



Medical Cannabis

A submission by
Cannabis Science Australia Pty Ltd





Submission for the proposed legalising of cannabis, Victoria/Australia

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Dr David Gillman is a rural general practitioner who has had experience running management of acute and chronic pain treatments and has run a Drug Dependency Clinic within the setting of rural general practice in Queensland.

Dr Gillman was requested to provide his contribution to this submission by Ms. Jacqueline Spruce, who is the Director of Cannabis Science Australia and has been intimately connected with Cannabis Research and Practice worldwide at the highest level over the last five years.

Ms Spruce has attended several international conferences overseas and remains in contact with many research specialists, biochemist, PhD's and esteemed doctors and University Professors worldwide.

In particular she has a very regular, close and ongoing working relationship with Dr Robert Melamede, recently retired tenured Associate Professor at the University of Colorado at Colorado Springs. Dr Melamede was a founder of Cannabis Science Inc of America. He remains active in medical cannabis and serves on numerous advisory boards.

Dr Melamede is currently the Program Director of "The Phoenix Tears Foundation", of which Ms Spruce is collaboratively forming a new for profit venture, Phoenix Tears Australia. The Foundation has helped people acquire legal medical marijuana through donations from the industry. The Foundation's work has been largely in the field of cancer where there are frequently successful treatment outcomes, often healing patients who had been given up on by conventional treatment, generally after having failed chemo-therapy and/or radiation. The success of cannabis treatments for skin cancers is particularly relevant for Australians with their high incidence of skin cancer.

Apart from Ms Spruce's wide-ranging experience she has, in addition, accrued very considerable experience with personally advising patients on management of their medical conditions with cannabis. It is these, mainly cancer treatments and some of which Dr Gillman has personally witnessed during the day to day management of, including the results. It is especially the success of these that has so deeply impressed Dr Gillman and thus readily induced him to become enthusiastically involved in the subject, since his earlier, perhaps temporary retirement and specifically at Ms Spruce's request.

Dr Gillman has just spent the last few months in exclusive full-time research of this subject in preparation for this presentation and his forthcoming role as CBIS Australia's educator.

His qualifications and many further special interests are listed at the end of this submission.

1. Lay out of our submission

We have chosen not to follow the form of your suggested invitation document, as we believe we have a lot more to offer in assisting you with law reform. Dr Gillman, has ingested the entire 190 pages of your document, and has therefore made a significant contribution to the formation of this submission.

2. Research

Dr Gillman has accessed a huge number of peer reviewed research medical and biochemical journal publications from researchers all around the world and some of numerous well-produced film productions from researchers all around the world. These references are available to assist in making laws and regulations based on a sound scientific foundation.

Dr Gillman has become intimately aware of those worldwide researchers' numerous lines of enquiry in this enormous new field. It must be remembered that all humans have an endocannabinoid system that regulates all other body systems (circulatory, digestive, endocrine, immune, musculo-skeletal, nervous, reproductive and tegumentary). Every person in government and the entire world uses psycho-active endocannabinoids all day everyday.

Psychoactive cannabinoids are in mother's milk! Every time anyone gets hungry, it is because the endocannabinoids produced in the appetite centre of the brain make some "pot" out of the essential fatty acids that we consume. Our physicians are telling everyone to increase their cannabinoid activity without even knowing they have an endocannabinoid system (13% of US medical schools mention the word "endocannabinoid"). This situation needs immediate educational efforts since endocannabinoids are the most abundant neurotransmitters in our brain, and we don't recognise or teach about them in medical school!



Ms Spruce has met and learnt from numerous cannabinoid scientists through her attendance at several world conferences and is about to further her knowledge when she attends several conferences in Europe this month.

Dr Gillman was lucky enough to recently spend a day with Dr. Robert Melamede Ph.D. in biochemistry, and who has for many years been researching the subject. He is a very well respected American academic having been the chairperson of the Biology Department at the University of Colorado at Colorado Springs and founder of the public company, Cannabis Science. Those more deeply interested really should read some of his outstanding work on the subject. Additionally, Dr. Melamede has produced over 30 educational YouTube videos and is in numerous documentaries on cannabis.

Dr Gillman has appreciated the wide ranging attitudes that various countries and states have adopted in their legislation and was already very well acquainted with the problems of the whole of drug dependency issues through his education in Queensland, and from running his own drug dependency clinic. Also in managing very many cases of chronic and acute pain and having to experience the utter sense of frustration at not having more suitable treatment options available from the Pharmaceutical Companies.

The cannabis legislation events in recent times in America, Europe and elsewhere seem to indicate the reason that there is a headlong rush for the major pharmaceutical companies to start developing artificial cannabinoid substances/agonists and antagonists that they can patent.

All of these same major pharmaceutical companies and the American government itself have lodged patents for various cannabinoid and cannabinoid-related synthetic agonists/ biochemicals, in recent years, while largely maintaining there is no medical value to cannabis.

As above, this is an immediate and very significant 100% turnaround by big Pharma and the American government in their now acceptance that the cannabinoids have most certainly come of age with regard to re-entering the whole "Western medical model of treatment". It is not within our purview to comment on the politics around this issue, but delaying the availability of the medicine will only cause the citizens of the country needless pain, suffering and death.

The consequence of so much new knowledge will be an enormous revolution in Western Medicine by utilisation of all cannabinoids for very many more conditions. The general public are dramatically ahead of the legislators in their seriously considered treatments, resulting from the fact that current scientific, medical and biochemical research is also way ahead of current legal practice.

3. Current legal opportunity:

We believe this is why it is currently such an enormous opportunity for Victoria to break the mould and come out with a much more significant and legally mature attitude towards medical cannabis and cannabinoids.

It is also our view that it has been realised that trying to discourage the use of cannabis as a policy, has demonstratively completely failed, and that legalisation is both inevitable and very desirable.

The only newer part of this phenomenon is that we all, including the legislators, need to actually know why this window of opportunity is occurring just now, and understand the profound reasons for this current situation.

We believe that as a result of this request for a draft proposal for legalisation in Victoria, we do need to make a very critical comparison with the overseas models and how they have functioned since implementation, as indicated in your documentation and pro forma.

Legalisation in Victoria/Australia, with all of the best intentions, should follow very shortly. It is essential that legislation create rules and regulations at a Federal level that free cannabis availability while remaining compliant with existing treaty obligations.

The problem is exactly the same for each and every Australian State or Territory. It is of upmost importance to avoid the missteps taken by the United States, and to ensure that the various levels of government are on the same page. Additionally, it is important that we do not put further strain on our already under-resourced frontline services.

Ironically, cannabis use (which is most frequently healthy to consume with significant anti-aging properties) tends to displace the abuse of other unhealthy drugs since many of them funnel through endocannabinoid regulated biochemical pathways.

It should be noted that Colorado experienced a 25% reduction in pharmaceutical-related narcotic overdose deaths.



4. Fully updated science for Victorian legislation

The important thing that Australia needs to follow is the formation of a demonstrably more intelligently modelled system for its own law formation/drafting.

Here especially, Victoria/Australia has the chance for a totally more scientifically informed and intelligent approach to the problem of drafting good legislation.

Firstly, we should seriously consider and understand the full consequences of the real biology of the function of the endocannabinoid, phyto-cannabinoid and synthetic and biochemically manufactured cannabinoids.

As you have pointed out, we already have examples of cannabinoid agonists and antagonists that have been legalized in various parts of the world. So far the receptor blockers for the CB 1 receptors have proven disastrous. This is simply a reflection of how much more continuing research needs to be invested in this particular area of receptor blockade. (It should be noted here that receptor blockade is a particular area for our pharmaceutical industry to develop exclusively, as it is not a natural human feature of functioning of the endocannabinoid system.)

We will confine our comments from here on to the various phyto-cannabinoid agonists that function on a par with our own endocannabinoid system.

5. The science of cannabis

It is painfully obvious to us, at the present time, that the whole subject needs a complete injection of balanced scientific information.

Keep in mind that a study in 2013 showed that only 13% of American Medical schools mention the word endocannabinoid. The endocannabinoid system regulates every body system (circulatory, digestive, endocrine, immune, musculo-skeletal, nervous, reproductive, tegumentary) from conception to death.

It constitutes the most abundant neuro transmitter system in the brain and it is not taught in medical school. How therefore can average doctors give legislators the necessary information to make intelligent science-based decisions?

Every legislator, police officer, prosecutor and judge uses their body's own equivalent of "pot" all day, every day. The endocannabinoids regulate appetite. Over time anyone gets hungry and this is because their endocannabinoids are giving them the "munchies."

It is this utter lack of knowledge regarding the endocannabinoid system that is responsible for the very poor quality of lawmaking thus far. If lawmakers were to fully understand the endocannabinoid system, as well as the phyto-cannabinoid system, that they are to now legislate on, then much more efficient progress would be made and a great deal of time and anguish saved.

Any good intending lawmaker or politician must first understand at least the basics of the science, in our opinion. We have reached a time when the extent of scientific knowledge on the subject is more than adequate to deal with the laws we need to change.

To start with, the endo and phyto-cannabinoids are not narcotics or street drugs. Therefore, all reference to them so far has been completely and confusingly scientifically unfounded and based on pure ignorance of the plants capabilities. It would perhaps be most simple to see them as the natural neurotransmitters of the human body since their discovery as such was made in the 1980's-90's.

Somewhat before the discovery of the endocannabinoid biochemicals themselves, the cannabinoid receptors that these neuro transmitters act on, were first identified. (CB 1 and CB 2 receptors).

This immediately disqualifies these supreme and totally normal human neurotransmitter modulators as being compared with "street drugs", and due to the new science that is now readily available, would render this as merely further uninformed data. We now know the details of the formation/chemical pathways of all endocannabinoids and phyto-cannabinoids.

Like all things in the body, for their production, they ultimately depend upon the food we eat and this does have a bearing on our ability to produce our own endocannabinoids.

To date it is not yet fully or professionally understood and recognized that in recent years, as the result of one particular early enormous and erroneous medical trial meta-study on cholesterol, we had persuaded the population and therefore the food manufacturers to supply us with food with a lower fat content.

This is relatively unhelpful with regards to our ability to manufacture our own endocannabinoids.



Naturally, this has led to many members of the general population being Hypo-cannabinoidaemic. In other words, they are simply unable to provide themselves with the normal natural endocannabinoids required for healthy bodily function because they are often not eating a totally natural, more appropriate and higher animal fat containing diet.

Dr Gillman would personally go so far as to say that this is one of the several reasons why we have seen such an upsurge in serious and life-threatening medical conditions, including autoimmune disease, heart disease and cancer, in populations eating the "Modern Western Diet," and over the last 50 years only.

These natural fats have largely been replaced with the most unhealthy fat lookalikes as well as sugars and corn syrups and these are responsible for an immense crisis in the world's public health zone, especially in the area of obesity, which is a totally counter-productive disaster.

Cannabinoids can be extremely helpful in the control of body weight and we desperately need them for this purpose alone.

This may have some slight bearing on why more young people have been attracted to the available Phyto-cannabinoids from the cannabis plant to supplement their missing neurotransmitters, and it doesn't seem to matter what legal obstacle is put in their way, they tend to obtain them just the same.

It is our belief that it is no exaggeration that these cannabinoids, and cannabinoid supplementations are often utterly necessary for one's survival.

In the same way as hypothyroidism suffering medical patients will seek supplemental hormones for their treatment from their doctors and naturopaths, where they get either synthetic manufactured hormone from their doctors or Phyto-hormone/medical neuro transmitter precursor preparations from a naturopath. This mode of treatment was naturally never in any question, and it is this type of thinking that we need to in-still into our minds when it comes to providing patients with cannabinoid supplementation.

Unfortunately, patients have never had the opportunity to grow their own thyroid hormonal phyto-chemicals, or have the knowledge to seek the necessary other special dietary supplements which would help them manufacture their own more efficiently.

Once this vital neurotransmitter and hormone replacement similarity, and the logic that is implicit in it, is fully understood by lawmakers, then it will be possible to start heading in the right direction with regards to this subject.

Hormones and these very specific modulating neurotransmitters can be over-used, as well as the thyroid hormones specifically, and this has been done by some patients. However, they normally respond to good advice, and even if they don't they will soon realize the error of their ways as their health deteriorates furthermore.

However, the possibility of this relative misuse does not cause us to make our thyroid hormones illegal and never did, and the public would think we had lost all control were we to do this.

Since the recreational drug users of cannabis already find their desires catered for, from the currently illegal cannabis market, it would seem exceedingly logical and much more responsible, to say the least, that we should supply them with high-quality cannabis which is properly labelled with all the Phyto-cannabinoid contents listed appropriately, so that various people may choose what they wish to take, and as a result know the effect it is going to have on them in advance.

We have entered a completely new scientific era where medical knowledge and sophisticated technical analytical machines are available and like all other knowledge, these are readily available. Cannabis Science Australia has exclusive access to the latest technology for testing extracts and their efficacy to ensure every single batch measures up, this technology will be vital when the time comes for Australia to administer this medicine legally.

Most of the currently illegal cannabis over-users know a great deal more about the drug than most of their doctors and certainly most of the earlier legislators. They include some of the recreational high THC and low CBD thrill seeking users and they are great connoisseurs of their products. It is particularly in this area that we may occasionally have to take care with assessment of such cannabis strains for availability on the market legally and especially to naive users.

By analogy, so totally applicable here, we would draw a likeness to the beer, wine and distilled alcoholic drug users who provide themselves only with their own product specifically, as they are particularly interested consumers, and seek an exceptional quality or lower price. As here, in the alcohol industry, these represent a minute proportion of total products consumed. Although technically illegal in most countries they never seem to be interfered with by the local law enforcement authorities, or at least since Prohibition years.

(It also behoves us to remember the complete failure of alcohol prohibition.)



We are yet to see anyone detained or arrested for smoking tobacco, although some have been for growing the plant illegally. Again, that is a small habit by incidence, in contrast to cannabis and alcohol.

Both alcohol and tobacco are exceedingly dangerous to a significant proportion of the population and accrue enormous costs to our national health expenditure, although they are responsible for significant taxation revenue.

Absolutely, on the contrary, phyto-cannabis is a natural endocannabinoid-like substance and does not present these problems and therefore should be seen as an utterly essential neuro transmitter supplement, and not so much as a drug in the street sense.

It is time for the government to correct the priorities of this plant or otherwise we simply continue to send the wrong message to the public by making inappropriate laws through our own most inappropriate ignorance, an ignorance that perhaps has been rather convenient to date.

Due to the political and economic connections, there has been a huge search to portray the harm cannabis can inflict on those who use it over the many years since its prohibition. Despite this, very little scientifically based evidence of harm has emerged compared to other illicit substances, and this cannabinoid neurotransmitter over dosage is unheard of. There is no longer any room for denial as it must be understood that these are now very well established scientific facts.

It is utterly essential that our lawmakers get their facts through the competent and appropriate cannabis research information available, and definitely not through the statements which are conveniently and regularly fed to us by the big Pharmaceutical companies. The reality is, we all know they often peddle half-truths and untruths to support their own bottom line. You need look no further for the truth than the hundreds of scientifically proven papers published on endo-cannabinoids.

Cannabis is not a gateway neurotransmitter/drug and that is a fact. More recently it has been chosen as a treatment solution for real drug addictions or dependencies where our real drug related societal problems actually lie.

The other important scientific information that needs to be incorporated into ones thinking is that, in fact, cannabis is even more important than the other many major neurotransmitters in the human body. It is the conductor of the orchestra of all other neurotransmitters, endocrine systems and indirectly the hormonal systems, which themselves are a sideshow by comparison.

This means it is the ultimate homeostatic negative feedback human system regulator, and in total control of many, if not all, potential medical disease systems, and therefore most of our bodily functions.

This is the most extremely important undisputed scientific factual information.

This is the whole basis upon which we can understand why cannabis has such an enormously wide range of utterly irreplaceable uses in the normal human body. This is also why physicians, going back to some 2,000 or 3,000 years BC, have regularly used the substance until the American industrialists forced the development of its more recent illegality, designed to suit their own agendas.

In the current medical model we leap to give patients vitamins and food supplements when necessary, but when it comes to the phyto neurotransmitter cannabis that has the most immense importance of regulating our whole bodies chemistry, we find we are presently in the most ridiculous situation of being unable to supply through the process of earlier, less well informed lawmaking.

In Dr Gillman's opinion and in the scientific sense, this is nothing less than an historical disaster and it has led to the deaths of, as well as, an increased morbidity in huge numbers of the human population over the last 70 years. Scientifically speaking, this is totally indisputable.

Importantly also, there has been a much earlier failure to understand why so far the manufactured cannabinoid substances have been less than ideal in the successful treatment of the medical conditions for which they were earmarked.

We believe that there needs to be some further scientific explanation as to why this is the case.

Any investigator who takes even the slightest time to investigate the Phyto-cannabinoids will soon realise they have a much greater flexibility and finesse of application. Many more casual investigators may be initially very puzzled by this finding, but the explanation is actually quite simple.

The various animals, up to and including the human species, that are governed by their own endocannabinoids, have found that these are generally adequately provided for in the body so that the animal is able to function reasonably efficiently, under most conditions.



Nature has perfected this system through many millions of years of evolution, and application via this process of our very much slower human animal reproduction.

However, since the earliest times of human settlement and the beginnings of agriculture and trading we have obviously gone out of our way to cultivate the cannabis plant, in one of its several forms, because of the properties and benefits that were discovered and derived from it.

It was then utilized as a medicine for a huge range of conditions and naturally we now understand why.

All people, whether they knew it or not, were pressured to seek such supplementary cannabinoid neurotransmitter production assistance as needed to treat the consequences of the deficiencies in their own endocannabinoid production, for whatever reason.

When it comes to the issue of these two cannabinoid systems competing with each other, obviously the Phyto-cannabinoids have a huge advantage over the human animal endocannabinoids because their rate of reproductive turnover and modification is so enormously much greater (in the plant), as in being as low as 3-4 months.

Thereby any slight advantages produced in new genetic strains are transmitted into effect infinitely more quickly. The production of such a much wider range of phyto-cannabinoid product variants can also uniquely result in advantageous trait developments extremely quickly.

6. There are other historical considerations:

The above comparison is very relevant as there were many other plants and animal biochemical extracts that were used as more psychedelic stimulants for the human population over thousands of years. They were then preferentially used, especially on ceremonial occasions.

This effectively means that THC was not in serious competition with some of these more interesting psychedelic animal and plant extracts, so cannabis was only ever then developed seriously as a medicinal plant until very recently, where its more psychedelic attributes are just now in greater demand with the more recently bred high THC and low CBD strains.

We must understand that the early medicine men and women discovered these things by common trial and error. They then cultivated the plant and had the opportunity to breed it and arrive at an enormous number of slightly different members of the species, and all with somewhat different THC and CBD contents and ratios.

(A more complete understanding of the huge range of these tens of phyto-cannabinoid, psychoactive and bodily active chemicals that are uniquely produced in the plant.)

These developed partly as a result of fortuitous cross-fertilisation and partly due to specifically organised breeding. This is absolutely especially true of more recent times.

As long as the plant continued producing new chemical substances that were helpful to the human body, then the early medicine peoples would have then gone on breeding these particular strains in preference. It would be enormously counter-productive if modern man was to break this tradition. This mistake has already been made in some jurisdictions by giving the control of the plants to one particular major pharmaceutical contractor in sole preference to all others, while at the same time, only subjecting individual plant strains to the full formal scientific enquiry techniques.

(Per example, GW pharmaceuticals in Great Britain. This merely serves to slow down the process of new discoveries. In Dr Gillman's humble opinion they have just completely missed the point and the opportunity that they had been given.)

These traditional medicine providers were thus esteemed members of our societies over the thousands of years and did not have to face the problems of legality or otherwise, in opting for the use of the plants natural products, as so put at their disposal. In fact their peoples would have considered that preposterous.

Occasionally and more frequently now, we have to provide patients with supplemental cannabinoids when their own are deficient in their ability to tackle the task at hand, and therefore lead to a plethora of medical diseases.

7. Considerations on commercial production of cannabis:

We should consider the possibility of having licensed growers for all major market production and stipulate that growers are to work with standardised quality control guidelines and pay the appropriate tax, so that they are comparable with alcohol and tobacco, especially as they are far more desirable from a scientific and health view point.

Many attempts at designing trials utilising cannabis with the purposes of producing contrary health evidence have completely failed. These were indirectly encouraged by the large pharmaceutical companies, as they had both a huge economically vested interest in them, and also as they possessed massive leverage on the American political system, Medical schools and Major Universities.



Cannabis has been responsible for some minor slightly paranoid contrary initial experiences in naive users and especially with the new high strength THC and low cannabinoid/CBD content of newer cannabis strains mainly. All these less desirable effects tend to pass very quickly.

However, it appears that there have been no drug overdose or serious related illness deaths with cannabis, in dramatic contrast to alcohol and tobacco, both of which also drastically drain healthcare resources and cause a great deal of illness/morbidity and premature death. In a more ideal world we need to go from health to a more rapid or instant death at greater age. This is a much more pleasant and economically manageable situation for all concerned.

8. Implications for our medical and hospital services:

Over a more prolonged period of time the greatly improved health outcomes for Australian residents will dramatically reduce healthcare costs across the board and the medical workforce will be able to turn toward other more important medical situations.

It has already been demonstrated that cannabinoids save numerous lives and have drastically reduced other illnesses and morbidity/outcomes. Because of the wide range of distribution of CB 1 and CB 2 neuro receptors in both neurological and immunology controlling tissues, they exert and modulate an immensely wide range of human health outcomes, and quite beyond any other substance in our body.

Of particular and immediate absolute importance is their effect on the development of cancer cells. They can order the apoptosis, or cell death, of cancerous or senile cells and prevent the former from forming metastases and spreading around the body. In addition, they help by suppressing angiogenesis in new tumour formation, as in the suppression of the formation of new blood vessels to supply and sustain any such new expanding malignant tumours.

In a comparable fashion cannabis extracts can completely control a variety of viral infections including both HIV and KSHV (Kaposi sarcoma herpes virus), in a similar fashion to regulate VEGF (vascular endothelial growth factor) whose down regulation would additionally benefit macular degeneration.

Cannabinoid neurotransmitters also have the ability to modulate the whole range of hormonally determined bodily activities and perhaps most importantly, via, the modulation of the other neurotransmitters. For these reasons and many more, adjustment in the supply of endocannabinoids are able to rectify almost all human diseases.

After his research Dr Gillman feels he can safely say that it would be a great deal easier to list conditions that are not directly greatly improved by endocannabinoid and phyto-cannabinoid production and manipulation, than to list any few conditions that may not be thus affected or improved.

This is a very far cry from the impression that the major pharmaceutical companies are trying to foist onto the community at large. Naturally, they would prefer that we trial all their treatments first, whereas the opposite would be immensely more advantageous to the patient.

It should be noted that almost all medical patients do not want to feel the natural high that can be obtained with unbridled THC, but only if it is not well balanced with reasonable quantities of CBD which has the property of nullifying this effect.

9. Taxation and cannabis sales:

America has also found that licensing and taxing both medical & recreational cannabis has produced very significant revenue and saved money for the law enforcement entities, where officers can now be reassigned to more socially desirable tasks.

The other area of consideration is to allow regular pharmacy outlets to distribute cannabis medicine so as to save Australia going down the path of unsightly, less appropriate shopfront space, as in America. The dispensary model only enhances the stigma of cannabis as an illegal substance, rather than the gifted medicine it actually is.

It would be highly desirable to segregate the two populations of recreational and medical users, and a tax levy could be a way of doing so. If it were to be legalised for recreational use, there maybe room for consideration of a higher tax rate on this populus.

Also cannabis sales should be clearly designed to identify the product being sold, for example a product containing a higher % of THC must fall under the category of prescription only medicine, whereas the non-psychoactive CBD hemp products should be easily available through various channels; chemists, naturopaths, health food stores etc. Many of the hemp/CBD products are generally categorised as food supplements, because that is in fact what many of them are.



Alternatively a similar taxation model that is currently in use for alcohol and tobacco could be applied to the cannabis industry. Either way government will soon realise the value in generating this extra tax from cannabis sales, just look at Colorado and how the tax has been channelled into schools, parks and other community services.

(as per report attached)

A critical benefit that arises from the availability of medical cannabis is a decrease in the black market, and for a legal program to work successfully they must not regulate it and tax it to the point that it becomes more expensive than black market product.

10. The legalisation and production aspects of medical marijuana in Australia:

It is now only fair to see and fully comprehend the more realistic picture from the above and assume that this legalisation process must go ahead with measured expediency in order to minimise unnecessary pain, suffering and death to the citizens of our country, and furthermore to divert revenue from the black market into the legal economic system. It is and would be a win win situation and the truth of that statement is being recognised around the world as people are forced to use black market material to improve their health.

Going forward with this in Victoria/Australia should be about doing it sensibly so that recreational and medical marijuana are both treated appropriately, and governed by a set of standards accordingly.

Production of medical cannabis, with out a doubt, must come under a strict licensing regime, as you will see there will be a very high demand to become a preferred grower. Most successful business people are quick to seek the next big thing to go, and the opportunity in this industry will be no different. Already we can see this happening, though many who are currently vying for a license are not educated regarding the medical use, they are financially equipped to buy their way into the industry, and that in itself will create a demand on the government when issuing licenses.

We feel it is important to ensure that the industry gets off to the right start here and so the issuing of licenses to grow really should be made carefully and strategically.

1. Any farming concern that can meet the necessary standards should be allowed to grow the product and then there will be an effective capital market operation, and the cost of the product to the end consumer will be much improved. This will assist in avoiding any cries of market rigging or dubiously preferred treatment. In other words, it will develop like any other farming capital market.
2. The production of the cannabis/cannabinoid oil, treacle-like substance, will have to be examined by approved Australian Standards Association Laboratories using standardised instruments, and have been produced from one identified and certified strain of the plant at each batch production run. It should not be viewed as a pharmaceutical chemical but rather as a multiple component botanical. Other special forms of cannabis presentation like edibles and suppositories will have to be considered, and perhaps just presented to the patient with accurate dosage information.
3. All growers must pass appropriate examinations in the basic requirements for safely producing and handling the product and should be randomly inspected.
4. All growers must provide minimal standardised security arrangements and also tested on a regular basis.
5. Once the oil has been certified it may be carried by regular Australian pharmacies, and kept under appropriate security, as are other drugs subject to burglary/theft. All product to be labelled accurately with the standalone certified analysis as required and with the most accurate analytical equipment available, as mentioned earlier.
6. Only appropriately certified and qualified doctors and specialists for the purpose, or other alternatively educated health professionals, who must meet minimum specific educational standards, should be awarded the ability to prescribe or manage medical cannabis use.

These standards must be carefully laid down before the education of these professionals. There may be a slightly less rigorous approach to the carers of more seriously ill patients, as they will simply administer the prescribed doses.

7. Ensure that a prescription provided by one of these cannabis professionals only can be made up at a standard Australian pharmacy, or those who agree to stock the product. It is not envisaged that this would be necessarily compulsory, but certainly more desirable.



8. Using this model the officially sanctioned growing of cannabis, via the above standardisation/ quality controlled process, and with this step of essentially independent analysis, we will then allow for a range of more sensitive and tuned prescribing to be carried out under the above required regulations. Specifically, there is an opportunity for batch mixing with the then required greater opportunity for definitely more prescribing finesse.

9. It is anticipated that the prescribing professional will be responsible for initial diagnosis, or at least some combination of, photography, radiology, pathology testing and recording as appropriate and over the whole course of treatment. For more serious cancers there should be appropriate post treatment photography, biopsy, MRI or some repeated pathology test tracking and this must be taught at the appropriate educational level, and via new professional postgraduate courses.

It is possible this could present/be a considerable teaching burden due to the very large syllabus. It is for this reason that not all doctors may choose to re-educate themselves in this new area of medicine. However, with time, many more doctors will avail themselves of this education when they come to appreciate the enormously wide application of this new learning, and also the demand they will come to receive from their patients for the medicine.

All these results should be sent to a central government academic depository and be readily available to all scientific researchers via online access.

Since the exact properties of the cannabinoids within the treatment courses have been officially certified, there will be a good researchable correlation between them and the course of the patient's treatment results.

This would form the basis for a slightly relaxed but useful standard of scientific enquiry, which will rapidly lead to a huge database that can be utilised for more formal scientific studies, in due course.

This earlier informal research is a most important point and essential step, as it will lead to a much more rapid development of knowledge on the subject.

Postscript:

The non medically qualified professionals who become involved in systemic treatment or major illnesses like cancer would perhaps work under the jurisdiction of appropriate medical supervision, in much the same way as diabetic nurses work under doctors at the present time.

This has proved a very successful model and will very well extend to this loose supervision where it is expected that these junior professionals will deal with topical conditions and will cooperate in the day to day treatment of others, especially where the more complex treatments for serious and cancer related conditions.

More simple treatments may be conducted and only then under occasional but regular medical supervision or review as proves to be a necessary and effective practice model in consideration of the stage of development in skill of the associated practitioner/s.


We cannot over emphasise just how many medical conditions this treatment will apply to, as soon as the medical staff get up to speed on the learning. CBIS Australia is in the process of developing an educational model that Dr Gillman will head up, so that we may provide up to date, and factual information for practitioners. We believe that education is key to ensuring this industry gets off on the right foot here in Australia, not just for practitioners but also the end user.

The cost savings to the health services will be immense, and other less managed conditions will now start to be able to get the attention they so deserve. Many people currently written off by chronic illness and injury will probably recover sufficiently to return to the prospect of a somewhat more normal working life, and this will have an over-all bearing on the workforce, creating more productivity for employers.

Victoria has an especial opportunity to show how Australia still leads in many fields in the area of both modern medicine and in the drafting of laws on medical legislation.

We thank the Law Society of Victoria for giving us this opportunity to present some of our scientific and medical professional advice, and to contribute to making specific suggestions towards legalisation and management.

We are available for further consultation and meetings should you so require.



Dr. David Michael Gillman.

Dr Gillman trained at Guy's Hospital, London (and remote tribal African Hospitals.)

Qualifications:

MB,BS , London University,

D. obs.gynae, RCOG.

D. Anaesthesiology. RCS. (1 yr. within Guy's Hospital.)

MRCGP. England. (Six years postgraduate work-study.)

Certificate in Family Planning UK.

Certified for Queensland Drugs of Dependence Department, Treatment and Clinic Supervision.

Member of the Royal Australian College of Rural General Practitioners.

Special term of nine months within Guy's Hospital as a paediatric senior house officer specialising in general and tertiary specialised teaching hospital paediatrics.

Primary and Advanced certification in Hyperbaric Medicine, Adelaide University.

Principle and Owner of Whitsunday Medical Centre, Airlie Beach, Whitsundays QLD 4802. 1978-2005.

This above involved employing between two and four doctors at a time, as available and throughout the history the practice)

Cooperation with Brisbane, Queensland University and with New South Wales universities in training postgraduate trainees in general practice.

Special Interests

Medical Radiology, with own radiology medical suite and with employment and management of full-time radiographer.

Employer of Australian Medical Graduates in rural general practice, (and supervisor of study for FRACGP post grad qualifications.)

Employer of Overseas trained doctors in general practice and for employment within the practice of several Australian specialists (surgeons, orthopaedic specialists and obstetrics and Gynaecology specialists) and so as to have them work within the confines of the practice and at the local hospital operating theatre in Proserpine, including some public hospital duties, always on a work-as-required basis.

Supervision of my own staff in physiotherapy, nursing, practice management, and radiology at a busy semirural, multifunctional coastal general practice.

Hyperbaric Medicine and the handling of acute diving accidents and all forms of Marine Envenomation. Spinal and Musculo-skeletal Illnesses, Accidents and Treatments and associated medico-legal problems and working in close association with Australian spinal surgeons, including a visiting specialist spinal surgeon. (Full investigation and preparation of patients for surgery.)

Acute and Chronic Pain Management and Drugs of Dependence Clinic, daily management of patients within a setting of rural Gen practice.

David was the Manager of the Remote Clinic on Hayman Island Resort. (Remotely involving supervision of nursing staff and pharmacy and regularly visiting once or twice-weekly by our staff or myself in person.)

Retrieval of Wrecked, Injured and Ill persons from the East Coast Ocean, Whitsunday's Region, via Coast Guard, Amphibious Flying boat and helicopter.

Planning for Coastal Regional Disasters, mainly cyclonic related.



Dr Robert J Melamede Ph.D.

Dr. Melamede has a Ph.D. in Molecular Biology and Biochemistry from the City University of New York. He retired as Chairman of the Biology Department at University of Colorado, Colorado Springs in 2005, where he continues to teach up until 2014.

Dr. Melamede is recognized as a leading authority on the therapeutic uses of cannabis, and has authored & co-authored dozens of papers on a wide variety of scientific subjects. He travels the world in constant demand as a speaker of medical cannabis.

Dr. Melamede also serves on the on the Scientific Advisory Board of Americans for Safe Access, The Journal of the International Association for Cannabis as Medicine, and the Scientific Advisory Board Medical of the Marijuana Policy Advocacy Projectthe Unconventional Foundation for Autism, The World Aids Institute, Board Tim Brown Foundation (The Berlin Patient), Phoenix Tears Foundation, and regularly consults with professional and lay persons around the world regarding cannabis and health issues.

He also served as a director of Newellink Inc, a Colorado-based company specializing in cancer research.

Jacqueline Spruce

Jacqueline has a long history in the events industry including operating her own boutique consultancy business for over 13 years. She has produced, directed and consulted on events for Companies including The Victoria Racing Club's Melbourne Cup Carnival, Toyota, KPMG, Me Bank, Blake Dawson, Cadbury Schweppes, Mercedes Benz, and many more.

Jacqueline has managed every facet of these productions including creative design, implementation, budget management, marketing/publicity campaigns, sponsorship management and public speaking.

She is experienced in the development, implementation, management and execution of a project, including public projects, and knows what it takes to complete a project successfully, on time and within budget. It is these skills that are contributing to the development of her current medical cannabis business.

With her passion for alternative medicine and her extensive contacts both locally and internationally, she has the ability to contribute greatly to the medical cannabis industry here in Australia.

More recently Jacqueline has been concentrating on bringing together a team of ideal International industry experts to assist with the formation of a credible and viable medical cannabis company. While the company is still in it's start-up phase, the developments are proving to be very promising indeed.



Appendix:

Web extracts on Colorado, Denver and others that indicate significant information that we should evaluate in our policy decision- making.

While the Drug Policy Alliance report didn't look at domestic violence rates in the state, Ryan said legalized marijuana may result in a decline in domestic violence and other types of violent arguments between people. Those who are typically violent after consuming alcohol may opt to try a substance that is not known to make people violent, Ryan continued.

As far as traffic accidents go, Way pointed out that on St. Patrick's Day weekend in March, law enforcement ramped up efforts to curb driving under the influence of both alcohol and marijuana. While many may have expected more drivers to be high than drunk, Colorado police reported 450 drivers were under the influence of alcohol, compared to three who were under the influence of marijuana. He said similar figures are expected for the upcoming Fourth of July holiday weekend.

The drug war also deeply undercuts the role of incarceration in dealing with people convicted of such serious crimes as child molesting, rape, kidnaping and homicide. There is no room in our prisons: 40 states are under court orders for overcrowding. Funds are not available to build prisons fast enough to provide the needed space. Violent criminals are being paroled early or are having their sentences chopped to make space for drug users and dealers.

But the anti-marijuana advocates have been strongly against the idea of legalizing or decriminalizing even recreational use of marijuana. They have, for long, warned that legalizing marijuana will cause escalation in crimes as more people, under the influence of this "drug," will commit more crimes. However, the complete opposite happened.

When Colorado cautiously legalized recreational marijuana, critics strongly warned it would lead to more crime throughout the state. But, in what could easily be considered a big slap-on-the-face to all marijuana haters, the overall crime rate actually plummeted. As reported by the state's official website, crime data for Denver, the hub of legal pot sales in the state, shows that murders, assaults, rapes, burglaries, and other violent have crimes actually declined during the first three months of the year, compared with the same period for 2013.

Read more at <http://www.inquisitr.com/1490010/is-legalizing-recreational-marijuana-use-beneficial-to-the-society-colorado-crime-rate-statistics-surely-suggest-so/#12xTdfOBp3yQVRzQ.99>

Though the overall reduction was only 10 percent, the impact is quite visible, claim proponents of marijuana consumption. According to the data obtained, homicides went down from 17 to 8, a massive 53 percent drop, automobile break-ins went down from 2,317 to 1,477 (36 percent), and sexual assaults from diminished to 95 from 110 (14 percent).

Read more at <http://www.inquisitr.com/1490010/is-legalizing-recreational-marijuana-use-beneficial-to-the-society-colorado-crime-rate-statistics-surely-suggest-so/#12xTdfOBp3yQVRzQ.99>

Denver Murder Rate Cut in Half After Marijuana Legalization. Coincidence?

Read more at <http://thefreethoughtproject.com/denver-crime-rate/#Ffvy49xUEeYwiHuc.99>

These statistics are especially convincing considering the short amount of time that this drastic reduction in crime has taken place. In just one short year the number of homicides dropped by 52.9%. Sexual assaults were reduced by 13.6%. Robberies were down by 4.8% and assaults were down by 3.7%.

Read more at <http://thefreethoughtproject.com/denver-crime-rate/#Ffvy49xUEeYwiHuc.99>

Marijuana Industry Study Group

Sent: Tuesday, December 09, 2014 9:10 AM

Subject: One Year of Legal Cannabis Sales: Stories, Studies, and Data

Greetings,

Colorado has allowed legal recreational marijuana sales for almost one year.

Below, we have collected many of the best stories and studies on several marijuana related topics, including on whether marijuana legalization in Colorado has been a success. Information below includes evidence that Colorado is seeing:

- Decreases in violent crime, teen marijuana use, and traffic fatalities; and
- Record growth in the economy, jobs, construction, real estate, and tourism.

We also include information on changes at the national level and in other states, the bipartisan nature of marijuana reform, public health benefits, and more evidence of marijuana's incredible medicinal value.

The Marijuana Industry Group continues to partner with state and local agencies to ensure that Colorado has a comprehensive, sensible, and robust regulatory framework. We will also continue our efforts to educate the public about responsible cannabis use.

Ultimately, we believe that Colorado has shown the world that cannabis can be safely bought and sold. And because marijuana is still universally available despite 45 years of the American led War on Drugs, a civilized society should prefer that cannabis be sold by licensed, regulated, and taxed businesses instead of violent criminal organizations.

We hope you find this information helpful.

Happy Holidays.

Mike Elliott

Marijuana Industry Study Group

"Colorado's Rollout of Legal Marijuana is Succeeding," by John Hudak, Brookings, July 31, 2014

Safety

Undercutting the Black Market

"Legal Pot in the U.S. May Be Undercutting Mexican Marijuana," by John Burnett, NPR, December 1, 2014.

"Legalizing Marijuana Would End Black market, Says Israeli Study," by Tzvi Ben-Gedalyahu, JewishPress.com, October 2, 2013.

"This Is What Legalizing Marijuana Did to the Black Market in Colorado," Reason.com, November 2014 Issue.

"Legal Pot in the US Is Crippling Mexican Cartels," by Emily O'Hara, Vice News, May 8, 2014.

Crime Down

"No, legalizing medical marijuana doesn't lead to crime, according to actual crime stats," by Emily Badger, The Washington Post, March 26, 2014.

Data released by the City of Denver indicates that violent crime rates have decreased since Colorado legalized marijuana.

"Study: Couples who smoke marijuana are less likely to engage in domestic violence," by Christopher Ingraham, The Washington Post, August 26, 2014.

"Legalizing Medical Marijuana May Actually Reduce Crime, Study Says," by Matt Ferner, The Huffington Post, March 27, 2014.

"After 3 Months of Legal Pot Sales, Denver Still Not A Crime-Filled Hellscape," by Matt Ferner, The Huffington Post, April 7, 2014.

Teen Marijuana Use Decreases in Colorado

Teen use dropped 4.8% after Colorado licensed and regulated marijuana businesses in 2010, according to data collected by the Center for Disease Control (CDC) and the Colorado Department of Public Health and Environment (CDPHE).

Colorado: CDC data shows that youth marijuana usage in Colorado went down 2.8% (24.8% to 22%) from 2009 to 2011.



National v. Colorado: Even with 500 medical marijuana centers, youth usage in Colorado fell below the national average in 2011 (23.1% US v. 22.0% CO).

The most recent data from the CDPHE shows that from 2011 to 2013 the rate of marijuana use among Colorado high school students decreased again from 22% to 20%;

Studies

"Legalizing medical marijuana doesn't increase use among adolescents, study says," Science Daily, April 23, 2014.

"Study Summary: Parents and physicians concerned about an increase in adolescents' marijuana use following the legalization of medical marijuana can breathe a sigh of relief. According to a new study that compared 20 years worth of data from states with and without medical marijuana laws, legalizing the drug did not lead to increased use among adolescents."

"Teen marijuana use hasn't exploded amid boom in legalization support, drug survey finds," by Steven Nelson, US News & World Report, December 18, 2013.

"Medical Marijuana Laws and Teen Use," by D Mark Anderson, Daniel Rees, Benjamin Hanson, May 2012.

Summary: "Our results are not consistent with the hypothesis that legalization leads to increased use of marijuana by teenagers."

"National level drug policy and young people's illicit drug use," by Vuolo M. PubMed.gov, 2012.

Conclusion: "Eliminating punishments for possession for personal use is not associated with higher drug use."

"No, marijuana use doesn't lower your IQ," by Christopher Ingraham, The Washington Post, October 22, 2014.

"Teen Marijuana Use May Show No Effect on Brain Tissue, Unlike Alcohol, Study Finds" by Kathleen Miles, The Huffington Post, December 23, 2012.

"The Media's Absurd Hysteria about Teens and Pot," by Paul Armentano Altnet.org, December 18, 2013.

"Graduation Rates Up in Colorado," The Denver Post, January 23, 2014.

"Legal marijuana reduces teen binge drinking," by Stephen C. Webster, Rawpost, July 23, 2013.

Safer Roads

"Since marijuana legalization, highway fatalities in Colorado are at near-historic lows," by Radley Balko, The Washington Post, August 5, 2014.

"Why medical marijuana laws reduce traffic deaths," by Maia Szalavitz, Time, December 2, 2011.

"More Pot, Safer Roads: Marijuana Legalization Could Bring Unexpected Benefits," Forbes, April 3, 2014.

"New Drugged Driving Laws Have Little or No Impact on Traffic Deaths," PRWEB, January 14, 2013.

New study shows that "per se' drugged driving laws have no discernable impact on traffic fatalities."

Record Economic Growth

Colorado has the fastest growing economy in the United States, according to Business Insider.

"Here's How All 50 State Economies Are Doing, Ranked From Slowest to Fastest," by Andy Kiersz and Elena Holodny, Business Insider, August 4, 2014.

"Marijuana shops give boost to local economies in Colorado," by Hendrik Sybrandy, CCTV America, September 26, 2014.

"Jack Strauss, of the University of Denver, found that Cullen's two shops have generated almost six times the sales of an average retail store and restaurant in this city, and had almost eight times the economic impact. That's one reason why recreational marijuana stores are heavily taxed. Cullen also employs seven times as many people as two other average stores. The average wage in the marijuana industry is more than \$17 an hour."

Record Tourism

Ski Season: "2013/14 ski season noted as best year for Colorado" Colorado Ski Country USA, June 12, 2014.

Denver: "Denver tourists spend a record \$4.1 billion in 2013," by Jason Blevins, The Denver Post, June 18, 2014.



Colorado:

"Travelers stuffed \$17.3 billion into Colorado tourism coffers in 2013," by Jason Belvins, The Denver Post, July 29, 2014.

Record Jobs

"Colorado jobless rate hits 4.3%, 6 ½-year low," Associated Press, 9 News, November 21, 2014.

"Colorado jobless rate drops to 6%, labor shortages emerge in trades," by Howard Pankratz, The Denver Post, May 16, 2014.

"Google to build new Boulder campus, with room for 1500 employees," by Tamara Chuong, The Denver Post, December 4, 2014.

Colorado is "Magnet for corporate headquarters"

"Metro Denver Saw Economic Development Payoff in 2013," by Aldo Svaldi, The Denver Post, January 21, 2014.

"All of metro Denver's major industry groups, or 'clusters,' managed to add jobs last year, and the area snagged a larger-than-expected number of corporate headquarters. 'We are now a magnet for corporate headquarters,' said Tom Clark, CEO of the Metro Denver Economic Development Corp., in an outlook provided to the City Club of Denver on Tuesday. The metro area landed 10 corporate headquarters in 2013, up from the average of six to eight in recent years."

Taxes

"Marijuana could deliver more than \$800 million in revenue to both Washington and Colorado," by Niraj Chokshi, The Washington Post, September 26, 2014.

"Colorado is Using Revenue From Pot Sales to Hire More School Nurses," by Rebecca Klein, The Huffington Post, November 17, 2014.

"Pot tax money could help cover central Denver rec center's higher cost," by Jon Murray, The Denver Post, December 2, 2014.

Record Construction

"Denver Booms as Outdoors, Ski Slopes trump prices, bustle of cities on coast," by Nadja Brandt, Bloomberg, The Denver Post, December 31, 2013.

Spending on construction of new commercial buildings this year is estimated at about \$2.55 billion, up 26 percent from 2012 and the most in at least two decades, according to the city Community Planning & Development Department.

Record Real Estate

"Colorado Pot Laws Help Mile-High City's Appetite for Real Estate to Grow Even Higher," by James Higdon, CNN, December 13, 2013.

"Denver Ranks as a Top 'Market to Watch' for Commercial Real Estate," by Dennis Huspeni, Denver Business Journal, January 17, 2014.

National Momentum toward Legalization

"Oregon, Alaska, and Washington D.C. Legalize Marijuana," by Dan Merica, CNN, November 5, 2014.

"Lawmakers in 11 states approve low-THC medical marijuana bills," by John Ingold, The Denver Post, June 30, 2014.

"Federal restrictions on pot are under review," by German Lopez, Vox, June 24, 2014.

"Obama says marijuana 'no more dangerous than alcohol'," by Kevin Liptak, CNN, January 19, 2014.

"Eric Holder Would Be Glad to Work with Congress to Reschedule Marijuana," by Ryan Reilly, The Huffington Post, April 4, 2014.


"Marijuana Legalization Supported By a Majority of Americans, Survey Says," by Maria Vultaggio, International Business Times, September 3, 2014.

"Majority of Americans now support legal pot, poll says," CBS News, January 23, 2014.

54% of Independents support legalizing marijuana.

"Majority of American Parents Support Medical Marijuana, Says Survey by Partnership at Drugfree.org," by Robin Wilkey, Huffington Post, July 17, 2013.

"1000 Mayors Tell Feds, Leave Local Pot Laws Alone," by Phillip Smith, AlterNet, July 28, 2013.



"Only Six Percent of Americans Think Marijuana Possession Should Be Punished With Jail Time," by Mike Riggs, Reason, May 17, 2013.

"Pot legalization going to happen globally, former Mexican president says," Fox News Latino, September 23, 2014.

Bi-partisan Support

"Repeal Prohibition, Again

," by The Editorial Board, The New York Times, July 26, 2014.

"Sensible on Weed," by The Editors, National Review Online, January 6, 2014.

"Perhaps most important, the legalization of marijuana in Colorado - and the push for its legalization elsewhere - is a sign that Americans still recognize some limitations on the reach of the state and its stable of nannies-in-arms."

"Rand Paul, Senate Torch Bearer on Pot Reform, Wants Colleagues on Record," by Steven Nelson, US News and World Report, July 25, 2014.

"Bill Clinton: States should experiment with marijuana legalization," by Dylan Stableford, Yahoo News, June 29, 2014.

Public Health

"Medical Marijuana Laws Linked to Fewer Opioid Deaths," by Pauline Anderson, Medscape Medical News, August 25, 2014.

"No, Marijuana Isn't a Gateway Drug" by German Lopez, Vox, May 15, 2014.

"Economists predict marijuana legalization will produce 'public health benefits,'" by Jacob Sullum, Reason, November 1, 2013.

"Suicide rates fall when states legalize medical marijuana, says new study," by Scott Kersgaard, The Colorado Independent, November 24, 2012.

"Occasional marijuana use does not appear to have long-term adverse effects on lung function, according to new research published in the Journal of the American Medical Association."

"Study: Cannabis compound reduces cigarette consumption in tobacco smokers," NORML, July 3, 2013.

"Harvard: Marijuana doesn't cause schizophrenia," by John Grohol, Psych Central, December 10, 2013.

Medical Marijuana

"Gupta: 'I am doubling down' on medical marijuana," by Dr. Sanjay Gupta, CNN, March 3, 2014.

"Colorado Will Spend \$10 Million Researching Marijuana's Medical Benefits," by Matt Ferner, The Huffington Post, May 21, 2014.

"News: Council recommends eight medical marijuana research grants for funding," CDPHE Press Release, November 24, 2014.

"CBD in Colorado: Seeking a Marijuana Miracle," by John Ingold, The Denver Post, December 5, 2014.

"Marijuana may help PTSD. Why won't the government find out for sure?" by Steve Fox, The Washington Post, October 14, 2011.

"How pot helped shrink one of the most aggressive brain cancers," by Wai Liu, The Washington Post, November 18, 2014.



Miscellaneous

Banking

Banks 'Loosen Up' on Pot Business as FDIC Adopts FinCen Guidance," by Kevin Wack, American Banker, October 27, 2014.

"U.S. House OKs bill that may open door to bank accounts for pot shops," by David Migoya, The Denver Post, July 16, 2014.

"How marijuana legalization in Colorado and Washington is making the world a better place" by Christopher Ingraham, The Washington Post, October 17, 2014

"Why Congress should legalize pot," by Jeffrey Miron, CNN, November 19, 2014.

"Should Jeffco allow retail marijuana stores in unincorporated parts of the county? Yes, it's in the County anyway, why not profit?" by Michael Elliott, Denver Post, September 20, 2014.

"Gov. Hickenlooper's statement on report showing Colorado homelessness declined more than 35%," October 30, 2014.

"Market Size and Demand for Marijuana in Colorado," State of Colorado

Colorado Marijuana Enforcement Division Website

"Michael Elliott on Colorado Marijuana Regulation," CSPAN, July 27, 2014.



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