



STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
919 Ala Moana Blvd. 4th Floor
Honolulu, Hawaii 96813

Deputy Director of
Administration

Deputy Director
Corrections

KEITH KAMITA
Deputy Director
Law Enforcement

No. _____

**TESTIMONY ON SENATE BILL 174
A BILL FOR AN ACT RELATING TO HEALTH**

by
Jodie Maesaka-Hirata, Interim Director
Department of Public Safety

Committee on Health
Senator Josh Green, M.D., Chair
Senator Clarence K. Nishihara, Vice Chair

Wednesday February 2, 2011, 2:45 PM
State Capitol, Room 229

Chair Green, Vice Chair Nishihara, and Members of the Committees:

The Department of Public Safety (PSD) strongly opposes Senate Bill 174 that proposes the rescheduling of the controlled substance marijuana and tetrahydrocannabinols from Schedule I (Section 329-14) to Schedule III (Section 329-18). Presently both Federal and State law list marijuana and tetrahydrocannabinols as Schedule I hallicenegenic controlled substances. Even if the Legislature attempts to deschedule marijuana and tetrahydrocannabinols from Schedule I to Schedule III, Federal law would supersede and the State would be required to treat these drugs as Schedule I controlled substances.

Chapter 329-11(d) states, "If a substance is added, deleted, or rescheduled as a controlled substance under federal law and notice of the designation is given to the department of public safety, the department of public safety shall recommend that a corresponding change in Hawaii law be made.

The department of public safety shall similarly designate the substance as added, deleted, or rescheduled under this chapter, after the expiration of thirty days from publication in the Federal Register of a final order, and this change shall have the effect of law." The specific intent of this statute is that Hawaii law be consistent with the United States Code regarding the scheduling of controlled substances.

In addition to the intent of the Hawaii law, the United States Supreme Court has ruled that this federal regulation supersedes any state's regulation on marijuana. (*Gonzales v. Raich* (2005) 125 S.Ct. 2195, 2215.) In this case, the Court stated, "The Supremacy Clause unambiguously provides that if there is any conflict between federal law and state law, federal law shall prevail."

For these reasons, PSD strongly urges that Senate Bill 174 be held.
Thank you for the opportunity to testify on this matter.

DEPARTMENT OF THE PROSECUTING ATTORNEY
CITY AND COUNTY OF HONOLULU

ALII PLACE
1060 RICHARDS STREET • HONOLULU, HAWAII 96813
PHONE: (808) 547-7400 • FAX: (808) 547-7515

KEITH M. KANESHIRO
PROSECUTING ATTORNEY



ARMINA A. CHING
FIRST DEPUTY PROSECUTING ATTORNEY

THE HONORABLE GILBERT S.C. KEITH-AGARAN, CHAIR
SENATE HEALTH COMMITTEE
Twenty-sixth State Legislature
Regular Session of 2010
State of Hawai'i

February 1, 2011

RE: S.B. 174; RELATING TO HEALTH.

Chair Green, Vice-Chair Nishihara, and members of the Senate Committee on Health, the Department of the Prosecuting Attorney of the City and County of Honolulu submits the following testimony in opposition to S.B. 174.

The purpose of this bill is to remove marijuana and tetrahydrocannabinols from the schedule I controlled substances list and place them in the schedule III controlled substances list. Given the widespread abuse and negative impact of these substances, as well as their broad and uncontrolled production, potencies and effects, this Office strongly maintains that marijuana and tetrahydrocannabinols should remain on the schedule I classification.

While medications such as Marinol and Dranabinol may bear a chemical resemblance to marijuana and tetrahydrocannabinols, those medications are produced synthetically, under highly controlled conditions, and to very exact specifications. Even so, such medications can only be prescribed by licensed medical doctors in strictly limited circumstances, when other medications have been unable to control a patient's severe medical symptoms. By contrast, the terms "marijuana" and "tetrahydrocannabinols" refer to an entirely broader range of substances, which are processed under varying conditions, to a wide spectrum of potencies and effects.

For these and other reasons, the current federal drug enforcement standards, updated in January 2011, classify marijuana as a schedule I controlled substance (see comprehensive list online: <http://www.dea.gov/diversion/usdoj.gov/schedules/orangebook/orangebook.pdf> or abbreviated list attached), and notably did not add, delete or transfer this substance to a lesser schedule, despite the fact that both Marinol and Dronabinol are categorized as schedule III controlled

substances. Although marijuana usage has long existed in Hawaii, studies have indicated that the marijuana used today contains a much higher ratio of tetrahydrocannabinol than marijuana that was common two or three decades ago. National studies have also suggested that marijuana grown in Hawaii may have some of the highest concentrations of tetrahydrocannabinol in the country, due to our optimal growing conditions.

The marijuana problem in Hawaii is further magnified by its overwhelming prevalence. Despite the fact that marijuana is a strictly controlled substance, law enforcement agencies have had to control frequent usage at music concerts and other social gatherings, where users openly partake in the presence of minors, families, or other non-users, exposing them to the byproducts and other effects of usage. Moreover, numerous studies have indicated that marijuana is the drug most commonly used by Hawaii's youth, and can be a "gateway" for other drug usage.

Based on all of the foregoing, the Department of the Prosecuting Attorney maintains that marijuana and tetrahydrocannabinols continue to present a very serious problem in Hawaii, and further maintains that S.B. 174 would severely discount the magnitude of that problem, sending the wrong message to the public. For all of these reasons, the Department of the Prosecuting Attorney of the City and County of Honolulu strongly opposes this bill.

Thank you for this opportunity to testify.

POLICE DEPARTMENT
CITY AND COUNTY OF HONOLULU

801 SOUTH BERETANIA STREET · HONOLULU, HAWAII 96813
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PETER B. CARLISLE
MAYOR



LOUIS M. KEALOHA
CHIEF

DELBERT T. TATSUYAMA
RANDAL K. MACADANGDANG
DEPUTY CHIEFS

OUR REFERENCE SD-TA

February 2, 2011

The Honorable Josh Green, M.D., Chair
and Members
Committee on Health
The Senate
State Capitol
Honolulu, Hawaii 96813

Dear Chair Green and Members:

Subject: Senate Bill No. 174, Relating to Health

I am Susan Dowsett, Major of the Narcotics/Vice Division, Honolulu Police Department, City and County of Honolulu.

The Honolulu Police Department opposes Senate Bill No. 174, Relating to Health.

Both the federal and state government list marijuana as a Schedule I controlled substance because research has shown that it has a high potential for abuse and can result in addiction. We strongly oppose any measure that would change the current schedule of marijuana to a lesser schedule.

The Honolulu Police Department urges you to oppose Senate Bill No. 174, Relating to Health.

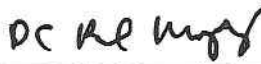
Thank you for the opportunity to testify.

Sincerely,



SUSAN DOWSETT, Major
Narcotics/Vice Division

APPROVED:



LOUIS M. KEALOHA
Chief of Police

Serving and Protecting With Aloha



ALAN M. ARAKAWA

MAYOR

OUR REFERENCE

YOUR REFERENCE

POLICE DEPARTMENT COUNTY OF MAUI

55 MAHALANI STREET
WAILUKU, HAWAII 96793
(808) 244-6400
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GARY A. YABUTA
CHIEF OF POLICE

CLAYTON N.Y.W. TOM
DEPUTY CHIEF OF POLICE

February 1, 2011

The Honorable Josh Green, M.D., Chair
and Members of the Committee on Health
The Senate
State Capitol
Honolulu, Hawaii 96813

Dear Chair Green and Members of the Committee:

SUBJECT: Senate Bill No. 174, Controlled Substances; Marijuana

My name is Donald Kanemitsu, Captain of the Maui County Police Department, Vice Division. I am taking this opportunity to submit written testimony expressing my opposition to the passage of S.B. No. 174, Controlled Substances; Marijuana.

S.B. No. 174 proposes to remove marijuana and tetrahydrocannabinols from the Schedule I Controlled Substances list and places them in the Schedule III Controlled Substances. Passing this bill will find the State of Hawaii in opposition to existing Federal Law.

I would also like to point out an important fact that in 2010, there were 13 motor vehicle traffic fatalities in Maui County, 8 of which were marijuana-related.

Tetrahydrocannabinol (THC) is the active chemical and primary psychoactive component of cannabis/marijuana. There are many studies regarding the damaging effects of marijuana use. I would like to cite just a few.

John Walters, Director of the Office of National Drug Control Policy, Charles G. Curie, Administrator of the Substance Abuse and Mental Health Services Administration, and experts and scientists from leading mental health organizations joined together in May 2005 to warn parents about the mental health dangers marijuana poses to teens:

"According to several recent studies, marijuana use has been linked with depression and suicidal thoughts, in addition to schizophrenia. These studies report that weekly marijuana use among teens doubles the risk of developing depression and triples the incidence of suicidal thoughts."

The Honorable Josh Green, M.D., Chair
February 1, 2011
Page 2

Dr. Andrew Campbell, a member of the New South Wales (Australia) Mental Health Review Tribunal, published a study in 2005 which revealed that:

"... four out of five individuals with schizophrenia were regular cannabis users when they were teenagers. Between 75-80 per cent of the patients involved in the study used cannabis habitually between the ages of 12 and 21. In addition, a laboratory-controlled study by Yale scientists, published in 2004, found that THC "transiently induced a range of schizophrenia-like effects in healthy people."

According to two studies, marijuana use narrows arteries in the brain, "similar to patients with high blood pressure and dementia," and may explain why memory tests are difficult for marijuana users. In addition:

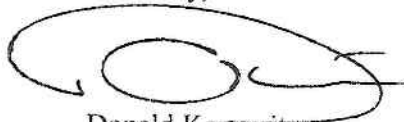
"... chronic consumers of cannabis lose molecules called CB1 receptors in the brain's arteries," leading to blood flow problems in the brain which can cause memory loss, attention deficits, and impaired learning ability."

The movement towards the legalization of marijuana, no matter how it begins (in this case, it is with the lowering of the THC schedule level), will come at the expense of our children and public safety. It will create dependency and treatment issues, and open the door to the use of other drugs, impaired health, delinquent behavior, and drugged drivers.

I am in opposition of S.B. No. 174 and strongly ask for you support.

Thank you for the opportunity to testify.

Sincerely,

A handwritten signature in black ink, appearing to read 'DK', with a large, sweeping flourish that loops back to the left.

Donald Kanemitsu
Captain, Vice Division
Maui Police Department



ALAN M. ARAKAWA

MAYOR

OUR REFERENCE

YOUR REFERENCE

POLICE DEPARTMENT COUNTY OF MAUI

55 MAHALANI STREET
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(808) 244-6400
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February 1, 2011



GARY A. YABUTA
CHIEF OF POLICE

CLAYTON N.Y.W. TOM
DEPUTY CHIEF OF POLICE

The Honorable Josh Green, M.D., Chair
and Members of the Committee on Health
The Senate
State Capitol
Honolulu, HI 96813

Dear Chair Green and Members of the Committee:

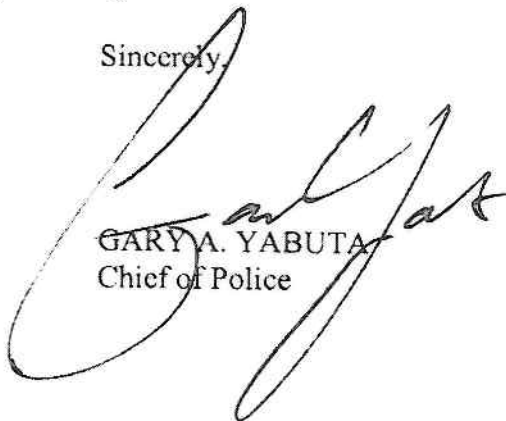
SUBJECT: Senate Bill No. 174, Controlled Substances; Marijuana

The Maui Police Department does not support Senate Bill No. 174. This bill proposes to remove marijuana and tetrahydrocannabinols from the Schedule I Controlled Substances list and places them in the Schedule III Controlled Substances list. Passing S.B. No. 174 will find the State of Hawaii in opposition to existing Federal Law.

The Maui County Police Department asks for you support in opposing S.B. No. 174.

Thank you for the opportunity to testify.

Sincerely,



GARY A. YABUTA
Chief of Police



BERNARD P. CARVALHO, JR.
Mayor

GARY K. HEU
Managing Director

POLICE DEPARTMENT COUNTY OF KAUAI

3990 KAANA STREET, SUITE 200
LIHUE, HAWAII 96766-1268
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DARRYL D. PERRY
Chief of Police
dperry@kauai.gov
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February 1, 2011

Chairman Josh Green
and Committee Members
Committee on Health
HAWAII STATE SENATE
State Capitol
Honolulu, HI 96813

RE: OPPOSITION TO SENATE BILL NO. 174, RELATING TO HEALTH

Dear Chairman Green and Committee Members:

My name is Darryl D. Perry, Chief of Police for the County of Kaua'i.

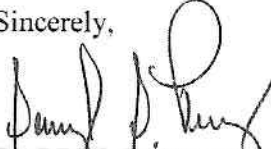
I am opposed to Senate Bill 174 relating to the removal of marijuana (cannabis) and tetrahydrocannabinols (THC), from the current classification as a schedule I controlled substance to schedule III controlled substance.

The proposed rescheduling of marijuana and THC would be in conflict with federal statutes that currently classifies them as schedule I substances.

Marijuana and THC are dangerous drugs that when used illicitly have led to the destruction of families and lives. It is not a secret that some individuals are predisposed to drug addiction and the passage of this Bill makes light of the serious situation we are facing both from a law enforcement perspective, and from a cultural aspect.

I ask that you oppose this bill.

Sincerely,


DARRYL D. PERRY
Chief of Police

William P. Kenoi
Mayor



Harry S. Kubojiri
Police Chief

Paul K. Ferreira
Deputy Police Chief

February 1, 2011

County of Hawai`i

POLICE DEPARTMENT
349 Kapi`olani Street • Hilo, Hawai`i 96720-3998
(808) 935-3311 • Fax (808) 961-2389

Senator Josh Green, M.D.
Chair and Members
Committee on Public Safety and Military Affairs
State Capitol
415 South Beretania Street, Room 229
Honolulu, Hawai`i 96813

Re: Senate Bill 174, Relating To Health

Dear Senator Green and Members:

The Hawai`i Police Department strongly opposes the passage of Senate Bill 174, Relating to Health, which seeks to remove marijuana and tetrahydrocannabinols (THC) from the schedule I controlled substances list and places them in the schedule III controlled substances list.

This measure is contending that Marijuana is not dangerous and if passed will place us in contradiction with Federal Law. Under Federal Law, marijuana is still a Schedule I substance under the Controlled Substances Act (CSA). Schedule I drugs are classified as having a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use of the drug or other substance under medical supervision.

Marijuana smoke contains 50-70% more carcinogenic hydrocarbons than does tobacco smoke. ⁽¹⁾

In 1990, the average potency of THC in marijuana in the United States was between 2-3%. In 2009, the average potency was between 12-13%.⁽²⁾ The highest THC sample from marijuana in the United States as of March 2009 is 37%.

While alcohol is the predominant substance in fatal crashes, marijuana is the second most frequently found substance in crash-involved drivers according to a National Highway Traffic Safety Administration (NHTSA) study.⁽³⁾

A roadside study of reckless drivers (not under the influence of alcohol) showed that 1 in 3 tested positive for marijuana and an additional 18% tested positive for marijuana and cocaine.⁽⁴⁾

Approximately 9% of adults who use marijuana develop an addiction to it; the number goes up to 1 in 6 for those who start using in their teens, and to 25 – 50 % among daily users.⁽⁵⁾

Senator Josh Green, M.D.
Chair and Members
Committee on Health
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Page 2

Re: Senate Bill 174, Relating To Health

In 2000, there were 1,344 people in substance abuse treatment in Hawai'i naming marijuana as the primary substance with 1,834 people in for treatment for amphetamines. In 2009, there were 1,997 people in treatment for marijuana compared to 1,961 for amphetamines. ⁽⁶⁾

Among people who begin smoking marijuana before age of 18, addiction rises to 17%. ⁽⁷⁾

In contrast, although there may be no "overdose deaths" linked to marijuana that does not make it a "safe" drug. Hawai'i already has medical marijuana laws to protect those "qualified" users who wish to follow the laws. What would be the purpose of this bill other than to move towards "decriminalization or legalization" of marijuana.

For the reasons above, we strongly urge this committee to reject Senate Bill 174, Relating to Health.

Thank you for allowing the Hawai'i Police Department to testify on this bill.

Sincerely,


HARRY S. KUBOJIRI
POLICE CHIEF

- (1) Mayo Clinic, August 25, 2006, Article "Marijuana As Medicine: Consider the Pros and Cons"
- (2) Quarterly Report Potency Monitoring Project, Report 104, December 16, 2008 thru March 15, 2009, Dr. Mahmoud A. ElSohly, Ph.D, Director NIDA Marijuana Project, University of Mississippi, School of Pharmacy
- (3) National Highway Traffic Safety Administration (NHTSA), Drug Impaired Driving, October 28, 2003
- (4) ONDCP, Marijuana and Kids: Steer Clear of Pot Fact Sheet, November 25, 2003
- (5) Research Report Series, "Marijuana Abuse", National Institute on Drug Abuse (NIDA), NIH Publication Number 10-3859, Revised September 2010
- (6) Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, SAMHSA, Treatment Episode Data
- (7) California Society of Addiction Medicine (Honolulu Star Advertiser 10/07/10)



Wednesday, February 2, 2011, 2:45 PM
State Capitol Room 229

Testimony of the Legislation Committee
of the Democratic Party of Hawai'i

To the Senate Committee on Health
Senator Josh Green, M.D., Chair
Senator Clarence K. Nishihara, Vice Chair

Testimony in support of
SB 174 Relating to Health

Chair Green, Vice Chair Nishihara, and Members of the Senate Committee on Health:

Thank you for the opportunity to testify before this committee. My name is Jason Kamalu-Gruppen. I am the Administrative Assistant for the Party, a caregiver registered with the Narcotics Enforcement Division of the Department of Public Safety, and a former Intern for Oaksterdam Cannabis University in Oakland, CA. This testimony is submitted on behalf of the Legislation Committee of the Democratic Party of Hawai'i.

The Democratic Party of Hawai'i supports SB 174, which calls for the rescheduling of marijuana, for the following reasons:

In 1988, DEA Administrative Law Judge Francis Young, after hearing month's worth of testimony with regard to rescheduling cannabis federally, ruled in favor of rescheduling cannabis to a lower level and remarked in his official ruling that cannabis, in its natural form, was one of the safest therapeutically active substance known to man.

With regards to chemical toxicity, an LD50 rating is the dosage at which any given substance will kill half of the subjects administered that dosage. Cannabis has no LD50 rating. Extrapolated from animal studies, the dosage of orally administered cannabis required to kill a human being was so high as to be unachievable.

Similarly, a therapeutic ratio can be used to determine a medicine's safety. Aspirin has a therapeutic ratio of 1:20, meaning where two aspirin are therapeutic, forty are enough to do serious damage to a person's body. Valium has a therapeutic ratio of 1:10. Some of the drugs used to treat cancer or glaucoma are highly toxic with a therapeutic ratio of 1:1.5. By contrast, the therapeutic ratio of cannabis is impossible to quantify because it's so high.

Hawai'i Revised Statutes section 329-17 states:



A substance shall be placed in schedule III if the substance has a degree of danger or probable danger less than the substances listed in schedules I and II according to the determination made pursuant to section 329-11.

Schedule II includes, among other things, opiates such as heroin, morphine and oxycodone, central nervous system depressants, and many forms of methamphetamine.

Marinol, an FDA approved substance which contains 100% synthetic THC, is currently classified as schedule III controlled substance. By comparison, according to the University of Mississippi's Potency Monitoring Project, the average potency of natural cannabis in the United States is 10.1% THC content by volume.

Hawai'i, along with 13 other states and Washington DC, has statutorily recognized the medical value of cannabis. The passage of SB 174 would be a solid step forward towards statutory consistency regarding cannabis in the state.

Thank you again for this opportunity to testify before the committee. Mahalo a nui loa.

Attested by Dante K. Carpenter, Chairman, Democratic Party of Hawai'i

green1 - Karen

From: Andrea Tischler [andreatischler@yahoo.com]
Sent: Tuesday, February 01, 2011 1:34 PM
To: HTHTestimony
Subject: Support SB 174

To: Senator Josh Green, M.D. Chair
Senator Clarence K. Nishihara, Vice Chair and
Members of the Committee on Health

From: Andrea Tischler, Co-Chair
Americans for Safe Access, Big Island Chapter

Re: SB174

Hearing: Wednesday, February 2, 2:45 p.m.

Position: Support

Americans for Safe Access support SB174 making the natural plant version of cannabis consistent with Marinol, a Schedule III drug. The current Schedule I classification of cannabis is inappropriate because it does not meet the criteria for Schedule I which is:

1. The drug has a high potential for abuse
2. The drug has no currently accepted medical use in treatment in the United States.
3. There is a lack of accepted safety for use of the drug under medical supervision.

In contrast the criteria for a Schedule III drug is consistent with its current use:

1. The drug has a potential for abuse less than the drugs listed in Schedules I and II.
2. The drug has currently accepted medical use in treatment in the United States.
3. Abuse of the drug may lead to moderate or low physical dependence of high psychological dependence.

Given the proven safety and efficacy of cannabis and classifying the drug in accordance with the recognized medical use, as permitted by Hawaii's medical cannabis program, is why we urge the legislature to pass SB174.

Aloha Senators,

I am testifying in support of SB174. The importance of this bill is its honesty. Finally, with the passage of this bill, the difference between the scheduling of marijuana and its derivative THC will have been reconciled. Finally, medical marijuana patients will know that their medicine is indeed not a dangerous drug, on the level of heroin or PCP. For many reasons, this is an important bill. It will help insure the safety of patients, and improve the consistency of Hawaii Revised Statutes. My testimony today will consist of a few technical points.

Federally, a similar move has been taken by the Drug Enforcement Administration of the Justice Department. They have petitioned to move THC to schedule III, reconciling the scheduling of the patented drug Marinol with its generic equivalents. Thus, naturally-derived THC is being moved from schedule I to schedule III on the federal schedule. This can be found in the Federal Register of November 1, 2010, pp. 67054-67059. Quoting from this document:

This proposed action expands the schedule III listing to include formulations having naturally-derived dronabinol and products encapsulated in hard gelatin capsules. This would have the effect of transferring the FDA approved versions of such generic Marinol® products from schedule I to schedule III.

Secondly, this move will clear up an inconsistency in the Hawaii Revised Statutes. At the present time, the definitions in Chapter 329 contradict marijuana's placement in Chapter 712. Currently, chapter 329 lists marijuana on schedule I, and defines it as "having the highest degree of danger." However, in §712.40, "Definition of terms used in this part," marijuana is specifically *excluded* from the category of "Dangerous drugs." An illustration of the conflict are the two excerpts below:

[§329-13] Schedule I tests. A substance shall be placed in schedule I if it has the highest degree of danger or probable danger according to the determination made pursuant to section 329-11.

§712.40, "Definition..."...Dangerous drugs" means any substance or immediate precursor defined or specified as a "Schedule I substance" or a "Schedule II substance" by chapter 329, or a substance specified in section 329-18(c)(13), except marijuana or marijuana concentrate.

Finally, I would like to address the question of authority of the legislature to make such a scheduling decision. §320-11 clearly reserves the decision of placement for the legislature. Many requirements are made within this section; these requirements are made of the Department of Public Safety. Generally they determine the process the Department must follow in order to make recommendations. The legislature is not constrained by this. Nor is the State of Hawaii constrained to follow federal scheduling. This was determined by the Supreme Court decision in *Gonzales v. Oregon* (Oregon's "Death with Dignity" Statute) That decision, written by Justice Kennedy, concludes:

The Government, in the end, maintains that the prescription requirement delegates to a single executive officer the power to effect a radical shift of authority from the States to the Federal Government to define general standards of medical practice in every locality. The text and structure of the CSA show that Congress did not have this far-reaching intent to alter the federal-state balance and the congressional role in maintaining it.

Perhaps having won this case, validating Oregon's right to protect the health decisions of its' citizens, is

what emboldened the Oregon legislature to move marijuana from schedule I, as they did in 2010. Certainly it is an important decision in the determination of State's rights. Hawaii's legislature has the same right to ensure the health decisions of Hawaii's citizens. Other states have rescheduled marijuana, and even the federal government is in the process of rescheduling its active ingredient, THC. The schedule change would improve the Statutes by improving their internal consistency. It is the right of Hawaii's legislature to do so, and a schedule III placement would be more in tune with the nature of marijuana (cannabis) and with the will of the people.

(We also note that Hawaii's medical marijuana bill needs to be clarified with respect to patients' need to travel with their medicine within the state.)

Thank you for taking the time to read this testimony, and for your service to the state.

Aloha,
Rev. Nancy

green1 - Karen

From: Deborah Lockett [deblockett@hawaii.rr.com]
Sent: Tuesday, February 01, 2011 9:14 AM
To: HTHTestimony
Cc: jyohta@hawaii.rr.com
Subject: SB 174 Relating to Health

Dear Distinguished Committee Members,

Today I write to you in support of the "removal of marijuana and tetrahydrocannabinols from the schedule I controlled substances list and place them in the schedule III controlled substance as a whole. list".

On November 1, 2010, the prestigious, peer review medical journal Lancet, published a study paid for by Britain's Centre for Crime and Justice. The study evaluated substances including alcohol, cocaine, heroin, Ecstasy and marijuana, ranking them based on how destructive they are to the individual who takes them and to society as a whole.

Researchers analyzed how addictive a drug is, harm to the human body, environmental damage, its role in breaking up families, and economic costs such as health care, social services and prison.

The study concluded that heroin, crack cocaine and methamphetamine were the most lethal to individuals. But overall, alcohol, outranked all other substances because it is so widely used and has such devastating consequences.

When consumed in excess, alcohol damages nearly all organ systems, is correlated to higher death rates and is involved in a greater percentage of crime, including heroin.

And while the study does not suggest that we return to "the days of prohibition" it does recommend that countries reconsider how they classify drugs as well as increase educational programs to raise awareness.

Thank you for your consideration in this important matter.

*Deborah A. Lockett, M.P.H.
The Lockett Group*

Cannabis has been used for thousands of years, with no history of recorded fatalities. There is no known lethal dosage. There are little or no known withdrawal symptoms from cannabis, so basically it is non-addictive. This natural plant has been used safely as medicine through out history by virtually every culture and civilization that has a recorded history, including the United States prior to 1937. In 1937, against the advice of most of the medical community and much of the American Medical Society, the federal government criminalized non-medical cannabis. Cannabis was removed from the United States Pharmacopoeia in 1942 but up until that time physicians were still able to write a prescription for it.

Possibly the first references to the medicinal use of cannabis are found in the Chinese pharmacopoeia of Emperor Shen-Nung, written in 2737 BC. This document recommended cannabis for analgesia, rheumatism, beriberi, malaria, gout and poor memory [1]. Eastern Indian documents in the Atharvaveda, dating to about 2000 BC, also refer to the medicinal use of cannabis [2]. Archeological evidence has been found in Israel indicating that cannabis was used therapeutically during childbirth as an analgesic [3]. This use of cannabis continued in the West until the mid-1880s and continues today in parts of Asia. In ancient Greece and Rome, both the Herbal of Dioscorides and the writings of Galen refer to the use of medicinal cannabis [4].

1. Li HL: An archaeological and historical account of cannabis in China. *Econ Bot* (1974) 28:437-448.
2. Indian Hemp Drugs Commission: Report of the Indian Hemp Drugs Commission, 1893-94. Simla, India, Government Central Printing House (1894).
3. Zias J, Stark H, Sellgman J, Levy R, Werker L, Breuer A, Mechoulam R: Early medical use of cannabis. *Nature* (1993) 363 (6426):215.
4. Dioscorides, Pedanius. The Greek herbal of Dioscorides. Translated by Goodyer J, Gunther RWT. Hafner Publishing, London, UK (1968).

<http://www.marijuanafactorfiction.org/cannabisdosing.htm>

The medicinal value of cannabis (marijuana) is well documented in the medical literature. Cannabinoids, the active ingredients in cannabis, have many distinct pharmacological properties. These include analgesic, antiemetic, antioxidative, neuroprotective and antiinflammatory actions, as well as modulation of glial cells and tumor growth regulation.

It is time for the Senate to help make Hawai'i's Medical Marijuana laws truly compassionate by reclassifying cannabis to Schedule III. This will help the police, by freeing them up to concentrate on serious crime. It will help unclog the court system, by reducing arrests and prosecutions of medical cannabis patients doing their best to comply with the contradiction in the laws which exist now.

Thank you for your concern with this important issue.

Robert Petricci

Submitted on behalf of Friends 4 Justice

808-936-5239

From: Myron Berney [myberney@hotmail.com]
Sent: Monday, January 31, 2011 11:31 AM
To: HTHTestimony
Subject: SB174 Marijuana Reschedule
Attachments: SB174 reschedule 2.doc

Medicine Buddhas and Bodhisattvas
Natural Cancer Wellness Foundation
Dr. Myron Berney, ND LAc
808-392-3366

COMMITTEE ON HEALTH

Senator Josh Green, M.D., Chair
Senator Clarence K. Nishihara, Vice Chair

DATE: Wednesday February 2, 2011
TIME: 2:45 p.m.
PLACE: Conference Room 22

SB 174

Removes marijuana and tetrahydrocannabinols from the schedule I controlled substances list and places them in the schedule III controlled substances list.

The net effect of this bill would be to increase the medical usefulness of Marijuana by placing it on another more accessible tier.

Schedule 1 drugs can not be prescribed by a physician. Appropriate scheduling of Marijuana benefits society, protects our dedicated physicians, and serves the medical needs of certain patients thereby protecting and promoting the public health. [Article IX, Hawaii State Constitution.]

We Are In FULL AND UNANIMOUS SUPPORT

The current scheduling of Marijuana is inappropriate.
Marijuana does not fit the legal definition of a Schedule 1 drug.

Schedule 1 Law:

(1) Schedule I.—

(A) The drug or other substance has a high potential for abuse.

(B) The drug or other substance has no currently accepted medical use in treatment in the United States.

(C) There is a lack of accepted safety for use of the drug or other substance under medical supervision." [20]

No prescriptions may be written for Schedule I substances, and such substances are subject to production quotas by the DEA.

Under the DEA's interpretation of the CSA, a drug does not necessarily have to have the same abuse potential as heroin or cocaine to merit placement in Schedule I (in fact, cocaine is currently a Schedule II drug due to limited medical use):

When it comes to a drug that is currently listed in schedule I, if it is undisputed that such drug has no currently accepted medical use in treatment in the United States and a lack of accepted safety for use under medical

supervision, and it is further undisputed that the drug has at least some potential for abuse sufficient to warrant control under the CSA, the drug must remain in schedule I. In such circumstances, placement of the drug in schedules II through V would conflict with the CSA since such drug would not meet the criterion of "a currently accepted medical use in treatment in the United States." 21 USC 812(b).[21]

Marijuana does not fit the criteria (B) above.

Because, we call it Medical Marijuana, because we have Medical Marijuana Laws, Because Marijuana has a recognized medical usefulness in the treatment of disease, Marijuana is **not** a Schedule I drug.

Because that is the Law, that it is the Law.

Because, in our direct experience of SAFE USE over the past many years under the Medical Marijuana program, Marijuana does not fit the criteria (C) above. Marijuana is **not** a Schedule I drug.

Because that is the Law, that it is the Law.

The "recreational use" of Marijuana is also Medicinal. Recreational use has all the same medical benefits naturally, God-given, innate to the herb, itself. The Stress reduction, excitability control, enhanced creativity and creative learning, and the longevity benefits for the weak, debilitated and infirmed are also beneficial for the "healthy".

Our bodies cells, tissues and organs are regulated and modulated by the endocannabinoid system. Marijuana supplies the phytocannabinoids to help nourish and support this innate regulatory system. Marijuana is not addicting. Persons do not use Marijuana wrongly, improperly or excessively like alcohol, cocaine or heroin. The recreational use of Marijuana is also therapeutic.

In addition to our direct experience of Safety, safe use, in the Medical Marijuana Program, the use of Marijuana has been generally recognized as safe prior to 1939. Subsequent to 1939 Marijuana has been used illegally without any medical supervision at all and our direct experience is that of Safety. Marijuana is not associated with increased violence [opposite effect], increased crime [opposite effect], or domestic violence [opposite effect], Marijuana does not cause one to loose control or coordination.

**So, as to the First Part of the Bill,
Marijuana, certainly, is not a Schedule I drug based upon Federal Law.**

The concentrated pharmacological active molecule, delta 9 THC, is Schedule III. The Parent Herb is listed in the official US Pharmacopea prior to 1924. Cannabis was openly grown and available. Tincture of Cannabis was listed as an official USP drug and used in many medicines.

The parent herb can not be more dangerous than the concentrated extract, the pure active molecule. Herbs, generally, have modulating factors that buffer the therapeutic effects compared to the action of a single molecule. On evaluation of the determining criteria listed in the Schedules the would be safer than the active molecule. Therefore Marijuana should be scheduled on a Schedule III tier or safer.

It is beneficial to rate the drug at the appropriate Schedule for ease of prescription, patient access, availability and affordability. Therefore, Marijuana can't and shouldn't be rated worse than Schedule III.

So the second part is almost right but...

Marijuana is safer than aspirin, Tylenol or any NSAID and
Marijuana is less hallucinogenic than DM type cough medicines.
These are all OTC non-prescription drugs!
Marijuana has less social harm and less health risks than Alcohol or Tobacco.
Marijuana was not included in ATF; Marijuana wasn't considered as risky.
Yep these other drugs are age restricted OTC non-prescription drugs!

#1 The use of Marijuana is grandfathered by FDA law since it an herb, and
#2 drugs prior to 1938 are grandfathered.
#3 There is a caveat in the FDA Law that their action can not harm public health.
[Myself and other people are being harmed. This harm is ongoing and *ultra vares*, beyond the power of government, under Federal Privacy Rights, Choice, in Medical Care.]

Currently under HRS Medical Marijuana Laws Marijuana is a non-prescription, [it is recommended not prescribed], grow your own medicine. Currently under VA Federal Guidelines, By the order of the President of the United States of America, our Hawaii born Native Son, Marijuana is authorized for use as an non-prescription, grow you own, get it any way you can, medicine.

Persons using Marijuana can not be penalized as a drug user by the Federal VA system.

[Did Obama essentially legalized marijuana in the Federal VA system, on the Federal Level, based upon the 14th Amendment?]

Dronabinol and the class of tetrahydrocannabinols was place in an inappropriate tier, Schedule III, merely because of the inappropriate scheduling, the wrong view of Marijuana being a Schedule I drug.

Schedule III requires that a drug meet criteria "(C) Abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence." Dronabinol and the class of tetrahydrocannabinols are not addicting; they do not lead to any physical dependency or psychological dependency.

Since Dronabinol and the class of tetrahydrocannabinols does not lead to any physical dependency or psychological dependency it is not a Schedule IV or Schedule V drug either.

Marijuana could be considered a prescription only medicine since it does treat serious diseases, but OTC is also appropriate due to the high level of safety, safe use, with experienced users.

Professional Pharm. D.'s have opined that the Marijuana family of drugs be unscheduled prescription only drug.

We don't support any law more restrictive than current medical use as authorized by current State Medical Marijuana Laws and Federal Guidelines.

By Law, the parent herb belongs in the category of G.R.A.S., **generally recognized as safe**, along with all the other non-toxic herbs. Many toxic herbs are also available as G.R.A.S. I have much more dangerous, toxic, and lethal herbs OTC in my herbal pharmacy. These herbs are OTC by law.

The Federal Big Island Religious Use court case will prevail in favor of the Church because it is in the Bible. On the third day of Creation God gave man Marijuana and God said it was GOOD. Marijuana was used religiously by many world religions.

OK Lets Talk about the Political Reality

[Last year the only people who had reservations in the House, were those not members of the Committees that heard he bill.]

WE ARE A NATION OF LAWS AND CONSTITUTIONAL RIGHTS. In the last few days, We have engaged in a great debate on the Floor of the Senate, in Chambers, in hearings, in offices, in and our hearts and minds, weighing the various Constitutional Rights and Civil Rights by which we live by. These Rights and Values, these are our National Treasures.

On the basic and fundamental legal question posed by the Supreme Court, "What did the Founding Fathers see when they looked out their window?" They saw fields and fields of their own Marijuana Plantations. Never, Ever, in 1776, in their hearts and minds, did anyone ever imagine that Marijuana would be illegal. That was completely "off the radar."

Marijuana, Cannabis, Hemp was the first plant ever cultivated by man. Over 5,000 years ago man began the Agricultural Revolution when they collected and planted Marijuana seeds. Raw marijuana seeds are 33% protein and 9% anti inflammatory life extending essential fatty acids like found in cold water fish.

The stalks were and are used for fiber and rope making. You can't sail a boat without rope. Marijuana cultivation was necessary for our national defense and commerce. It was the number one cash crop in the USA prior to the 1900's.

Why marijuana was made illegal in 1939 is totally unknown. Connecting the dots, it appears, that this scheme was cooked up by the National Crime Syndicate to compensate for their cash flow and power loss from the repeal of prohibition. [Gambling in Las Vegas 1931, loss of alcohol revenue, 1933] What is known is that this was done by one gentleman who completely lied and fabricated information about marijuana. [By that time the Mob was heavily involved in Politics and used the Laws to enhance their operations]

Some people do have adverse or untoward psychological effects upon first using Marijuana however that generally does not reoccur with continued use. True, no drug, herb, or even food such as wheat, nuts or shellfish is completely free of adverse, untoward or allergic reactions. Nothing is good for everybody.

On the other hand, Marijuana is safer than aspirin and less hallucinogenic than DM cough medicine. Safer than Tylenol, safer than the entire class of NSAIDs. Dr. Green will recall the FDA review of this class of drugs. You all perhaps recall the TV ads on *CELEBREX*® (Celecoxib).

Marijuana is safer than alcohol.

Marijuana health effects are the exact opposite of Tobacco.

They, the Feds, wanted to prove that smoking marijuana caused lung cancer.

Boom, guess what happened? The studies on people that smoked marijuana and tobacco demonstrated that the smoking of marijuana REDUCED the incidence of lung cancer. Studies have shown that marijuana has induced apoptosis, natural cancer cell death, in many experimental cancer models both *in vitro* and *in vivo*.

Run for the Cure is a youtube.com video on using Marijuana to Cure Cancer. That gentleman was busted in Canada, given one day in jail and permitted to continue to heal using Marijuana by the Canadian Supreme Court.

Absolutely nothing within the Federal Constitution requires any State to mirror Federal Law. The Rule of Law is exactly the opposite. This principle is known as States Rights. [verses Federalism]

On the other hand:

#1 There are some people that refuse to give up control of marijuana even though at this time the reality on the ground is that Government has no control over the Black Market Trade and personal use of marijuana. We are losing, we have completely lost the Worldwide Drug War. Black ops in the Federal Government has been and is deeply involved in Drug Trafficking. It's currently a primary operation in Afghanistan. [CIA, Southern Air, Panama - Colombian connection.]

Then again...

#2 Big Island, Ballot Measure #1, Adult Personal Use, persons over 18 can grow 26 Marijuana Plants, with orders for Marijuana to be the lowest level of Law Enforcement and to Keep the Federal Government Law Enforcement off the Big Island.

#3 Medical Marijuana is currently a non-prescription drug recommended by physicians it's OTC today. Just not available OTC.

We do not support up coding to a higher more controlled schedule.

Bottom line

#4 You need to put it somewhere where it can be accepted by the current Legislature. The public doesn't care at all about keeping marijuana illegal.

Solution

Lets get to conference committee on this one this year.

Put it somewhere reasonable and establish a independent committee of experts to bring back recommendations either this session or next session for another mandatory rescheduling. I sure that you can get free service for a few hours to get this done ASAP. I have already outlined the process in this testimony.

Thank you,

Dr. Myron Berney, ND LAc
Natural Cancer Wellness Foundation
Medicine Buddha and Bodhisattvas

A the Drug Policy *Action* Group

A sister organization of the Drug Policy Forum of Hawai'i
PO Box 61233, Honolulu, HI 96839 ~ (808) 988-4386

Dedicated to safe, responsible, and effective drug policies

TO: Senate Committee on Health

FROM: Pamela Lichty, MPH
President

DATE: February 2, 2011

RE: SB 174 RELATING TO HEALTH

Aloha Senator Green and members of the Committee. My name is Pam Lichty and I'm testifying on behalf of the Drug Policy Action Group.

As an organization devoted to encouraging public health approaches to drug control policy, DPAG supports SB 174 which would move marijuana and tetrahydrocannabinols (THC) from Schedule I to Schedule III in the Hawai'i drug classification scheme.

This bill make our laws consistent with the recent resolution passed by the Hawai'i Medical Association (HMA) endorsing moving marijuana to the Schedule III classification, which currently includes synthetic THC (the primary active compound in marijuana).

April Donahue, Executive Director of HMA, was quoted in the November issue of *Honolulu* Magazine explaining that "In order for it be Schedule I three criteria must be met. There must be a risk of abuse, no medical use in the U.S. and a lack of safely accepted use." The fifteen states, including Hawai'i, with medical marijuana programs, and studies finding no known fatal cannabis overdoses contradict marijuana's current classification.

Schedule III in both federal and state law includes Dronabinol (brand name Marinol) which is 100% THC, the active ingredient in marijuana or cannabis. It is thus totally inconsistent to have whole marijuana classified schedule I.

We believe, and hope you agree, that our drug laws should be based on science and evidence-based research and not upon non-scientific, ideological stances.

We thank you for hearing this measure and we urge you to pass it out with a strong recommendation to Judiciary. Mahalo for the opportunity to testify.

February 1, 2011

Committee on Health Hearing date Feb.2 2011, 2:45 p.m., Conf. Rm. 229, State Capitol

Senator Josh Green, M.D., Chair

Senator Clarence E, Nishihara, Vice Chair

SB -174 Relating to Health

Removes Marijuana from Schedule 1 controlled substances list and places it in schedule III

Controlled substance list.

THIS IS WRONG!! In changing the Schedule from I to III You are implying this is not a serious drug or a problem. This is the drug of choice for young people and highly abused. It is addictive and #1 problem drug seen in abuse centers. It is a gateway drug!!! Not counting the side effects of constant use is the danger to others when an individual chooses to drive while under the influence. There are reams of documentation and more research being done on the dangers of constant use of marijuana. It is not safe to use!!!

Marijuana is not medicine.

Regardless of our states position on marijuana use it is still against the Federal law

Countless families have suffered because of marijuana use by a member and the problem impacts the whole community!!

I think the most ridiculous thing of all is the fact that we have a national campaign against smoking but some factions are strongly pushing for the acceptance of a drug that has more carcinogenics than tobacco and is impacting our youth in a very serious negative manner. Ah yes, you can get emphysema from just smoking "pot". Anything you inhale can cause serious medical problems!!

We are the adults and we are supposed to protect not only the young people but our community as well. Do we really want Hawaii to become #1 vacation destination for "pot" users?

Also, isn't there a medical saying that says something like "do no harm"?

Ginger Towle, Kona Crime Prevention Committee, Legislative Committee

Box 2043, Kailua-Kona, Hi. 96745

Towle -808-329-2051

green1 - Karen

From: Vince Callagher [vince.callagher@gmail.com]
Sent: Tuesday, February 01, 2011 1:11 PM
To: HTHTestimony
Subject: Move cannabis to schedule III.....

I agree with this letter and I am including it to cover already known medical facts. The point being to change cannabis to schedule III:

- Cannabis is currently listed as a Schedule I substance. Moving it to schedule III will make the natural plant version consistent with the synthetic pharmaceutical version, Marinol, which is currently a Schedule III drug.
- Rescheduling marijuana would recognize medical use, as permitted by Hawaii's medical marijuana program.
- Opium and other opiates such as oxycontin and oxycodone which are highly addictive, have severe side effects, e.g. liver damage are Schedule II drugs. In contrast, marijuana is less addictive, and does not have a history of severe side effects.
- The Hawaii Medical Association adopted a resolution in 2010 supporting the rescheduling of marijuana from Schedule I to Schedule III.
- According to Hawaii controlled substances law, Schedule I drugs have the "highest degree of danger or probable danger." and Schedule III drugs have "a degree of danger or probable danger less than the substances listed in schedule I and II." Substances in schedule I and II are opium, oxycontin, oxycodone, methamphetamine, and cocaine.
- Cannabis has little or no known withdrawal syndrome and is therefore considered to be minimally or non-addictive.
- Cannabis has many well-known medical benefits (including efficacy for anorexia, nausea, vomiting, pain, muscle spasms, and glaucoma) and is currently recommended by thousands of American physicians;
- Cannabis has been used by millions of people for many centuries with no history of recorded fatalities and with no known lethal dosage ever discovered.
- Natural herbs (such as Cannabis) are generally much safer than the chemicals (such as THC) extracted from said herbs, as evidenced by the relative safety of green tea and of coca leaves compared to the potentially lethal concentrated extracts of theophylline and of cocaine, respectively; and
- The American College of Physicians (ACP) 2008 Position Paper states that, "We believe that an evidence-based review by federal regulatory authorities on the safety and efficacy of marijuana and cannabinoids for therapeutic purposes will likely provide evidence to support both appropriate reclassification and adjustment of federal drug enforcement laws, reduce conflict between the federal and state laws, and strengthen public confidence in the federal regulatory structure."

--
Aloha, Vincent

Richard S. Miller
Professor of Law, Emeritus

E-mail: rmiller@aya.yale.edu
Phone: 808-254-1796

February 1, 2011

Testimony in strong support of SB 174 Relating to Health, which removes marijuana and tetrahydrocannabinols from the schedule I controlled substances list and places them in the schedule III controlled substances list.

DATE: Wednesday February 2, 2011

TIME: 2:45 p.m.

PLACE: Conference Room 229, State Capitol, 415 South Beretania Street

To: Senator Josh Green, M.D., Chair, Senator Clarence K. Nishihara, Vice Chair, and Distinguished Members of the Committee on Health

I am testifying today in strong support of SB 174 for the following compelling reasons:

- **Current scientific studies and scientific opinion, including that of the Hawaii Medical Association, demonstrate that the retention of marijuana as a Schedule I drug, and the failure to reduce it to Schedule III, cannot be justified.**
- **Opium and other opiates such as oxycontin and oxycodone which are highly addictive, have severe side effects, e.g. liver damage, are Schedule II drugs. In contrast, marijuana, which is unfortunately a Schedule I drug, is less addictive and less damaging and does not have a history of severe side effects.**
- **Schedule one drugs are those which have no useful purpose. Cannabis is currently listed as a Schedule I substance. Moving it to schedule III will make the natural plant version consistent with the synthetic pharmaceutical version, Marinol, which is currently a Schedule III drug prescribed by physicians.**
- **Rescheduling marijuana would recognize medical use, as permitted by Hawaii's medical marijuana program and that of many other states.**
- **The Hawaii Medical Association adopted a resolution in 2010 supporting the rescheduling of marijuana from Schedule I to Schedule III.**

- According to Hawaii controlled substances law, Schedule I drugs have the "highest degree of danger or probable danger" and Schedule III drugs have "a degree of danger or probable danger less than the substances listed in schedule I and II." Substances in schedule I and II are opium, oxycontin, oxycodone, methamphetamine, and cocaine. Marijuana should not be included with this group in Schedule I or II.
- Cannabis has little or no known withdrawal syndrome and is therefore considered to be minimally or non-addictive.
- Cannabis has many well-known medical benefits (including efficacy for anorexia, nausea, vomiting, pain, muscle spasms, and glaucoma) and is currently recommended by thousands of American physicians;
- Cannabis has been used by millions of people for many centuries with no history of recorded fatalities and with no known lethal dosage ever discovered.

Thank you very much for considering my views, which are personal and not necessarily those of the U.H. or its Law School.

With much Aloha,

A handwritten signature in cursive script, appearing to be 'S. M.', written in black ink.

green1 - Karen

From: Will Navran [willsilver@hawaii.rr.com]
Sent: Tuesday, February 01, 2011 3:34 PM
To: HTHTestimony
Subject: Re: SB 174 Relating to Health

Re: SB 174 Relating to Health
Hearing: Wednesday, February 2, 2011, 2:45 p.m.

Please reschedule marijuana to schedule III as it obviously does not and never has belonged to that category. The Hawaii Medical Association adopted a resolution in 2010 supporting the rescheduling of marijuana from Schedule I to Schedule III. Please follow suit

Mahalo, Will Navran
MMJ patient

The American College of Physicians (ACP) 2008 Position Paper states that:

"We believe that an evidence-based review by federal regulatory authorities on the safety and efficacy of marijuana and cannabinoids for therapeutic purposes will likely provide evidence to support both appropriate reclassification and adjustment of federal drug enforcement laws, reduce conflict between the federal and state laws, and strengthen public confidence in the federal regulatory structure."

Please consider carefully ALL the facts about Cannabis and try to put aside hysteria and old stigmas, and reschedule this plant.
Mahalo for your attention to this urgent matter.

Sincerely,
Victoria Latenser
Mountain View
Registered voter and
Licensed Medical Cannabis Caregiver

I applaud this bill that moves to reschedule Cannabis to schedule 3 like the synthetic form, Marinol. Scientific research seems to report daily, that this plant is one of the safest substances with many medical uses.

As a caregiver for an individual who has violent seizures, due to a rare chromosome abnormality. I can attest to the remarkable and therapeutic benefits to this plant used in its natural form.

This individual can now function as a healthy human being with ZERO side effects as opposed to the long term toxic damage that pharmaceutical use would have surely caused. As his caregiver, it was critical that this person have a safe and effective medicine, as there was zero to little data regarding the efficacy of any pharmaceutical application for his condition. This person functions normally and shows zero signs of typical marijuana inebriation. This individual does receive this medicine as an infused application in olive oil, much like Israel doctors are doing with soldiers/veterans who suffer from PTSD.

Meanwhile several substances that are highly addictive and dangerous, such as Opium and opiates such as oxycontin and oxycodone have severe side effects, e.g. liver damage are Schedule II drugs. In contrast, Cannabis is seldom addictive, and does not have a history of severe side effects.

The DEA's own Administrative Law Judge, Francis Young, ruled in a landmark case in 1988, that "marijuana is one of the safest, most therapeutically-active substances known to man, safer than many foods we commonly consume."

The Hawaii Medical Association adopted a resolution in 2010 supporting the rescheduling of marijuana from Schedule I to Schedule III. The American Medical Association has asked repeatedly to have Cannabis rescheduled as well.

The benefits of natural Cannabis have many well-known medical applications including efficacy for anorexia, nausea, vomiting, pain, muscle spasms, and glaucoma and is currently recommended by thousands of American physicians.

Cannabis is an ancient medicinal herb, used by millions of people for many centuries with no history of recorded fatalities and with no known lethal dosage ever discovered. Zero deaths have been recorded from Cannabis use alone.

green1 - Karen

From: Shelly Mitchell [shlymitchell@yahoo.com]
Sent: Tuesday, February 01, 2011 11:23 AM
To: HTHTestimony
Subject: support of SB 174

To Josh Green and other members of the committee, I would like to express my support for changing the classification of marijuana from class 1 to class 2. I am a medical marijuana patient with an eating disorder and can say that I am now at a healthy weight and have regular eating habits. Before getting my prescription I was severely underweight and suffered from vitamin deficiencies, hair loss, and muscle weakness. This drug is a lifesaver for so many people and should be decriminalized and more readily available to those who need it. Thank you, Nancy Gex PO Box 377428 Ocean View, HI.

To: Senator Josh Green, M.D., Chair,
Senator Clarence K. Nishihara, Vice Chair, and
Members of the Committee on Health

From: Clifton S. Otto, M.D.

Re: SB 174 Relating to Health
Hearing: Wednesday, February 2, 2011, 2:45 p.m.

Position: Support

I am testifying today in support of SB 174.

The primary reason that Cannabis was classified as a Schedule I controlled substance by the federal government was because it contains the psychoactive compound called tetrahydrocannabinol or THC.

THC is a fairly simple molecule to synthesize in a chemical laboratory. In fact the synthetic form of THC, called Marinol, has been approved by the FDA for certain indications such as anorexia in HIV patients and nausea in cancer chemotherapy patients. Marinol was even moved to Schedule III within the federal controlled substance list, to reflect its medical benefit and to allow renewable prescriptions to be written for this medication.

The reason cannabis (marijuana) has been kept in Schedule I is because the whole plant is much cheaper than the synthetic pharmaceutical version, and contains many other medically active compounds that pharmaceutical companies may never be able to isolate into a pill that they can commercialize. What we also are kept from knowing is that cannabis is far safer than its synthetic brother Marinol and works much more effectively.

Moving Cannabis to Schedule III within Hawaii's controlled substance schedule would not change the federal schedule. It would, however, send a message to Hawaii's registered medical cannabis patients that the State of Hawaii recognizes that cannabis does have medical value. This alone would take away a large degree of the stigma of drug abuse that many medical cannabis patients must face from the community on a daily basis.

I am not alone in holding this view. In fact, the Hawaii Medical Association recently adopted a resolution in 2010 supporting the rescheduling of marijuana from Schedule I to Schedule III. The American College of Physicians (ACP) also asserted in its 2008 Position Paper that, "We believe that an evidence-based review by federal regulatory authorities on the safety and efficacy of marijuana and cannabinoids for therapeutic purposes will likely provide evidence to support both appropriate reclassification and adjustment of federal drug enforcement laws, reduce conflict between the federal and state laws, and strengthen public confidence in the federal regulatory structure."

By rescheduling cannabis, the State of Hawaii could also send a message to the federal government that cannabis does have medical value, which is the whole reason why Hawaii legalized its medical use in the first place.

Thank you for your time.

green1 - Karen

From: Bob Fontana [fontana@juno.com]
Sent: Tuesday, February 01, 2011 10:46 AM
To: HTHTestimony
Subject: SB 174; hearing on Feb. 2, 2011 at 2:25 P.M., conference room 229

To: Senator Josh Green, M.D., Chair,
Senator Clarence K. Nishihara, Vice Chair, and
Members of the Committee on Health

From: Robert L. Fontana

Re: SB 174 Relating to Health
Hearing: Wednesday, February 2, 2011, 2:45 p.m.

Position: Support

I am testifying today in support of SB 174. Among the many reasons for supporting this bill, besides the heavy endorsements from such organizations as the Hawaiian Medical Association and the American College of Physicians based on medical data and pharmaceutical analysis, are ones of simple fairness and consistency. Fairness would be to the substance (cannabis) itself as well as to the patients who benefit from it. Consistency would mean that it would now be on the same level as its pharmaceutical equivalent Marinol, a Schedule III drug, as well as on the same level of any other drug that has similar parameters of risk. Keeping it in the same Schedule of heroine----an illegal narcotic without medical use----is not only absurd from a scholastic point, but it is inaccurate from a medical and pharmaceutical standpoint.

Simply put, if you want to correct an injustice and gross inaccuracy in the law, you must support this bill which will correct that error. There simply is no credible argument in opposition to this bill.

Sincerely,
Robert L. Fontana
P.O. Box 6182
Kahului, Hawaii 96733

green1 - Karen

From: Cheryl Nelson [cheryl@solights.com]
Sent: Tuesday, February 01, 2011 8:08 AM
To: HTHTestimony
Subject: Testimony in Support of SB 174

To: Senator Josh Green, M.D., Chair,
Senator Clarence K. Nishihara, Vice Chair, and
Members of the Committee on Health

From: Cheryl Nelson / Business Owner
Hawaii Medical Marijuana Patient

Re: SB 174 Relating to Health
Hearing: Wednesday, February 2, 2011, 2:45 p.m.

Position: Support

I am here to testify in support of Senate Bill 174:

Rescheduling marijuana would recognize medical use, as permitted by Hawaii's medical marijuana program. Currently Cannabis is listed as a Schedule 1 substance. By moving it to a Schedule III, this would make the natural plant version consistent with the synthetic pharmaceutical version, Marinol, which is listed as a Schedule III drug. The American College of Physicians (ACP) 2008 Position Paper states that, "We believe that an evidence-based review by federal regulatory authorities on the safety and efficacy of marijuana and cannabinoids for therapeutic purposes will likely provide evidence to support both appropriate reclassification and adjustment of federal drug enforcement laws, reduce conflict between the federal and state laws, and strengthen public confidence in the federal regulatory structure."

Best Regards,
Cheryl Nelson
Southern Lights Sales & Consulting LLC
73-5574 Maiiau St./Suite #5
Kailua-Kona, HI 96740
cheryl@solights.com

"Unless expressly stated in this email, nothing in this message should be regarded as a digital or electronic signature or writing."

Committee: **HTH**

Room: **229**

Hearing Date: **2/2/2011 2:45:00 PM**

Aloha Chair and Committee Members,

By implementing this bill you will remove marijuana and tetrahydrocannabinols (THC) from the schedule I controlled substances and place them in the schedule III controlled substances.

There is no doubt that marijuana has been placed in the wrong schedule with no scientific or anecdotal evidence to support its current classification. No one has ever overdosed on THC and it does not cause physical addiction.

Further, this has created an enormous unnecessary and costly burden on law enforcement and the courts.

Please pass this bill and encourage its immediate implementation.

Respectfully,

Teri Heede

green1 - Karen

From: Mark Nelson [mark@solights.com]
Sent: Tuesday, February 01, 2011 6:37 AM
To: HTHTestimony
Subject: Testimony in support of SB 174

To: Senator Josh Green, M.D., Chair,
Senator Clarence K. Nishihara, Vice Chair, and
Members of the Committee on Health

From: Mark Nelson / Business Owner
Hawaii Medical Marijuana Patient and Hawaii Medical Marijuana Caregiver

Re: SB 174 Relating to Health
Hearing: Wednesday, February 2, 2011, 2:45 p.m.

Position: Support

I am here to testify in support of Senate Bill 174:

-Cannabis is currently listed as a Schedule I substance. Moving it to schedule III will make the natural plant version consistent with the synthetic pharmaceutical version, Marinol, which is currently a Schedule III drug.

-Rescheduling marijuana would recognize medical use, as permitted by Hawaii's medical marijuana program.

-Opium and other opiates such as oxycontin and oxycodone which are highly addictive, have severe side effects, e.g. liver damage are Schedule II drugs. In contrast, marijuana is less addictive, and does not have a history of severe side effects.

-The Hawaii Medical Association adopted a resolution in 2010 supporting the rescheduling of marijuana from Schedule I to Schedule III.

-According to Hawaii controlled substances law, Schedule I drugs have the "highest degree of danger or probable danger." and Schedule III drugs have "a degree of danger or probable danger less than the substances listed in schedule I and II." Substances in schedule I and II are opium, oxycontin, oxycodone, methamphetamine, and cocaine.

-Cannabis has little or no known withdrawal syndrome and is therefore considered to be minimally or non-addictive.

-Cannabis has many well-known medical benefits (including efficacy for anorexia, nausea, vomiting, pain, muscle spasms, and glaucoma) and is currently recommended by thousands of American physicians;

-Cannabis has been used by millions of people for many centuries with no history of recorded fatalities and with no known lethal dosage ever discovered.

-Natural herbs (such as Cannabis) are generally much safer than the chemicals (such as THC) extracted from said herbs, as evidenced by the relative safety of green tea and of coca leaves compared to the potentially lethal concentrated extracts of theophylline and of cocaine, respectively; and

-The American College of Physicians (ACP) 2008 Position Paper states that, "We believe that an evidence-based review by federal regulatory authorities on the safety and efficacy of marijuana and cannabinoids for therapeutic purposes will

likely provide evidence to support both appropriate reclassification and adjustment of federal drug enforcement laws, reduce conflict between the federal and state laws, and strengthen public confidence in the federal regulatory structure."

Respectfully

Mark Nelson / Owner Member
Southern Lights Sales
www.solights.com

73-5574 Maiiau ST # 5
Kailua-Kona HI 96740
808.326.9000

"Unless expressly stated in this email, nothing in this message should be regarded as a digital or electronic signature or writing."

green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Monday, January 31, 2011 9:25 PM
To: HTHTestimony
Cc: mattrifkin28@gmail.com
Subject: Testimony for SB174 on 2/2/2011 2:45:00 PM

Testimony for HTH 2/2/2011 2:45:00 PM SB174

Conference room: 229
Testifier position: support
Testifier will be present: No
Submitted by: Matthew Rifkin
Organization: Individual
Address: Keaau, HI
Phone:
E-mail: mattrifkin28@gmail.com
Submitted on: 1/31/2011

Comments:

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

I urge you to pass this bill and bring cannabis, into schedule III which would be in line with Marinol, a synthetic version of THC.

Cannabis is currently used as medicine in 14 states, and clearly it does not fit the schedule I classification, which is for dangerous drugs that have no medical use. Cannabis is indeed medicine, and it eases my pain symptoms better than any available pharmaceutical product (over the counter or by prescription), and it is safer than almost any other medication available.

The Hawaii AMA even voted to recommend the change in scheduling late last year.

The current Hawaii Revised Statutes 712-1240 already excludes marijuana or marijuana concentrates from the "dangerous drug" category, even though it is a schedule I drug at present.

Please pass this bill.

green1 - Karen

From: sara steiner [saralegal@live.com]
Sent: Monday, January 31, 2011 9:47 PM
To: HTHTestimony
Subject: Re: SB 174 Relating to Health - Rescheduling of Cannabis to Schedule III

To: Senator Josh Green, M.D. Chair

Senator Clarence K. Nishihara, Vice Chair, and

Members of the Committee on Health

From: Sara A. Steiner

13-430 Pohoiki Road

P.O.Box 1965

Pahoa, Hawaii 96778

Re: SB 174 Relating to Health

Hearing: Wednesday, February 2, 2011, 2:45 p.m.

Position: Support

Aloha from the Big Island. I am testifying today in support of SB 174. As you know the classification of Cannabis (marijuana) as a Schedule I Drug is not appropriate anymore due to its acceptance as medicine by the State of Hawaii legislature in the year 2000.

The reclassification to Schedule III would be completely in line with the resolution by the Hawai'i Medical Association in 2010 supporting the rescheduling of cannabis. Oxycodone and Meth are Schedule II drugs; cannabis does not cause health problems and death like those I just quoted.

Cannabis has been used for hundreds, if not thousands of years, with no history of recorded fatalities. There is no known lethal dosage. There are little or no known withdrawal symptoms from cannabis, so basically it is non-addictive.

It is time for the Senate to help make Hawai'i's Medical Marijuana laws truly compassionate by reclassifying cannabis to Schedule III. This will help the police, by freeing them up to concentrate on serious crime. It will help unclog the court system, by reducing arrests and prosecutions of medical cannabis patients doing their best to comply with the contradictive laws which exist until now.

Thank you for your concern with this important issue.

Sara A. Steiner

Sara Steiner

808-936-9546

Matthew Brittain, MA, LCSW, DCSW, DABFSW
Diplomate, Clinical Social Work, NASW
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Date: 02-01-2011

To: Senator Josh Green, M.D., Chair,
Senator Clarence K. Nishihara, Vice Chair, and
Members of the Committee on Health

From: Matthew Brittain, LCSW, DCSW, DABFSW

Re: SB 174 Relating to Health
Hearing: Wednesday, February 2, 2011, 2:45 p.m.

Position: Support

I am testifying today in support of SB 174. Medical research and development in the study of cannabis strongly indicates the need for rescheduling of these drugs. Indeed, the Drug Enforcement Agency put forth the issue to its own Administrative Law Judge, Francis L. Young, to come to a determination on the subject. Below is the pertinent information.

**UNITED STATES DEPARTMENT OF JUSTICE
Drug Enforcement Administration
In The Matter Of
MARIJUANA RESCHEDULING PETITION
Docket No. 86-22
OPINION AND RECOMMENDED RULING, FINDINGS OF
FACT, CONCLUSIONS OF LAW AND DECISION OF
ADMINISTRATIVE LAW JUDGE
FRANCIS L. YOUNG, Administrative Law Judge
DATED: SEPTEMBER 6, 1988**

Based upon the rationale set out in pages 26 to 34, above, the administrative law judge concludes that, within the meaning of the Act, 21 U.S.C. § 812(b)(2)(B), marijuana "has a currently accepted medical use in treatment in the United States" for spasticity resulting from multiple sclerosis and other causes. It would be unreasonable, arbitrary and capricious to find otherwise. The facts set out above, uncontroverted by the Agency, establish beyond question that some doctors in the United States accept marijuana as helpful in such treatment for some patients.

The record here shows that they constitute a significant minority of physicians. Nothing more can reasonably be required. That some doctors would have more studies and test results in hand before accepting marijuana's usefulness here is irrelevant.

The DEA chose to ignore its own findings, and have continued on with a harmful, costly and have continued, in the words of Judge Young, to engage in "unreasonable, arbitrary and capricious" (emphasis mine) behavior in it's continuing to keep marijuana as a schedule I drug.

The evidence that Judge Young used to come to his decision in 1988 was much less convincing than it is today. As of now, major medical associations, including the American College of Physicians,

The American College of Physicians (ACP) 2008 Position Paper states that, "We believe that an evidence-based review by federal regulatory authorities on the safety and efficacy of marijuana and cannabinoids for therapeutic purposes will likely provide evidence to support both appropriate reclassification and adjustment of federal drug enforcement laws, reduce conflict between the federal and state laws, and strengthen public confidence in the federal regulatory structure."

Also, the The Hawaii Medical Association adopted a resolution in 2010 supporting the rescheduling of marijuana from Schedule I to Schedule III.

Prohibitionists will argue that the issue is one of Federal jurisdiction. However, in the recent ruling of the Qualified Patients Association, et. Al. V City of Anaheim, held in the Court of Appeal of the State of California, Fourth Appellate District, Division Three, G040077, (Super. Ct. No. 07CC09524) OPINION states that local jurisdictions can not be deputized as enforcing Federal law. Specifically: "The city may not justify its ordinance solely under federal law (Garden Grove; Tilehkooh), not in doing so invoke federal preemption of state law that may invalidate the city's ordinance. The city's obstacle argument therefore fails." (Page 34).

Given the evidence above, the Legislature MUST find in favor of rescheduling cannabis from Schedule I to at least Schedule II. Schedule V, as Federal Judge Francis Young recommended, would be more appropriate given the low risk that cannabis poses.

I petition the Hawaii State Legislature to put an end to the unreasonable, arbitrary and capricious nature of the current policies on marijuana. I took a vow as a Forensic Social Worker to uphold the laws of the USA and to relieve pain and suffering wherever I can. I believe that this bill represents one of the highest and best use of my education, skill and experience in this regard.

Sincerely,

Matthew Brittain, MA, LCSW, DCSW, DABFSW
Clinical Forensic Social Worker

green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 30, 2011 2:21 PM
To: HTHTestimony
Cc: mmmmahalo2000@aol.com
Subject: Testimony for SB174 on 2/2/2011 2:45:00 PM

Follow Up Flag: Follow up
Flag Status: Flagged

Testimony for HTH 2/2/2011 2:45:00 PM SB174

Conference room: 229
Testifier position: support
Testifier will be present: No
Submitted by: Mike Moran
Organization: Individual
Address: Kihei, HI 96753
Phone:
E-mail: mmmmahalo2000@aol.com
Submitted on: 1/30/2011

Comments:

Please pass this long overdue logical move to stop severely punishing Hawaii citizens. Cannabis no more belongs as a schedule I than a minor traffic violation belongs with violent crimes. Mahalo.