

Testimony in support
of
H.B. 2675 HD2 RELATING TO MEDICAL MARIJUANA
March 28, 2008
in the
SENATE COMMITTEE ON JUDICIARY AND LABOR

From

REPRESENTATIVE JOE BERTRAM III

Chair Brian T. Taniguchi and Committee Members,

I commend your committee for taking up this timely legislation since Hawaii became the first state to legislatively allow for the medical use of marijuana to qualified patients. The proven benefits of its use have multiplied along with challenges to safe legal access to the medicine.

In its landmark study, the American College of Physicians, who are the second largest organization in one United States after the American Medical Association unequivocally reiterates its medical efficacy in the face of its schedule 1 (no medical use) Federal CSA designation. The ACP also identifies a major obstacle to safe access is our own local police! This is made quite evident by the continued testimony from all police chiefs opposing any improvement in our law.

Please pass this measure.

Thank you for your consideration.



LAW ENFORCEMENT AGAINST PROHIBITION

121 Mystic Avenue, Medford, Massachusetts 02155 - Tel: 781.393.6985 Fax: 781.393.2964 info@leap.cc www.leap.cc

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Publications > LEAP Items > LEAP's Mission Statement

LEAP's Mission Statement

Founded on March 16, 2002, LEAP is made up of current and former members of law enforcement who believe the existing drug policies have failed in their intended goals of addressing the problems of crime, drug abuse, addiction, juvenile drug use, stopping the flow of illegal drugs into this country and the internal sale and use of illegal drugs. By fighting a war on drugs the government has increased the problems of society and made them far worse. A system of regulation rather than prohibition is a less harmful, more ethical and a more effective public policy.

The mission of LEAP is to reduce the multitude of unintended harmful consequences resulting from fighting the war on drugs and to lessen the incidence of death, disease, crime, and addiction by ultimately ending drug prohibition.

LEAP's goals are:

1. To educate the public, the media, and policy makers, to the failure of current drug policy by presenting a true picture of the history, causes and effects of drug abuse and the crimes related to drug prohibition and
2. To restore the public's respect for law enforcement, which has been greatly diminished by its involvement in imposing drug prohibition.

LEAP's main strategy for accomplishing these goals is to create a constantly enlarging speakers bureau staffed with knowledgeable and articulate former drug-warriors who describe the impact of current drug policies on: police/community relations; the safety of law enforcement officers and suspects; police corruption and misconduct; and the financial and human costs associated with current drug policies.

Dedicated to our departed colleagues who courageously spoke out about the destructive policy of Drug Prohibition



Eleanor Schockett



Gil Puder



Whitman Knapp

John Perry

Ralph Salemo

Bob Owens



Eddie Ellison

Milton Friedman

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LINDA LINGLE
GOVERNOR



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CLAYTON A. FRANK
DIRECTOR

DAVID F. FESTERLING
Deputy Director
Administration

TOMMY JOHNSON
Deputy Director
Corrections

JAMES L. PROPOTNICK
Deputy Director
Law Enforcement

No. _____

**WRITTEN COMMENTS ON HOUSE BILL 2675 HD2 SD1
RELATING TO MEDICAL MARIJUANA**

by
Clayton A. Frank, Director
Department of Public Safety

Senate Committee on Judiciary and Labor
Senator Brian T. Taniguchi, Chair
Senator Clayton Hee, Vice Chair

Friday, March 28, 2008, 9:30 a.m.
State Capitol, Conference Room 016

Senator Taniguchi, Senator Hee, and Members of the Committee:

The Department of Public Safety (Department) feels that House Bill 2675 HD2 SD1 is not necessary due to the fact that we already know that under present State and Federal laws, the State of Hawaii, could not develop a secure growing facility for medical marijuana on any of the islands unless authorized by way of a controlled substance research permit by the State and the Federal Government. Further, the transporting of marijuana between islands utilizing areas controlled by Federal law enforcement would still be prohibited, no matter what the proposed focus group came up with. The Department feels that there is no value in convening another task force or focus group unless there is a change in Federal law relating to the scheduling of marijuana. Due to these reasons as well as fiscal and staffing concerns for the agencies required to provide members to this focus group, the Department does not support House Bill 2675 HD2 SD1.

Thank you for this opportunity to provide written comments.

testimony

From: Joey Rattner [joe@hotmail.com]
Sent: Wednesday, March 26, 2008 12:07 PM
To: testimony
Cc: Sen. Brian Taniguchi; Sen. Clayton Hee; Rep. Joe Bertram III; Pam Lichty; Jeanne Y. Ohta; James Anthony; Alfred Lee Wylie; Dana Levitt; Derrick Depledge; Nathan Miller; Olena Rubin; All Senators; Haunani Olds
Subject: Testimony in STRONG Support of HB 2675 HD2 SD1

Testimony in STRONG Support of HB 2675 HD2 SD1 from Joseph B. Rattner for Public Hearing on 3/28/2008

Bill No: HB 2675 HD2 SD1

Bill Title: RELATING TO MARIJUANA

HB 2675, HD2 RELATING TO MEDICAL MARIJUANA.
Creates the medical marijuana task force to discuss issues regarding adequate supplies of medical marijuana for qualified patients, the value of constructing secure growing facilities for medical marijuana patients to use to produce their medicine, and study inter-island travel issues related to medical marijuana. (HB2675 HD2 SD1)

COMMITTEE ON JUDICIARY

Chair: Senator Brian T. Taniguchi

Vice Chair: Senator Clayton Hee

Hearing Date: March 28, 2008

Hearing Time: 9:30 a.m.

Hearing Location: Conference Room 016

Testimony from: Joseph B. Rattner, OD, CSAC

91-211 Makaina Place

Ewa Beach, Hawaii 96706

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WOHFAC@hotmail.com

www.wohfac.com

Representing: Patients Living with HIV/AIDS in Hawaii

West Oahu Hope For A Cure Foundation (Executive Director)

Aloha Senator Brian T. Taniguchi, Senator Clayton Hee, Senator Mike Gabbard, Senator Russell S. Kokubun, Senator Clarence K. Nishihara and Senator Sam Slom,

My name is Joseph Rattner, and it is an honor and a privilege to submit testimony in strong support of HB 2675 HD2 SD1. On March 15, 2008, I celebrated me seventeenth year anniversary that I am living with HIV/AIDS. A celebration of life is definitely called for because I am alive today! And one of the main reasons I am alive today is due to my regimen of Medical Marijuana as prescribed by my physician in doses necessary for me to function in many ways. (See below)

I have lived on this beautiful island of Oahu, Hawaii for 7 years now and have possessed a Medicinal Medical Marijuana license here for four. I am also a Certified Substance Abuse Counselor and am proud to say that I have counseled many into recovery from the East Coast of New Jersey to our local Ohana's in Hawaii. Mostly I am proud to be the Founder and Executive Director of West Oahu Hope For A Cure Foundation located in Ewa Beach.

First of all, I must say that trying to grow Marijuana is a science, which takes an enormous amount of time. Although my first plant was successful, the ways and means of it blossoming, correctly each time, was almost impossible.

Just imagine any of you running out of any of your LEGAL medications. It can be a nerve-racking experience to worry about being able to RENEW your prescription, right? Well, what does the Medical Marijuana patient do when a plant fails or theft occurs on your property because the whole neighborhood knows that you're a pot head due to the smell that growing cannabis exhibits? Patients' are left with no choice but to try illegal maneuvers just to remain healthy. If the legislature will allow HB 2675 HD2 SD1 to pass, as it presently reads, we are at minimum, setting up the stage for a proper expansion of the present program inception in 2000.

Appetite, nausea, pain relief and even a major stress reducer, are of course all advantageous benefits that medicinal marijuana serves when you have a CHRONIC ILLNESS. There are approximately 4,024 patients in the State of Hawaii presently possessing medical marijuana licenses.

HB 2675 (HD1) would have given patients who qualify the opportunity to Lease a plot of land from a 'secure growing facility' on any of the Hawaiian Islands, including but not limited to, Maui, Oahu, Kauai, Big Island, Molokai.....but that language was removed so it would pass the Senate Health Committee and now only a well organized Task Force remains in this

present draft, which by no means, can we do without.

The possibility of an experienced 'Farmer' that will grow medicine for patients' on ALL islands is up for talks by this task force. In my eyes, this characteristic of the Bill (which has since been removed) would have helped to serve patients, care givers and prescribing doctors in the protection aspect. The land at which the marijuana is grown would have been protected as well but so be it that a Task Force will first study the all the aspects of the Medical Marijuana Program and will report to the next legislative body all the amendments necessary in making Hawaii's present law BETTER for all involved. This includes Law Enforcement.

Medical Marijuana is legal in Hawaii and by allowing patients of HIV, Cancer, Glaucoma, and other conditions, which require this treatment, a safer way of getting the Medication they need to survive, the safer we all are. A "*certified facilitator*" will determine the strains needed for the plants, and a "*plot*" would have then been "leased" by the qualifying patient from a '*secure growing facility*'.

INSTEAD, A task force of experienced persons in this field will develop the expansion and protection of Hawaii's Medical Marijuana Program.

A Department of Health designee, three members of the Drug Policy Forum, a Certified Prescribing Physician, and three Licensed Patients in coordination with the Department of Agriculture and the University of Hawaii will report on the efficacy of Marijuana and secure a safe haven for patients and care givers to grow their most needed medication.

The most critical issue facing Hawaii medical marijuana patients is the acquisition of our medicine. Theft, armed robbery, and police/helicopter eradication raids continually threaten patients' safety. The Hawaii Revised Statute states that legal medical marijuana patients can acquire and possess the medicine that their doctor recommends, but patients have no choice but to acquire from an unregulated and unethical black market. It is not in the interest of Hawaii's public health to force patients into this "black market".

The important question is: How does a patient who is diagnosed with cancer and to undergo chemotherapy immediately acquire the medicine that his/her doctor recommends? In this case, there is not enough time for the patient to grow, harvest, and cure the medicine that will help with nausea during imminent chemotherapy treatments; added stress from buying medicine from drug dealers will not help the health of such vulnerable patient.

It is essential for people living with HIV to take their medications! The side effects cause much stomach upset with the constant need to try to stop vomiting. The marijuana makes taking the medicines bearable. Hunger and the need to stay hungry for a balanced diet is where another important aspect of medicinal marijuana plays such a huge role in the recovery and better health for patients.

Experienced patients, who have proven to comply with their regimen, should feel safe about smoking their medicinal marijuana. The members of this task force will play an important role in the future of Medicinal Marijuana Secure Growing Facility's becoming a reality. The passing of HB2675 HD2 SD1 will start the way for patients' to grow their legally prescribed marijuana with a sense of comfort.

There will be less drug trafficking from Waikiki to Waianae, especially preventing addicts from preying at the risk areas near our schools endangering our keiki, BUT this can only be possible if your committee finds that we MUST have this Task Force created, so **please support and vote Aye for HB2675 HD2 SD1.**

The passing of this measure will save people's lives! Please don't let it die.

For these and many other reasons, I strongly support HB2675 HD2 SD1.

Mahalo for giving me the opportunity to share my views.

With much Aloha,

Joseph B. Rattner, OD, CSAC
Executive Director-WOHFAC

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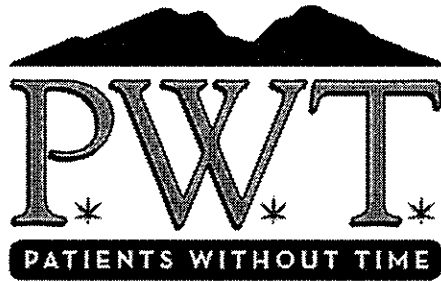
Website-www.wohfac.com

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March 26, 2008

To: Senator Brian T. Taniguchi, Chair
Senator Clayton Hee, Vice Chair and
Members of the Committee on Judiciary and Labor

From: Patients Without Time's Executive Director: Brian Murphy

Re: HB2675 HD2 SD1 Relating to Medical Marijuana

Hearing: March 27, 2008, 9:30 a.m., Room 016

Position: Strong Support

Good Afternoon, Patients Without Time of Maui strongly supports HB 2675 HD2 SD1 which would establish a taskforce to study certain issues related to Hawaii's medical marijuana program.

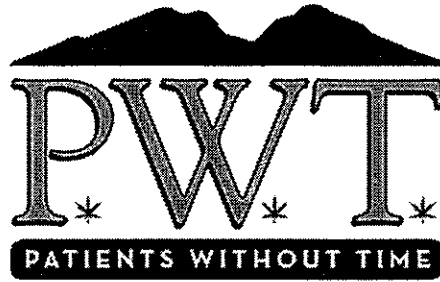
We suggest that the committee amend this bill:

For ease of assembling the task force and due to confidentiality of Hawaii's medical marijuana patients, we would appreciate that the committee amend how the 3 patient advocates on the task force are appointed to read:

Three patient advocates as appointed by the director of Patients Without Time.

For over four years, Patients Without Time, Hawaii's only medical marijuana advocacy group, has worked with more than 1200 Hawaii medical marijuana patients. Along with originally proposing HB 2675, collectively we as patient advocates have collectively lobbied our county and state government to create a safe medical marijuana program.

For us, the medical marijuana program, particularly on Maui County is not safe. It is in the interest of both supporters and opponents of medical marijuana to create a system that is safe for patients, law enforcement, and all residents of Hawaii.

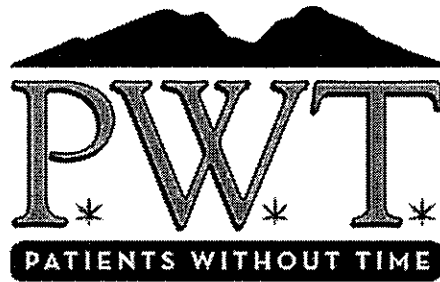


Among medical marijuana patients on Maui, there have been numerous recent cases of police harassment, theft and violence under color of law. It is very telling that in testimony to the Health Committee, the only opposition to the bill came from law enforcement officers and the state and county prosecutor's offices. Doctors, patients and the legislature have supported an initiative to further protect patients. In February, the American College of Physicians, a 124,000-member group that is the nation's largest for doctors of internal medicine, called on the federal government to ease its strict ban on marijuana as medicine and hasten research into the drug's therapeutic use.

Meanwhile, Maui Police Chief Thomas Phillips testified against HB2675 claiming: "Marijuana as medicine is questionable at best, and debatable in scientific circles." He continued on, "We at the Maui Police Department do not support medical marijuana in its entirety." Apparently, he seeks to continue to treat medical marijuana patients like criminals, enforcing his personal agenda while failing to perform his duties as guided by the state law.

Chief Phillips does not have the best role models on the state level; the Department of Public Safety - Narcotics Enforcement Division continually maintains in earlier written testimony in opposition of this bill, "Due to the fact that existing Hawaii and Federal laws still consider marijuana a schedule I controlled substance, all individuals growing marijuana without a State and Federal Controlled Substance research permit would be subject to arrest." It is unfortunate that the very same department that issued me a permit for medical marijuana continues to threaten me with arrest and treat me like a criminal.

These department's viewpoints contrary to the Hawai'i Revised Statutes have created a scenario on Maui of unnecessary search and seizures from the "green harvest" helicopter eradication program resulting in legitimate patients becoming targets for theft and violence in neighborhoods. There have been numerous search warrants to medical marijuana patients' residences in search of "marijuana" and "paraphernalia associated with its use and cultivation" but failing to mention medical marijuana at all to the judge issuing the search warrant, ultimately seizing property without charging patients. We can send the committee police reports associated with all of these cases of wrongful seizures.



Medical Marijuana is not safe because those in charge of overseeing and enforcing the program vehemently oppose the program "in its entirety." Apparently, they do not want the program to work and oppose any change. At very least, this taskforce will consider all of these problems to help write make sound legislation combining HB2673, HB 2674, HB2675, HB2676, HB 2677 and HB 2678 and making this program safe for us and our families.

We urge you to pass this measure. Thank you for hearing this bill and for the opportunity to testify.

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Testimony given to Hawaii State Senate Committee on Health re: HB 2675,
MCDs & Medical Cannabis Regulation.

March 17, 2008

1. The national medical cannabis situation is rapidly evolving with a focus on the development of the California distribution system of over 400 Medical Cannabis Dispensaries (MCDs) organized as patient collectives.¹
2. In the last year or so, 2-300 MCDs have opened in Los Angeles alone. The LA City Council is preparing to control and regulate MCDs—as have SF, Oakland, LA County, Sonoma County, and 30 other local governments.²
3. The DEA and other advocates of the war on medical cannabis are losing, are aware they are losing, and are looking for an exit strategy.³

¹ <http://www.canorml.org/prop/cbclist.html>

² <http://www.safeaccessnow.org/article.php?id=3165>

³ Russoniello Weighs in on Pot Club Raids

Posted: Thursday, 31 January 2008 1:11PM

Audio Podcast: <http://podcast.kcbs.com/kcbs/886971.mp3>

SAN FRANCISCO (KCBS) - The new U.S. Attorney for Northern California has hinted there may be fewer raids on medical marijuana dispensaries.

Russoniello has made his position clear on the issue of medical marijuana.

He is against the use of the drug for medicinal purposes, questions whether

it can provide any benefit to a sick or dying patient, and was opposed to

California's Proposition 215, the Medical Marijuana Initiative.

However, Russoniello has also made clear that government resources may be

better spent elsewhere. He said there may be changes in enforcement

practices in Northern California. "We could spend a lifetime closing

dispensaries and doing other kinds of things and enforcement actions,

bringing cases and prosecuting people, shoveling sand against the tide, it

would be terribly unproductive and probably not an efficient use of precious

federal resources," declared Russoniello.

Russoniello took over the position of U.S. Attorney of Northern California

in early January. He spent 8 years in the office in the 1980s.

<http://www.kcbs.com/Russoniello-Weighs-in-on-Pot-Club-Raids/1575057>

4. The US House Judiciary Committee has expressed serious concern about the DEA's excessive tactics against medical cannabis.⁴ Local government officials in California are calling on the Committee to hold hearings on the issue at the earliest opportunity and urging the DEA to de-prioritize medical cannabis.⁵

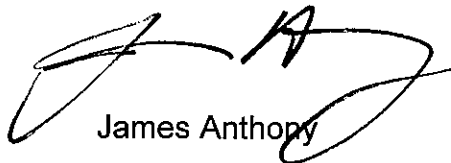
5. MCDs in California paid 100 million dollars in sales tax last year.⁶

Thus the trajectory of medical cannabis is clear: we are headed to the end of the national war on medical cannabis. California has evolved a healthy, vibrant, locally controlled and regulated distribution system that contributes millions of dollars to the economy and to state and local government.

The question is will Hawaii be ready to participate fully in this evolution? Will it be prepared to raise its medical cannabis system to the level of compassion, access, and local control set by California? And will Hawaii extend its traditional hospitality to medical cannabis patients who visit from other parts of the United States and the world?

The task force created by this bill can and must address those and other related issues and report to the next legislature.

Yours very truly,



James Anthony

⁴ <http://www.safeaccessnow.org/article.php?id=5329>

⁵ http://safeaccessnow.org/downloads/Dellums_Statement.pdf

http://safeaccessnow.org/downloads/Dellums_Letter_to_Conyers.pdf

http://safeaccessnow.org/downloads/Santa_Cruz_Mayor_Letter_to_Conyers.pdf

http://safeaccessnow.org/downloads/Santa_Cruz_Mayor_Letter_to_Governor.pdf

Also, Statement by Councilman Dennis P. Zine, Los Angeles City Councilman, Third District, July 31, 2007: "I am greatly disturbed that the Drug Enforcement Administration would initiate an enforcement action against medical marijuana facilities in the City of Los Angeles during a news conference regarding City Council support of an Interim Control Ordinance to regulate all facilities within the City. This action by the DEA is contrary to the vote of Californians who overwhelmingly voted to support medicinal marijuana use by those facing serious and life-threatening illnesses. The DEA needs to focus their attention and enforcement action on the illegal drug dealers who are terrorizing communities in Los Angeles."

⁶ <http://www.safeaccessnow.org/article.php?id=5478>

testimony

From: billbriggs [webriggs@my-netlink.com]
Sent: Wednesday, March 26, 2008 4:21 PM
To: testimony

Committee: Senate Committee on Judiciary and Labor

Chair: Senator Brian T. Taniguchi

Vice-Chair: Senator Clayton Hee

3-16-08 at 9:30 pm in Conference Room 016 Number of copies needed for committee: 7 Aloha Representative,

I am a medical marijuana patient registered with the State of Hawai'i department of Public Safety, and a member of Patients Without Time on Maui. I write to you today to urge your support for House Bill 2675, legislation that seeks to improve Hawaii's medicinal cannabis program.

The original intent of this bill is to provide medical marijuana patients "safe access" to their medicine.

Patients Without Time, Hawai'i's only medical marijuana advocacy group, has worked with more than 1200 Hawai'i medical marijuana patients over the past four years. Along with proposing this House Bill, collectively we have lobbied the county and state government to create a safe medical marijuana program.

Preferred Amendment:

For ease of assembling the task force and due to confidentiality of patients, I would appreciate that the committee amend how the 3 patient advocates on the task force are appointed to read:

(6) Three patient advocate members of Patients Without Time as designated by the director of Patients Without Time.

It is very telling that in testimony to the Health Committee, the only opposition to the bill came from law enforcement officers and the state and county prosecutor's offices. Doctors, patients and the legislature have supported an initiative to further protect patients. In February, the American College of Physicians, a 124,000-member group that is the nation's largest for doctors of internal medicine, called on the federal government to ease its strict ban on marijuana as medicine and hasten research into the drug's therapeutic use.

Meanwhile, Maui Police Chief Thomas Phillips testified against HB2675 claiming: "Marijuana as medicine is questionable at best, and debatable in scientific circles." He continued on, "We at the Maui Police Department do not support medical marijuana in its entirety." Apparently, he seeks to continue to treat medical marijuana patients like criminals, enforcing his personal agenda while failing to perform his duties as guided by the state law.

Chief Phillips does not have the best role models on the state level; the Department of Public Safety - Narcotics Enforcement Division, maintains in their earlier written testimony in opposition of this bill, "Due to the fact that existing Hawaii and Federal laws still consider marijuana a schedule I controlled substance, all individuals growing marijuana without a State and Federal Controlled Substance research permit would be subject to arrest." It is unfortunate that the very same department that issued me a permit for medical marijuana continues to threaten me with arrest and treat me like a criminal.

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have created a scenario on Maui of unnecessary search and seizures from the "green harvest" helicopter eradication program resulting in legitimate patients becoming targets for theft and violence in neighborhoods and numerous search warrants to medical marijuana patients' residences in search of "marijuana" and "parapehernalia associated with its use and cultivation" but failing to mention medical marijuana at all. Medical Marijuana is not safe because those incharge of overseeing and enforcing the program vehemently oppose the program "in its entirety." Apparently, they do not want the program to work and oppose any change.

It is not in the interest of the public safety of Hawai'i's residents to continually force our most vulnerable patients, those who do not respond well to standard pharmaceuticals, to the black market for the medicine that their doctors recommend. There have been numerous recent cases of police harrasment towards medical marijuana patients, theft and violence. I no longer want to be treated like a criminal to acquire the medicine my doctor recommends.

Hawaii does not provide for a legal means of supplying marijuana. Discussing and urging patients to form secure collective and cooperative operations will allow for individual patients to have their needs met safely. This way, many patients can have an operation together, sharing knowledge and resources in one secure location that is easily transparent to local law enforcement.

The most critical issue facing Hawaii medical marijuana patients is the acquisition of our medicine. It is very difficult for individual patients to grow enough viable product to assure an "adequate supply," and/or find a responsible caregiver how will grow for them. Theft, bugs, disease, lacking knowledge of successful growing techniques and time-consuming trial and error, and a complete dependence on an unethical, unregulated and illegal "black market" are issues patients face when growing medical marijuana. Allowing patients to grow more plants, particularly in secure growing facilities, and possess more "usable product" will only ensure patients' safe access to medicine during times when issues arise.

In 2000, the legislature found that medical research had discovered a beneficial use for marijuana in treating or alleviating the pain or other symptoms associated with certain debilitating illnesses. However, the legislature also recognized the need to regulate such use, for the health and welfare of our citizens. As a result, regulation of the medical use of marijuana was enacted into law in 2000 in act 228, Session Laws of Hawaii 2000 and codified in part IX, Chapter 329, Hawaii Revised Statutes (HRS). Now it is time to consider these patients' safety and welfare.

Mahalo for the Opportunity to testify.

Name:
William E. Briggs
201 Puumakani
Kahului, HI 96732

testimony

From: Bill [divrb@netzero.net]
Sent: Thursday, March 27, 2008 8:59 AM
To: testimony
Subject: Testimony in Support (with amendment) of HB 2675 HD2 SD1

Committee: Senate Committee on Judiciary and Labor
Chair: Senator Brian T. Taniguchi
Vice-Chair: Senator Clayton Hee
03-28-08 at 9:30 am in conference room 016 Number of copies needed for committee: 7

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Mahalo for the Opportunity to testify.

Aloha,
Bill Cox

IN SUPPORT of HB 2675 HD 2 Medical Cannabis

March 17, 2008

To Whom It May Concern,

Even with a doctor's prescription for Medical Cannabis to treat pain caused by terminal cancer, my mother could not receive her Marinol (THC). This was due to complications with approval from her health insurance. To pay out of pocket would have cost \$240 - \$300 for a bottle of 15 or 20 pills. My mother was never a drug user in her life, and regular painkillers had terrible side effects on her. The Medical Cannabis was prescribed to provide a way to alleviate her pain with out all the side effects.

Please, something needs to be done to ensure that the health system works for ordinary people. It is a most difficult experience to have to watch a loved one in pain and not be able to do much for them. I recently heard that in Canada, Medical Cannabis in a whole plant spray form is legal and easily obtainable for those who are truly in need – mainly those with cancer and AIDS and persistent pain. This is a more affordable option.

It is worthwhile to look at models that are working; and to educate ourselves so that options are available when there is need. If there is less stigma and red tape around the appropriate use of Medical Cannabis, then doctors might feel freer to prescribe it, health insurance agencies might be more willing to okay it, organizations like Hospice might include it in their list of painkillers, and suffering people might find more relief.

Aloha,

Alyce Dodge / AD

Alyce Dodge

1044 Ho'omaika'i Street

Honolulu, Hawai'i 96817

testimony

From: kuleanaresorts@aol.com
Sent: Thursday, March 27, 2008 8:49 AM
To: testimony
Subject: testimony

Testimony in Support (with amendment) of HB 2675 HD2 SD1

Committee: Senate Committee on Judiciary and Labor

Chair: Senator Brian T. Taniguchi

Vice-Chair: Senator Clayton Hee

3-16-08 at 9:30 pm in Conference Room 016

Number of copies needed for committee: 7

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Preferred Amendment:

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Name:

Testimony in Support (with amendment) of HB 2675 HD2 SD1

Committee: Senate Committee on Judiciary and Labor

Chair: Senator Brian T. Taniguchi

Vice-Chair: Senator Clayton Hee

3-16-08 at 9:30 pm in Conference Room 016

Number of copies needed for committee: 7

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Name:
James L. Gault

Planning your summer road trip? Check out [AOL Travel Guides](#).

testimony

From: Food Chain [food-chain1@lycos.com]
Sent: Wednesday, March 26, 2008 6:53 PM
To: testimony
Subject: Testimony in Support (with amendment) of HB 2675 HD2 SD1

Testimony in Support (with amendment) of HB 2675 HD2 SD1

Committee: Senate Committee on Judiciary and Labor
Chair: Senator Brian T. Taniguchi
Vice-Chair: Senator Clayton Hee
3-16-08 at 9:30 pm in Conference Room 016
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James A. Greathouse

testimony

From: Stuart Hirotsu [kotonk544@yahoo.com]
Sent: Wednesday, March 26, 2008 10:04 AM
To: testimony
Subject: Testimony in Support (with amendment) of HB 2675 HD2 SD1

Testimony in Support (with amendment) of HB 2675 HD2 SD1

Committee: Senate Committee on Judiciary and Labor
Chair: Senator Brian T. Taniguchi
Vice-Chair: Senator Clayton Hee
3-16-08 at 9:30 pm in Conference Room 016 Number of copies needed for committee: 7

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Looking for last minute shopping deals?
Find them fast with Yahoo! Search. <http://tools.search.yahoo.com/newsearch/category.php?category=shopping>

testimony

From: Patients Withouttime [patientswithouttime@gmail.com]
Sent: Thursday, March 27, 2008 11:47 AM
To: testimony
Subject: MCCFDIA's support for HB2675 SD1- Brian Igersheim

Testimony in Support (with amendment) of HB 2675 HD2 SD1

Committee: Senate Committee on Judiciary and Labor

Chair: Senator Brian T. Taniguchi

Vice-Chair: Senator Clayton Hee

3-16-08 at 9:30 pm in Conference Room 016

Number of copies needed for committee: 7

Aloha Senators,

Here was the proposed bill with the original intent of the task force to study the medical efficacy of marijuana in order to reclassify the plant from a schedule 1 Controlled substance (having no known medical value) to a schedule 3 controlled substance. The intent of the bill was to provide medical marijuana patients with safe access to their medicine. Please read this previous version of the bill, and add some of the elements of the task force to HB 2675 SD1. Also, here is a recent article from the Jerusalem Post:

Clinic Offers Puff of Relief For Chronically Ill January 6, 2008

TEXT SIZE:  

A Tel Aviv medical clinic has quietly begun giving marijuana to cancer and AIDS sufferers, legally and with Health Ministry approval, reports *Yedioth Tel Aviv*. The move, the first of its kind in Israel, is aimed at alleviating the pain suffered by the chronically and seriously ill.

According to the report, the clinic began giving the drug to suffering patients about six months ago. By Israeli law, marijuana can legally be used as a medicine if a patient obtains a special license from the Health Ministry. The drug is approved only for patients with cancer, AIDS or Crohn's Disease (a chronic gastro-intestinal illness), and aims to help ease the chronic pain they suffer from the illnesses or as side-effects of treatments for the diseases. The clinic - which the Health Ministry has refused to identify publicly, reportedly either to prevent protests or to keep criminal elements away - gives out the drug in small, controlled quantities when a patient presents their license.

One cancer patient said the ministry's decision to offer the drug through the clinic was "a blessing," saying it prevents suffering patients from being driven to buy the drug illegally. The patient said more doctors and the Israel Cancer Association should be made aware of the therapeutic, pain-relieving benefits of marijuana, and not regard it solely as an undesirable and harmful illegal drug. A spokesman for the cancer association said it was true that the drug could reduce painful side-effects for some patients undergoing chemotherapy or other treatments, and the organization would consider adding information about this to its website.



NATURAL HEALER? A Tel Aviv medical clinic has quietly begun giving marijuana to cancer and AIDS sufferers, legally and with Health Ministry approval.

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testimony

From: MCKAISERJ@wmconnect.com
Sent: Thursday, March 27, 2008 11:27 AM
To: "JDL:Testimony"@Capitol.Hawaii.Gov
Subject: (no subject)

Testimony in Support (with amendment) of HB 2675 HD2 SD1

Committee: Senate Committee on Judiciary and Labor

Chair: Senator Brian T. Taniguchi

Vice-Chair: Senator Clayton Hee

3-16-08 at 9:30 pm in Conference Room 016

Number of copies needed for committee: 7

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Name: Richard Kaiser
Jeannie McMurry-Kaiser
Arthur Greenleaf

testimony

From: Joel Loung [jloung@gmail.com]
Sent: Wednesday, March 26, 2008 2:03 PM
To: testimony
Subject: Support testimony for HB 2675 SD1

Testimony in Support (with amendment) of HB 2675 HD2 SD1

Committee: Senate Committee on Judiciary and Labor

Chair: Senator Brian T. Taniguchi

Vice-Chair: Senator Clayton Hee

3-16-08 at 9:30 pm in Conference Room 016

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It is not in the interest of the public safety of Hawai'i's residents to continually force our most vulnerable patients, those who do not respond well to standard pharmaceuticals, to the black market for the medicine that their doctors recommend. There have been numerous recent cases of police harassment towards medical marijuana patients, theft and violence. I no longer want to be treated like a criminal to acquire the medicine my doctor recommends.

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The most critical issue facing Hawaii medical marijuana patients is the acquisition of our medicine. It is very difficult for individual patients to grow enough viable product to assure an "adequate supply," and/or find a responsible caregiver how will grow for them. Theft, bugs, disease, lacking knowledge of successful growing techniques and time-consuming trial and error, and a complete dependence on an unethical, unregulated and illegal "black market" are issues patients face when growing medical marijuana. Allowing patients to grow more plants, particularly in secure growing facilities, and possess more "usable product" will only ensure patients' safe access to medicine during times when issues arise.

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Mahalo for the Opportunity to testify.

Name: Joel Loung

testimony

From: Brian Murphy [mccfdia@yahoo.com]
Sent: Wednesday, March 26, 2008 10:02 AM
To: testimony
Subject: Testimony in Support (with ammendment) of HB 2675 HD2 SD1

Testimony in Support (with amendment) of HB 2675 HD2
SD1

Committee: Senate Committee on Judiciary and Labor
Chair: Senator Brian T. Taniguchi
Vice-Chair: Senator Clayton Hee
3-16-08 at 9:30 pm in Conference Room 016 Number of copies needed for committee: 7

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Mahalo for the Opportunity to testify
Brian J Murphy

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testimony

From: Terry Murphy [trr.murphy@gmail.com]
Sent: Wednesday, March 26, 2008 3:30 PM
To: testimony
Subject: <http://mccfdia.com/sdonetestimony.html> - Sent Using Google Toolbar

<http://mccfdia.com/sdonetestimony.html>

Testimony in Support (with amendment) of HB 2675 HD2 SD1

Committee: Senate Committee on Judiciary and Labor

Chair: Senator Brian T. Taniguchi

Vice-Chair: Senator Clayton Hee

3-16-08 at 9:30 pm in Conference Room 016

Number of copies needed for committee: 7

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Name: Terry Murphy

testimony

From: Will Navran [willsilver@hawaii.rr.com]
Sent: Wednesday, March 26, 2008 9:24 AM
To: testimony
Subject: medical marijuana testimony for JDL

Testimony in Support (with amendment) of HB 2675 HD2 SD1

Committee: Senate Committee on Judiciary and Labor

Chair: Senator Brian T. Taniguchi

Vice-Chair: Senator Clayton Hee

3-16-08 at 9:30 pm in Conference Room 016

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William Navran

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3/26/2008

testimony

From: Liz and Jay [mauigreathouse@yahoo.com]
Sent: Wednesday, March 26, 2008 6:53 PM
To: testimony
Subject: Testimony in Support (with amendment) of HB 2675 HD2 SD1

Testimony in Support (with amendment) of HB 2675 HD2
SD1

Committee: Senate Committee on Judiciary and Labor
Chair: Senator Brian T. Taniguchi
Vice-Chair: Senator Clayton Hee
3-16-08 at 9:30 pm in Conference Room 016 Number of copies needed for committee: 7

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Liz O'Garvey

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testimony

From: Steve Perchemlides, Hawai'i Herbs [hawaiiherbs@hawaii.rr.com]
Sent: Wednesday, March 26, 2008 6:34 PM
To: testimony
Subject: HB2675 HD2 SD1 (MEDICAL MARIJUANA)

Cannabis sativa: Is it a useful phytomedicinal?

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Recently, I've received quite a lot of correspondence from well-intentioned friends and colleagues who are in support of various extant pro-marijuana legislative initiatives. These include House Bill 2676 which authorizes the possession of less than one ounce of marijuana by a person 21 or older, HB 2677 which directs state and county law enforcement officers to make investigation, citation, and arrest for private adult marijuana offenses the lowest law enforcement priority, HB 2871 which appropriates funds for the University of Hawaii to study the medical efficacy of marijuana in its various forms of delivery, HB 2675 which provides for reciprocity with other medical marijuana states, HB 2678 which grants "qualifying patients" eligibility to lease plots inside a secure growing facility for cultivating their "medicine". (The proposed facility would be located on the island of Maui.) SB 2547 would do most of the above via a single peace of legislation; it is intended to "expand" and "improve" Hawaii's medical marijuana law, including requiring the Department of Health to set up an expedited protocol for adding additional "debilitating medical conditions."

Evidently, some have erroneously concluded that I too support these initiatives. I do not. As a social worker, I saw many patients whose psychiatric conditions were exacerbated by marijuana. As a biologist, I recognize that about 300,000 species of plants have been described, and an estimated 50,000 to 100,000 are waiting to be formally discovered and classified. The number of unique chemical compounds synthesized solely by plants is probably several orders of magnitude greater – shall we say a minimum of 35 million compounds, virtually none of which are entirely inert in animal physiology. There are species in every locale which will rapidly disrupt mammalian physiology to the point of lethality. There are edible wild plants in every community; an under-appreciated resource for disaster preparedness. Yes, too, there are medicines. If we consider the synergistic activity of herbs in formulae, the genetic variance of specimens consequent to microclimatic gene activation and inhibition, and the important variance in patient presentation within seemingly identical diagnostic categories, the number of possible combinations may be something of the order of 3.5×10^{12} . Why then is society so interested in Cannabis sativa?

Exploration of cannabinoid pharmacology in the 1980's led to the discovery of a new and vitally important class of neurotransmitter initially dubbed "endocannabinoids". Ubiquitous and vital, one cannot imbibe homologous alien

ligands without seriously impairing virtually *all* activities of the central nervous system.

Cannabis sativa is harmful for anyone trying to learn anything new. This is because *presynaptic* neurons possess receptors for the hitherto unknown neurotransmitters, anandamide and arachidonoylglycerol. (Researchers discovered these G-protein receptors by tagging cannabinoids.) Post synaptic neurons temporarily stop local presynaptic neurons from firing by releasing these fat soluble compounds, thereby preventing release of *inhibitory* neurotransmitters. This process is termed *retrograde signaling*. Retrograde signaling allows action potentials in the postsynaptic neuron to summate more easily, and every time a neuron fires its pathway is reinforced.

In other words, normal activity of the body's marijuana-like chemicals helps learning to happen. Smoking this "weed" will mess up the whole learning process – perhaps permanently.

Cannabis causes disorientation, memory impairment, paranoia, and when used habitually significantly lowers testosterone and permanently reduces brain weight. Most of all, I repeat, it is impossible to learn while stoned; cannabinoids mimic exactly those neurotransmitters which are essential to all forms of learning. There are many herbs which provide the touted therapeutic benefits of appetite stimulation, ocular pressure control, relaxation, and pain management by entirely different mechanisms that *do not* disrupt the nervous system.

Most often, the appetite-stimulating effect is touted as medicinally important. Bitter herbs stimulate appetite via a reflexive neural path running from the taste receptors on the tongue to the stomach. When bitter greens or a traditional herbal formula such as "Swedish Bitters" are taken prior to meals, digestion is improved. When the bitter taste is detected, the stomach immediately secretes digestive acids and enzymes, and the gall-bladder prepares to release bile to emulsify fats. The "Standard American Diet" (SAD) is routinely criticized by Ayurvedic and Traditional Chinese physicians for having refined, processed, and confined our diet to lack this essential taste.

Bitter herbs simultaneously increase salivation, initiating the breakdown of carbohydrates in the mouth. Absorption of sugar begins within seconds through the walls of capillaries in the plexus beneath the tongue. Caloric energy is hence delivered directly to our energy-hungry brains, which burn fully 30% of the calories consumed. The shortcut to our CNS is an evolutionary adaptation to hunger. Thus, patients with cachexia (wasting) absorb vital energy from simple carbohydrates even if gastro-intestinal function is impaired.

Muscle wasting is integral to cachexia. The decline in circulating androgen as well as the lethargy caused by marijuana may precipitate further muscle atrophy. Thus, marijuana is actually contraindicated in cachexia!

A better case can be made for the medicinal value of dark beers than for marijuana. (See Sacred and Herbal Healing Beers by Stephen Harrod Buhner.) Hops, the female flowers of *Humulus lupulus*, is the secret ingredient in beer. This herb can be steeped into a pleasantly bitter tea which will quickly promote hunger and relaxation.

The ginsengs (*Panax* spp.) help to regulate blood sugar while improving mood, stamina and appetite. Indeed, all of the adaptogenic herbs promote homeostasis by

amplifying cellular signaling. (David Winston and Steven Maimes have just released a comprehensive treatise titled Adaptogens, which I highly recommend.)

Valerian (*Valeriana officinalis*) root tea will promote restful sleep and stimulate the appetite, while reducing anxiety. Unfortunately, it will exacerbate depression in some people. However, marijuana will cause depression in a much greater percentage of people.

Bitter melon (*Momordica charantia*) is a well known bitter ingredient in Chinese-style plate lunches here in the Hawaiian Islands. It provides a delicious contrast to the "mix-plate" of pork, vegetables and rice, as well as soups and stews. It also helps stabilize blood sugar and blood lipids while being oh-so ono. Why not try a properly cooked and seasoned meal instead of "toking up"?

Some claim that marijuana controls chronic pain. I think that there are an equal number of people for whom marijuana exacerbates the perception of pain. The most potent pain-relieving herbs are seldom left in the whole plant state. After isolating their most potent alkaloids, they become the powerful painkillers of medicine, and the harshest street drugs. There is one exception. A true poppy native to the American west is legal. It contains too little of the active alkaloids to make abuse desirable, and grows too prolifically to make eradication practical. California poppy (*Eschscholzia californica*), is a useful sedative, anodyne and anxiolytic that promotes relaxation and sleep, without aggravating depression. It is not addictive.

A component of the etiology of pain is often inflammation. One must therefore consider whether the coincident inflammatory reaction is excessive. Chronic irritants inherent in industrial societies are proven to imbalance the immune system in favor of this primitive, non-specific component. Turmeric (*Curcuma longa*) is a mild, safe and effective anti-inflammatory suitable for regular use.

Why not try a spicy curry at your local Indian restaurant? You may like it so much that you'll want to try your hand at cooking a curry dish yourself! The key herbs in curries adapted to the Western palate are: turmeric, bay, chilies, ginger, dill, fenugreek, cumin, cinnamon, white pepper and cloves. Other herbs that combine well are nutmeg, mace, cardamom and coriander.

The essential oils in aromatic herbs are carminative, that is, they aid digestion and prevent bloating. I cook with experimental mixtures of these key culinary/medicinal herbs all the time, and find that they work well in almost any combination. Try making your own quick tofu curry and enjoy less pain due to anti-inflammatory activity, healthy digestion without "acid stomach", mild anti-microbial activity without bacterial resistance, and hunger satisfied without saturated fats! (It's worth commenting that people who are stoned on Cannabis generally report "pigging-out" on junk food when they get the "munchies".)

The marijuana being grown today has been drastically genetically modified. The cannabinoid content has been increased by up to 2,500% via the introduction of redundant genes and transcriptions factors to the naïve genome. We can by no wise term the marijuana of 2008 the same as the marijuana of 1968! So which genome(s) then does pending legislation purport to legitimize?

I support HB 2871 which appropriates funds for the University of Hawaii to study the medical efficacy of marijuana, if amended. Three types of endocannabinoid receptor have been identified: CB1, CB2, and TRPV1. They occur in many tissues. Researchers investigating these receptors and their ligands should be

licensed and funded to do whatever work they think useful; it is a promising area of endeavor. The complexity of the agonist/antagonist interplay between anandamide, the arachidonoyl glycerols, N-arachidonoyl-dopamine (NADA), and the newly discovered virodhamine remains to be decoded.

CB1 receptors are the principle CNS receptor for cannabinoid ligands. Concentrated in the basal ganglia and in the limbic (emotional) system, CB1 receptors also occur in the reproductive system; where their role remains to be elucidated, and the possibility of reproductive harm must be considered likely. Since CB1 receptors are not found in the respiratory and cardiovascular centers, the possibility of lethality even in high doses is small. The anticonvulsive effects of cannabis are due to binding with a subpopulation of CB1 receptor; this is a promising avenue for development of a more selective drug.

CB2 receptors have been found in the immune system and in the spleen. Not surprisingly then, chronic Cannabis use has been associated with fibrosis of the liver. The liver's cytochrome P450 system metabolizes the drug prior to excretion, principally by mixed-function oxidases, mainly CYP2C9.

The vanilloid receptor subtype 1 (TRPV1) gates neuronal cation channels and is notable for transmitting and orchestrating the experience of pain. Anandamide, NADA, and capsaicin (the compound which lends jalapeños their bite) all act at TRPV1 receptors.

Dilute capsaicin ointments are effective pain-relievers for muscle aches. Jarrow Formulas began early this year to test market a standardized herbal product containing *Angelica gigas*, *Humulus lupulus*, and *Curcuma longa* as an alternative to acetaminophen and ibuprofen.

Clearly, the bioactive constituents of marijuana will continue to be clues to the elucidation of metabolic pathways, and will continue to inspire novel chemotherapies. The medicine of the future will acknowledge a debt of inspiration to marijuana, but it will *not* be due to the psychotropic effects! This botanical will prove most useful as an entrance point to research, as detailed by Pacher, Batkai, and Kunos in "The endocannabinoid system as an emerging target of pharmacotherapy." *Pharmacological Reviews*. 2006 Sep;58(3):389-462.

I believe the right of Americans to use marijuana has already been established by the Constitutional prohibition on unnecessary federal regulation. According to Article X of the Bill of Rights:

*"The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, **are reserved** to the States respectively, or **to the people**.*

But let us be clear that the use is recreational, not medicinal. The medicinal effects obtained from *Cannabis sativa* are better procured from milder, readily available botanicals.

And yes, I've tried marijuana. For me, it produces a decidedly unpleasant experience.

Created by Steven Perchemlides on 2/10/2008 with file path C:\Documents and Settings\Administrator\My Documents\Writing\Cannabis sativa.doc. Page 5 of 5

Steve Perchemlides, MH
Hawaii Herbs

PO Box 23323
Honolulu, HI 96823-3323
hawaiiherbs@hawaii.rr.com
~a nonprofit herbal education organization~

testimony

From: Charles Peshkin [ekgskill@gmail.com]
Sent: Tuesday, March 25, 2008 11:35 AM
To: testimony
Subject: Senate Judiciary Committee in re: Support HB 2675

I urge you to support this bill relating to the medical use of marijuana. Current regulations put unreasonable restrictions on both caregivers and patients. We need more realistic rules on the number of plants permitted, the definition of mature plants, and provision for out-of-state patients who have a certified need for medical marijuana. Administration of this program belongs in the Department of Health rather than the Police.

I am a retired MICT and I have seen real improvement in patients who were prescribed medical marijuana for conditions like chronic pain, chemo-therapy induced anorexia, and urinary incontinence. These patients deserve rational and unambiguous rules to follow so that they can stay in compliance with the law and get the medicine they need.

Please give this bill your strong support.

Sincerely yours,
Charles Peshkin, MICT, RRT
44-3081 Hoo Kahua Road
Honokaa, Hawaii

testimony

From: Joey Rattner [joe@hotmail.com]
Sent: Wednesday, March 26, 2008 3:40 PM
To: "testimony@capitol.hawaii.gov"@smtp2.pauspam.net
Cc: "sentaniguchi@capitol.hawaii.gov"@smtp2.pauspam.net; "senhee@capitol.hawaii.gov"@smtp2.pauspam.net; Rep. Joe Bertram III; Pam Lichty; Jeanne Y. Ohta; James Anthony; Alfred; Dana Levitt; Derrick Depledge; Nathan Miller; Olena Rubin; All Senators; Haunani Olds
Subject: Testimony in STRONG Support of HB 2675 HD2 SD1

Testimony in STRONG Support of HB 2675 HD2 SD1NOTICE OF HEARING

DATE: Monday, March 28, 2008
 TIME: 9:30 p.m.
 PLACE: Conference Room 016
 State Capitol
 415 South Beretania Street

Bill No: HB 2675 HD2 SD1

Bill Title: RELATING TO MEDICAL MARIJUANA

HB 2675 HD2 SD1

Creates the medical marijuana task force to discuss issues regarding adequate supplies of medical marijuana for qualified patients, the value of constructing secure growing facilities for medical marijuana patients to use to produce their medicine, and study inter-island travel issues related to medical marijuana. (HB2675 HD2 SD1)

Committee on Judiciary

Senator Brian T. Taniguchi – Chair

Senator Clayton Hee – Vice Chair

Testimony from: Lila G. Rattner

91-211 Makaina Place

Ewa Beach, Hawaii 96706

808-685-6677

Lilasol47@aol.com

www.wohfac.com

Aloha Senator Taniguchi, Senator Hee, Senator Gabbard, Senator Nishihara, Senator Kokubun and Senator Slom,

My name is Lila Rattner and I am the very proud mother and caregiver to my son, Joseph B. Rattner, who is the Founder and President of West Oahu Hope For A Cure Foundation, better known as WOHFAC. I am also the Advisory Board Head of this newly formed AIDS Service Organization (ASO). I am here to share with this Committee why Medical Marijuana is so vitally important to the sick individuals who require it for their very existence.

Both patients' and caregivers are concerned with the use of any Opiate drug. However, doctors prescribe medications to eat, stop nausea, and relieve the pain of their various diseases nonetheless.
 So,

no mistake about the fact that in fact I do not believe that anyone has a right to hold back a patients dire Medication.

All the licensed marijuana patients, caregivers and their prescribing physicians take great care in licensing themselves and growing this necessary medication. The patients do not SELL to schoolchildren or share their medications with unlicensed colleagues, friends, or family.

Presently, Hawaii's Medical Marijuana Program does not allow doctors to be doctors. Rather it puts the legislature and law enforcement agencies in the position of practicing medicine without any expertise and therefore actually endangering public health. **This is shameful and a grave disservice to the people of Hawaii who seek to care for their critically ill, frail, and elderly.**

Most patients have the luxury of going to a pharmacy to receive their medications. The licensed patient and their caregivers must try their best to grow a crop, praying for the knowledge to determine the plants sex (male/female). The worry of during harvesting, wet weather creating such a dangerous pungent odor that it attracts the Addicts and Drug Dealers to our Home and our Ohana, putting our lives in danger!

If our plants fail, as has happened to our family this past year, and a couple of months goes by before I can 'arrange' to go purchase mature female plants, my sons life wound up on the line, leaving him in the hospital at a weight of one hundred and

two (102) pounds, totally dehydrated from being unable to swallow and needing weekly blood transfusions to keep him alive. Last November I almost lost my only son of forty one (41) years.

Today, my son weighs one hundred and sixty (160) pounds, with minimal pain, much less nausea, reduced stress and most importantly the ease of swallowing his HIV Medications. It was necessary that I resort to the 'black market' and deal with the very people I have always feared the most. **Only, because my sons life was at stake.**

I support a secure growing facility that would allow all licensed patients to get their medication without supporting the local drug pushers' or risking their own lives; **BUT** if the legislature is going to amend what they consider to be a successful law with a Task Force of qualified experts to investigate the issues, then so be it. Just make sure this Bill becomes Law!

In closing, it is quite important that you understand that patients who possess a licenses to grow and smoke their medicine are not doing so to get high. THAT IS NOT THEIR MOTIVE! The reason that prescribing physicians allow their patients to grow cannabis is because they need it. They are not giving them permission to '**GET HIGH**', which is the unfortunate views of the public and this legislative body.

PASS this measure so the expansion of the Medical Marijuana Program will put pushers OUT OF BUSINESS and away from our keiki.

For this and many other reasons, I strongly support HB 2675 HD2 SD1.

Mahalo for allowing me the opportunity to testify.

Aloha,

Lila G. Rattner

808-685-6677

Lilasol47@aol.com

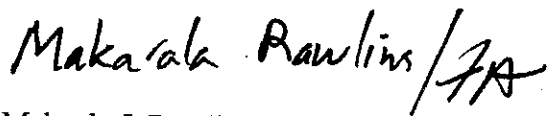
To Whom It May Concern:

I am writing in support of HB 2675 HD2, which is in regards to the Medical Cannabis use Within the state of Hawaii. I myself am a Medical Cannabis patient due to the lack of appetite and what doctors term as wasting. This was brought on because of cancer treatment I had received as a child, and now is affecting the comfort of my living as well as the ability for me to eat and hold down meals. Since I have obtained my Medical Cannabis license, my eyes have been opened to the many challenges that this process involves as well as the many hurdles that patients must overcome in order to receive natural, organic medicine that they are able to produce for themselves.

At this point in time I humbly request that a fact finding committee be established to find out how to better provide for the needs of the patient as well as to better protect the doctors from fear of prosecution. Furthermore I would also like the fact finding committee to see how the state could better our laws so that it would be more line with other states that have similar Medical Cannabis laws and initiatives that are already in place and have been in place for several years.

Finally I would like to end by saying that there are still people who are afraid of prosecution and imprisonment that are in serious need of Medical Cannabis treatment. I was one of them, but now I need to be a patient and a voice of people who are to afraid, weak or just plain unaware of the current situation at hand. Thank you for your time.

Sincerely

A handwritten signature in black ink that reads "Makaala Rawlins" followed by a stylized flourish or set of initials.

Makaala J. Rawlins
Hilo

testimony

From: Matthew Rifkin [mattrifkin@earthlink.net]
Sent: Tuesday, March 25, 2008 8:46 PM
To: testimony
Subject: H.B. 2675, H.D. 2, S.D. 1

H.B. 2675, H.D. 2, S.D. 1
March 28, 2008 @ 9:30am
Senate Judiciary Committee

To the members of the Judiciary Committee:

I am a medical marijuana patient living on the Big Island.

Here are two personal experiences.

I live in a location that makes growing medicine outdoors difficult. The electricity rates in Hawaii are expensive, so growing indoors is prohibitively cost ineffective. Finding a reliable person who is able to provide medicinal grade marijuana (and do so consistently through out the year) and who is not already a caregiver to one other person is virtually impossible. The result is that I often have no choice but to purchase marijuana in the black market. The need for a dispensary system similar to California's for those patients who cannot grow their own medicine seems clear. Dispensaries would generate revenue for the state (see "The Budgetary Implications of Marijuana Decriminalization and Legalization for Hawaii" by Lawrence W. Boyd, University of Hawaii West Oahu for a general overview) and should be seriously considered.

On Christmas Day (2007), I was traveling from Kona to Honolulu and was detained and threatened with arrest by Kona airport security. I had placed my medical marijuana and blue card on the x-ray belt, as I had done several times previously, however DEA had apparently instructed the TSA to crack down on medical patients, and I was pulled out of line. The DEA task force officer did not appear, so my medicine and pipe were confiscated, and I was allowed to catch my flight to Oahu. Some people are not stopped at all, others are given their medicine back, and still others have been arrested. We seem to be at the mercy of which airport we use, who is on duty, what they had for breakfast or which memo they did (or did not) read. A policy for inter-island travel needs to be established, and put in writing, so that everyone knows what is acceptable and what is not.

I am thankful for the state of Hawaii's medical marijuana law. However, there are many aspects which can and should be improved if the state truly wants to show compassion to those in need of the relief offered from medical marijuana.

I urge you to support H.B. 2675. We need a task force to examine the issues closely and to make recommendations so that the next Legislature can finally take action and improve the medical marijuana law in this state.

Respectfully submitted,

Matthew Rifkin
73-4622 Mamalahoa Hwy, Unit B2
Kailua Kona, HI 96740

testimony

From: Patients Withouttime [patientswithouttime@gmail.com]
Sent: Thursday, March 27, 2008 10:35 AM
To: testimony
Subject: J. Rocca's testimony for HB 2675 SD1

Testimony in Support (with amendment) of HB 2675 HD2 SD1

Committee: Senate Committee on Judiciary and Labor

Chair: Senator Brian T. Taniguchi

Vice-Chair: Senator Clayton Hee

3-16-08 at 9:30 pm in Conference Room 016

Number of copies needed for committee: 7

Aloha Senator,

I am 70 years old and had a heart attack in 1995, diabetic and I have had bad reactions to every pharmaceutical drug prescribed to me, plus as a Hana resident I am sure it is well known that we have a very big turnover of physicians who often times do not read past records, thereby prescribing things that are either off the market or in conflict with eachother. In May of last year, 2007, a doctor's recomendation allowed me to acquire medicinal marijuana. In addition, I have found that I have no adverse side effects, it enables me to have an appetite to consume a wholesome meal a day, my sleep pattern improved, I no longer have mood swings or have to take anti-depressants -- but that is only when I am able to acquire my medicine, which is not often. I am not able to grow it because of break ins and rip offs from young kids in the neighborhood, and I certainly do not want to ask those same young people for my medicine. At my age, it is dangerous to be driven to street traffic. As a veteran marine, I feel like I have the freedom to make my own decisions. The legislature agrees with me that marijuana is a viable medicine, now I want you to allow me to safely acquire my medicine without going onto the streets. Thank you for hearing HB 2675. Please pass it on.

Aloha,

Jeanette Rocca

Mahalo for the opportunity to testify,

Jeanett Rocca

testimony

From: carmie@ravenwoman.net
Sent: Wednesday, March 26, 2008 2:17 PM
To: testimony
Subject: C.K. Spellman's personal email testimony of support for HB 2675 SD1

Testimony in Support (with amendment) of HB 2675 HD2 SD1

Committee: Senate Committee on Judiciary and Labor
Chair: Senator Brian T. Taniguchi
Vice-Chair: Senator Clayton Hee
3-16-08 at 9:30 pm in Conference Room 016 Number of copies needed for committee: 7 Aloha Representative,

I am a medical marijuana patient registered with the State of Hawai'i department of Public Safety, and a member of Patients Without Time on Maui. I write to you today to urge your support for House Bill 2675, legislation that seeks to improve Hawaii's medicinal cannabis program.

The original intent of this bill is to provide medical marijuana patients "safe access" to their medicine.

Patients Without Time, Hawai'i's only medical marijuana advocacy group, has worked with more than 1200 Hawai'i medical marijuana patients over the past four years. Along with proposing this House Bill, collectively we have lobbied the county and state government to create a safe medical marijuana program.

Preferred Amendment:

For ease of assembling the task force and due to confidentiality of patients, I would appreciate that the committee amend how the 3 patient advocates on the task force are appointed to read:

(6) Three patient advocate members of Patients Without Time as designated by the director of Patients Without Time.

It is very telling that in testimony to the Health Committee, the only opposition to the bill came from law enforcement officers and the state and county prosecutor's offices. Doctors, patients and the legislature have supported an initiative to further protect patients. In February, the American College of Physicians, a 124,000-member group that is the nation's largest for doctors of internal medicine, called on the federal government to ease its strict ban on marijuana as medicine and hasten research into the drug's therapeutic use.

Meanwhile, Maui Police Chief Thomas Phillips testified against HB2675 claiming: "Marijuana as medicine is questionable at best, and debatable in scientific circles." He continued on, "We at the Maui Police Department do not support medical marijuana in its entirety." Apparently, he seeks to continue to treat medical marijuana patients like criminals, enforcing his personal agenda while failing to perform his duties as guided by the state law.

Chief Phillips does not have the best role models on the state level; the Department of Public Safety - Narcotics Enforcement Division, maintains in their earlier written testimony in opposition of this bill, "Due to the fact that existing Hawaii and Federal laws still consider marijuana a schedule I controlled substance, all individuals growing marijuana without a State and Federal Controlled Substance research permit would be subject to arrest." It is unfortunate that the very same department that issued me a permit for medical marijuana continues to threaten me with arrest and treat me like a criminal.

These departments viewpoints contrary to the Hawai'i Revised Statutes have created a scenario on Maui of unnecessary search and seizures from the "green harvest" helicopter eradication program resulting in legitimate patients becoming targets for theft and violence in neighborhoods and numerous search warrants to medical marijuana patients' residences in search of "marijuana" and "parapehernalia associated with its use and cultivation" but failing to mention medical marijiana at all. Medical Marijuana is not safe because those incharge of overseeing and enforcing the program vehemently oppose the program "in its entirety." Appearantly, they do not want the program to work and oppose any change.

It is not in the interest of the public safety of Hawai'i's residents to continually force our most vulnerable patients, those who do not respond well to standard pharmaceuticals, to the black market for the medicine that their doctors recommend. There have been numerous recent cases of police harrasment towards medical marijuana patients, theft and violence. I no longer want to be treated like a criminal to acquire the medicine my doctor recommends.

Hawaii does not provide for a legal means of supplying marijuana. Discussing and urging patients to form secure collective and cooperative operations will allow for individual patients to have their needs met safely. This way, many patients can have an operation together, sharing knowledge and resources in one secure location that is easily transparent to local law enforcement.

The most critical issue facing Hawaii medical marijuana patients is the acquisition of our medicine. It is very difficult for individual patients to grow enough viable product to assure an "adequate supply," and/or find a responsible caregiver how will grow for them. Theft, bugs, disease, lacking knowledge of successful growing techniques and time-consuming trial and error, and a complete dependence on an unethical, unregulated and illegal "black market" are issues patients face when growing medical marijuana. Allowing patients to grow more plants, particularly in secure growing facilities, and possess more "usable product" will only ensure patients' safe access to medicine during times when issues arise.

In 2000, the legislature found that medical research had discovered a beneficial use for marijuana in treating or alleviating the pain or other symptoms associated with certain debilitating illnesses. However, the legislature also recognized the need to regulate such use, for the health and welfare of our citizens. As a result, regulation of the medical use of marijuana was enacted into law in 2000 in act 228, Session Laws of Hawaii 2000 and codified in part IX, Chapter 329, Hawaii Revised Statutes (HRS). Now it is time to consider these patients' safety and welfare.

Mahalo for the Opportunity to testify.

Name: Carmileta K. Spellman

testimony

From: sprocket [sprocket@bigislandlove.com]
Sent: Thursday, March 27, 2008 12:52 PM
To: testimony
Subject: HB 2675 HD2 SD1- Senate Judiciary Committee - March 28th 9:30 am

HB 2675 HD2 SD1- Senate Judiciary Committee - March 28th 9:30 am

When the medical marijuana task force bill -- HB 2675 -- comes up for hearing this Friday, please support it.

HB 2675 proposes that state officials, physicians, and patients comprise the medical marijuana task force. This bill will help our state better care for medical marijuana patients and facilitate proper discussion of important issues regarding safe and regulated access to medical marijuana.

Please support this bill. Thank you.

With aloha,

Christian Strehlau
530 Ainako Ave,
Hilo, HI 96720

testimony

From: Gerald Taber [solidlava@hotmail.com]
Sent: Wednesday, March 26, 2008 12:52 PM
To: testimony
Subject: HB 2675 HD2 SD1 - Testimony in Support With Amendment

Testimony in Support (with amendment) of HB 2675 HD2 SD1

Committee: Senate Committee on Judiciary and Labor

Chair: Senator Brian T. Taniguchi

Vice-Chair: Senator Clayton Hee

3-16-08 at 9:30 pm in Conference Room 016

Number of copies needed for committee: 7

Aloha Representative,

I am a former registered medical marijuana patient with the State of Hawai'i department of Public Safety, and a member of Patients Without Time on Maui. I write to you today to urge your support for House Bill 2675, legislation that seeks to improve Hawaii's medicinal cannabis program. The original intent of this bill is to provide medical marijuana patients "safe access" to their medicine. I am only a former registered patient due to the fact that there has been a strangle hold put on the county of Maui and those pharmacists who can no longer provide me safe medical cannabis for my Wife for whom I am a care provider. Soon as your decisions help to improve the outlook for medical marijuana in Hawaii and bring services up to level of usability, I am sure I will again be able to afford to register and begin receiving medical marijuana from a safe and secure source rather than the black market which probably supports terrorism in our country and abroad.

Patients Without Time, Hawaii's only medical marijuana advocacy group, has worked with more than 1200 Hawai'i medical marijuana patients over the past four years. I was one of them and plan on being registered again with your help. Along with proposing this House Bill, collectively we have lobbied the county and state government to create a safe medical marijuana program.

Preferred Amendment:

For ease of assembling the task force and due to confidentiality of patients, I would appreciate that the committee amend how the 3 patient advocates on the task force are appointed to read:

(6) Three patient advocate members of Patients Without Time as designated by the director of Patients Without Time.

It is very telling that in testimony to the Health Committee, the only opposition to the bill came from law enforcement officers and the state and county prosecutor's offices. Doctors, patients and the legislature have supported an initiative to further protect patients. In February, the

American College of Physicians, a 124,000-member group that is the nation's largest for doctors of internal medicine, called on the federal government to ease its strict ban on marijuana as medicine and hasten research into the drug's therapeutic use.

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Chief Phillips does not have the best role models on the state level; the Department of Public Safety - Narcotics Enforcement Division, maintains in their earlier written testimony in opposition of this bill, "Due to the fact that existing Hawaii and Federal laws still consider marijuana a schedule I controlled substance, all individuals growing marijuana without a State and Federal Controlled Substance research permit would be subject to arrest." It is unfortunate that the very same department that issued me a permit for medical marijuana continues to threaten me with arrest and treat me like a criminal.

These departments viewpoints contrary to the Hawai'i Revised Statutes have created a scenario on Maui of unnecessary search and seizures from the "green harvest" helicopter eradication program resulting in legitimate patients becoming targets for theft and violence in neighborhoods and numerous search warrants to medical marijuana patients' residences in search of "marijuana" and "paraphernalia associated with its use and cultivation" but failing to mention medical marijuana at all. Medical Marijuana is not safe because those in charge of overseeing and enforcing the program vehemently oppose the program "in its entirety." Apparently, they do not want the program to work and oppose any change.

It is not in the interest of the public safety of Hawaii's residents to continually force our most vulnerable patients, those who do not respond well to standard pharmaceuticals, to the black market for the medicine that their doctors recommend. There have been numerous recent cases of police harassment towards medical marijuana patients, theft and violence. I no longer want to be treated like a criminal to acquire the medicine my doctor recommends. The states lack of effort to help the community is rendering my wife's ability to work

Hawaii does not provide for a legal means of supplying marijuana. Discussing and urging patients to form **secure** collective and cooperative operations will allow for individual patients to have their needs met safely. This way, many patients can have an operation together, sharing knowledge and resources in one secure location that is easily transparent to local law enforcement.

The most critical issue facing Hawaii medical marijuana patients is the acquisition of our medicine. It is very difficult for individual patients to grow enough viable product to assure an "adequate supply," and/or find a responsible caregiver how will grow for them. Theft, bugs, disease, lacking knowledge of successful growing techniques and time-consuming trial and error, and a complete dependence on an unethical, unregulated and illegal "black market" are issues patients face when growing medical marijuana. Allowing patients to grow more plants, particularly in secure growing facilities, and possess more "usable product" will only ensure patients' safe access to medicine during times when issues arise.

Also I urge you to work with the state department of labor, the Governor and the current task force going out to Molokai Ranch right now, to assess research the obvious solution for a viable

economic base in Maui County that would help all of Molokai's employment issues and Hawaii in general gain financial long term economic growth and strength. In that 1) by using Eminent Domain to secure the "MothBalled" properties and land to then better utilize it along with any other Maui County property available to facilitate the Maui County Family Farmer Regulation and Revenue Ordinance infrastructure that can be set on a scalable progressive growth path for the county and the citizens of Maui County. Your help with this amendment and continued support and value added time and attention of this program could and will prove to be a viable solution that everyone can benefit from including Chinese based organizations who don't appreciate the community or the land for which their viable and profitable investments once stood.

In 2000, the legislature found that medical research had discovered a beneficial use for marijuana in treating or alleviating the pain or other symptoms associated with certain debilitating illnesses. However, the legislature also recognized the need to regulate such use, for the health and welfare of our citizens. As a result, regulation of the medical use of marijuana was enacted into law in 2000 in act 228, Session Laws of Hawaii 2000 and codified in part IX, Chapter 329, Hawaii Revised Statutes (HRS). Now it is time to consider these patients' safety and welfare. As well as utilize the economic stimulus from medical and industrial benefits of these efforts.

Mahalo for the Opportunity to testify.

Name: Gerald L. Taber
7 North Market Street
Wailuku, HI 96793

testimony

From: blair van pelt [bebopblair@yahoo.com]
Sent: Thursday, March 27, 2008 11:38 AM
To: testimony
Subject: HB 2675 HD2 SD1 - Senate Judiciary Committee - March 8th @9:30am

HB 2675 HD2 SD1 - Senate Judiciary Committee - March 8th @9:30am

March 27, 2008

Dear members of the Senate Judiciary Committee,

My name is Blair Van Pelt; I am resident of Hilo, a 23 year old disabled veteran and a medical cannabis consumer. I am writing you to testify in strong support of HB 2675 HD2 SD1. This issue is extremely relevant to my live, because I would not be alive if my surgeon had not recommended that I try cannabis as a last resort.

I am truly grateful to live in a state with a medical marijuana program, but unfortunately there are several fundamental aspects left out of ours. HB 2675 HD2 SD1 would address these issues. I would be honored to be one of the patient advocates on the task force. I have been studying the medicinal uses of cannabis for three years; and I am the medical marijuana patient advocate for the County of Hawai'i.

Safe access to good quality medicine is the primary struggle that medical cannabis patients deal with on a daily basis. It is not fair to give a patient permission to use a medicine but not establish safe access. An uninterrupted adequate supply of good quality medicine at all times is vital many of our friends and families lives. The current system forces patients to either find or become their own personal medicinal farmer, or acquire their medicine through the dangerous black market system. It would seem ludicrous for a doctor to prescribe an opiate based medicine but then require them to grow their own opium or buy it on the street. Secure growing facilities to provide for patients in dire need solves this problem.

You have a wonderful opportunity to make life saving changes for this community. Thank you for this opportunity to testify.

With Love and Hempiness,

Blair Van Pelt – Hempetarian

<http://www.theanswerishemp.com>

PO BOX 10415

Hilo HI 96721

808 557 8581

bebopblair@yahoo.com

Americans for Safe Access- chapter president- HIcountymedican@gmail.com

3/27/2008

<http://www.safeaccessnow.org/>

Be a better friend, newshound, and know-it-all with Yahoo! Mobile. [Try it now.](#)

LATE

IN SUPPORT OF HB 2675

Sirs,

Thank you for hearing this bill to establish a task force to consider changes to our Medical Marijuana policy. In the years since it's passage many challenges have arisen and other states have taken on the issue. Some Important developments:

- New Mexico is looking at state sponsored access/distribution
- California has instituted vending machines
- The American College of Physicians came in strong support
- Two (2) recent cases have reaffirmed federal law while letting stand state laws

Our own law is too vague and makes distinctions that are difficult to enforce for both patient and law enforcement. There has also been a distinct lack of support from local authorities to follow the state policy.

I would like to recommend one amendment. Please have the patients be appointed by "Patients Without Time" as they are a patient advocacy group and would be able to identify effective patient advocates.

Thank you.

Rep. Joe Bertram III

LATE



the
**Drug Policy
Forum**
of hawai'i

March 28, 2008

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To: Senator Brian Taniguchi, Chair
Senator Clayton Hee, Vice Chair and
Members of the Committee on Judiciary and Labor

From: Jeanne Y. Ohta, Executive Director

RE: HB 2675 HD2 SD1 Relating to Medical Marijuana
Hearing: March 28, 2008, 9:30 a.m., Room 016

Position: Strong Support

Good afternoon, the Drug Policy Forum of Hawai'i strongly supports HB 2675 HD2 SD1 which would establish a taskforce to study certain issues related to the medical marijuana program.

We are pleased with this Senate draft which provides for a broader examination of the issues regarding the medical marijuana program.

No changes have been made to the medical marijuana program since it was established in 2000. Patients who register with the medical marijuana program want to be law-abiding citizens. There are many suggestions that patients have made that would improve the program. This taskforce will examine those issues and allow for discussion and recommendations.

Improving Access to Adequate Supply

Hawaii's program allows patients to grow their own marijuana, but for a variety of reasons, many patients are unable to. Some are too sick to tend to the plants; some live in apartments or condominiums; some have had their plants stolen; and some are afraid that people will see their plants. Many patients I speak with are unfamiliar with the illegal market for marijuana or are uncomfortable with obtaining their marijuana through the illegal market.

Efforts need to be made to explore ways to provide a method for patients to obtain marijuana for their medical needs without patronizing the illegal market. It would establish a legal source other than having to grow their own medicine.

Federal Interference

Although medical marijuana programs are still not recognized by the federal government and such use is still against federal law; medical marijuana programs

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have continued to be enacted by states across the country. States have done so because the directors of both the Federal Bureau of Investigation and the Drug Enforcement Administration have stated publicly that their mandate is to pursue drug traffickers who deal in large quantities of illegal drugs. They do not have the resources to pursue medical marijuana patients who are restricted to 7 plants each. There are over 4,000 patients in Hawaii. So, the possibility of federal interference is based more on their priorities and their available resources rather than strictly enforcing federal law.

For a facility which grows marijuana, federal mandatory sentencing laws start at the possession of 100 plants. It would be unlikely that a facility growing less than 100 plants would attract federal attention as the federal government is responsible for only 1% of all marijuana prosecutions. The vast majority of the marijuana prosecutions are done at the state and county levels.

In January 2008 referring to federal raids on California's medical marijuana dispensaries, Northern California's United States Attorney Joseph Russoniello said, "We could spend a lifetime closing dispensaries and doing other kinds of drugs, enforcement actions, bringing cases and prosecuting people, shoveling sand against the tide. It would be terribly unproductive and probably not an efficient use of precious federal resources."

The "Gateway Theory"

While widely promoted in the sixties and seventies, the theory that marijuana is a "gateway" has been largely disproved and is no longer accepted by scientists in the addiction-related fields.

In March 1999, the Institute of Medicine issued a report that stated, "There is no conclusive evidence that the drug effects of marijuana are causally linked to the subsequent abuse of other illicit drugs." In addition, the National Center on Addiction and Substance Abuse says there is no proof that a causal relationship exists between cigarettes, alcohol, marijuana and other drugs; basic scientific and clinical research establishing causality does not exist.

Rand's Drug Policy Research Center in 2002 offers quantitative evidence that any association between marijuana and other drugs can be explained by the individuals' higher propensity to use drugs; not the specific drug itself.

Teen Use of Marijuana

Concerns that teen use of marijuana would increase because of medical marijuana programs are unfounded. In 2005 (and updated in 2007) the Marijuana Policy Project and Mitch Earleywine, Ph.D. of the State University of New York at Albany issued a report that analyzed data to determine teen trends in states with medical marijuana programs. It showed that no state with a medical marijuana law experienced an increase in youth marijuana use.

The 2005 Hawaii Youth Behavior Risk Survey showed a 22% decrease in lifetime use by Hawaii High School students since 1999. (The program was enacted in 2000.)

Physicians Support of Medical Marijuana

The American College of Physicians (ACP), a 124,000 member organization issued a position paper on medical marijuana (February 2008). Among the positions in that paper:

- ACP strongly supports exemption from federal criminal prosecution; civil liability; or professional sanctioning, for physicians who prescribe or dispense medical marijuana in accordance with state law.
- ACP strongly urges protection from criminal or civil penalties for patients who use medical marijuana as permitted under state laws.
- ACP urges review of marijuana's status as a schedule I controlled substance and its reclassification into a more appropriate schedule, given the scientific evidence regarding marijuana's safety and efficacy in some clinical conditions. (Schedule I drugs are drugs with no accepted medical use and high potential for abuse.)

The current Schedule I classification conflicts with reviews of the Institute of Medicine (IOM) which found that scientific studies support the medical use of marijuana for treatment; and that compared with other legal and illegal drugs, including alcohol and cocaine, dependence among marijuana users is relatively rare and dependence is less severe than dependence on other drugs.

The report also explains the concern that marijuana is a "gateway" drug is unfounded and that the IOM concluded that marijuana has not been proven to be the cause or even the most serious predictor of drug abuse. This continued confusion hinders opportunities to evaluate its medical uses and its availability to patients who need it.

We urge you to pass this measure which is the only bill dealing with Hawaii's medical marijuana program that is still viable. Passing the measure would help seriously ill patients in Hawaii. Thank you for hearing this bill and for this opportunity to testify.

LATE



TO: SENATE COMMITTEE ON JUDICIARY AND LABOR

FROM: PAMELA LICHTY, PRESIDENT

RE: HB 2675, HD 2, SD1 RELATING TO MEDICAL MARIJUANA – IN SUPPORT

DATE: MARCH 28, 2008

The Drug Policy Action Group is in strong support of this bill which would set up a task force on Hawai'i's medical marijuana program and make recommendations to the 2009 legislature. **Since HB 2675, HD2, SD1 is the only medical marijuana measure moving this year (aside from a resolution to start a pilot program on Maui), we urge you to pass out this important bill.**

As a public policy organization which seeks to facilitate patient advocacy we have been working on improvements to Hawaii's medical marijuana program since its passage in 2000. As the years have gone by, and as more and more states have passed similar laws and/or referenda (now numbering 13), a great deal of evidence has accrued about what works and what hasn't worked.

DPAG had introduced an omnibus bill this session (SB 2547/HB 2067) which contained many of the provisions that the almost 4,000 currently registered patients have asked for. This measure incorporated many amendments that would have made the program work better for the patients for whom it is often a life line. The bill before us today, in our view, will prove useful in giving voice to those requests and concerns.

We are pleased that the Senate draft expanded the purview of the task force to examine and make recommendations on issues broader than those originally addressed which focused on inter-island transport and access to medical marijuana.

DPAG and the Drug Policy Forum of Hawai'i, our sister organization, will be pleased to assist in the work of the task force. We hope the legislature will call on us to suggest patients and physicians to serve on the Task Force. We very much appreciate the Committee hearing this bill today and look forward to continuing to work on fostering improvements to the Hawaii's humane and compassionate medical marijuana program.

I would like to dedicate this testimony to John Robison, a patient on Hawai'i Island, who has testified many times before this body to improve the state's program. He is currently in Queens Medical Center undergoing his fourth round of chemotherapy. Please do the right thing for John and the thousands of other patients for whom medical marijuana has been so helpful. Mahalo for the opportunity to testify.

**Richard S. Miller, Professor of Law, Emeritus, and former dean
Legal Consultant to The Hawaii Coalition for Health
Board Member, Kokua Council and the Drug Policy Forum of Hawai'i**

**Subject: Testimony in Favor of HB2675, HD2, SD1 for hearing before the
Committee on Judiciary and Labor in Conference Room 016 at 9:30a.m.,
Friday, March 28, 2008**

**Dear Chair Taniguchi, Vice Chair Hee, and Distinguished Committee
Members**

**I am speaking today on behalf of the Hawai'i Coalition for Health and
as a private citizen.**

I urge you most strongly to pass HB2675, HD2, SD1.

**Hawai'i's current law regarding medical marijuana was passed as a
compassionate act to assist patients—mostly fellow citizens-- suffering
from serious medical conditions. Because of gaps, ambiguity, and lack of
clarity, as well as unnecessarily restrictive administrative regulations and
practices adopted by the Narcotics Enforcement Division of the
Department of Public Safety, the law is not functioning nearly as well as it
could and should nor as well as it is functioning in other states.**

**HB2675, HD2, SD1 would create a task force, staffed by well-
qualified persons, to examine and submit findings and recommendations
regarding the deficiencies in Hawai'i's current medical marijuana laws.**

**Should there be any lingering doubt about the importance and need
for an effective regime to provide Hawai'i patients with the known and
potential therapeutic and mitigating effects of medical marijuana, please
refer to the recent report of the American College of Physicians, a 124,000
member group of internal medicine physicians, evidently the largest in the
U.S., which affirms that there is good science demonstrating the benefits
and potential of cannabis, and that the government should drop
marijuana's unfortunate and undeserving Schedule I Classification.**

Please adopt HB2675, HD2, SD1.

Mahalo nui loa for considering my testimony.

Respectfully,



testimony

From: Richard Rodrigues [rmrodriguesjr@yahoo.com]
Sent: Thursday, March 27, 2008 5:54 PM
To: testimony
Subject: Testimony re HB2675 HD2 SD1

Aloha kakou,

My name is Richard M Rodrigues Jr and I reside at 1430 Lusitana St, #303, in Honolulu, zip 96813.

I have been living with HIV for over 21 years or, to the best of my knowledge, probably longer.

I would like to urge you to vote on forming a medical marijuana task force. I do not use medical marijuana (MM) myself but am certain that many people whom I know to be HIV positive, are users. MM is a proven useful tool in relieving the pain and discomfort of living with HIV. Veterans of the US military are MM users as a means of addressing illnesses, pain and discomfort that they experience. MM has repeatedly been shown to alleviate the stress of glaucoma in the eyes of people who have that disease.

In short, MM is an important tool in the arsenal of resources for people who live with chronic illnesses and/or pain.

I recall with sadness Governor Lingle's statement of a few weeks ago that the Legislature should drop its attention on this issue and bill and focus instead on things that matter. While the Governor and I agree--and disagree--on many things, she made a very short-sighted statement in saying this. All people matter, I think you would agree.

And studying the options of increasing the number of MM plants that may be grown by an individual who holds a MM license is an important statement for you to make.

Respectfully submitted,
Richard M Rodrigues Jr
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