott and his business, Cougar House Garage, on Youtube:

www.youtube.com/c/cougarhousegarage



Lupus, Cannabis, and Edible Treats One Woman's Journey



By Kate Givans

When Christina Samione was diagnosed with systemic lupus, starting a business was probably the last thing on her mind. Yet a business did come of it. Perhaps not as a direct result; instead, the decision came after experiencing a seven-year addiction to pharmaceuticals, which was shortly followed by the ingestion of a simple edible cookie. Things just haven't been the same since.

"I became addicted to everything [I was taking]," Christina told Everything Medical Marijuana in a recent interview. "Didn't know it until my kids were like, 'Mom, you don't laugh anymore. You're not the same.'"

As difficult as it might have been to admit that her kids were right, Christina had noticed it, too. The drugs were robbing her of happiness, life, joy, and her family.

"The light of your soul gets extinguished when you take [prescription pills] every day. Period," Christina said.

So, on the advice of her son, she stopped taking all her lupus

prescriptions. But something went horribly, terribly wrong. Within just a matter of days, she was in the hospital, suffering from seizures and other withdrawal symptoms. It hadn't been intentional. She didn't even realize she was addicted, so she certainly hadn't anticipated the hell of a detox.

"I had no idea. I never abused it," she said. "I trusted my doctor."

Unfortunately, that trust ended up landing her in detox for 10 days. She also had to spend 30 days on seizure medication to help mitigate against the prescription-related seizures. And all of that was made worse by her continued symptoms – pain, problems with her skin, her joints, her immune system, anyplace that her lupus felt like taking over.

"Lupus is a very sad condition," she said.

But then her husband managed to get a medical cannabis card. She went into a dispensary, searching for some sort of hope. She knew she couldn't smoke cannabis; that had actually intensified her symptoms at the beginning, which is why she'd

turned to pharmaceuticals in the first place. So she asked for help from the budtender.

Christina was offered simple cookie. The edible that changed everything.

“[The lady at the dispensary] gave me the best edible at the time,” Christina said.

She went home and tried it, and to her surprise, it was like “the heavens opened up.” Her pain was being managed. She felt spiritually alive (unlike the deadness she’d felt while taking prescriptions), and she just knew this was a major step in the right direction.

“I could have pain relief, naturally, without getting addicted,” she said.

And she’s right; while cannabis can be addicting, its overall addiction rate is much lower than other pain relief drugs – even pharmaceuticals. And the “detox” is hardly worth comparing. You might get a little grumpy when trying to stop cannabis, but there aren’t any seizures, vomiting, or pain. It’s manageable, and you don’t need the aid of a physician or hospital to get through it.

There was just one tiny little problem for Christina; she couldn’t afford her medication at dispensary prices – not at the dosage she needed. She started researching how to make her own. Knowing she needed optimal symptom and pain relief for her lupus, she experimented with different combinations of CBD and THC. She even examined different carrier options (butter versus coconut oil, etc.). Finally, she found the recipe that worked for her.

“I started out at 50 milligrams . . . [Now] I only dose once a day. It’s about 500 to 700 milligrams,” Christina said. “I use [THC] just strictly for pain, and it’s like maybe a couple times a week I have to do that,” she said. “I come from that healing side.”

While Christina’s dose is exceptionally high for some, it is low for others. The point is that it is personalized. It fits her needs and keeps her off the pharmaceuticals that have caused her so much grief and pain.

“I’ve been clean and sober off of all pharmaceuticals for 10

years, September 4th,” Christina said during her interview. “I wake up feeling great . . . [but] if I wake up and have a flare up or something’s bothering me that day, physically, I might take a small oil hit off a vape pen, and I won’t even feel it in my head, but I physically feel it.”

Now, things could have stopped there, but Christina realized that there were others out there like her. People that needed affordable, easy to ingest medicine. Patients who wanted or needed an alternative to smoking their cannabis. And new users that needed guidance and assistance as they found the right dosage and regimen for their specific condition. She already had a bakery, and was making cake pops and other treats for the local community. Wicked Delights didn’t seem like much of a stretch, but she never could have guessed what it would mean for the medical cannabis industry.

Based out of Olympia, Washington, Wicked Delights is a commercial marijuana bakery that is best known for its beautiful, tasty, and potent products. They use only high quality ingredients in their delightful morsels, and they still use butter, which is almost unheard of in the industry today. So, if you ever get the chance to try something from Wicked Delights, don’t worry about counting calories (who cares anyway, right?!). Instead, simply take comfort in knowing that you are ingesting one of the finest edibles around, and that it is made by someone like you – a patient, a person who needs pain and symptom relief, not just a “high.”

“I cook low and slow with a really fatty butter [to keep more of the beneficial agents in the cannabis],” Christina said of her tasty treats. “I come from the healing side.”

Of course, this bakery isn’t just about baked goods and candies. It’s not even about just healing. It’s about giving back to the community and educating patients who need pain and symptom relief. It’s about helping patients that are new to ingesting cannabis, and helping them find the medication and dosage that works best for them.

“You can never judge what somebody’s going to get high on,” Christina said, adding that she’d accidentally overdosed her mother while perfecting one of her recipes. “One cookie for my

mom was too much.”

Which is exactly why Christina and CBD Outreach, run by Jami Bisi (owner of Everything Medical Marijuana Magazine), suggest that patients start with a small dose. Take less than you think you need – even just a half a cookie or candy may suffice.

“Ingesting it is a whole different ball game,” Christina said. “People don’t expect the full body and head high.”

If, after a couple of hours, you’re still not feeling better, you can take more. But, again, make sure that additional dosage is small. Remember: you can always take more, but what you can’t do is stop an overdose once it happens. As such, overdose should be avoided at all costs.

Please note: Though overdose may not result in fatality, it is an extremely uncomfortable feeling. You could experience a racing heart, breathing problems, may feel dizzy or disoriented, and may even feel sick. It generally passes in a matter of a few hours, but those few hours can be a little scary. If you ever do

overdose on cannabis or edibles, consider taking a hot shower or simply sleeping until the effect wears off.

So, if you are a registered medical user and plan to start using edibles (or are even just considering it), make sure you talk to someone at a medical dispensary or a naturopathic doctor – someone who is qualified to give you accurate medical advice. And keep in mind that not all dispensaries are medical in nature, so if you do not have this option available to you, you may contact Everything Medical Marijuana or CBD Outreach for assistance.

We also have our own dosage chart, which was published in our July 2017 issue and is expected to make a reappearance in our future issues. Patients are encouraged to start with tinctures first, if at all possible, and then move to canna-caps. Once your tolerance has been established, you can start using edibles and then slowly start working to a dosage that suits your specific needs. If, at any point, you have any breakthrough pain, you can use vape pens, dabbing, or other THC consumption methods to help you through it.

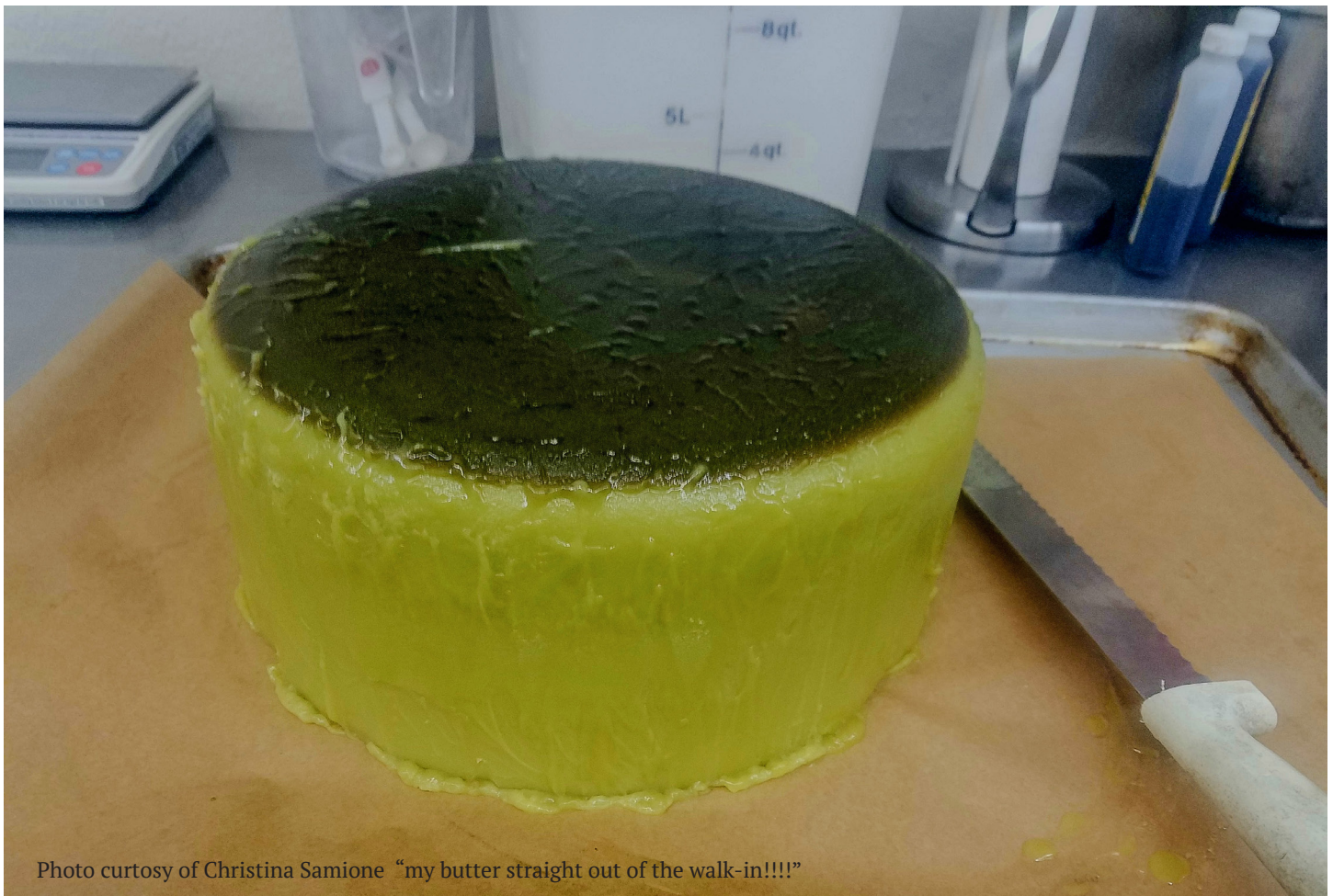


Photo courtesy of Christina Samione “my butter straight out of the walk-in!!!!”



A DOZEN QUESTIONS WITH JON MARSH

Founding Admin of Cannabis Oil Success Stories

Questions by Allison Bigelow

1 When did you first start using Cannabis?

I started using Cannabis medicinally after leaving the U.S. Marine Corps in 1993, to combat the side effects from serving in the Gulf War in 1991. I'd fallen ill immediately following my service in Kuwait, as did hundreds of thousands of Gulf War veterans. I believe a combination of pre-war vaccinations, wartime contamination from toxins in the air and depleted uranium from weaponry, along with demolitions of weapons depots, were primary causes of the symptoms that compiled what is known collectively as *Gulf War Syndrome*. Cannabis relieved my symptoms from the onset of use and I continue to use it daily, with the VA's knowledge.

2 How and when did you realize Cannabis is medicine?

I had experimented with Cannabis following high school graduation, and learned that *hemp* was used to make paper, rope, clothing and more throughout world history, while attending college in southern California during the mid-late 1980s. But it wasn't until 1993 that I fully realized Cannabis was medicinal, as I'd read a book titled "The Emperor Wears No Clothes" which

was written by a man named Jack Herer [rhymes with "terror"]. His publication, along with Chris Conrad's book "HEMP: Lifeline To The Future" provided research that noted the United States recognized Cannabis as medicine as early as 1842, then outlawed Cannabis roughly a century later through an act of legislation called *The Marihuana Tax Act of 1937*. After several months of personal research, I concluded that a conspiracy likely took place to prevent Cannabis [also known as *marijuana*] from further use as a medicine in the United States, and thus the world, and I wanted everyone I could tell to be aware of it.

3 What life experiences have you had that helped you develop your Group Cannabis Oil Success Stories?

I grew a Cannabis plant in junior high because a friend said his brother's friends would buy it from us and we were counting our arcade funds, although I didn't experiment with Cannabis as an intoxicant until my late teens. I first learned that our brains have receptors for Cannabis compounds after reading an article about the discovery of the receptors, in an article featured in the *Journal of the American Medical Association [JAMA]* in 1993 I believe. I then called the team leader, Miles Herkenham of the

National Institute on Mental Health, to discuss the findings. This interaction with a leading researcher who listened to a couple of my theories on Cannabis use, helped start me on the path to curiosity regarding Cannabis as a medicine and not just an enjoyment. Again, this was in 1993, which was my first year attending the *Seattle Hempfest* as well.

4 When and why did you start the Facebook Group Cannabis Oil Success Stories?

In May of 2012 I created the Facebook group ***Cannabis Oil Success Stories***, following a debate with Rick Simpson, who is featured in *The Run From The Cure* documentary, and the Admin on his Facebook fan page, Jindrich Bayer. They both suggested that using toxic solvents to extract Cannabis compounds from Cannabis flowers is the only acceptable process for making quality Cannabis extracts that will work effectively. I argued that using grain alcohol was safer and as effective as the toxic solvents they prefer and recommend, and the debate raged on until finally, I left the fan page, and within a few days I began the ***Cannabis Oil Success Stories*** Group on May 26, 2012, which can be found on this link:

<https://www.facebook.com/groups/416702921703509/>

To this day, I still argue against using the term “RSO” [*Rick Simpson Oil*] simply because using toxic solvents isn’t what the moral majority are implementing, as most use grain alcohols to make their extractions. And, since using “food-grade” alcohol is used in the original recipes dating back more than 175 years, *Cannabis Oil* is a term that works wonderfully and is self-explanatory. I own several of these historical medical books listing Cannabis as medicine, the oldest dating back to 1739, listing Cannabis seeds as a use for jaundice and venereal disease. Rick Simpson brought the knowledge of the age-old process back to the mainstream with his video, but his methods are crude and hazardous for anyone outside a lab setting to use safely and that is a primary reason I started the Group and promote only using safer methods. I believe Rick simply copied the old recipes he’d found out about from Jack Herer’s books, and changed the solvent from safe to hazardous, and that is why I believe Rick continues to promote these toxic solvents, as otherwise, it is just

the original recipe and makes him less relevant; just my opinion.

5 As a new member joining the Facebook Group Cannabis Oil Success Stories, how is the quickest way to find out how to help myself or my loved one who is suffering from a disease that Cannabis may help? What are my options?

Anyone can submit a post to the Group, and I or the other Admin review them and approve or reject the post, depending on its relevancy to the Group. If a post is simply asking a yes or no question, I will often message the person and give them the answer without taking up space on the main Group wall. I’ll also tag a person posting if there was a recent post related to their post, to save space as well. But, the majority of posts are approved and the posts go to anyone getting notifications to the Group posts. Answers are usually given within minutes of a post being approved, and support grows over time depending on the content of the post.

Using the Search feature and sorting through the Files section are two ways to get immediate access to past posts and information stored in the Files as documents, but posting to the Group is the best option for finding answers to a specific question that may involve multiple factors. I also answer private messages when needed, but prefer members post directly to the Group.

6 What is a typical day like in Cannabis Oil Success Stories? What is the daily purpose?

A typical day is going through two or three hundred profiles requesting to get in the Group, and approving or rejecting the 20-50 or more posts that may get posted for approval on any given day. With me and one other Admin doing all the work it gets hectic at times, but after five years, the Group is almost self-sufficient. I’ve had a handful of Admins in the Group at any one time, but only one for the past couple years, and I’d like to publicly thank Pamela Haymes for all her free advice and dedication to the Group. People appreciate her advice and her dedication to patients. She hosts a few of the other Cannabis Oil-related Groups that give out great advice as well.

Initially, I started the Group to collect success stories of people using Cannabis Oil as their primary mode of healing whatever ailments they'd overcome. I didn't expect the Group to be more than a few hundred people and by collecting a few hundred success stories, I could do my part in showing how Cannabis has been used as medicine and how present-day potentials are only stagnated by archaic legislation written by those with special interests in 1930s politics. I wanted to be able to take these stories to legislators and make them feel the pains of those they're preventing from access by not opening up broader access to Cannabis medicines. That purpose changed when all so many were just asking for answers, so the purpose daily is to get updated information to the members of the Group, and of course, to continue providing success stories to the masses as they're reported.

7 Can you share a few Success Stories?

I've collected more than 130 patient-submitted Success Stories, and they're hosted at a website I began in case Facebook shut down the Group; <http://www.cannabisoilsuccessstories.com/portfolio.html> and I'm adding more every month. Here are two personally involved stories I tell most often:

I moved back to my hometown in June of 2015. A woman I'd known growing up contacted me because her husband had been told by the VA that he had stage 4 renal cell carcinoma and his life expectancy was projected for around Christmas of 2015, just six months from then. As of today, September 5, 2017, he is still ingesting upwards of 500mg+ of THC-based Cannabis Oil daily, and golfing when it isn't raining.

Another story involving a local resident started while I was out digging razor clams on the Long Beach Peninsula. A man and his dog were out enjoying the day and after a brief introduction, they went about their business and I dug my 15 razor clams. Not long after, I met up with the two again on the beach during another clam dig, and the man told me his Veterinarian recommended that he put his dog down or have one of its legs amputated, due to a tumor the size of half a hot dog that developed. I told the man to get me some of the medical Cannabis he grows, and I in turn made him 20 grams of Cannabis

Oil, and after just 11 grams, the dog's tumor had basically turned to mush and no amputation or euthanasia was necessary.

Those are two of my favorite short stories to tell someone who needs to hear success of some kind, two that I have personally been involved with; my own successes are convincing as well and by the end of a twenty minute conversation, I can convince most anyone that Cannabis is medicine and everyone should support it as such.

8 Can you describe your Pinned Post that allows you to search for information on a specific subject?

The Group has a Pinned Post, a post that is 'pinned' to the top of the wall, and is the first post viewed each time one enters the Group. The Pinned Post is where the basic guidelines of the Group are listed, which aren't many nor very prohibitive, although there are a few topics we don't promote, one being the use of toxic solvents when suggesting to someone how to make Cannabis extracts. As for a Search feature, Facebook does provide a Search in the Group, which is reliable and will often go back to a post five or more years ago. You can type in most any cancer or condition and find past posts that have discussed that topic, and again, the Files section is full of useful information submitted by members of the past five-plus years.

9 Where do patients live that use your research?

Cannabis Oil Success Stories members are from all parts of the planet. The members total 130,000+ as of September 2017 and the successes are from around the world. A handful of success stories have been featured online in various articles; one woman journaled her husband's journey and got their story, "TAKING CONTROL" published. They were living in the Middle East, he suffered Bladder Cancer, and over the course of his treatments, Cannabis Oil was a primary factor in his path to being cancer-free, recently celebrating the three-year mark.

10 Do you need to be a patient to use this resource? What is the biggest benefit to a new patient?

The **Cannabis Oil Success Stories** Group on Facebook is a Closed setting, but open to anyone who requests to join and their profile passes a quick review. There are hundreds of people out to scam patients all over the internet, and the Group has been a safe haven since its inception for outing scammers and providing reliable information without offering hazardous advice that many around the internet tend to promote, such as using toxic solvents to make the Cannabis medicines.

The biggest benefit for the past five years has been the core of individuals who provided much of the content and answers to all the incoming questions. I founded the Group to primarily gather successes but that changed almost immediately and the Group became a hub to help patients find access to quality information, and to share success stories so others would have encouragement in making their own decisions whether to put their faiths in Cannabis to treat their ailment(s).

11. Do you know of other similar resources or is Cannabis Oil Success Stories unique?

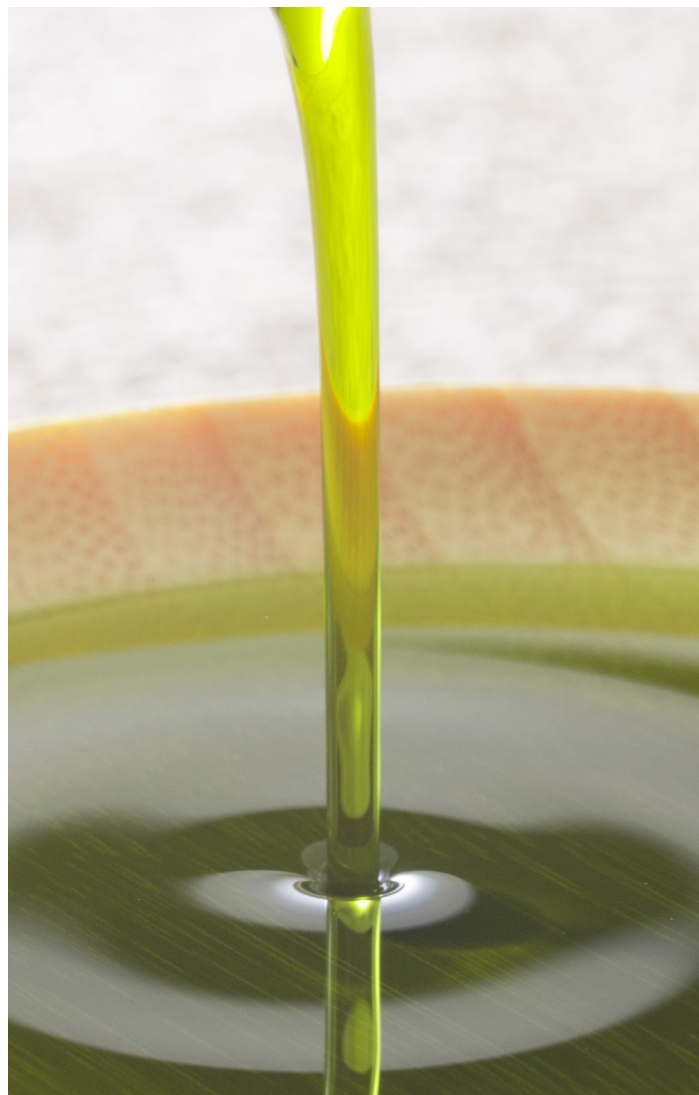
There are scores of helpful Cannabis Oil resources online, like “O’Shaughnessy’s” [<http://www.beyondthc.com/>] but there are also a handful of Groups/Pages which have been set up to specifically sell Cannabis Oil or worse, set up patients to get scammed. I don’t care to list those Groups/Pages that may be negative, but if you search Facebook you’ll find **Cannabis Oil Success Stories**, not the ones with a few thousand members or Likes, but the Group I founded with 130,000+ members, it is truly one of the top Groups online for helping with Cannabis Oil information. One other by the same name is suspect, so I try to stress which Group is the one I founded.

There have also been Groups/Pages which have branched from *Cannabis Oil Success Stories*, including topics on *Cannabis Oil for Pets* and *Cannabis Oil for Lyme*. We’ve also hosted members who’ve gone on to start budding Cannabis entities, such as CannaKids, United Patients Group, and Myriam’s Hope, a helpful Collective in southern California. The upcoming film by Ricki Lake, *Weed The People*, benefited from donations made from within the Group and we allow anyone using Cannabis Oil to post their fundraising pages. The Group is truly a hub for information

and support that is almost unmatched across the web.

12 What is the biggest benefit of Cannabis Oil Success Stories to a new patient or patient advocate?

I believe there are several reasons someone would want to join *Cannabis Oil Success Stories* to get their information on healing with Cannabis medicines. We’re one of the longest running Facebook Groups with more experts and experienced caregivers and providers than most any other, and we’re hosting Live Q-n-A sessions starting this Fall. The Files section has more than 250 Documents covering a wide range of topics, including recipes on how to make various Cannabis medicines, and several links to research from around the globe. I hope anyone reading will take the time to check out the Group, and I appreciate being able to provide this valuable information to your readers. Thank you.





Canna Warrior Ferrell Jackson

Patrick Seifert and Ferrell Jackson at Twenty22Many, Olympia WA
Story and Photos Courtesy of Patrick Seifert

U.S. Army Corpsman

Served for 21 years

From- 1989 To- 2010

Went to 4 Wars -

1) Somali

3) Kuwait

2) Bosnia

4) Iraq

After serving nearly 19 years with honor and distinction and with two years still remaining on Staff Sergeant Jackson contract with the government. Staff Sergeant Jackson would make a decision that would forever change his life and his life mission. Staff Sergeant Jackson would tell the Army and United States Military that he was finished taking their deadly and dangerous pharmaceutical cocktails to use medical cannabis, a natural plant vs the pills that creates “legal addicts”. A plant that has never taken a human life in the history of the world. Being a Corpsman (Healer) himself Staff Sergeant Jackson knew full well how dangerous prolonged use of pharmaceuticals would be on the human body. Staff Sergeant Jackson could not see the logic in

taking pills that in some cases stated, on the bottle, “Suicide” as a side effect. It makes one wonder in what world is it ok to give combat Veterans a Pill that states Suicide as a Side Effect. In what world do we send a human being to combat in 4 different countries in 4 different wars and then give them what they claim to be a healing tool in a pill that makes them feel like killing themselves. Sadly that world is the American military.

During times of war the American war machine runs through its men and woman with no after thought of how to deal with the damaged service men and woman once they return home from War. If our country is going to continue to be the world’s police and continue to send our loved ones into harm’s way all over the world we





must demand that once they return home after being sent to multiple battle fields they spare no expense in there healing process and to grant them access to cannabis, no matter where they live. We must take care of our loved ones on the back end of War.... Healing our War Veterans needs to be a priority not an afterthought.

So now **Private** Jackson spent his last two years being hated and degraded for his use of Medical Cannabis. His last two years in the United States Army we're just so he could be processed down to private and kicked out. The United States military does not like it when, one of its own, their property, fights back. What private Jackson did is incredibly important and brave. It's important because we do not see the suicide numbers for active-duty or reserves in the United States... let me briefly tell you a short story of why it's so important that private Jackson did to fight back against pharmaceuticals in the US military.

About five months ago I was at a Heroes to Hometown meeting. In this meeting about 30 different veteran organizations were present. There was a colonel or a Sergeant Major, I honestly can't remember, either way the gentleman running the meeting was a crusty old Vet that he himself I'm sure has been to many wars for his country.

This gentleman stood up and asked the crowd who in the room cared about veteran suicide. Obviously everyone in the room raise their hand and he proceeded to tell them that if you do indeed care about veteran suicide you need to go talk to that gentleman over there and tell

him how you can help his organization. The gentleman pointed to me and the organization I was representing, Twenty2Many. They all lined up after the meeting one by one, to talk to me about how they could possibly help with my fight against the veteran suicide epidemic. About halfway through a gold star wife made her way to me with tears in her eyes thanking me for my efforts and fighting veteran suicide. She then proceeded to tell me that in the past year she had been working at Fort Louis on funeral detail. She then explained to me that in the nearly 14 months she was on funeral detail at Ft. Lewis every funeral she worked was a suicide.

This is why, what Private Jackson did is so important. Private Jackson could've been one of the statistics of active-duty veterans killing themselves. I have said this before and I will say it again, the only thing a veteran knows after leaving the military about his or her healing is their pills and alcohol. Pills are free to every veteran and alcohol is tax free on every base in the world.

Ferrell Jackson should receive a metal or a ribbon for taking a stance against deadly pharmaceuticals.

Today you can find Farrell Jackson in the headquarters of Twenty2Many in Olympia. If he's not driving for Uber he is helping us save veterans from suicide. Ferrell Jackson and myself made a special connection the first day we met and he has been a vibrant part of this organization from day one... Ferrell Jackson will forever be a war hero and canna warrior in our book.



By All Means Necessary - End Veteran Suicide



WWW.TWENTY22MANY.OLYMPIA.ORG



I WANT YOU

TO CARE ABOUT PTSD

HELP HEAL ALL WOUNDS OF WAR

Veteran Point of View



Terry is a very kind hearted, warming, and welcoming individual. She is also a U.S. Armed Services Master Sgt. retired. Through her great service she has seen several tours in action, one tour of which included terrorist bombings by the Baader Meinhof Gang in Germany in the early 70's where five brave soldier's lives were taken.

This incident has given her severe PTSD where loud and/or sudden noises or tightly bundled crowds of people give her symptoms of anxiety and fear. With the chronic use of her medicinal cannabis she is given some relief of her symptoms.

Not only that, Terry, during her service, endured many hours of running in non-ergonomic footwear which caused trauma to her knees, back and her neck later on in her career. All of these are common symptoms many veterans face.

Terry likes to use the services of a reflexologist, which

is a masseuse that uses trigger points similar to an acupuncturist coupled with high THC and CBD compound rubs. Another product that works for Terry to eliminate her night terrors is a 30mg THC edible, or a high THC soda. With use of these products a couple of hours before bed she is allowed to sleep comfortably through the night.

Many veterans suffering from Post Traumatic Stress Disorder have an abundant amount of trouble getting to sleep or spending time in crowds of people. Without the use of cannabis Terry would be subjected to the strict use of pharmaceuticals, many of which carry such side effects as kidney failure, liver failure, digestive issues, nausea, and even addiction.

She has reliably been using cannabis for over 23 years, and is proud to explain about how medical marijuana has helped to increase the quality of her day to day activities. One thing Terry would like to see in the Washington State medical market is more affordable prices for top shelf cannabis for medical patients.



*It is the dreams we hold on to,
that we labor towards,
which will determine what will be manifested.
Truly believe in your heart of hearts,
put forth the effort and it will be so.*

By Claude Mahmood

Photograph by Claude Mahmood Taken at Green Source Gardens, OR

Cannabis And Autism



A Family Portrait

By Mike Meadway

Say the word “autism” to ten people, and you will often get as many opinions of what autism is. Many people will think of the famous film with Dustin Hoffman, “Rain Man”, which portrays the life and behavior of an autistic savant. This is certainly one manifestation, but autistic conditions, collectively known as “autistic spectrum disorders” or ASD, cover a wide range of behaviors of which only a few are particularly noticeable in certain individuals. Generally speaking, autism is defined as an unusual inability to make social connections with other individuals, combined with repetitive and often incomprehensible interests, activities and physical behaviors. Other related health and physical manifestations can occur, including chronic illnesses (such as systemic arthritis or digestive problems).

Ours is an autistic family. I am relatively mildly affected, with a condition called “Aspberger’s Syndrome”, which manifests itself as social awkwardness and a tendency to have near-obsessive interest in a set of topics. All four of my children have autistic characteristics of one kind or another, with varying degrees of symptoms. Of all of us, only my wife is not autistic.

In our household, we refer to autism as the brain running on a different operating system. If most of the world could be thought of as running on Microsoft Windows™ and using a graphical interface, we run Linux and we use the command line more than the mouse. A term we frequently use for non-autistics is “neurotypical”; it expresses the idea that the vast majority of people think one way, while we generally think in another. I strongly suspect however that my wife – a person with an inhuman amount of patience, compassion and tolerance combined with a strange fascination for heavy earth moving equipment and power tools – is anything but “neurotypical.” If I bought her a backhoe for Christmas, I’m convinced I’d be unable to upset her ever again.

Autistics can have what some would consider an unhealthy obsession with their interests, and in our family that is usually the sciences. It is impossible to engage in “small talk” in our household. If one asks about the weather, for example, a dissertation on ridges, convective available potential energy and winds aloft will ensue, and everyone will join in the discussion. The concept of conversation without some sort of meaningful content is foreign to my children. My youngest is especially

notable in this regard; he has a photographic memory and can recite chapter and verse of any book he has read (I have no idea where he got that part of his DNA from). Yet, when it comes to practical application, he gets terribly frustrated when theory and real life clash. Like many autistics, he has a nearly pathological curiosity about certain topics. If you were to accuse him of being a “know-it-all”, he’d ask why knowing everything is a bad idea.

Since moving to Washington State, we’ve been able to start treating our children with cannabis, a welcome help with a very difficult problem. Years ago, we’d been told that our children would never be able to read or write, and that they’d have to be institutionalized. Through a combination of a lot of research, a strict diet and behavioral modification, our children have done well; at least one of them can’t stop talking at all now, and all of them are voracious readers. Introducing cannabis into the equation has accelerated the positive changes in our family dramatically, and it has helped reduce some of the more difficult behaviors we’ve had to deal with. Before I speak of that however, it’s important to know how autism manifests itself in individuals, and it’s critical to understand how autistics think.

Autistic Behaviors

Some autistics exhibit very mild or subtle behaviors which are often dismissed as eccentricities or anti- social behavior. During World War II, Britain created a government agency devoted to decrypting enemy communications, composed of a large number of mathematicians along with support staff and located at a country estate called Bletchley Park. The support staff were for the most part locally hired women who had a chance to interact with the scientists every day and they noted that a large number of the scientists exhibited odd behaviors. Every single morning for several years one scientist would take his cup of tea with himself on a walk around the pond on the estate, and once finished, would throw the teacup into the pond with a mischievous look and quickly walk to his office.

Despite their behaviors and difficulties in forming lasting friendships, some autistics manage to do reasonably well. Many titans of technology are considered high-functioning autistics, and it has been estimated that as much as eighty percent

of the software developers in the world are autistic to some degree. Sir Isaac Newton was on the autistic spectrum, as was Einstein. Mozart was also affected, as were Thomas Jefferson and Michaelangelo. All of these people had the traits of high-functioning autistics: An inability to easily create personal relationships, social awkwardness, and obsessive or compulsive interests in certain topics. Many fear autistics, since their behaviors can be disquieting or vaguely disturbing, but for the most part autistics are focused inward and have little interest in intentionally upsetting others. Yet, they are not always aware that what they say or do might hurt someone’s feelings. Autistics can be perceived as cold or uncaring, when in reality they are terribly frightened by some emotions and so do everything they can to avoid them.

The Trials Of Emotions

One distinguishing characteristic of autistics is something called “emotional blindness.” We have a very difficult time reading the emotional cues that most people display, and we are often baffled when what we say or do offends or upsets someone else. Our sense of humor is often a little odd, and some things we find uproariously funny may be considered no laughing matter by others. We value order, logic and predictability and we can become very uncomfortable around loud noises, boisterous behavior in others or teasing. To an autistic, “sarcasm” is simply a seven-letter word beginning with the letter “S”, and our inclination to act on suggestions made as a joke can be bewildering to others.

We can have a hard time knowing when we’re being lied to or mislead in a conversation. We also have a hard time expressing emotion, even in circumstances in which an overt display of emotion (such as sorrow) would be considered appropriate, or even required. Yet, many autistics (such as my second son) are very protective of the helpless, especially newborn animals or small children. Three of my sons have been known to sit up all night with a sick animal. My oldest put a goat with severe diarrhea in the bathtub and checked on it every hour, cleaning the tub and making sure it had fresh water and food.



Hyper Focus

Autistics have the ability to focus on one thing to the exclusion of all else, and this proclivity has been suggested as the reason why so many high-functioning autistics end up in technical fields. An almost obsessive attention to process and detail, and the ability to see logic in how things operate are characteristics of many autistics. Software development is a beautiful art for autistics, as it allows one creative expression within a highly structured framework. Scientific endeavors can be equally rewarding, as these require the same attention to detail and ability to execute repetitive tasks without deviation from a procedure. The joy an autistic mind can feel in doing something of this nature can override all other considerations, including the need to sleep, eat or bathe. When my parents introduced me to my first computer in 1978, it was as if someone had turned on the lights. I rapidly outgrew my first machine, and every year they somehow managed to buy me a better system. My first love is music, and it wasn't long before I was writing programs to generate sound, ignoring my laundry and the foot-deep litter of discarded notes on the floor of my bedroom in the process.

Making Connections

Autistics frequently have trouble communicating with others,

partly due to the way their minds work and partly due to physical handicaps that can go along with the mental differences. Getting words out can be difficult, and it's not unusual for autistics to find making complete sentences a real chore. Some autistics get terribly frustrated by the inability to communicate or understand what others are trying to say. People often say one thing while meaning another, and to an autistic that can be extremely difficult to decipher. As a result, many autistics engage in self-harm behaviors or repetitive physical motions as a tension reliever or a way to distract themselves from the inability to adequately process what is happening around them. At the same time, this can be an asset; autistics may not panic anywhere near as easily as others in certain situations, and they can maintain an emotional detachment that can be at times astonishing.

How Does Cannabis Help

Cannabis is a miracle for autistics for both mental and physical reasons. Since autistics frequently have chronic illnesses, cannabis can make life much less painful or uncomfortable. In my own case, I've suffered from systemic osteoarthritis for the better part of twenty years. Systemic arthritis manifests itself not just in the joints, but in connective tissue and muscle; imagine feeling as if you're being battered with hammers all day and you have a good idea of how I feel

without cannabis. Two of my sons have the same issues, and cannabis makes life a lot more bearable for both of them. However, it is the mental changes that cannabis facilitates that have the most lasting effect, and it is those changes which can make the world a much less challenging place for an autistic. Instead of merely minimizing outward behaviors as most traditional drugs do, cannabis causes structural changes in the mind which are both positive and permanent.

Opening Emotional Doors

For myself, cannabis has opened the vistas of emotion to me that I previously lacked. Last year, I was astonished to find myself blubbing over a movie (a children's cartoon no less), something that I'd done only once before in my entire life. While comedy would make me smile, it has only recently started to cause a guffaw. This isn't to say that I used to be like Mr. Spock, the alien in the "Star Trek" science fiction series who was committed to a life of emotionless logic, but rather that I

found emotion to be a mystery most of the time. This inability to understand emotion was a major issue in marriage problems between my wife and I for the first twenty-five years we were together. I was very detached and because of my inability to understand how my behaviors might affect others, I often hurt my wife's feelings without knowing it. It is a testament to my wife's iron will and ability to forgive that we are still married, and thanks to treatment with cannabis, our marriage is now far better than it ever has been. My children have benefited as well. Living with me as a father used to be a real nightmare, especially when I was using opiates to alleviate the pain of arthritis. I was given to explosive outbursts and periods of cold silence, and utterly intolerant of any change in the household routine. One of the hardest things I've ever had to hear was one of my children saying that "Dad is a much nicer person now."

My children have had their own experiences with emotional connections and cannabis. All of them are now much more aware of how others react to them, and the emotional blindness that can characterize autistics is gradually fading. This is not to say



Photograph by Claude Mahmood Taken at Green Source Gardens, OR

that everything has suddenly become clear, but rather that they now recognize there is a gradual change occurring, and every day brings new insights into the way others perceive and react to emotions.

Calming The Racing Mind

A neurotypical person can much more easily put things aside and calm the mind than an autistic can. As an example, I can't watch a movie involving computer technology without seeing all of the flaws in how technology is portrayed. The suspension of disbelief so critical to the ability to be lost in a story is something very difficult for an autistic. Along with the ability to hyper-focus comes a penchant for following every rabbit trail one's mind discovers. Autistics frequently cannot leave a topic to rest; they pursue every aspect until it is exhausted, and then revisit the same thoughts again and again to see if there might have been any stone left unturned. This can be seen in some autistics as they repetitively replay a piece of music, or certain sections of a movie. Autistics don't necessarily have the ability to relax and let the mind rest; even when they appear to be doing nothing, you can be certain that their mind is almost always operating at full throttle on some interest. Cannabis makes it possible for us to at least back off the accelerator for a while. We can interact with the rest of the world instead of being focused on our own thoughts, and we can turn off the predilection to over think something.

For one of my children in particular, cannabis has made it possible for him to deal with the rest of the world as an outwardly-typical person. He has always been friendly; as a child his unquestioning trust of anyone he met caused us frequent heartburn. But, he had problems just like his brothers in understanding emotion and dealing with people on an equal footing. Cannabis has changed that for him, and it has provided a means for him to control his mind enough that he can regularly get rest.

For my oldest son, cannabis makes it possible for him to stop the hyper-focus that causes unwanted memories to surface and be recycled again and again. He remarked that the first time he was able to do this, it frightened him a little as it was a completely different state of mind than he was used to. He has

told me that one of the better things about cannabis is that it makes it possible for him to store away those memories and the obsessive behaviors. He does have some advice for autistics who wish to use cannabis though: Take it slow. Start with a low dose and work your way up so that you don't frighten yourself with the changes you'll experience.

Reducing The Stimulus Load

Autistics often have hyper-awareness of what is going on around them, and combined with the difficulties in communication this can lead to a sensation of being overwhelmed by the world. If you observe autistics in a noisy crowd or at a movie for example, you might see them cover their ears or eyes, or start rocking back and forth while talking to themselves, or compulsively flapping their hands. This is an effort to drown out the overload of information invading their heads; instead of being able to focus on one thing, their minds try to focus on everything at once. They can be profoundly uncomfortable in such situations. Autistics don't necessarily have better hearing or sight, but they are often able to perceive detail that is usually lost to most people, and the amount of information that pours into the mind can be terrifying. Cannabis generally has a calming effect, especially since it can alter time perception, giving an autistic the ability to process things while reducing the panic that can occur when too many things are happening at once. This in turn can reduce the impulse towards self-harm behaviors, or the need for physical distractions. One of the most amazing transformations I've seen is that of an autistic child who was forced to wear protective headgear to avoid self-induced concussions. The little boy would constantly pound his temples with his fists and scream. The drugs prescribed to treat this turned him into a drooling, limp puddle of a person who seemed half-asleep all the time, and yet who would occasionally still punch himself. When treated with cannabis, the same boy turned into a calm, clear-eyed person who could play normally and who didn't constantly hit himself. The difference was astonishing, very much like what has been observed with children suffering intractable epilepsy. Where traditional

pharmaceuticals turned these children into the living dead, cannabis gave them life.

The time perception change has been of great value for my oldest son. Rather than being overwhelmed by a waterfall of thoughts, he has the ability to analyze them and put them away. This greatly reduces his anxiety in dealing with the world, as well as making it possible for him to be more aware of the present; less of his thinking is spent analyzing, and more of it is spent experiencing the here and now.

Changes In Thinking

Above all, long-term cannabis usage does alter one's thinking. For autistics, this seems to manifest itself as reducing emotional blindness, and an ability to control the gravitation towards hyper-focus. Oddly enough, in my own case, it has dramatically improved my memory, something that's not supposed to happen as one passes the fifty year mark. For my oldest son, it has inexplicably improved his ability to understand mathematics. For another of my sons, politics has suddenly become an interest, as he is fascinated with the way people interact with each other in government. For my second oldest son, cannabis has opened up artistic avenues he would never have taken time to pursue, and the repetitive physical behaviors he has exhibited for much of his life are starting to slowly fade away.

Conclusion

If you or a loved one are trying to learn how to deal with an autistic person and you've wondered if cannabis is a possible treatment, I'd encourage you to do some research and see if it might be appropriate. I've been privileged to know two ladies in Texas who have tirelessly advocated for cannabis usage for autism: AmyLou Falwell and Thalia Michelle, founders of MAMMA (Mothers Advocating Medical Marijuana for Autism). Their organization can be found at www.mammausa.org. They and their team members advocate tirelessly for autistics, and as the Texas legislature discovered, they are a force to be reckoned with. I'd recommend contacting them if you have questions or want to know where to go for advice. Another good resource

for general cannabis effects is Nishi Whitely's book, "Chronic Relief: A Guide to Cannabis For The Terminally & Chronically Ill", available on Amazon. Nishi's book is generally oriented towards physical illnesses and has some brief autism-related information, but it is a very good resource for cannabis usage in general, especially in describing how the various strains of cannabis affect the mind, and how to set up a dosing schedule.

There is a habit in prohibitionist circles to treat the term "mind-altering" as a negative, or some terrible consequence of using forbidden things. For autistics, it is a positive effect. Our brains are most certainly wired differently, and I believe we experience those mind-altering effects much more strongly than the general population. Where cannabis makes some people giggle, it opens our eyes to the idea of humor for humor's sake. Where cannabis can make some people intently philosophical for a time, it gives us the emotional context in which to place the thoughts we've always had. Most importantly, it gives us an avenue to develop ways of thinking that allow us to interact with the rest of the world, instead of walling ourselves from it. It gives us a better connection to the rest of humanity, and frankly, that is something everyone needs, whether they are autistic or not. The world would be a much better place if we understood how our fellow humans thought and felt, and as an autistic discovering this at the tender age of fifty, I can wholeheartedly say that it is a far better way to live.





Baby Steps into Medical Marijuana Baby is Now Cancer Free!

By Kate Givans

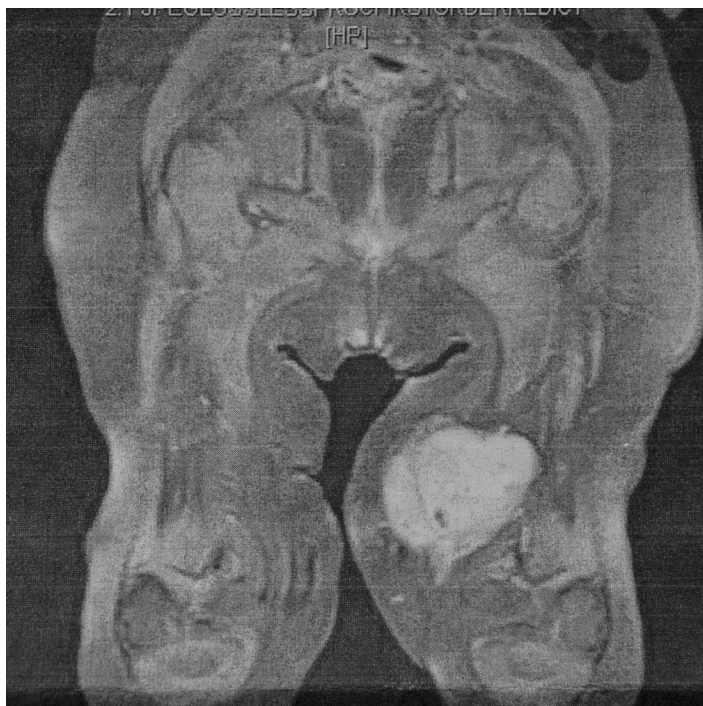
During our April issue, we shared the story of Rebakah Dewey, a six-month-old baby diagnosed with infantile fibrosarcoma, a cancerous growth in the fibrous tissues of her left leg. She'd already undergone one round of chemotherapy, but the tumor had remained. She could have had surgery to remove the growth, but it was too close to the artery. Plus, surgery could have compromised her ability to walk, which was critical at her developmental stage.

Her parents, Scott and Jackie, decided to try something different. They turned to medical marijuana, hoping it would at least give pain relief. But it ended up giving them so much more.

At the time of their initial interview with *Everything Medical Marijuana Magazine*, Rebakah's parents, had been using a tincture to ease Rebakah's pain and nausea. Upon the advice

of Jami Bisi, owner of *Everything Medical Marijuana Magazine* and CBD Outreach (given to them at the completion of their interview), they then began using a topical THC rub directly on the affected area.

"We were using RSO that's mixed in with coconut oil," Jackie said, affirming that they had used the exact recipe that had been



September 2016



May 2017

given to them by Jami.

Now, almost a year later, Rebakah is cancer free!

It sounds impossible and far-fetched, but this family serves as concrete evidence that sometimes, the best medicine isn't given to you by a physician. Instead, you find it in nature, right under your nose, right where it's always been. Of course, Rebakah may have had a boost of help from the chemotherapy and experimental drug she was taking at the time of the interview, but cannabis also likely played a part in her cancer-free status.

Somewhat recently, the National Cancer Institute acknowledged that cannabis does, at the very least, inhibit cancer growth. And, unlike chemotherapy, it does not harm the body's healthy cells. Instead, they remain intact, able to do their job. The immune system stays healthy. The body can still fight infection and illness. Rick Simpson Oil is also claimed to have cancer fighting benefits, but no one knows for certain just how valid the claims are. Yet, here we have a little girl, now cancer-free. She isn't the first. She certainly won't be the last. But it is stories like hers that help other parents and patients find their way.

Jackie and Scott are a part of that movement.

They are sharing their experience with other parents on the cancer unit. They are explaining how cannabis helped Rebakah deal with the pain and nausea of chemo, minus the horrible and toxic effects of oxy. They are sharing her success and cancer-free status, and how cannabis may have played a part. It seems that at least some of the parents are receptive. But who wouldn't want a better way to help their child, to ease their pain and symptoms? Who wouldn't want to improve their child's chance of surviving?

"I've talked with people at Children's Hospital, other parents at Children's Hospital," Jackie said. "[I've] informed about things that they could do to help instead of using oxycodone that turn to morphine in children's blood and they seem really receptive to it."

We can only hope that they continue to do so, and that Rebakah's story brings light to an issue that doesn't receive nearly enough attention. Cannabis heals. It is medicine. And it shouldn't be illegal. We should be testing it, seeing what its true potential is. But until the government can patent it, we may be fighting an uphill battle. Here's to hoping that I'm wrong.



Photograph by Claude Mahmood Taken at Green Source Gardens, OR



A row of suburban houses with a white picket fence in the foreground. The houses are painted in muted pastel colors like yellow, blue, and tan. The scene is set on a clear day with a blue sky and some bare trees, suggesting early spring.

We Are Patients, Not Potheads

By Mike Meadway

It is a nice, neat, middle-class neighborhood. The lawns are all green and carefully clipped, the houses are tidy, painted with muted pastel colors which prevent any one house from really standing out.

Manicured shrubs are tucked neatly under the windows, and here and there patches of flowers brighten a front pathway. The cars parked in the driveways are clean, without rust or dents. Old Glory flutters in the breeze from a post by a few front porches. Neighbors wave hello to each other occasionally as they go about mowing the lawn or fetching the mail.

There is one house, however, that while just as neat and clean, seems somehow isolated. Children are warned away from it; there are no flags on the front port and the shades are always closed. When the occupant, a thin, hunched woman with pinched face, shuffles out the door on occasion in ill-fitting clothes that hang on her bony frame, she is greeted by stony expressions from the

neighbors next door. No one invites the woman to local gatherings, and neighbors whisper gossip to each other about a dark and unsavory past that everyone has heard of but no one is sure about.

Children ask about her and are told, “She’s one of those hippie dope-heads. Dirty, good-for-nothing people who just sponge off the government. It’s a shame we have to pay for people like her. She doesn’t belong in this kind of neighborhood; she came here a couple of years ago out of nowhere.

We’ve seen her smoking those rolled-up dope cigarettes. Nasty stuff; destroys your mind and turns you into one of those whack jobs you hear about on the news. It’s no wonder she looks like death warmed over; I’m surprised she hasn’t kicked off yet. Can’t figure out how she managed to afford the house; people like that don’t have any money unless they steal it.”

One Saturday morning, an ambulance arrives and takes the

woman away on a stretcher. She looks very pale, and doesn't say anything. A small crowd gathers to watch her go; they whisper again just as they have done for years, slowly leaving after the ambulance drives away. Another vehicle shows up a day later in the afternoon, an imposing black European sedan driven by an unsmiling, but smartly dressed man of middle years. He slowly makes his way around the house, and then disappears inside. After an hour or so, he reappears and the neighbor next door, leaning over a meticulously trimmed shrub and eying the man's tailored suit, says "Morning. Looks like the woman living here is sick or something. Do you knowher?"

The man hesitates for a moment and then answers, "I'm her son." He sighs heavily. "I was hoping she would have a bit more time to enjoy the house; I bought it for her a couple of years ago."

The neighbor, with ill-concealed curiosity, asks "You bought the house? I was wondering how someone like her could afford such a place. But you said a bit more time? What do you mean by that?"

The woman's son replies, "She had terminal leukemia, and I wanted her to have a nice place in a nice neighborhood for a while." There is a faint note of hostility in his voice.

The neighbor is silent for a few moments, an unreadable expression on his face. Then he quietly says, "Cancer? Why didn't she stop smoking at least then? I mean, she was out here every day smoking dope. Did you know that?"

The son replies, "She was smoking cannabis to take away the pain and help her eat. It's the only thing that worked. The pills just made her sick and she couldn't think straight when she took them. This morning, she had a stroke from the aftereffects of radiation treatment, and was barely able to call 911. I drove all night to get here. I'm afraid she may not last out the week."

The neighbor looks at his feet and says, "Well, sorry you're having trouble. Hope the rest of your day goes better." The neighbor turns rather quickly to disappear inside his home, leaving the son standing by the hedge.

The son slowly paces down the drive to the sidewalk, looking up and down the street with its postcard- perfect homes and yards, his face set. The neighbor across the street who had been eavesdropping as he clipped the bushes at the front of his yard, pauses to look at him, but avoids his eye. The son walks purposefully back up the drive towards his car, opens the door and climbs in. The engine rumbles to life, the car backs down the driveway and then roars down the street, the tires chirping as the vehicle slams into gear.

What is described above is fiction, but with only a few changes it is a reality that many sick people live with every day. It is often assumed that anyone who uses cannabis is just a "pothead"; someone hitting the drugs to get away from reality. Someone too fragile or too screwed up to handle real life. No thought is given to the idea that perhaps this is someone treating a disease with the only thing that will work. No thought is given

to just how much courage (or desperation) is necessary before one will do something so frowned on. For those who are receiving treatment for conditions that aren't always visible, it's doubly difficult to avoid the stigma.

Fortunately, things are changing and we no longer have to hide our treatment, at least in certain places. We can purchase what we need at a local store, we can at least have some trust that what we're buying is the real thing and not a drug-dealer's fatal facsimile. Yet, to some legislators (and too often, law





enforcement), we're still closet addicts using our illnesses as a sort of excuse for indulging in a secret guilty pleasure, all scientific evidence to the contrary. We're tolerated, but not welcomed.

What Kind Of Person Is Using Cannabis?

When cannabis was first legalized, it was assumed that the most enthusiastic users would be younger people, anywhere from twenty-one years of age to around thirty-five. What has surprised many is that the major growth in usage, as a percentage of the population, has instead been those of us with quite a bit of gray hair. It seems obvious to us, but government officials were truly surprised when teen usage didn't really change (in fact, it has decreased in some states). What they forgot was that young people were already using cannabis, despite its illegality. However, those of us who were otherwise considered straight, law-abiding citizens, were finally able to use something we'd known would help us all along. Further, those who had been

closet users could finally answer surveys about our medicine truthfully.

The fastest growing cannabis usage is for people between the ages of 55 and 64, with a 455 percent increase in the years between 2002 and 2014. For those over 65 years old, the increase is 333 percent (National Estimates of Marijuana Use and Related Indicators — National Survey on Drug Use and Health, United States, 2002–2014, U.S. Centers For Disease Control). Many in these age groups are using cannabis as a replacement for prescription medications use for pain control, depression, PTSD and other chronic conditions. This is hardly surprising to those of us in the patient community, but the idea that a natural plant can effectively replace pharmaceuticals is something that much of the medical profession is still struggling with. If it doesn't come as a standardized medication in a bottle, they don't trust it, which is ironic given the number of medications that come from living sources. When a doctor prescribes Premarin for hormone replacement therapy, I doubt any thought is given to the fact that the drug is made by extracting chemicals from the urine of

pregnant horses.

One particularly vulnerable patient population, and one which has suffered more than any other thanks to the prohibition of cannabis, is that of children with intractable epilepsy. The best available pharmaceuticals can only partly alleviate the seizures (which can be life-threatening), but the side effects can be horrific including organ damage and dependency. Many of these medications are prescribed despite the lack of any data on the long-term effects they have on developing minds, and they are often ineffective in controlling the severer forms of epilepsy. Children using these medications exist in a zombie-like state; drooling and half-asleep with little or no ability to communicate. They can't move, they can't speak, and they have to wear diapers or catheters because they can't control their bodily functions. Cannabis has been shown to be unequivocally effective for many of these children, stopping the seizures while allowing them to remain happy, functional, otherwise normal young people. Yet, it requires often herculean efforts to get legislators to make even the smallest provision so that these children can legally receive medication. In one instance that I'm personally acquainted with, a Texas state representative told the parents (one of whom is a disabled veteran) of an epileptic child that "we don't need your kind here, and I'll gladly drive you to Colorado." What's even worse is that the child is still being denied VA benefits because she uses cannabis to control her seizures. Legislators have used the excuses that cannabis will "be detrimental to young minds" or "they'll end up using hard drugs" when called to account for this behavior, all while ignoring the fact that the existing medications don't completely control seizures, and for some children, the next seizure might be fatal. That is why parents are willing to risk everything – including being imprisoned – to treat their children.

It is outrageous that legislators or law enforcement should attempt to play doctor, and it is even more outrageous for them to deny medicine to sick children because they have some sort misplaced ethical sense that sees cannabis as a gateway to immorality that must be stopped, even if innocent people have to die. I've even heard a legislator – who is also a doctor – claim that cannabis treatment was just an excuse to get intoxicated,

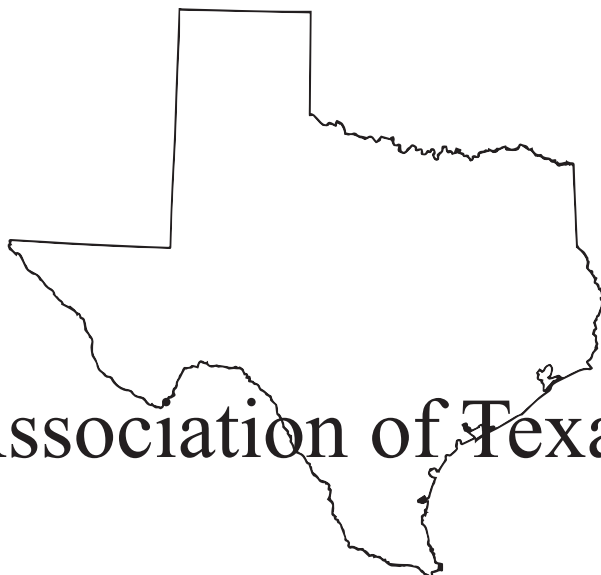
and that she could easily find better treatments using currently available pharmaceuticals. There are few things more dangerous than a doctor blinded by ideology and a misplaced sense of morality, and there are few things worse than a politician bent on eradicating something he or she disapproves of, even if the collateral damage is the deaths of hundreds of innocent people. Yet, this is what we find in state legislatures across the country, and in our national capitol.

It's important for us to emphasize to both legislators and society at large that while the recreational cannabis crowd is large, visible and vocal, there is also a quiet group of people who depend on cannabis as medicine. You can disagree with the opinions of cannabis users, but that is no reason to deny medicine to those who need it. Those of us who are patients didn't choose our illnesses, and we didn't choose to be participants in a medical system which, while full of promise and miraculous technology, is poorly equipped to deal with people suffering intractable chronic conditions. We don't want to have to make the choice between the law and being alive. We don't want to be denied employment or the ability to own firearms because we have THC in our blood. We are not "stoners"; we're normal people from all walks of life who use a natural plant to treat our illnesses. We don't expect everyone to understand, but we do expect at least some modicum of decency, and the chance to be productive members of society.



MCAT

Medical Cannabis Association of Texas



Texas Medical Cannabis Law to Take Effect September 1st

One of the new laws scheduled to take effect this September 1st is the Compassionate Use Act. The bill signed by Governor Abbott back in 2015 was supposed to grant access to CBD oil derived from the cannabis plant to Texans suffering with intractable epilepsy.

However, in a letter to Texas Governor Gregg Abbott, leaders in the Texas medical cannabis industry say that although they appreciate Governor Abbott's past support, unless he takes action now to initiate changes to the Compassionate Use Program, (CUP), the life changing medication will remain out of reach for most Texans suffering with this debilitating condition.

Chad Sykes, Chief of Cultivation at Alamo CBD and MCAT co-founder, says that he feels that the implementation of the Compassionate Use Act as currently designed is problematic.

"Having reviewed the program, I have serious questions about how the medicine is going to be produced and delivered to the patients," said Sykes. "The technology and sciences required

for the advancement of this medication was apparently not considered during the decision making process when the state arbitrarily decided to issue only three permits."

In the letter MCAT says unless Governor Abbott intervenes to save the program it is destined to fail. "We want to see that the wishes of the Legislature are indeed met. Our immediate goal is to see the Compassionate Use Act implemented in a fair manner in accordance with state law so Texans who qualify can receive this medicine." Sykes said.

MCAT aims to begin efforts to build bipartisan support for legislation and to educate legislators, regulators and patients on the current science behind the use of cannabis as medicine. With a focus solely on cannabis for approved medical purposes, MCAT intends to separate itself from groups advocating for broader legalization.

The letter to the Governor signed by MCAT co-founders Chad Sykes and former State Representative Keith Oakley is provided in its entirety below:

The Honorable Gregg Abbott, August 16, 2017

Dear Governor Abbott,

The members of the Medical Cannabis Association of Texas, (MCAT), would like to again thank you for signing S.B. 339, the Compassionate Use Act, back in 2015.

At the bill signing ceremony, Texas patients suffering from intractable epilepsy that were in the room that day, and those watching across the state were hopeful that they would soon gain access to this life changing medication.

However, two years later, access to CBD oil for these patients is still nowhere in sight. Without major changes to the rules governing the Compassionate Use Program, (CUP), adopted by the Texas Department of Public Safety, this medication will remain out of reach for most Texans with intractable epilepsy.

Even though S.B. 339 states, “the department shall issue permits to each applicant that qualifies” to produce CBD oil, DPS has chosen to issue only three provisional permits to produce the medication for the entire state of Texas. Two of the permits are located in the Austin area and one in Schertz, Texas.

Since federal law and DPS rules do not allow for CBD oil dispensaries in the state, patients will have to travel to one of the three locations in Austin or one of the three producers will have to deliver the medication directly to the patient.

With only these three permits in Texas the cost of the medication will be kept artificially high and by also limiting access geographically it will remain out of reach for most of the estimated 150,000 patients who qualify in Texas.

Texans suffering with intractable epilepsy living in Amarillo, El Paso, Dallas, and East Texas, the Rio Grande Valley or the Houston area will be forced to travel to the Austin area each month to pick up the medication or pay an outrageous delivery fee.

We are urging you to allow DPS to issue additional permits to the 40 qualified applicants to produce CBD oil and direct the department to take into consideration the geographical and logistical problems hindering the success of this critical program.

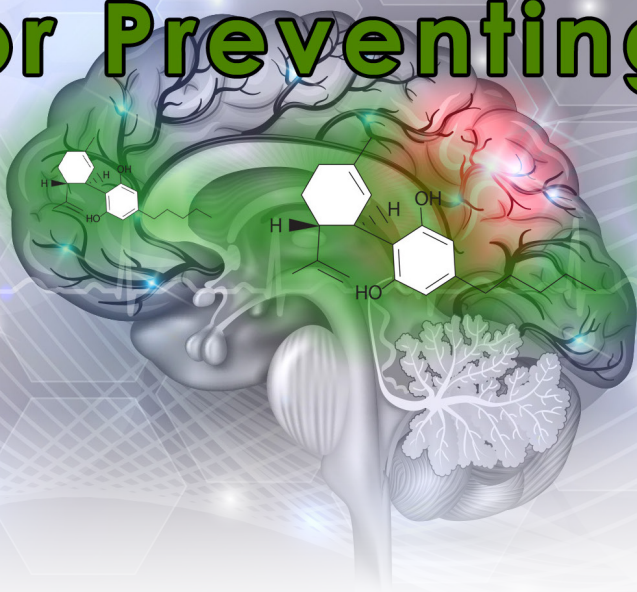
Again, thank you for your past support of the program and we implore you to take immediate action to keep your promise to these most vulnerable Texans who desperately need your help.

Sincerely,

Chad Sykes and Keith Oakley, Co-founders, MCAT

CBD

For Preventing Migraines



For the few people out there who still don't know what a migraine is, it's "a severe, painful headache that can be preceded or accompanied by sensory warning signs such as flashes of light, blind spots, tingling in the arms and legs, nausea, vomiting, and increased sensitivity to light and sound."

Over 30 million people in the U.S. suffer from the pulsating headaches which are usually accompanied by nausea, vomiting, and hypersensitivity to light. Those who suffer from migraines know they're more than just occasional painful headaches. These are the people who've endured the chaos that a migraine can bring into someone's life. They've too many times, taken the over-the-counter medications or even tried prescriptions to alleviate the pain. Unfortunately, medications don't work for all migraine patients and sometimes the side effects can be severe. Some people who've realized they can't rely on traditional means for relief from their migraine nightmare have sought solace in natural remedies such as CBD to not only alleviate the pain of migraines but also prevent them.

The truth is CBD had been used for centuries to prevent

migraines. It's only been in the last few decades, due to prohibition, that this preventive remedy had been outlawed. For example, cannabis was used to treat various ailments in traditional Chinese medicine. One of more common ailments was headaches, including migraines.

Between the 18th and 19th centuries, traditional healers and physicians preferred medical marijuana for migraine prevention to all other therapeutic efforts. In more modern times, many physicians preferred tetrahydrocannabinol (THC), mainly because that's what most studies have focused on. Despite that, there are as many testimonials of the reliability of CBD for migraine prevention from patients who have found relief in its various forms such as oil, edibles, and creams.

There are many ways in which CBD can be used for migraine prevention. You can use it as a daily preventative dose such as in CBD "caps" especially when you commonly experience migraines every day or several times a week. Another common prevention method is topical CBD oil, or CBD cream when a migraine headache has just started (or even before). For some CBD oil is the most versatile and most common of the three forms because

it can be added to foods and drinks, vaporized, or applied under the tongue or topically.

As anyone who's suffered can attest, it's better to prevent than to treat once one has set in. Mike W. from Washington state had this to say.

I'm one of those 30 million. I used to suffer from extreme migraines until I discovered high CBD cannabis. I normally would suffer on average 2 migraines a week. When my migraine would first start, I would feel a small pressure on my top left temple above the eye. Once the migraine started it only continued to get increasingly irritating and painful until nausea starts to kick in. This is usually about 3 hours after the migraine has begun.

At this point, I will have to apply an ice pack to my forehead for about 2 hours before I start feeling less pain. Sometimes the pain was unmanageable by any means.

The only thing that was sure to work for me, was over the counter migraine medicine. It would take away my migraine in about 30 min after taking a capsule. This was great for me that it worked and allowed me to be pain free.

Eventually my body would build up a tolerance to the over the counter medicine and wouldn't work unless I took more of the prescription.

Luckily about two years ago I discovered a medical dispensary in Shelton WA formally called CBD Outreach and now known as Batstone Bud Shop.

At Batstone Bud Shop I was introduced to CBD capsules which are low in THC and high in CBD. At first I thought the

capsules weren't going to work, but to my surprise they did.

After taking the CBD capsules for about 7 days my migraines decreased to about 1 a month instead of 2 a week.

Cannabis has worked great for my migraines and I'm thankful to be pain free. I'm now able to function normally with day to day tasks. I do monitor my migraines closely and if I feel a slight headache coming on I know I need to intake some cannabis.

I usually will smoke or ingest an edible of some kind with high CBD. The edible takes longer to get relief versus inhaling it, so I prefer to smoke it. In 1915, Sir Osler wrote that 'Cannabis Indica is probably the most satisfactory remedy' for migraines and agreed with others that a 'prolonged course' of cannabis treatment was recommended for migraine sufferers.

During the twentieth century the attitude towards marijuana changed. Research was not funded and medical marijuana was not promoted as an effective treatment for migraines. However, the knowledge that medical marijuana prevents or lessens the intolerable pain of migraines has been passed around and medical marijuana patients have continued to use it.

If despite your preventative measures you still get a migraine there are ways to get relief. A preferred method because of its speed is CBD oil because you can vaporize and inhale.

There is a scarcity of research on medical marijuana to prove its effectiveness but there have been several polls conducted to delve even deeper into the issue. One of those was conducted by SFGate and everyone who participated attested to the wonders of the CBD oil when it comes to alleviating migraine headaches. With the increasing evidence and testimonials, it's getting



tougher to overlook the significance.

Numerous studies have also shown a connection between migraine headaches and the deficiency of endocannabinoids (cannabinoids which are produced naturally in the human body and they help in controlling numerous processes). It's worth noting that over twenty-five studies, including one conducted by the National Institute on Drug Abuse, have found no piece of significance evidence pointing to the suggestion that CBD oil from marijuana can pose harm to the human body. Such findings make CBD marijuana even more attractive on the front of preventing and treating migraine headaches.

As the second primary cannabinoid in marijuana, CBD has many medicinal properties just like THC, but it's non-psychoactive. The ability to relieve pain makes it a top choice for patients who want to go for the natural healing of marijuana without necessarily getting high. It's therefore not surprising that more and more migraine sufferers are seeking relief from CBD oils and other CBD products.

It's been established that one cause of migraines for some people is the deficiency of endocannabinoid. The cannabinoids in CBD marijuana can supply the human body with the deficient endocannabinoid, and work in those parts of the brain that are known to take part in the generation of a migraine headache.

Although more research is needed, for many patients the answer is clear. CBD as a preventative measure works.

According to Jami Bisi, a leader in patient advocacy these are some of the top strains for migraine prevention.

Top 5 Strains For Treating Migraines

Lemon OG Kush

Harlequin

Blue Dream

Dream Queen

Alaskan Thunder Fuck





Photograph by Claude Mahmood Taken at Green Source Gardens, OR



The Third Annual Original Terpefestival™ and The Chemovar and the Cultivar

On July 15, 2017 The Center for Cannabis and Social Policy held it's third annual Terpefestival in Seattle, WA. Dr. Dominic Corva, the Social Science Research Director of CASP, was the Producer of the event. Dr. Corva has allowed us to reprint from his blog which is available at <http://cannabisandsocialpolicy.org>. We have included portions of two articles he wrote before the event, summing up the intention of CASP to create an event to bring further awareness to the cannabis community. Finally we have printed his follow-up article The Chemovar and the Cultivar in full, telling about lessons learned at the event.

Reprinted with permission from Dominic Corva, Social Science Research Director, CASP

The cannabis peace movement faces many challenges, but perhaps the most significant one is the limited appeal of cannabis politics to the vast majority of a population that could literally take the plant, or leave it. The Washington Cannabis Alliance, and the organizational work from which it was born, has always been a broad-based, bottom-up effort to broaden the appeal of cannabis issues and markets to society. It's not just another trade group, it's a coalition of different individual issues and interests that understands we are stronger together, working for collective empowerment from the bottom-up. We've had two major political frames to work with: cannabis provides medical benefits, and cannabis provides economic benefits. Up to this

point, medical benefits have been mostly understood in terms of helping the sick; and adult use in terms of helping the economy (including freedom to consume).

These powerful political frames have moved us considerably towards a goal of helping society make peace with the plant, which is the central mission of my nonprofit research organization, the Center for the Study of Cannabis and Social Policy (CASP).

Today I want to introduce a political frame that encompasses physical sickness, financial security, and so much more, to help society understand that our struggles connect with broader

public interests in a positive way. I want to talk about the cannabis and the politics of wellness, a frame of reference that includes everyone, not just cannabis patients and entrepreneurs. If there is a common ground for a society in which the struggle to exist has led to generalized competition over whose suffering must be addressed, I believe that it must be the concept and practice of wellness.

Medical and adult-use cannabis have been deliberately pitted against each other in a way that overwhelmingly stifles the growth potential of our newly regulated cannabis industry. It does this by unnecessarily posing a tension between protecting public health from a controlled substance, and creating a new industry that can provide jobs and opportunities in a landscape increasingly bereft of both.

Wellness is about diet, exercise, mindfulness, and the regulation of stress. The promotion of cannabis for wellness transcends that tension by posing cannabis use and markets in a positive, inclusive way. Everyone wants to be well, and most people understand that the cultivation of wellness requires developing healthy habits that keep us from being sick and unemployed. An industry that learns about and draws attention to the ways that cannabis can help us be well is one that appeals to a broader public, and a more diverse and conscious consumer base.

My organization's annual fundraising event, The Original Terpefestival, is designed to promote efforts to brand cannabis with the politics of wellness. The consumption and marketing of cannabis as a delivery vehicle for THC is one of the obstacles to broader considerations of the whole plant and its many ways of helping people be well. The event encourages other ways of relating to the plant by focusing on the "delivery" mechanism for cannabinoids, terpenes. Terpenes are essential oils found in all plants, not just cannabis, that can contribute significantly to feelings of wellness beyond the relief of pain associated with cannabinoids.

We know this because our annual keynote speaker, Dr. Ethan Russo, president of the International Cannabinoid Research Society, has pioneered the application of aromatherapy research

to cannabinoid research. This opens up a world of possibilities for associating cannabis with wellness, but that message needs a delivery vehicle itself — or a fleet of delivery vehicles. That's where industry comes in. The newly legal cannabis industry faces many challenges associated with what I call THC monoculture, in which a single molecule category dominates both market promotion and public health-related regulations.

The promotion of Terpene education transcends these limitations by promoting the diversity of the plant and its applications — the opposite of monoculture. And an industry that understands that diversity is an industry with a broad, growing consumer base oriented towards broad-based wellness, a political frame that expands knowledge about the therapeutic potential of cannabis while growing a robust and conscientious consumer base. Our popular education panels and keynote promote wellness in the cannabis industry by giving the cannabis industry information that promotes its economic health....

...I first wrote about the education work that can be done in cannabis events in August, 2014, for The Ganjier. This was barely a year after founding CASP, and inspired by the network of highly conscious cannabis events I had been pulled into over the previous few years doing research on policing and cannabis agriculture. I had been speaking at Seattle Hempfest since teaching a course on Cannabis and Society for the University of Washington's Law, Societies and Justice Center in 2009, but once my cannabis research began in earnest I found myself participating in some key Southern Humboldt/Emerald Triangle events that combined popular education with industry evolution. These included the last Emerald Cup before it moved to Santa Rosa and got huge, produced by Tim Blake; The Golden Tarp Awards produced by Kevin Jodrey; and also Kevin's Spring Planting event.

What struck me was how these events successfully created spaces of intense interest from industry, to listen and learn, even with all the fun and games going on. The intent of the producers to create knowledge that was useful coincided with the industry's organic compulsion to seek out Necessary Knowledge, because things were changing fast. Humboldt's watersheds were drying up, prices were crashing, and new industry players were

colonizing a real estate landscape that was developed earlier by much more ecologically conscious “back to the land” and eco-anarchist groups. The Redwood Curtain was being ripped away in a process of creative destruction that could not be ignored. And it was all being catalyzed by a tectonic shift in public policy, away from punishment and eradication and towards especially environmental regulation and later, tax revenue collection.

What I learned from my journey was that if cannabis culture was to survive the policy shift to “tax and regulate,” it would require a lot of work by cannabis culture to make itself Useful and Necessary for the legal industry future. It had to create ways for new players, market participants, and consumers to do cannabis capitalism differently than commodity capitalism, which would otherwise simply destroy and replace the anti-authoritarian, ecologically conscious social movement that made it possible.

But the Washington context was, and remains, quite different from the California context, which focused on best growing and extraction processes, environmental issues, and regulatory genesis. Before I 502, our sun grown cannabis agriculture was dwarfed by its urban counterpart along the I 5 corridor. Our regulatory genesis was driven first by the politics of rights, and then later by the alcohol regulators tasked with literally replacing our decentralized, largely indoor economy, on the one hand; and imports from British Columbia (which largely ended in 2006), Oregon, and California on the other. Most significantly, our state made the choice to regulate cannabis like alcohol, rather than like cannabis.

The “like alcohol” crowd created new barriers to entry and participation that meant the new industry couldn’t take up the Whole Plant and conscious consumer politics associated with traditional cannabis culture in Washington. They took the cannabis out of the jars and sealed them into little packages with THC content on the labels, the only information besides how pretty the package was for consumers to go on; and disenfranchised medical products by alienating medical consumers through a mandatory registry and by closing down the broadly accessible system that had developed under medical cannabis. I don’t mean to reproduce moral outrage for something

that has happened and isn’t going to be restored. The facts presented here explain how our industry got evolutionarily “stuck” and how our keynote and popular education efforts create Useful and Necessary Knowledge for stymied industry growth through evolution.

This meant that producers and processors didn’t have much to differentiate their product on the marketplace, on the one hand, especially through smells, samples, and sharing; and that efforts to produce medical products, including but not limited to CBD-rich products, could not be profitable enough to pursue. The game was THC monoculture, low prices, pretty packaging, and high volume.

The problem with THC monoculture isn’t simply a moral one. It severely limits the ability of producers and processors to compete in the marketplace, since they are all chasing the same market variables. And it severely limits the ability of retailers to reach a significant existing market, medical consumers; as well as to create a strong new consumer base more interested in the “wellness” aspects of cannabis consumption than how high they can get (not that there’s anything inherently wrong with that). These include but are not limited to: retirees, veterans, athletes, children with epilepsy, and people who want to explore ways of dealing with pain beyond pharmaceutical medicine with often horrific side effects including addiction. The future of the legal cannabis market is much broader and highly differentiated than the I 502 present.

But it won’t be if our most knowledgeable and innovative producers and processors go out of business because they can’t win the race to the bottom. Thanks in large part to the pioneering lifework our keynote speaker, Dr. Ethan Russo, they don’t have to. Producers and processors can compete in a diverse marketplace especially by highlighting the incredibly diverse ways that terpenes and terpene profiles deliver cannabinoids to many, many different endocannabinoid systems — many of which are not made well by THC. While the Terpene Tournament (TM) showcases industry evolution, our keynote and panel speakers provide the scientific, technical, and expert information necessary to stimulate market growth and consumer preference for diversity.

There are three panels, two of which are annual in the sense that they address ongoing topics associated with a popular education focus: branding cannabis with the politics of wellness, by populating and popularizing the value of terpenes in the production of the “entourage effect” coined by our keynote speaker, Dr. Ethan Russo. This stands in contrast to a monocultural focus on the cash value of lab-reported THC, which we see as the cultural foundation of the current regulated market.

Let’s take a look at the panels and then follow up in the coming days with a post that more thoroughly introduces our speakers and their specific topics.

Our Industry Evolution panel addresses constituent parts of industry so that they may prosper by valuing wellness. The purpose of this panel is to catalyze the evolution of Washington’s legal cannabis industry by featuring the Subject Matter Experts with deep historical and ongoing perspectives not readily available in Washington State. Our speakers are Kevin Jodrey of Wonderland Nursery and the Ganjier; Rick Pfrommer of Pfrommer Consulting, former lead buyer for Harborside Health Center; Aaron Stancyk of our lab sponsor Medicine Creek Analytics; and our Terpene Tournament (TM) Judges’ Coordinator, Alison Draisin of Ettalew’s Medibles.

Our “Current Topics” panel will change each year. This year’s addresses an emergent industry phenomenon, the market for Cannabis-derived and other Terpenes. The purpose of this panel is to educate industry and the public on different perspectives and techniques emerging as industry “takes on” terpenes to create and market products. Our speakers are Ben Cassiday of True Terpenes, Kate Quackenbush of I 502 processor Fractal, Pam Haley of Aromatherapy Consulting and I 502 producer/processor Pam’s Plants; and Jeremy Plumb of Farma, The Cultivation Classic, and the Open Cannabis Project.

And of course, our Terpenes and Wellness panel addresses the science and practice of cannabis-facilitated wellness. The purpose of this panel is to hear from medical experts how terpenes are used in the clinical setting. Retention of the terpene fraction may influence the overall effect of the product

used. Examples from patient will be presented. The speakers on this panel are: Dr. Michelle Sexton, co-founder and Medical Science Research Director for the Center for the Study of Cannabis and Social Policy; Seattle pediatric physician Dr. Hatha Gbedawo, and keynote speaker Dr. Ethan Russo.



Photo Courtesy of : <http://cannabisandsocialpolicy.org>

Dr. Sexton and Dr. Corva at 2013 Seattle Hempfest , Seattle WA

The information provided by our subject matter experts create strong roots for another foundation to be possible: wellness. We understand wellness in terms of an ecology in balance, a condition of physical well-being that is reproduced by the health of the social system in which our bodies are embedded.

Follow-up Wisdom: The Chemovar and the Cultivar

Our popular education panels and keynote talk by Dr. Ethan Russo at the Third Annual Original Terpeestival represented an advanced seminar in whole plant education. I am incredibly

grateful to and proud of our audience, who came to listen, learn and participate as well as any university seminar I have taught. I want to reflect on the complex whole after the fashion of a reaction paper, which in the formal educational setting is a method for making a short conversation about a substantive and often intense volume of readings or material on a particular topic that is rich with avenues for further exploration and engagement. It's a way to dip one's toe in one part of the pool, not to summarize the whole but to represent a recurring theme that has sparked the curiosity of the student.

As the organizer of the popular education content (the seminar leader, if you will), I was especially interested in listening to what people “got,” given the complex information presented, that they can apply to their industry and cultural practices around the whole plant. I have the advantage of having been present and paying attention not only to all of the speaker content for the day, but also our event's “prologue” — Kevin Jodrey's Thursday evening talk at the Vashon Grange organized by Shango Los and VIMEA. Seen this way, Kevin and Ethan provided “bookend” lectures for shorter and more collective conversations in the panels. It's pretty clear that there are two ways of thinking about the plant around which industry evolution will happen: the cultivar and the chemovar.

Before explaining, I want to amplify the response of panelist Rick Pfrommer to a terrific question from the audience, on how to map new terms and better information into a consumer landscape that is already confused by older, less accurate information. In particular, I'm going to allow myself to use the term “strain” in this reaction piece, even though so much of our information throws the viability of the term into question. In his years as the lead wholesale buyer for Harborside Wellness Center in San Francisco, Rick is especially tuned in to the need to be understood, and he emphasized the importance of retaining familiar words in conversation with patients and other kinds of consumers.

The cultivar is the plant, the reality behind the branding that up till now has been problematically assumed to equal “strain.” It's more than the phenotype, or physical expression of a plant's genes from seed or clone to processed product.

Kevin's themes were about propagating and growing for terpenes, but perhaps the most eye-opening element for even the most advanced folks who heard him was the assertion that the cannabinoid and terpene content of a plant is shaped especially by the environment in which it's grown. This has tremendous implications not only for research on genetics and “strains,” but on the production, branding and marketing of terpene configurations. Your nutrient line matters. Your lighting matters. Your physical geography, if your plants are grown in the sun, matters considerably. A Banana OG “strain” grown in one environment can differ considerably if grown in another. It can even differ considerably if it's fed a different nutrient line.

The cultivar is the domain of the grower. What we know about it today is what growers communicate about it. In the informal market historical context, that knowledge was highly classified and shared in secret, for obvious reasons. It was limited by the imperative to NOT record, because doing so could catch you a much bigger case, as Kevin found out in the early 2000s. As a result, it's mostly a matter of oral history, found and lost in the memories of the growers over decades, with few exceptions. Kevin's decades of expertise are unique in his drive to network together knowledge about cultivation of the plant especially through “strain” hunting, propagation, and crucially, functioning as a nursery from which the identification of cultivars could be matched to market opportunities across the globe.

The chemovar is the molecular composition of given cultivar. It's the terpene profile plus the cannabinoid profile plus every element of the whole plant that is not inert, like lipids and waxes that give form but do not interact with human physiology when ingested. It's what Dr. Russo talks about when he talks about the whole plant and how research on it evolves. The research scientist looks into the plant, literally, to engage with the consistency and variability of how people are affected by it. He needs a laboratory and lab equipment — in fact, the chemotype is the snapshot of the chemovar that analytics laboratories produce, with raw material created by the producer and processor. The chemovar is an ensemble of numbers about which considerable possibilities for branding emerge, especially in the Washington legal context where the consumer is not permitted

to experience the product's smell or effect before buying it.

The chemovar is the domain of the scientist. What we know about it today comes from an extremely small number of licensed researchers on the one hand and the databases of cannabis analytics labs, which are absolutely exploding under conditions of legalization but remain really small in comparison of what's to come. Pioneering researchers like Dr. Russo were able to produce this knowledge under very specific and limited historical conditions.

In Ethan's case, it was his position as Senior Medical Advisor for GW Pharmaceuticals. GW itself was created out of a perfectly legal arrangement between UK entrepreneurs, outlaw botanists with a legal cannabis genetics bank in the Netherlands, and philanthropic seed money from the late Peter Lewis, arranged by his nephew Don E. Wirschafter, the moderator of our panels last Saturday.

The basic concepts here are not new, and this way to think about the Terpefestival's popular education elements was not planned, but the cultivar and the chemovar frame a conversation about the cannabis plant that will shape the branding evolution of the craft cannabis economy represented at the Third Annual Terpefestival.

The question itself is important not just for scientific knowledge and better education, but to reconcile the marketing of cannabis with its botanical reality. The marketing of cannabis to this point has predominantly mobilized the discourse of "strains," usually typologized as indica, sativa, and hybrid. You can see this most prominently in the ubiquitous Leafly posters hung up in most dispensaries and retail outlets in existence.

These two plant identities reflect advancement in the understanding of cannabis as a plant and as a delivery mechanism for entourage effects loosely grouped under the notion of "high" — more properly understood as a highly variable consumer experience than includes therapeutic effects rather than simply recreational drug consumption.

The frames here — from the scientist and from the grower — aren't contradictory, but they can be confusing for an industry

that is already reeling from the reconstruction of knowledge about the plant under conditions of lab testing, a vast and growing array of nutrient lines, and methods for producing cannabis. Under conditions of legalization, knowledge about the cultivar can at last be recorded and advanced considerably with knowledge about the chemovar, outside the barrier to entry posed by global cannabis prohibition. That information is going to be incredibly useful for consumers of all stripes — patients who need to know which chemotype is likely to come from which cultivar so they can get consistent and effective medicine; and adult-use consumers who need to know which chemotype is likely to come from which cultivar so they can choose what kind of experience works for them; and so on.

But it will take an industry that is paying attention to these advancements to deliver the plant itself to the people. The Third Annual Terpefestival made a space for that to happen, one which I hope will grow leaps and bounds in the coming years. I'm incredibly grateful to everyone who made it possible — the popular educators, the budtenders, the sponsors, the Terpene Tournament entrants, the volunteers, the paid staff, my incredible friends and Board members, and the City that worked with us to make it possible.







Photograph by Claude Mahmood Taken at Green Source Gardens, OR



Is Product Testing Enhancing Public Safety?

By Dr. James MacRae (www.highintelligence.org)

One of the fundamental advantages of the regulated Cannabis market in Washington is that the state has required that products sold at Retail Access Points have been made from Cannabis and/or intermediate products that have undergone both Quality Assurance (QA) and Potency testing.

Quality Assurance Testing

Products that pass the required series of QA tests are less likely to contain unacceptable levels of (depending on the product) moisture, foreign matter, pathogenic micro-organisms, residual solvents and, as of Aug. 31, mycotoxins. The LCB reserves the right to also test any product, for heavy metals and/or pesticides, but such testing is not required for “non-medical-grade” products.

Products certified as “medical-grade” are of even higher quality in that they have been shown to not exceed allowed levels of heavy metals, non-restricted pesticides, and mycotoxins (which have been assessed in “medical-grade” products since the inception of the regulated medical market last year).

Products passing all required QA tests are considered to be of higher quality in that potentially harmful and/or noxious things

are not present beyond the levels considered acceptable by the LCB. They are, effectively, considered to ensure a higher level of product safety. They are presumed to be less likely to cause harm through the presence of harmful things at potentially harmful levels.

There is little question that QA testing, **when done well**, increases the quality of product available to consumers who source their product from regulated Retail Access Points. QA testing, **when done well**, increases the safety of products available to consumers, whether they be recreators or Patients. All products available in Retail Access Points today have passed all required QA tests.

QA testing, when not done well, accomplishes neither of these things. That is likely why the LCB attempts to ensure that it IS done well. How successful they have been in those efforts is less clear.

Potency Testing

Potency testing (PT), on the other hand, is not conducted in a pass/fail manner. PT tests for the levels of four Cannabinoids as either a percentage of total weight or, in the case of edibles and drinkables, as the number of milligrams present per unit dose.

All products are required to undergo PT which, under current rules, consists of reporting on levels of delta-9 THC, delta-9 THCA, CBD and CBDA (and the resulting “totally decarbed” delta-9 THC and “totally decarbed” CBD. These are not the only cannabinoids present in Cannabis. They are, however, considered by the LCB (and DOH) to be among the more important ones for predicting the intoxicating (delta-9 THC) and the “medicinal” (CBD) potential of the product.

PT, **when done well**, yields important information to consumers. Often unable to smell (let alone taste) the product before purchase, Cannabis consumers in Washington rely heavily on the package label for information regarding the strength of the product (in either a “recreational” or “medical” sense).

All products available in Retail Access Points today are required to contain a label which reports both “fully-decarbed” delta-9 THC and “fully-decarbed” CBD. The LCB also allows the reporting of any other cannabinoids and/or terpenes for which testing has been conducted and for which test results can be made available to the consumer, upon request, at the point of sale. Product labels vary substantially, but a common additional “cannabinoid” number included is for “Total” or “Total Cannabinoids”. This number is often reported as the total of “fully-decarbed” THC and “fully decarbed” CBD.

There is an active debate regarding whether the PT testing and reporting requirements in place today actually convey useful information to consumers. One major theme in this debate is that THC and CBD alone (and THC in isolation) is not a good proxy for the degree to which Cannabis will either get one “high” or help one medically. Advocates of this notion tend to point to the “entourage effect”, in which numerous components of Cannabis working together in concert impact the potency of products. I will not deal with this theme today, other than to say it tends to be held by folks that know a great deal about the plant and about products derived from it (e.g., they are likely correct).

One other major theme, and the one I hope to shed further evidentiary light on is that there is so much variability across the labs in their PT numbers that what is being reported by them is virtually useless. While there is considerable cross-lab variability

in the PT numbers being reported, the conclusion that this makes their results virtually useless is a bit harsh.

Assessment of cross-lab Variability in Potency Reporting

You may have heard stories about how the cannabinoid levels measured at the top of the plant can differ dramatically from those same cannabinoid levels measured in the middle of the same plant. The cannabinoid levels measured can differ based on the time of day at which the flower was harvested. The cannabinoid levels measured can vary because of lots of things. I am going to ignore this source of variability in reported cannabinoid levels for now.

You may also have heard stories about how the cannabinoid levels measured by different labs can differ dramatically. The following charts (and table) summarize an assessment of cross-lab variability in reported PT results --- but first some methodological details.

Hidden within the traceability database are many instances in which product sharing a common heritage (e.g. product sourced from the same farm at about the same time from the same “batch”) is tested by more than one lab. This presents a wonderful opportunity to statistically assess the variability across labs in the PT numbers they generate.

The following summarizes work on over 150 instances in which samples taken from the same “batch” were tested by two different labs. For the farmer to pay for two tests when only one is required, there must be some value to the farmer in doing multiple tests on the same “batch”. In doing so, the farmer likely wants to know if the results reported by Lab A are reasonably close to those reported by Lab B or if Lab A consistently reports higher or lower numbers than does Lab B.

My primary assumption underlying the analysis below is that when a farmer sends two samples out for testing to different labs, that she/he will do their absolute best to ensure that the two

samples are as equivalent as possible.

Based on that assumption, each situation in which 2 labs test flower from the same batch is analogous to a coin flip. If a coin is “fair”, it will tend to come up heads $\frac{1}{2}$ of the time and tails $\frac{1}{2}$ of the time. If a coin is “biased”, it will tend to come up heads (or tails) more often than expected.

Similarly, when two labs test “identical” product, one lab should report PT numbers higher than the other lab about $\frac{1}{2}$ of the time and PT numbers lower than the other lab about $\frac{1}{2}$ of the time.

The following five charts summarize the results displayed by the 5 labs that had participated in at least 20 instances of testing flower sourced from the same “batch” as flower tested by one other lab. I limited this analysis to FLOWER to minimize variability attributable to processing.

For each of these same-batch-duplicate-test situations, I calculated the fully decarbed “Total” of THC and CBD, combined (specifically, “Total = THC + (0.877 x THCA) + CBD + (0.877 x CBDA).

Once “Total” was calculated for each of the two tests, the difference between the two values was taken by subtracting A given lab’s value (the “Target Lab”) from that produced by the other lab testing product taken from the same “batch”.

If there were no systematic difference in the PT numbers reported across labs, the distribution of difference scores should be equally distributed on both sides of zero. There should be as many instances, on average, where the difference is positive (where the target lab reports numbers HIGHER than the other lab) as when the difference is negative (where the target lab reports numbers LOWER than the other lab).

The five charts below display the distribution of difference scores from the perspective of each of the 5 labs participating in the largest number of such “duplicate PT tests” on flower samples.

One thing to look for is the degree of symmetry around the zero point (marked by the vertical green line) for each lab. For

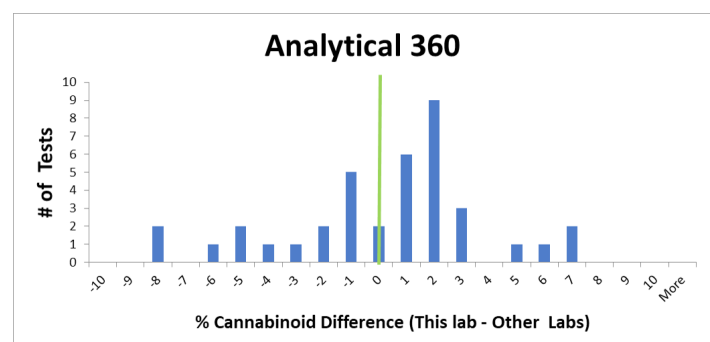
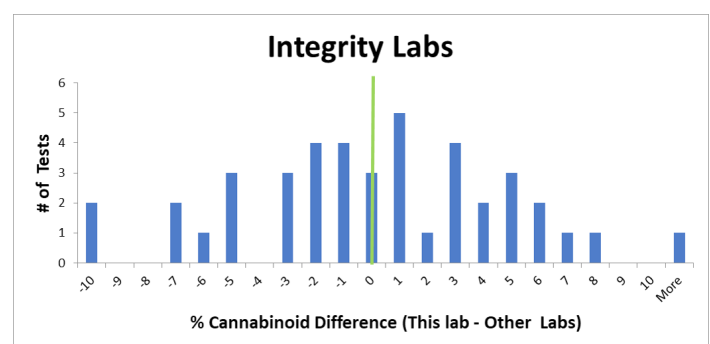
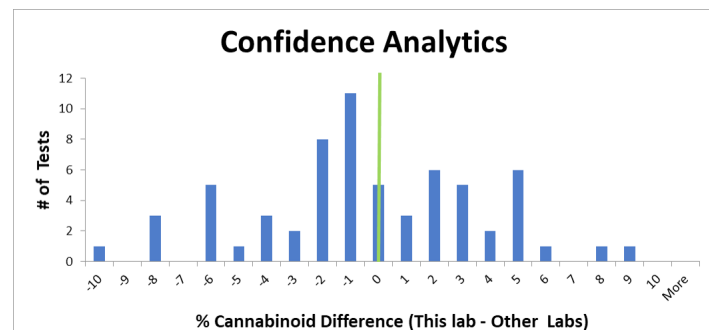
each lab, are there about an equal number of times that their results were higher (to the right of the green line) as there were when their results were lower (to the left of the green line)?

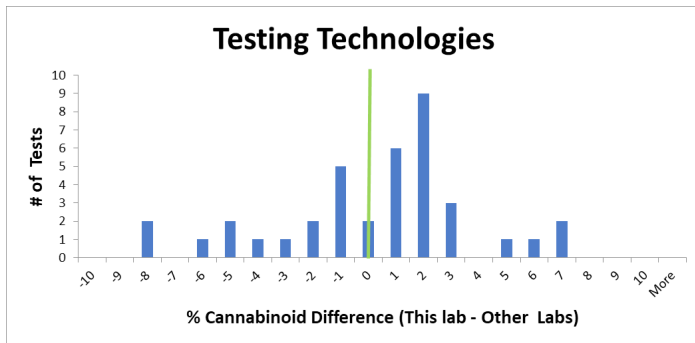
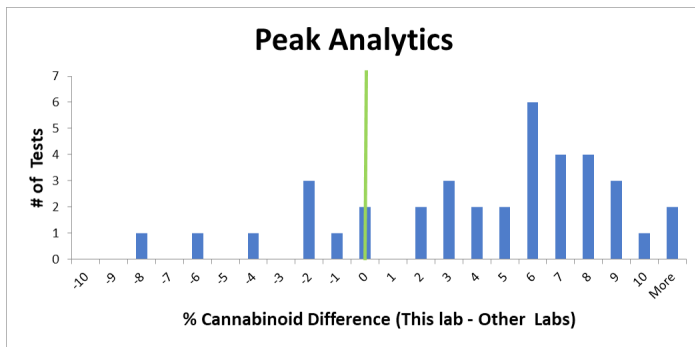
If that is the case, that lab’s “coin” would appear to be “fair” or “unbiased”.

If, however, there are noticeably more samples on one side or the other of the green line on a given chart, that lab’s “coin” would appear to be “biased”.

One other thing worth looking at is the sheer size of the difference. There are quite a few differences that show up to (and in a handful of extreme cases, larger than) 10 percentage point differences between labs.

10 percentage point differences from product that (remember my assumption) the farmer went to great efforts to ensure were as similar/equivalent/homogenous as possible.





Now, for some statistics. The following table summarizes a 2-tailed SIGN TEST applied to the data for each of these 5 labs. The null hypothesis is that the lab is unbiased (relative to the others) with respect to PT reporting. The null hypothesis assumes an equal number of positive and negative difference scores.

**Statistical Summary
of Labs Testing Flower Samples from the same "Lot"**

Lab	# Paired Tests	% Tests with Lab Result Higher than Other Labs	p-value (2-tailed)	Significant? (at .05 level)
Peak Analytics	38	76.3%	0.002	*
Analytical 360	38	57.9%	0.418	-
Testing Technologies	20	50.0%	1.000	-
Integrity	42	47.6%	0.878	-
Confidence Analytics	64	39.1%	0.103	-

As you can see, one of the labs achieved statistical significance at a level where $p < .005$. This suggests that at least one of the coins being used by one of the labs is not "fair".

Of, perhaps, even more interest, is the fact that 3 of the 5 labs showed differences of 10 or more percentage points compared to other labs TESTING THE SAME PRODUCT. When you consider that the average "Total" potency being reported is around 18%,

that is a very large discrepancy and it confirms a number of comments made by folks that have been involved in the debate regarding variability across the labs. This degree of discrepancy and the degree of cross-lab variability it implies is unacceptable.

So What? It's just Potency.

While the risks associated with inadequate QA testing are fairly self-evident when product unfit for market makes its way to market if QA tests are not done well, the linkage between potency tests not done well and public safety is less obvious.

In rolling out a state-legal Cannabis market, some of the consumers purchasing within that market will be new to Cannabis. Such users will likely take note of the reported potency levels for product they have purchased. They will consume that product and they will, eventually, form a base knowledge of how much they can consume before becoming too impaired to do such things as drive.

Think for a moment about a new Cannabis consumer that has consistently sought out product advertising 28% Total Cannabinoids (or more) on its label. That consumer eventually comes to believe that they are just fine to drive if they limit themselves to no more than (for example) two hits before subsequently driving.

That new Cannabis consumer's efforts to learn how to use responsibly are somewhat derailed if they subsequently, upon finding themselves in possession of product labelled at a much lower level of Total Cannabinoids (say 15%) make the reasonable inference that they should be able to take FOUR hits and then still be OK to drive.

The numbers presented in the charts above suggest that this new Cannabis user may, actually, be consuming almost twice the amount of Cannabinoids as usual before going out to drive.

We all know that people driving with "too much" alcohol in their system are dangerous --- to others as well as to themselves. It is reasonable to expect that people driving with "too much"

cannabinoids in their system (or, specifically, more cannabinoids in their system than they expect to be there) might also pose an increased risk to not only themselves, but to others on the roadways and sidewalks of Washington.

The lack of consistent, repeatable potency testing across labs that is summarized above is both unacceptable and dangerous.

Given this, I would encourage the WSLCB to expand the “secret shopper” program that they started earlier this year. Buying product off the shelves of retail access points and having the WSDA lab in Yakima conduct PT testing and then comparing those results to the ones reported by the certified labs serving this market is a great idea. They should increase the number of such tests and they should institute a properly-designed sampling regimen that allows them to efficiently find labs whose processes are failing to yield consistently accurate results.

I have heard rumors that one of the labs has organized a subset of the certified testing labs to do a “round-robin” test of a small number of product samples in order to assess cross-lab variability. Great idea, but it suffers from the same problem as the RJ-Lee annual (or semi-annual) inspections --- the labs know they are being evaluated and are, presumably, giving their very best during such evaluations.

What is important is to have **Proficiency, Reliability, Accuracy, Goodness, Unbiasedness and Empiricism** be the norm in lab practices each and every day as they contribute their expertise and technical prowess toward the goal of minimizing dangers to public health and safety associated with this new industry. It is important that we hold all certified labs to the standard of being P.R.A.G.U.E..

Cannabis seems to be a relatively safe product. Let’s all demand that it be kept that way and, where possible, offer up solutions that will ensure that it is.

One such solution would be to have the LCB begin enforcing against retail access points that are not able to produce, upon customer request, the Certificates of Analysis that the labs produce for each tested sample. This is much more likely to happen if consumers begin routinely asking for this information

at the point of purchase. Processors are **REQUIRED** to include a CoA with shipments to Retail. Retailers are **REQUIRED** to be able to produce CoAs upon customer request. If they are unable to, take your business elsewhere, but also **COMPLAIN TO THE STORE MANAGER** and **COMPLAIN ABOUT THE STORE TO THE LCB**.

If the LCB were to receive a few thousand consumer complaints naming specific stores that are unable or unwilling to do this, I suspect they might begin re-prioritizing their efforts. If the stores that cannot or will not do this today begin losing business, I suspect many of them would begin complying with this requirement quickly.

The net result would be that you would be more likely to know who tested the product you are considering. That is a first step toward holding all of the labs accountable to a better standard.





Photograph by Claude Mahmood Taken at Green Source Gardens, OR



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Washington New Hemp Laws and Medical Marijuana Patients

Increasingly, states are modifying their hemp laws to permit complete cultivation, or at minimum for research intents. Currently, the United States imports hemp products costing astronomical amounts of money each year. Fortunately, farmers will be cultivating hemp in Washington due to a bill passed into law by Washington's governor Jay Inslee.

The bill authoritatively releases hemp from the Controlled Substance Act of 1970 according to the Washington State Legislature. The bill is backed by both Democrats and Republicans. However, the bill does not legitimize hemp federally, only in the state of Washington.

What Is The Hemp Program All About?

The Industrial Hemp Research Pilot (IHRP) is a system setup by the Washington State Legislature to launch trial studies to study the production and commercial practicality of industrial

hemp commerce in the state. The bill, now codified as Chapter 15.120 RCW was legitimized in agreement with the 2014 Federal Farm Bill. This bill permitted states to grow industrial hemp strictly for research and to ascertain if it is a feasible industry.

No industrial hemp is currently grown in Washington State. The objective of the IHRP, considering rules are currently effective, is to distribute licenses to proliferate industrial hemp in order to research its marketing and cultivation potential.

The Difference Between Hemp And Marijuana

First, hemp and marijuana are different. Still, many people get the two confused. They are both one and the same as each are part of the same cannabis plant species, *Cannabis sativa* L. However, the chemical composition of hemp and marijuana are heritably diverse. As a consequence, they are used for completely different purposes.

Hemp is primarily cultivated for its commercial properties.

The seeds and stalks are utilized to create a variety of products like medicines, food, paper, textiles, nutritional supplements, and more. In order for cannabis to be identified as hemp, the make-up of the plant must be 0.3% tetrahydrocannabinol (THC) or less. The compound THC is the potent chemical that offers the “high” that users feel when smoking marijuana. Hemp has 33 times less THC than marijuana; therefore, hemp does not create the “buzz” that users experience with marijuana. Nonetheless, hemp has more CBD (cannabinoids) and therefore is safe for usage by individuals irrespective of age.

Nevertheless, hemp does have medicinal qualities like heart healthy compounds, relief from eczema as a hempseed oil, and aiding digestion. Nevertheless, the approval of hemp is for industrial usage and not for medicinal purposes. However, the new law passed in Washington does offer hemp for medicinal usage. The law basically provides permission to initiate pilot programs to research the cultivation and commercial practicality of industrial hemp in Washington. However, marijuana is legal for adult use in the state of Washington.

Does The New Washington Law Increase A Patient's Access To Medical Marijuana?

Patients in Washington are only required to possess a doctor's recommendation to meet the requirements as a medical marijuana patient. No registry or card scheme exists. However, SB 5052 is an elective patient database. Patients who willingly register are permitted to acquire three times more marijuana than the recreational law allows.

-Patient Possession Restrictions

Before the introduction of SB 5052, medical marijuana patients were allowed 15 plants and up to 24 ounces of marijuana for consumption.

The current law allows:

0.74 ounces of marijuana (like oil or wax) concentrates

216 ounces in liquid form such as beverages

48 ounces of marijuana in edible products (solid form)

3 ounces of usable marijuana such as flowers

Additionally, patients are permitted to grow up to four plants for personal medical usage and up to six ounces from personally owned plants. However, a patient may exceed the above allowed amounts if their doctor determines it is necessary. Up to 15 plants for private medical use and up to 16 ounces from the patient's plants are also permitted with permission.

-Communal Gardens

At present, medical marijuana patients are permitted to combine their resources and take part in collective gardens. Each garden is restricted to 10 medical patients who are allowed to apportion all or part of their personal 15 plant allotment to the collective. However, collectives are not allowed over 45 plants in total. Yet, SB 5052 decreases the amount of patients linked with a collective garden from 10 to four.

Collective gardens are now called cooperative gardens under the SB 5052 regulations. Co-ops are restricted to four patients with each patient distributing part of or all of their individual plant allowance to the co-op. Depending on the patients medical requirements this can be six or 15 plants. Nevertheless, co-ops are may produce no more than 60 plants in total. As of July 1, 2016, generous sized collective gardens must regroup into a co-op with fewer patients, or acquire a producer license from the WSLCB.

-Dispensaries For Medical Marijuana Patients

Medical marijuana dispensaries are obliged to become licensed recreational stores and acquire a medical cannabis endorsement proving that they are informed about the medical utilization of marijuana.

The WSLCB has a restricted amount of 334 recreational retail licenses to distribute. The amount was decided by utilizing a method that allocates the quantity of districts in relation to

the most inhabited cities inside each county. SB 5052 demands that the WSLCB revise the amendment and boost the maximum amount of retail outlets it incorporates. This will allow access to new license applications, including a larger number of retail outlets to adapt to the needs of medical marijuana patients.

Steps Medical Marijuana Patients Can Take To Receive A Card/Authorization

-Receiving Medical Marijuana Authorization

In the state of Washington, in order to be a medical marijuana patient, a Medical Marijuana Authorization must be provided by a recognized healthcare practitioner licensed to authorize marijuana for medical usage. This permits patients to cultivate four plants.

-The New Law Permits Patients To Buy Clones, Seeds, and Plants

Authorized in May 2016, the SB 5131 in Washington permits patients permission and selected providers registered into the medical marijuana database who are in possession of a card, to purchase seeds, clones, or plants from a licensed grower. The law came into effect July 23, 2017. Still, the Washington State Liquor and Cannabis Board are required to establish regulations and organize an applicable program.

Perhaps introducing one of the country's most antiquated industries with the enactment of H.B. 2064, will place hemp in a more flexible category along side its cousin marijuana in the near future.



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What is your Medical Marijuana Story?

Tell us your story of how medical marijuana helped you and we will share that story in our magazine or website. Your story could help someone see that marijuana is medicine.

Scientists can research, study and analyze information about marijuana for years before anything is official about its benefits; but the truth is you and everyone that uses marijuana are already the result of its beneficial qualities, your story is proof and others need to hear it. Help us show the world that marijuana can actually help people by being a testimonial to its benefits.

It is time to break the stigma that marijuana is a dangerous drug and show that it is a "godsend" for you and that it can be one for others. Don't let the government, corporation, pharmaceutical industry keep it locked away; other people, your neighbors, your family members, your friends, a stranger on the street might benefit from your story, share it with us and we will share it with the world.

Visit our website and tell us your story!

www.everythingmedicalmarijuana.com/yourstory



Changes to Washington State's Marijuana Law

The 2017 legislative session brought about a few changes in Washington state's marijuana law. Going into effect on July 23, here are a few of the changes that affect patients in our evergreen state.

New law allows patients to purchase plants, seeds and clones

Qualifying patients in WA have the choice to register with the state's database for some benefits, or not to register, to keep ones medical condition and situation private.

Though medical marijuana patients in Washington are already permitted to grow a small amount of cannabis in their homes for personal use and may register and form a collective to grow medical cannabis together there has been no legal means for medical patients to buy cannabis plants or seeds because legal cannabis producers were prohibited from selling cannabis to individuals who did not hold a license to produce,

process, or sell marijuana. SB 5131 changes this by allowing "qualified medical marijuana patients and designated providers to purchase immature plants, clones, or seeds from a licensed producer." In order "to purchase plants or clones, the patients and providers must hold a recognition card and be entered in the medical marijuana authorization database." The new section goes on to allow seeds to be purchased by non registered patients saying "qualifying patient and designated providers may also purchase marijuana seeds from a licensed marijuana producer." The Washington State Liquor and Cannabis Board (WSLCB) has written interim policies regarding the legal transfer of plants, clones and seeds to patients.

Organic Classification

SB 5131 requires the LCB to adopt regulations for designating cannabis as organic similar to the "organic" classification granted pursuant to federal regulations. Since cannabis is illegal under federal law, it cannot qualify under federal standards for organic certification. Cannabis producers and processors who choose to comply with Washington State organic standards can market

their cannabis products as compliant with the WSLCB's organic-style regulations.

Industrial Hemp and CBD Study

A new section is added to task the “department of agriculture and the state liquor and cannabis board to collaboratively study the feasibility and practicality of implementing a legislatively authorized regulatory framework allowing industrial hemp produced in accordance with the requirements of this chapter to be sold or transferred to marijuana processors, licensed under chapter 69.50 RCW, for processing into industrial hemp or marijuana products to be sold at retail for human consumption.” This may clear up the confusion about the flower of industrial hemp being useful for its CBD. Previous legislative attempts at legalizing industrial hemp has always required the flower to be destroyed, but lawmakers are wising up to the usefulness of this crop.

Sharing is no longer a crime

Anyone 21 years or older can now legally “deliver” to another adult up to one-half ounce of flower, eight ounces of infused solid edible, 36 ounces of infused liquid, or three and one-half grams of concentrates, as long as they don't charge money. In order to be a legal exchange it must be kept in its original store packaging and exchanged in private.

Home Grow Study

“The state liquor and cannabis board must conduct a study of regulatory options for the legalization of marijuana plant possession and cultivation by recreational marijuana users. In conducting the study, the state liquor and cannabis board must consider the federal guidelines provided by the Cole memorandum, issued by the United States department of justice on August 29, 2013, which allows individual states to implement marijuana legalization policies, provided such states enact strong

and effective regulatory and enforcement systems that address public safety, public health, and law enforcement concerns as outlined in the memorandum.

Not later than December 1, 2017, the state liquor and cannabis board must provide the appropriate committees of the legislature written findings and recommendations regarding the adoption and implementation of a regulatory and enforcement system for the legalization of marijuana plant possession and cultivation by recreational marijuana users, in light of the guidelines set forth in the federal Cole memorandum. The study, findings, and recommendations required under this section must be done through the use of the existing resources of the state liquor and cannabis board.”







Photograph by Claude Mahmood Taken at Green Source Gardens, OR



The Newest Medical Marijuana Laws in the State of Oregon

The Starting week of July marked the end of the Oregon Legislative Session, and with it, the development of many laws meant to either benefit or decimate the medical Marijuana Industry in Oregon. In these five long and productive months, the legislator passed a motley of laws related to the use of medical marijuana, adult use of pot, and industrial hemp.

In addition to what happened during the process (the laws that we would allude to soon), there was quite a huge surprise in the forefront: the dissolution of the Joint Committee on Medical Marijuana - the body that governed and was the sole authority behind crafting medical marijuana related legislature.

Hence, we could witness a rapid decline in the sheer number of medical marijuana related laws that are put in the fore. The Joint Committee - formulated around 2 years back with the sole purpose of implementing Measure 91 - was the sole proprietor behind formulating legislature and public policy related to medical marijuana use.

What's even more beguiling is the fact that with departure of the Joint Committee, the rule making process has, once again, fallen into the hands of the Oregon Liquor Control Commission

(adult use/recreational earlier, and now medical marijuana too); Oregon Health Authority (Medical Marijuana) and Oregon Department of Agriculture (Industrial hemp).

Each and every one of these agencies would be the sole guardian for (mis)managing rules pertaining to the varied statutes that have already been put into place in connection to the assorted motley of medical marijuana laws, as have been enunciated below.

Senate Bill 1057:

This bill was quite the heavy lifter when it comes to curbing the excessive control on the MM industry; further, the bill defined clear mandates and differentiated between what is valid and what is invalid in an eloquent manner.

The bill required (1) MM growers to use the METRC tracking system; (2) established an unwarranted definition of the limit on the plants that could be produced under the ambit of MM (down to a 24 per producer); (3) would let OLCC licensees declare themselves as exclusive breed of MM growers; and (4) all the cannabis labelling operations have been assigned to OLCC. There is more to it, but these were the ones that held the most

significance.

Senate Bill 56:

Thanks in part to the un-thoughtful restriction implemented on MM producers and users riding on the back of the SB 1057, there was a sense of panic that was created almost instantly as a result - especially amongst ones that were in the transition process to becoming OLCC regulars. This led to the arrival of the SB 56, so as to clear the air of doom that had propagated around the whole SB 1057 debate.

This Bill quickly did away with the unwanted limitation that had been firmly affixed on MM growers, and as per the new bill: any MM producer waiting for their OLCC application to pass through (as of 23rd June) would have no restrictions enforced upon them, and they would be free to go as per the old restrictions (which were quite reasonable).

Though, the new law also paves the way for a limited cannabis processing by small and licensed OLCC players (<5000 meters of the canopy; water and mechanical extraction only). Furthermore, it calls for the immediate and irreproachable suspension of the license of an OLCC producer if the produce is diverted to the illegal market.

Senate Bill 302:

The fact that laws pertaining to the illegal usage of MM are quite regressive is out in the open and has been a hotly debated topic for a long time. But with the onset of this bill, things are bound to change for the better - thanks to the fact that the provisions pertaining to marijuana offenses in the state's Uniform Controlled Substances Act have now been removed, at least for the foreseeable future.

Further, it reduces and/or removes varied penalties that have been strictly implemented against marijuana related crimes by unlicensed operators. The main aim of the bill was to tone down the rhetoric involving the usage of MM and the criminal charges framed against the perpetrators, and also to bring it more in line with the established alcohol related criminal laws. That is

something that the bill undoubtedly achieved.

The penalties involving framing of criminal charges against an MM offense was scattered, beyond reckoning, throughout the various statutes involving criminal proceedings against a perpetrator. This bill has helped create a conforming situation, and has helped streamline the whole criminal booking procedure, making it far easier.

Senate Bill 303:

While the bill is quite similar to the SB 302, the implications are quite different to that of the SB 302. The bill adjudges the booking of a criminal case and the start of criminal proceedings against the usage of MM by minors, albeit illegally.

This rule was meant to amend and clarify on the various statutes pertaining to some such laws that opined on the severity of punishment that was to be meted out to kids involved both in the illegal possession/usage of marijuana and alcohol. It was supposedly meant to hit two birds with a single stone.

While the importance of this bill is far too much to consider at this point, we would be quick to add that it bears almost no semblance to the MM industry as a whole.

Senate Bill 863:

Oregon as a state is known to protect the privacy of its citizens, no matter what the consequence. This bill, in whole or part of its wordings, stands quite true to this premonition. Though what is significant is the fact that identities of MM users would be kept intact and away from the prying and prodding eyes of the federal government at the center.

Per the wording of the rule, it prohibits marijuana retailers from recording, retaining and transferring information relevant to an MM user that may help identify them under any circumstance. This rule was one that had been put on the burner for a very long time, and the final passing of it led to quite a lot of cheer amongst the proponents that benefit directly or indirectly from the arrival of the bill.

And, as such, the bill fared through quite easily in the senate with the least amount of bickering or signs of visible restraint being shown by the legislators, with the majority of them firmly in favor of passing the bill which would help almost all the medical marijuana users almost instantly and for a long time to come.

Senate bill 1015:

This new law has been put to place having the welfare of medical marijuana as well as hemp growers in mind. According to this new statute, hemp growers could inadvertently transfer their produce to OLCC license holders, and wouldn't have to cut through a debilitating amount of red tape to do so.

In addition to that, industrial hemp handlers could transfer hemp extracts and concentrate to handlers, again without any unwarranted legal delays. The only off-side to that is the many forms that would need to be filled and minimal handling fees that would need to be paid.

House bill 2197:

This is a progressive bill, one that immensely benefits all the elements that it expounds upon- the Indian tribes in this case. According to the bill, which was brought forth on the basis of a prolonged discussion and not done in zest, the Oregon department of revenue is to get into an agreement with the federally recognized Indian tribes (the confederate tribes of warm springs in this case).

According to one such agreement, the state department would be liable to pay rebates to the tribe members on the expected tax instances espousing the sale of medical marijuana to its users by the members of the tribe. This has far and wide-reaching implications for the tribesmen of warm springs and would aid in further allaying their fears in pertinence to the formulation of regressive rules that have only worsened their living conditions.

Also, it could prove to be a boon from the blues itself for the users who - for a lack of adequate supply, based on the ever

increasing demand and not an equivalent number of producers to cater to that demand - would find themselves in possession of the medicinal plant in earnest, without having to wait for prolonged periods of time for the stock to replenish and for the product to be made available.

Further, this is bound to increase and add to the incomes of the tribesman, who are seeing bad days since the onset of the economic recession that has firmly gripped the U.S.A. All we could do in the end is to wish the tribesman all the luck in the world for them to sail through their venture with flying colors.

House Bill 2198:

This bill is the only one of the list that is yet to be vetted by Governor Brown herself; although passed, it sits on her office desk, awaiting that final seal of approval that only a governor could provide. Due to the implications of the bill, we believe that Ms. Brown would sign it, it brings quite a lot to the table to work with.

According to the bill that is in the reckoning: An Oregon Cannabis Commission is to be established, one that would report back to the legislature on the status of various statutes implemented in relevance to the varied medical marijuana related laws (Oregon Medical Marijuana Program) in the fore (one that the legislature keeps on curtailing based on its own whims and fancies).

The main idea behind the bill - at least the one that we believe holds some weight to it - is to help out any medical marijuana user that may have been inadvertently left behind while the formulation of policies meant to uplift the populace using MM was taking place. The report submitted by the committee would be the basis for much deliberation, and any course corrections, if needed, would be implemented hence-with.

Though the bill isn't shorn of controversy too, with the "20-pound amendment" that had eye-balls rolling all in the wrong direction. According to this amendment, medical marijuana growers would be allowed to sell to an extent of 20 pounds of extra product to the OLCC market, without a fear of any criminal proceedings taking place against them.

While this statute would immensely benefit the end user - as we have discussed before, due to a lack of an adequate supply - it may yet lead to some unwanted case of illegal hoarding and then selling the product. From this point onwards, it's all a wait and watch game to see the legislation put into place and then to witness its implications on the market - any doomsday naysaying made now, would be made in zest.

The Bill also puts forth some changes to miscellaneous items, like the ones that appertain school dispensaries and cannabis dispensaries spread across the length and breadth of the state.

Taxation:

Also in the bill was the implementation of a sales tax on the selling of recreational marijuana. This sales tax could be to the

tune of 8%, much higher than the 3% cap that is in place at the moment. Though, with the ever increasing usage of medical and recreational marijuana in the state and it recording humongous sales (to the tune of over 1b\$!), the state has much to gain from the implementation of this sales tax on medical marijuana.

This year marked the onset of many laws which favor the medical and recreational marijuana markets in Oregon especially, the MM market. This is all due to the fact that many user and producer friendly rules and statutes have been implemented or are on the brink of being implemented.

In addition, the criminal laws pertaining to the use of medical marijuana have been more streamlined and put in accordance with ones that govern alcohol usage, which in itself marked a welcome change to the legislation.



Photograph by Claude Mahmood Taken at Green Source Gardens, OR



CANNABIS GROWN WITH ECOLOGICALLY

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DISPENSARIES IN
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**EMERALD CUP
REGENERATIVE CANNABIS
FARM AWARD**

A close-up photograph of a plant with green serrated leaves and a central cluster of small, spiky purple flowers. The plant is covered in fine white droplets, possibly dew or water. The entire image is framed by a thick red border.

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LADIES AND GENTLEMEN! SMOKERS AND TOKERS, THE "24K GOLD" IS IN THE HOUSE. THE WELL-KNOWN KOSHER KUSH CROSSED WITH THE ALLURING SWEET TANGIE HAS CREATED THE UNIQUE "TANGIE KUSH", ALSO KNOWN AS "24K". THIS HYBRID WITH ITS 60% INDICA-DOMINANT AND 40% SATIVA WILL PEAK YOUR INTEREST. FULL OF FLAVOR AND AROMA, THE 24K'S SWEET ORANGE CITRUSY SCENT WITH A HINT OF INDESCRIBABLE SKUNKY FRAGRANCE, WILL LEAVE YOU CURIOUS TO WHAT OTHER NOTES YOU ARE SENSING. GOLDEN IS A LOVELY WAY OF DESCRIBING HER APPEARANCE. 24K WILL TANTALIZE YOU WITH HER SPARKLING GOLDEN TRICHOMES THAT ARE MIXED WITH GOLDEN HAIRS. BUT IT IS 24K'S EFFECTS THAT WILL GIVE YOU GOLD FEVER. WITH AN INSTANT FEELING OF EUPHORIA, 24K'S RELAXED YET ENERGIZING UPLIFTING HAPPY MOOD WILL MAKE YOU FEEL LIKE YOU'VE GOT THE MIDAS TOUCH. PATIENTS HAVE FOUND THAT IT HAS HELPED TO RELIEVE PAIN, INFLAMMATION, ARTHRITIS, FATIGUE, AND PTSD.



WE ARE GROWERS ROOTED IN OUR COMMUNITY.

Raymond, at one-time a booming logging town, has experienced its fair share of ups and downs. BMF Washington, along with other local cannabis producers, recognized an opportunity to bring new jobs to the community with the hope of returning Raymond to its former glory. We at BMF look forward to the future success of the cannabis industry and what it can do for communities all across Washington state.

BMF is proud to call Raymond home and proud to produce the best cannabis products in the Northwest.



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