



Issue 2
FREE

GRASS ROOTS

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People Advocating
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How the
**ENDOCANNABINOID
SYSTEM WORKS**

Medical Marijuana patient
ROBERT LeFAVE

Checking out
STORE FRONT COMPASSION

Patients' Rights -
WHAT THE JUDGE SAID

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Who We Are ...

P.A.C.E. --- recreational and medicinal users of cannabis who want to help spread the knowledge of the cannabis plant. We are people that have seen the medicinal benefits of cannabis either through our own experience, a friend or through a loved one and believe cannabis knowledge is knowledge that must be shared with others.

P.A.C.E. ---- promotes cannabis education by participating at non-cannabis public events, through the Grassroots Advocate magazine and a weekly LIVE online radio broadcast found at LifestyleRadio.ca. We focus on the Canadian cannabis community and Canada's cannabis news, but do occasionally go International.

You can contact us at: www.pace-online.ca

Ontario Vapor Lounges ...

Brantford:

Club Stigma - 288 Murray St. (226) 238-3227

Hamilton:

Hamilton Vape - 1463 Main St. East (905) 541-8760

Kingston:

420 Kingston - 736 Princess Street (613) 766-8184

Moonbeam:

Chez Willy’s Place - 27 Cimon St. (705) 335-7191

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Vapor Social - 894 College St. (647) 467-0354

Strains Connoisseur Club
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This past February Canadian cannabis patients learned that their medical cannabis gardens are and will still be protected by a court injunction. To the thousands of cannabis patients in Canada this by all means was fantastic news. Knowing that a federal court has upheld our rights is never bad news. With it many cannabis patients can continue to grow their medication without the fear of being arrested.

In the court decision the judge agreed that patients' rights were being violated when the former Conservative government implemented the MMPR back in the spring of 2014. Unfortunately for many this program stripped away the patient's right to grow which was allowed under the former MMAR program.

I have lost count the number of times that the old program was found to be unconstitutional and now the one that has replaced it has also been found to be in the same sinking boat. That is two programs over fifteen years that have violated patient's rights. Now a new government will give it yet another try or will they just tweak the MMPR so they can say it's been fixed? Will patients have to keep battling for their rights for a medicine that the courts have ruled time and time again that they have a right to?

While there was some good news there are also some disappointing things as well. I know that many patients were hoping that other parts of the injunction would be changed. This includes important things such as the rights of a patient to move to patients being able to possess a month's worth of medication while travelling in Canada. Then you can add in those who are considered in the "grey zone" and are not sure if they are covered or not because of the dates imposed by the judge.

As a Canadian citizen and cannabis patient I am appalled that I and others cannot move to a new location within my own country because of the medicine I use. It's also appalling that if a patient wants to travel around our country that they may be restricted to a week away due to the limits imposed by the courts. It makes me ask, why are patients being held captive? Did we do something wrong? Are those who possess more dangerous pharma drugs forced to live in one house their whole life in fear of losing their rights to their pharma drugs? No, then why should cannabis patients.

The government has until August to fix our medical program unless they appeal the court's decision. Unfortunately this would only add more stress to the patients and not

help them. If the government does not appeal the ruling they may ask for an extension in order to come up with a new program which still adds stress to patients. One option I doubt they will use is it to let August pass without a program or an extension thus making cannabis completely legal in Canada. It wouldn't be the first time as it happened fifteen years ago for an eighteen month period and the sky didn't fall then. That's correct, if you weren't aware Canada must have a medical cannabis program operating or cannabis will become legal for all Canadians without any restrictions.

PPP
Al Graham





Ban on medical marijuana patients growing own pot struck down by Federal Court

By Mike Laanela Feb 24/16 cbc.ca

A Federal Court judge has struck down federal regulations restricting the rights of medical marijuana patients to grow their own cannabis and given the Liberal government six months to come up with new rules. Judge Michael Phelan ruled Wednesday in Vancouver that the Marijuana for Medical Purposes Regulations were an infringement on charter rights and declared they have no force and effect.



Dazed and Confused: A Look at Medical Marijuana and Ontario Schools

By Michael D. Lickver and Hugo M. Alves with Vladimir Klacar and Benjamin Burfordblog.bennettjones.com

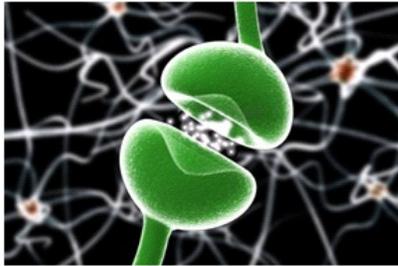
As the Canadian medical marijuana industry continues to expand and evolve at a rapid pace, unintended gaps have begun to appear across a wide spectrum of legislation. One such gap currently exists in the Ontario school system whereby students with prescriptions for medical marijuana (Student Patients) may face accommodation challenges as they tread into uncharted and controversial territory.



CBD Is The Chemical Medical Marijuana Is Buzzing About

By Marc Davis Feb 11/16 huffingtonpost.ca

It used to be all about the THC. In other words, cannabis' popularity has always been attributable to this psychoactive chemical, which gets people "high." But marijuana's bad boy image has been getting a well-earned makeover in recent years, thanks in part to its surging popularity as a legitimate form of herbal medicine.



Understanding Cannabinoid Receptors

By AMberzNectarz Feb 13/16 hempedification.blogspot.ca

Many Cannabis consumers are familiar with popular cannabinoids like THC (Tetrahydrocannabinol) and CBD (Cannabidiol), the therapeutic chemical compounds that provide a wealth of medicinal relief for dozens of conditions involving pain, inflammation and nausea (just to name a few, literally). Cannabinoids, as well as their cousins terpenes, are the chemicals that provide actual relief to patients by inserting themselves into special receptors in the tissues and cells of the human body.



Victoria makes plans to regulate its medical pot shops with \$5,000 licensing fee

By Canadian Press Feb 10/16 680news.com

VICTORIA – The City of Victoria has laid out some ground rules as it moves to regulate medical-marijuana businesses and included is a licensing fee that is a fraction of the Vancouver charge. The city is asking for public input on more than a dozen proposed regulations, including a fee ranging from \$4,000 to \$5,000.

Petition to the Minister of Finance

By Hilary Black Feb 15/16 petitions.parl.gc.ca

Whereas: Tens of thousands of Canadians have received authorizations for medical cannabis from their healthcare provider to treat a host of symptoms and medical conditions; The cost of this medication is currently subject to federal and provincial sales tax. This is inconsistent with treatment of other prescription drugs that are zero-rated by the Canada Revenue Agency.



More palliative care patients should get medical marijuana: doctors

By CTVNews.ca Staff Feb 15/16 ctvnews.ca

Canada is in the midst of drawing up guidelines for end-of-life care, but some doctors believe that the medical system isn't doing enough to offer high-quality pain relief to patients, including the option to use medical marijuana.



Canada's licensed growers want sales tax taken off medical marijuana

By Mike Hager Feb 23/16 theglobeandmail.com

Canada's licensed pot producers are pushing Ottawa to exempt patients from paying any sales tax on their products, which would give medical marijuana the same tax status as prescription drugs. The Canadian Medical Cannabis Council, a trade group representing three commercial producers, argues the tax change would allow them to compete with illegal dispensaries, which have exploded in numbers across the country.



Shoppers Drug Mart eyes sales of medical marijuana

By Grant Robertson & Greg McArthur Feb 23/16 theglobeandmail.com

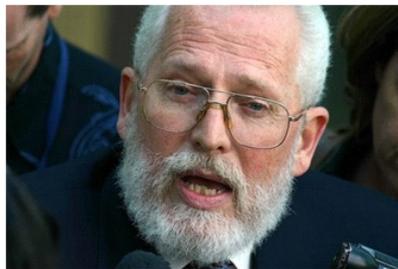
Canada's biggest drugstore chain is exploring the possibility of getting into medical-marijuana sales in a move that would dramatically alter the landscape of the new industry, bringing one of the country's best-known retailers into the business. Shoppers Drug Mart Corp. has held multiple meetings and phone conversations with licensed medical-marijuana producers across Canada over the past year about carrying a variety of brands in their drugstores, according to people involved in those conversations.



Medical Marijuana Patients React to Hard-Fought Win In Federal Court

By James McClure Feb 25/16 civilized.life

Medical marijuana patients across Canada are breathing a sigh of relief after Federal Court judge Michael L. Phelan struck down federal regulations prohibiting patients from growing marijuana at home. Phelan's decision was the culmination of the Allard case - a Federal Court challenge to a decision by the previous Conservative government to disallow patients from growing their own cannabis, and force them to buy from licensed dispensaries through a mail-order system.



Marijuana crusader John Conroy discusses the future of pot in Canada

By Neal Hall Feb 25 2016 metronews.ca

The landmark ruling this week by a Federal Court judge will force the federal government to fix the medical marijuana law found to be unconstitutional, says the lead lawyer on the court case. Judge Michael Phelan ruled Wednesday that the medical marijuana regulations introduced by the Conservative government in 2013, banning medical pot users from growing their own plants as they were previously allowed to do, violated the constitutional rights of those who prefer to grow their own because it was cheaper than buying from a licenced producer.



5 ways to improve Canada's MMPR

By David Brown Feb 29/16 news.liftcannabis.ca

The Allard ruling has been released, and Judge Michael Phelan has ordered the government to amend or change the current Marihuana for Medical Purposes Regulations (MMPR). The government has been given six months to fix the current system in a way that satisfies the court (or at least tries). The government can also appeal or request an extension.

CANNABIS & YOU



Introduction to the Endocannabinoid System

By Dustin Sulak

Originally published at NORL.org and has been condensed to fit.

As you read this review of the scientific literature regarding the therapeutic effects of cannabis and cannabinoids, one thing will become quickly evident: cannabis has a profound influence on the human body. This one herb and its variety of therapeutic compounds seem to affect every aspect of our bodies and minds. How is this possible?

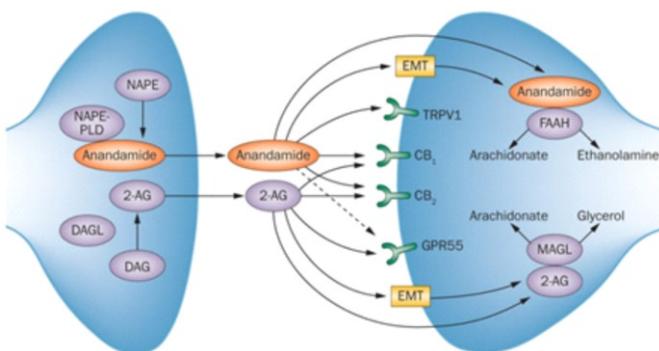
At our integrative medical clinics in Maine and Massachusetts, my colleagues and I treat over 18,000 patients with a huge diversity of diseases and symptoms. In one day I might see cancer, Crohn's disease, epilepsy, chronic pain, multiple sclerosis, insomnia, Tourette's syndrome and eczema, just to name a few. All of these conditions have different causes, different physiologic states, and vastly different symptoms. The patients are old and young. Some are undergoing conventional therapy. Others are on a decidedly alternative path. Yet despite their differences, almost all of my patients would agree on one point: cannabis helps their condition.

As a physician, I am naturally wary of any medicine that purports to cure-all. Panaceas, snake-oil remedies, and expensive fads often come and go, with big claims but little scientific or clinical evidence to support their efficacy. As I explore the therapeutic potential of cannabis, however, I find no lack of evidence. In fact, I find an explosion of scientific research on the therapeutic potential of cannabis, more evidence than one can find on some of the most widely used therapies of conventional medicine.

At the time of updating (February 2015), a PubMed search for scientific journal articles published in the last 20 years containing the word "cannabis" revealed 8,637 results. Add the word "cannabinoid," and the results increase to 20,991 articles. That's an average of more than two scientific publications per day over the last 20 years! These numbers not only illustrate the present scientific interest and financial investment in understanding more about cannabis and its components, but they also emphasize the need for high quality reviews and summaries such as the document you are about to read.

How can one herb help so many different conditions? How can it provide both palliative and curative actions? The search to answer these questions has led scientists to the discovery of a previously unknown physiologic system, a central component of the health and healing of every human and almost every animal: the endocannabinoid system.

What Is The Endocannabinoid System?



The endogenous cannabinoid system, named after the plant that led to its discovery, is perhaps the most important physiologic system involved in establishing and maintaining human health. Endocannabinoids and their receptors are found throughout the body: in the brain, organs, connective tissues, glands, and immune cells. In each tissue, the cannabinoid system performs different tasks, but the goal is always the same: homeostasis, the maintenance of a stable internal environment despite fluctuations in the external environment.

Cannabinoids promote homeostasis at every level of biological life, from the sub-cellular, to the organism, and perhaps to the community and beyond. Here's one example: autophagy, a process in which a cell sequesters part of its contents to be self-digested and recycled, is mediated by the cannabinoid system. While this process keeps normal cells alive, allowing them to maintain a balance between the synthesis, degradation, and subsequent recycling of cellular products, it has a deadly effect on malignant tumor cells, causing them to consume themselves in a programmed cellular suicide.

Endocannabinoids and cannabinoids are also found at the intersection of the body's various systems, allowing communication and coordination between different cell types. At the site of an injury, for example, cannabinoids can be found decreasing the release of activators and sensitizers from the injured tissue, stabilizing the nerve cell to prevent excessive firing, and calming nearby immune cells to prevent release of pro-inflammatory substances.

The endocannabinoid system, with its complex actions in our immune system, nervous system, and all of the body's organs, is literally a bridge between body and mind. By understanding this system we begin to see a mechanism that explains how states of consciousness can promote health or disease.

In addition to regulating our internal and cellular homeostasis, cannabinoids influence a person's relationship with the external environment. Socially, the administration of cannabinoids clearly alters human behavior, often promoting sharing, humor, and creativity. By mediating neurogenesis, neuronal plasticity, and learning, cannabinoids may directly influence a person's open-mindedness and ability to move beyond limiting patterns of thought and behavior from past situations. Reformatting these old patterns is an essential part of health in our quickly changing environment.

What Are Cannabinoid Receptors?

Sea squirts, tiny nematodes, and all vertebrate species share the endocannabinoid system as an essential part of life and adaptation to environmental changes. By comparing the genetics of cannabinoid receptors in different species, scientists estimate that the endocannabinoid system evolved in primitive animals over 600 million years ago.

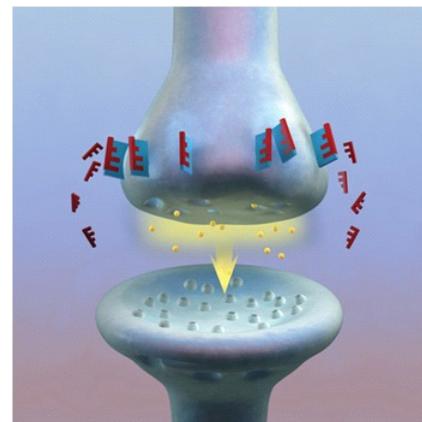
While it may seem we know a lot about cannabinoids, the estimated twenty thousand scientific articles have just begun to shed light on the subject. Large gaps likely exist in our current understanding, and the complexity of interactions between various cannabinoids, cell types, systems and individual organisms challenges scientists to think about physiology and health in new ways.

Cannabinoid receptors are present throughout the body, embedded in cell membranes, and are believed to be more numerous than any other receptor system. When cannabinoid receptors are stimulated, a variety of physiologic processes ensue. Researchers have identified two cannabinoid receptors: CB1, predominantly present in the nervous system, connective tissues, gonads, glands, and organs; and CB2, predominantly found in the immune system and its associated structures. Many tissues contain both CB1 and CB2 receptors, each linked to a different action.

Endocannabinoids are the substances our bodies naturally make to stimulate these receptors. The two most well understood of these molecules are called anandamide and 2-arachidonoylglycerol (2-AG). They are synthesized on-demand from cell membrane arachidonic acid derivatives, have a local effect and short half-life before being degraded by the enzymes fatty acid amide hydrolase (FAAH) and monoacylglycerol lipase (MAGL).

Phytocannabinoids are plant substances that stimulate cannabinoid receptors. Delta-9-tetrahydrocannabinol, or THC, is the most psychoactive and certainly the most famous of these substances, but other cannabinoids such as cannabidiol (CBD) and cannabinol (CBN) are gaining the interest of researchers due to a variety of healing properties. Most phytocannabinoids have been isolated from cannabis sativa, but other medical herbs, such as echinacea purpurea, have been found to contain non-psychoactive cannabinoids as well.

Interestingly, the cannabis plant also uses THC and other cannabinoids to promote its own health and prevent disease. Cannabinoids have antioxidant properties that protect the leaves and flowering structures from ultraviolet radiation - cannabinoids neutralize the harmful free radicals generated by UV rays, protecting the cells. Antioxidants found in plants have long been promoted as natural supplements to prevent free radical harm.



Laboratories can also produce cannabinoids. Synthetic THC, marketed as dronabinol (Marinol), and nabilone (Cesamet), a THC analog, are both FDA approved drugs for the treatment of severe nausea and wasting syndrome. Some clinicians have found them helpful in the off-label treatment of chronic pain, migraine, and other serious conditions. Many other synthetic cannabinoids are used in animal research, and some have potency up to 600 times that of THC.

Cannabis, The Endocannabinoid System, And Good Health

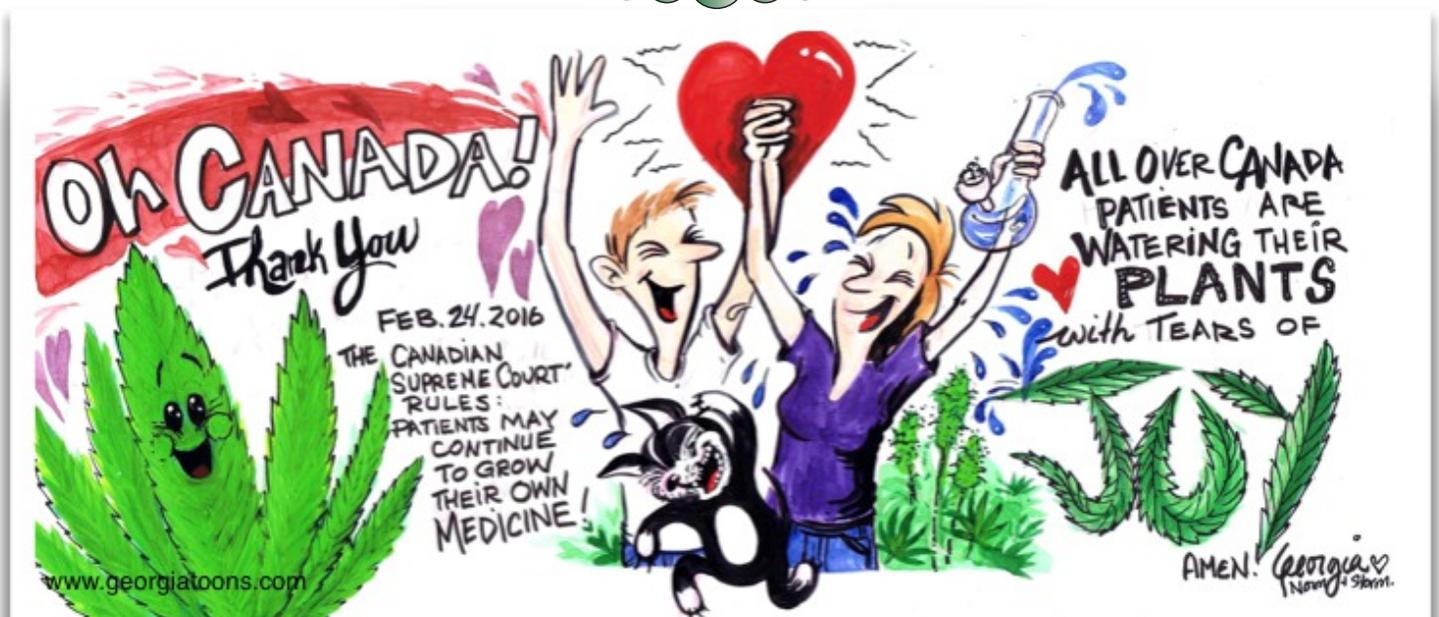
As we continue to sort through the emerging science of cannabis and cannabinoids, one thing remains clear: a functional cannabinoid system is essential for health. From embryonic implantation on the wall of our mother's uterus, to nursing and growth, to responding to injuries, endocannabinoids help us survive in a quickly changing and increasingly hostile environment. As I realized this, I began to wonder: can an individual enhance his/her cannabinoid system by taking supplemental cannabis? Beyond treating symptoms, beyond even curing disease, can cannabis help us prevent disease and promote health by stimulating an ancient system that is hard-wired into all of us?

I now believe the answer is yes. Research has shown that small doses of cannabinoids from cannabis can signal the body to make more endocannabinoids and build more cannabinoid receptors. More receptors increase a person's sensitivity to cannabinoids; smaller doses have larger effects, and the individual has an enhanced baseline of endocannabinoid activity. I believe that small, regular doses of cannabis might act as a tonic to our most central physiologic healing system.

Unlike synthetic derivatives, herbal cannabis may contain over one hundred different cannabinoids, including THC, which all work synergistically to produce better medical effects and less side effects than THC alone. While cannabis is safe and works well when smoked, many patients prefer to avoid respiratory irritation and instead use a vaporizer, cannabis tincture, or topical salve. Scientific inquiry and patient testimonials both indicate that herbal cannabis has superior medical qualities to synthetic cannabinoids. So, is it possible that medical cannabis could be the most useful remedy to treat the widest variety of human diseases and conditions, a component of preventative healthcare, and an adaptive support in our increasingly toxic, carcinogenic environment? Yes. This was well known to the indigenous medical systems of ancient India, China, and Tibet, and as you will find in this report, is becoming increasingly well known by Western science.

This is changing, in part because the public is demanding it. People want safe, natural and inexpensive treatments that stimulate our bodies' ability to self-heal and help our population improve its quality of life. Medical cannabis is one such solution.

This article has been condensed. Please go to <http://norml.org/library/item/introduction-to-the-endocannabinoid-system> to read it completely.



PATIENT IN THE NEWS



Sault medical marijuana user hopeful he'll be growing his own again

By Jeff Klassen March 1, 2016 sootoday.com

Last week a federal judge struck down legislation that banned prescribed-patients from growing their own medical marijuana and has given the Liberal government six months to come up with new rules.

Local medical marijuana user Robert Lefave is hopeful any new laws will mean he can grow his own pot again.

Around 10 years ago Lefave started using marijuana to self-medicate for a number of medical issues including arthritis in his knees, bilateral nerve damage in his left arm, degenerative disc disease, anxiety disorder, and PTSD.

About a year and a half ago he was able to get a prescription with the help of a high-profile non-profit organization in the Sault that is familiar with him.

“They took pity on me and found me a sympathetic local doctor because they had seen the change in me over the ten years from using marijuana,” he said.

Lefave now has a five gram-a-day prescription, officially for treatment of his Anxiety and PTSD but he said its still not easy, or cheap, to get his medicine.



Under the current rules that govern Lefave's medical marijuana access, medical pot users are only allowed to shop through government-approved marijuana distributors.

With these producers, he said, comes annoying bureaucracy, high prices, and unstable strain-availability.

Because of laws about how marijuana-providers can market their product, users have to choose a provider blind, without knowing any product details or prices.

Providers send out special identification cards to show authorities they are allowed to possess marijuana legally but, Lefave said, there seems to be no standard on how these are produced between companies and they range from plastic cards to handwritten paper ones.

“How is a police officer supposed to know I didn't just make it myself?” he said.

There is 150-gram limit per order, in Lefave's case that's also his monthly-allowed amount, and all shipments come via courier or Canada Post.

Prices range from \$5 - \$12 per gram depending on quality but that doesn't include taxes or shipping and so the costs are usually a lot higher than black market prices.



“It's expensive. To fill my prescription would cost \$1,500 a month. I get by with only being able to afford less than a third of that,” he said.

But the biggest problem Lefave has is that legal providers have no stability in what they offer and so once patients find a strain that works well for their symptoms, it might not be available the next week and so then they have to shop around again until they find something else that works.

He said if he was allowed to grow his own marijuana all of these problems would go away and he could produce a custom strain that works well for him at much more affordable price.

Lefave estimates he could grow his own marijuana for \$2 or \$3 a gram, the biggest cost being the electricity and the equipment, which he already has. Lefave used to live with a licensed marijuana grower years ago and he operated a small, roughly eight plant, growing operation for the licensed grower. Once that person moved out he had to stop and he's using the space as a temporary storage room, though the equipment is still there, ready to go.



Lefave doesn't just smoke and vaporize his marijuana, though smoking is his preferred method of consumption, he also eats it in toffees, brownies, and green marijuana-butter which he can put into anything he wants.

“I put a scoop of marijuana butter in my eggs in the morning, best green eggs in town. Didn't you know Dr. Seuss was a stoner?”

A scoop of marijuana butter is approximately equivalent to smoking one joint he said.

Lefave said that eating marijuana works better for his chronic pain while smoking is better for his PTSD and anxiety.

Although he is allowed to carry up to 150 grams, he usually just

walks around with a bunch of joints or some brownies to help him get through the day and the smell of marijuana often follows him wherever he goes.

“A lot of people will comment and say things like 'geez, it smells like skunk or weed in here', meanwhile I've got a bag of it in my pocket and I just finished smoking a big phatty.” Even the packages he gets in the mail, despite being double sealed in two plastic bags as well as pill canisters, emit a smell.

Lefave said there is still some stigma associated with marijuana, which he attributes as being passed down from the 'Reefer Madness' days of the 1950s.

The group that advocated for him to get his prescription, and the doctor who wrote it, both asked him to keep them anonymous because of the feared public-perception.

The worst is when he meets “ignorant people” who call him “druggy” or give him a cold shoulder because of his medication, however, most reactions are supportive and the benefits to his health outweigh any negativity he's received.

Lefave remembers what life was like before he had marijuana and is just happy to be able to get his medication and have “good” days.

“Being good means no serious anxiety issues and no agonizing pain. I wouldn't be able to go to work if I didn't have pot; I wouldn't be able to interact with people,” he said.



Rasta Pasta

By medicalmarijuana.ca

Ingredients:

12 oz Fettuccine
3/4 cup CanaButter
1 cup green peas
1 can button mushroom pieces
1 can portobello mushroom pieces
1 cup roasted red peppers
2 garlic cloves chopped
2 cups light cream (or 1/2&1/2)
1 cup grated Parmesan cheese
1/2 tsp pepper & salt to taste

Instructions:

Cook Fettuccine (drain, cover set aside)
In a large skillet melt cannabutter over medium heat.
Add garlic, saute over medium heat for 1-2 minutes.
Stir in 3/4 cup cream.
Stir constantly over medium heat 2-3 minutes.
Add fettuccine, red peppers and mushrooms to skillet.
Stir in remaining cream, cheese, pepper and salt.



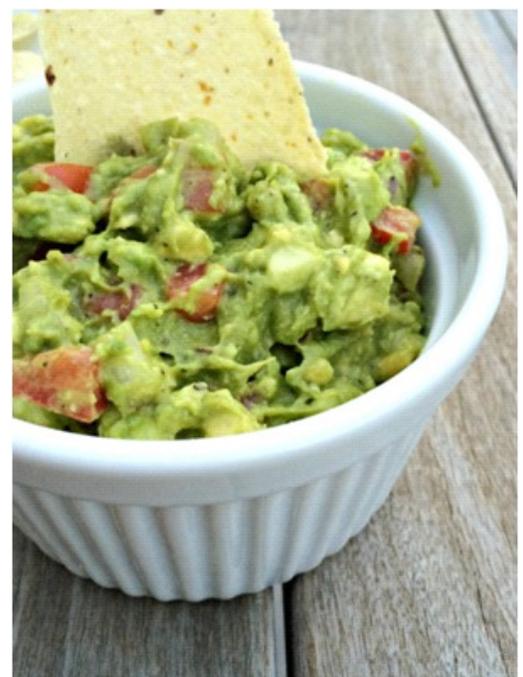
Grassy Knoll Guacamole

Ingredients:

1 fresh red chile
The juice of 2 limes
1 tbs extra virgin olive oil
2 2/3 tsp finely chopped or ground marijuana
3 large ripe avocados
1/2 cup / 80 g very finely chopped onion

Instructions:

Everything needs to be mixed together except avocados and onion and left to stand for about an hour. The lime juice will react with the rest of the ingredients to draw out the flavors and THC. The avocados and onion can then be added and mashed up. A hand blender will give a really smooth mix.





Producers Eye Advertising Rules

By Kristy Kirkup Jan 31/16 huffingtonpost.ca

OTTAWA — Some of Canada's biggest producers of medical marijuana want Ottawa to implement advertising regulations similar to those that govern the sale of alcohol, as they await the Liberal government's long-promised legal recreational market. A concerted policy push is underway from Tweed Inc., Mettrum Ltd. and Bedrocan Canada Inc. — three licensed producers that operate under Health Canada's medical marijuana program.



Drug-impaired driving: Complex challenges may accompany legalization of marijuana

By Chris Brown and Chris Corday Feb 3/16 cbc.ca

On the I-5 interstate, just south of the Canadian border, Washington State Patrol has a problem with pot. "It smells like marijuana in the car," Trooper Mallorie Baffa says as she shines her flashlight in the face of a 19-year-old man in a Lexus. He caught her attention by taking a wide turn.



Smoking Marijuana Is Legal, but Ashtrays Are Not in Ontario Cannabis Lounge

By Mike Adams Feb 4/16 hightimes.com

While it is perfectly acceptable to smoke weed in Canada's newly opened medicinal cannabis lounge in downtown Windsor, patrons are being required to flick their ashes on the floor because health officials claim it is a violation of a local tobacco ordinance for the establishment to have ashtrays on the tables.



Vancouver mayor says he is looking forward to federal government legalizing marijuana

By Amy Judd Feb 5/16 globalnews.ca

Vancouver's Mayor Gregor Robertson says he is looking forward to Prime Minister Justin Trudeau and his government following through on their commitment to regulate, control and tax marijuana. Speaking Friday at the Big City Mayors' Caucus in Ottawa, Robertson said it will be good to have a "system that makes sense."



Liberals' vow to legalize pot creating chaos, police say

By Daniel Leblanc Feb 7/16 theglobeandmail.com

Canada's frontline officers and police chiefs are alarmed by the growing chaos in the marijuana industry, saying the Liberal Party's promise to eventually legalize the drug has sparked confusion across the country.



Liberal MP brings government's pro-pot stance to world stage

By Kyle Duggan Feb 8/16 ipolitics.ca

In yet another sign of Canada's altered role on the world stage, a Liberal MP is bringing the new Liberal government's pro-pot points to the United Nations, as part of a UN/Inter-Parliamentary Union conference. Nathaniel Erskine-Smith, who represents Beaches-East York, is headed to the New York for a two-day hearing, titled "The World Drug Problem: Taking Stock and Strengthening the Global Response,"

Petition to the Government of Canada

By Sam Vekemans Feb 10/16 petitions.parl.gc.ca

Whereas: Cannabis prohibition began with no scientific, medical or social justification, and was initiated as an effort to harass, punish and deport racial minorities; The prohibition of cannabis has caused many social and economic harms, criminalized millions of Canadians for no benefit, and financed organized crime; Cannabis has the potential to provide food, medicine, fibre, fuel and building materials; and Cannabis medicines are safe and effective for treating a wide variety of ailments, yet are not readily available to all who require them.

Justin Trudeau sparks debate over where to sell pot

By Catherine Cullen Feb 11/16 cbc.ca

Prime Minister Justin Trudeau may favour selling marijuana at the same place you buy your favourite bottle of scotch, but that combination doesn't sit well with at least one province as well as some public health officials.

Here Are 5 Reasons You Should Have The Right To Grow At Home

By James McClure Feb 10/16 civilized.life

Should legalization initiatives allow people to grow cannabis at home? It's a question that Canadian and American activists and legislators will have to answer as they move toward the end cannabis prohibition. To amplify the debate, here are five reasons why you should get behind personal marijuana gardens.

Federal prosecutors maintain hard line on pot as legalization looms

By Sean Fine Feb 22/16 theglobeandmail.com

As Canada heads toward a new era of legal marijuana use, federal prosecutors are still trying to jail people who grow small amounts of cannabis in their home to sell to others, sending a tough-on-drugs message that some say is at odds with the new approach. And they continue to seek criminal records, and sometimes jail time, for people charged with simple possession of marijuana for their own use.

Battle looms in Canada over lucrative recreational pot market

By Grant Robertson, Adrian Morrow, Daniel LeBlanc, Richard Blackwell & Justine Hunter

Feb 24/16 theglobeandmail.com

As key players in the drugstore industry position themselves to expand into medical marijuana sales, the drug's forthcoming legalization in Canada is setting up a battle for who might control the market – with hundreds of millions of dollars at stake.

Has Trudeau Put Legalization On The Back Burner?

By James McClure Feb 12/16 civilized.life

Since coming to power, Prime Minister Justin Trudeau has been tight-lipped about how he will fulfill his campaign promise to legalize, regulate and restrict access to cannabis in Canada. We know which ministers will oversee legalization, we know former Toronto police chief Bill Blair will lead the task force on cannabis, and we know why the government wants to legalize.

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Storefront Compassion

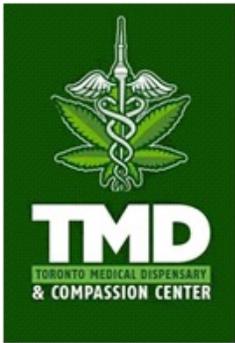
By Al Graham

I remember a time when compassion centers were a quiet and a much protected business. They weren't places that had flashing lights or were even seen when you drove by them. There was also a time when members had to agree not to inform anyone of where they were located. If you did then you risked losing your membership.

But now things are different. With the Supreme Court of Canada ruling in the Own Smith case that licensed producers were allowed to sell to patients, things seem to have taken off. The province of British Columbia has always been a place where people could find walk in dispensaries but here in Ontario you couldn't do that or at least wasn't being done. That is until recently as the store front models have made their way to the City of Toronto.

I had seen this in the news and had heard that there were quite a few of them setting up in the Kensington Market and the surrounding area of the city. With this in mind Erin "Butterfly" Maloungney and I decided to take some time and check these new places out. Our plan was to do a meet and greet with some of these locations and find out a bit about them. What we weren't doing was playing a game by tricking them into selling us cannabis without the proper paperwork, which all of the places we visited required. We also didn't rate them or anything else because as I said we were out doing a meet and greet. As a patient advocate I like to have an idea on where I'm sending people to as I don't want to send them to a place that I wouldn't even go near myself.

We also didn't visit the clubs that are more secretive such the ones I described above. The places we did visit were the ones that I describe as the new generation for Toronto, the store front.



When we got started we decided that we would check out Toronto Medical Dispensary and Compassion Center (TMD) located on Yonge St. When we arrived we were greeted by TMD's Manager Pattel Simms. Pattel took us for a tour of the place where we saw brightly light cabinets with medication on display, including alternative choices. The whole place was clean and well kept. There was a section where a nice comfortable couch was placed where patients could sit and read the local newspaper to an educational cannabis book. Once we were done touring around the inside Pattel took us to an outside location where they have plans on opening an outdoor patio. They hope to have this ready for patients to enjoy come summer.



Our next stop on our journey was to a place called Toronto Holistic Cannabinods (THC) within the Kensington Market. It was a much smaller place than TMD and due to its size sort of reminded me of a very small cigar store. I say this because it wasn't very big. Once you walked in the front door there were counters set up with some items for sale within them and along the walls. This included a fridge that contained thc and cbd infused soft drinks which I had never seen before. But as far as an area that holds many people, it wasn't. While there we spoke to the manager Luke Churchill who talked us through the process of becoming a member before giving us an application.

When it comes to the form it asks some basic questions as far as your contact and doctor information. They also ask for your pharmaceutical prescription information and then the most important parts the doctors recommended grams and signature. Once the paper is filled out, the patient returns the application to the center and will become a member. At this point they would be allowed to purchase their medication. This process was basically the same all day long with only some minor differences.



Once we left the THC we made our way over and into Cannawide Top Shelf. Erin and I were greeted by Jason Braun who was very pleasant with us. The location has full front windows which helped the place light up. Like the others they too had counter glass cabinets with the many options that people had which included many oils, tinctures and dried herbs.



When we left Cannawide we headed up the side walk heading to Kind Supply beside the Hot Box Café. But before we got there we saw a sign directing people to the Canadian Compassion Dispensary. Erin and I looked at each other and then headed up the stairs and in the door where we met a couple of people. We had a good chat sharing some stories and explaining our day trip. One guy was interested in the area where I live when I told him we had no compassion centers. We also checked out their display case that included vape pens which I hadn't noticed anywhere else. Others may have offered the pens but I hadn't noticed them.



Next up was Kind Supply. It was a good size and seemed to offer an area where patients may be able to medicate. Our budtender was a very friendly lady who talked about the many things that they offered including the RSO that they had in their display cabinet. She reviewed their process with us and like the other shops didn't try or even attempt to sell us anything, not even a joint.



The final stop on our day was to the 416 Medicinal Health Center. While it's not in the Kensington Market it didn't take us long to get to it from there. We were greeted by a pleasant gentleman who answered all of our questions and showed us around their nicely laid out location.



A week after Erin and I toured these places we both expectantly met up at the opening of The Care Center. We were both surprised to find each other attending the opening. The two of us and some of our friends, Lynda, Deb and Sandra took some time to sit in the medication area to talk old and future times. Like a lot of places The Care Center have a nicely decorated place and was brightly lit.

Throughout our time touring these places we found that many of the places had friendly staff who were always ready to answer people's questions. Are they the "old school" locations? No. Are they the new wave of things happening in the city? Yes. In the end the choice is yours; your dispensary can be a private location or one that is lit up with the shiny lights. Either way that is for you to decide.

Once again THANK YOU Erin for taking time keeping people advocating cannabis education.



What the Judge Said on Patients' Rights, and What Health Canada Can Do Next

By Judith Stamps Feb 29/16 Originally published in Cannabis Digest and condensed to fit

Canadians who are ill, and who believe they are obtaining relief from cannabis, have a constitutionally protected right to grow their own medicine. So said Justice Michael Phelan of the BC Federal Court on February 24 2016. At least that's how I read it. Based on evidence presented by plaintiff Neil Allard and three other Canadian patients, as well as through written presentations by criminology professor Susan Boyd, president of CAMCD Jamie Shaw, and others, Phelan struck down Health Canada's MMPR. In 2014 the MMPR replaced the MMAR, regulations that had allowed patients to grow for themselves, or to appoint someone to grow for them. The judge has given Health Canada six months to give patients a better system.



In any case, this is what the judge said.

1. There is a paucity of scientific evidence on medical cannabis. In the absence of scientific evidence, patient anecdotes are an acceptable substitute. Patient testimony is therefore accepted as true. More generally, cannabis is accepted as having medicinal value. (I may be mistaken, but I think that's a first, both on the subject of anecdotes, and on cannabis as a medicine. Perhaps like many of us, Justice Phelan spent one too many days having to listen to Health Canada under Harper.)
2. It is accepted that some patients need access to particular strains that they grow for themselves, and whose supply cannot be guaranteed by an MMPR-like system. It is accepted that home growing is cost effective, and that some patients cannot afford what is on the market. It is accepted, in addition, that there is therapeutic value in having a personal garden.
3. ONE HAS TO BE LOGICAL. The law forbidding home gardens was premised on the idea that home gardens are unsafe both for patients and the general public. But there is no factual basis for this idea. It is possible, in a regulated system, for patients to grow cannabis at home safely. Thus to deny them the right to grow is arbitrary.

4. Similarly, the MMPR was put in place ostensibly to improve patient access to medical cannabis. But it did the opposite. The MMPR was meant to increase patient safety. Instead, it caused patients to live in fear of arrest and prosecution. These facts, too, make the MMPR arbitrary.

5. Patient access to medical cannabis has to be a primary concern of any future lawmakers.

Given these points, what can Health Canada do? Here is what it cannot do. It cannot forbid medicinal home gardens. And it cannot force patients to buy what they can ill afford. So it cannot rely solely on an absurdly expensive to run, mandated set of suppliers.

It cannot restate the idea that home growing is dangerous. Neither it nor its expert witnesses have factual records to show that this notion is true. It cannot stick with its previous claims that cannabis is not a medicine. The BC Federal Court accepts that cannabis has medicinal value. It cannot rant about the weaknesses of anecdotal evidence. The court has accepted this evidence.



Justice Phelan noted that under the MMAR, Canadian patients were accorded a calculated daily allowance that is high by international standards —18.22 grams/day. Other nations, Israel and The Netherlands, for example, allow 3-5 grams/day. Why this is the case, he says, is unknown to the court, and any reasons offered have been “highly speculative.” But he raised no alarm, and made no suggestion that this allowance needs to be revisited.

It is widely known that the generous growing allowance produces a surplus, and that this surplus is sold through medical cannabis dispensaries. If Justice Phelan understands how this works he didn't say. But he did say that he took seriously Jamie Shaw's written testimony that the dispensaries have been the “heart” of access for most patients. He didn't go so far as to say: I 'heart' dispensaries. But he might just as well have. But it cannot un-license or otherwise eliminate the LPs either.

So within the allotted six-month time limit, these are the moves open to Health Canada. It will not be able to reinvent everything, and will have to make use of systems already in place.



(Lawyer John Conroy)

1. Re-institute the MMAR or something like it. Re-instate growing rights arbitrarily taken away from some MMAR growers, and allow new patients to apply. On this matter, Health Canada has little choice.
2. Re-institute the right to grow, regulate it, but reduce the allowable number of plants, perhaps with an eye to starving dispensaries of supply. I can see the last regime trying that. Such a policy, however, would encourage more unregulated supply, hardly a step toward safety.
3. Accept and recognize the value of dispensaries, and allow city councils to regulate them. Recognize that the MMAR/dispensary system serves patients well, and harms no one.
4. Or let patients grow, say nothing at all about dispensaries, and just leave them alone. But that is a cruel option, as it leaves dispensaries vulnerable to police harassment.
5. Allow the LPs to market their products through the pharmacies that wish to sell them, or through dispensaries that are willing to accept them, or to the American or any other foreign market, if that can be arranged.
6. Allow and encourage the LPs and the MMAR/dispensary systems to explore ways to work together. Let those who are willing be friends and trading partners.
7. Cultivate good will. Institute a program designed to educate doctors on cannabis medicines, set aside funds for research, and conduct some research. Show some humility, and engage in self-education.

Anything more stringent than the above will drive the industry further underground, start more court challenges, and make Health Canada look as fervently biased and incompetent as some of its expert witnesses. Rona Ambrose didn't seem to mind looking fervently biased, but the current minister, Jane Philpott, might.

Will the new Health Canada show compassion and liberality? Will it demonstrate an understanding of cannabis as medicine, or of patients' needs? Will it recognize the expertise of medical cannabis activists? Will it show respect for the courts? Attitudes are changing. Laws on medical cannabis are bellwether to cannabis laws in general. The next six months will tell us if this newly elected crew has brought with it a new spirit, or is just trying to look trendy.

This article has been condensed to fit. To read it completely please go to <http://cannabisdigest.ca/allard-health-canada-change/>

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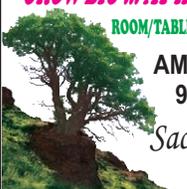
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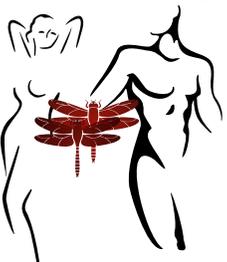
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