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MAYOR

OUR REFERENCE  
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# POLICE DEPARTMENT

## COUNTY OF MAUI

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March 25, 2014



GARY A. YABUTA  
CHIEF OF POLICE

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

The Honorable Karl Rhoads, Chair  
And Members of the Committee on Judiciary  
House of Representatives  
State Capitol  
Honolulu, Hawaii 96813

RE: HCR 74, REQUESTING A SUNRISE REVIEW OF THE  
ESTABLISHMENT OF A SYSTEM OF REGISTERED  
DISPENSARIES WITHIN THE DEPARTMENT OF HEALTH  
TO DISPENSE MEDICAL MARIJUANA

Dear Chair Rhoads and Members of the Committee on Judiciary:

The Maui Police Department opposes House Concurrent Resolution No. 74, Requesting a Sunrise Review of the Establishment of a System of Registered Dispensaries within the Department of Health to Dispense Medical Marijuana.

The increased access to medical marijuana dispensaries will lead to further abuse and misuse of medical marijuana. This, in turn, may lead to associated crimes such as prohibited use by non-medical marijuana patients, thefts, burglaries and other crimes that affect our communities and residents.

The Maui Police Department requests your opposition to HCR 74.

Thank you for the opportunity to testify.

Sincerely,

*Gary A. Yabuta*  
for GARY A. YABUTA  
Chief of Police

Testimony

By Kevin A. Sabet, PhD

Director, Project SAM (Smart Approaches to Marijuana)

RE: HCR 74

### ***Medical Marijuana***

#### **Is marijuana medicine? Smoked marijuana is not; its isolated components and extracts can be.**

Modern science has synthesized the marijuana plant's primary psychoactive ingredient – THC – into a pill form. This pill, dronabinol (or Marinol®, its trade name) is sometimes prescribed for nausea and appetite stimulation. Another drug, Cesamet, mimics chemical structures as that naturally occur in the plant.

But when most people think of medical marijuana these days, they don't think of a pill with an isolated component of marijuana, but rather the entire smoked, vaporized, or edible version of the *whole marijuana plant*. Rather than isolate active ingredients in the plant – like we do with the opium plant when we create morphine, for example – many legalization proponents advocate vehemently for smoked marijuana to be used as a medicine. But the science on smoking any drug is clear: smoking especially highly-potent whole marijuana, is not a proper delivery method, nor do other delivery methods ensure a reliable dose. And while parts of the marijuana plant have medical value, the Institute of Medicine said in its landmark 1999 report: “Scientific data indicate the potential therapeutic value of cannabinoid drugs...smoked marijuana, however, is a crude THC delivery system that also delivers harmful substances...and should not be generally recommended...”<sup>1</sup>

It is not so unimaginable to think about other marijuana-based medications that might come to market very soon. Sativex®, an oral mouth spray developed from a blend of two marijuana extracts

(one strain is high in THC and the other in CBD, which counteracts THC's psychoactive effect), has already been approved in 10 countries and is in late stages of approval in the U.S. It is clear to anyone following this story that it is possible to develop marijuana-based medications in accordance with modern scientific standards, and many more such legitimate medications are just around the corner.

Recently, the federal government has expanded its enforcement actions against commercialized "medical marijuana" operations. They have closed down dispensaries in states like California (including the "Harvard" of medical marijuana learning – the now-defunct "Oaksterdam University"), Colorado, and Oregon.

### **The Medical Community is Staunchly Against Smoked Marijuana as Medicine – And Rightly So**

Marijuana itself is not an approved medicine under the Food and Drug Administration's (FDA) scientific review process. Yet 16 states and the District of Columbia have permitted marijuana to be sold as "medicine" for various conditions. Although, some of the individual, orally- administered components of the cannabis plant (*Marinol* and *Cesamet* are two such drugs available today) have medical value, smoking marijuana is an inefficient and harmful method for delivering the constituent elements that have or may have medicinal value. The FDA process for

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<sup>1</sup> *Marijuana and Medicine: Assessing the Science Base*, Institute of Medicine 1999. [http://books.nap.edu/catalog.php?record\\_id=6376](http://books.nap.edu/catalog.php?record_id=6376)

approving medicine remains the only scientific and legally recognized procedure for bringing safe and effective medications to the American public. To date, the FDA has not found smoked marijuana to be either safe or effective medicine for any condition.

In 1997, the White House Office of National Drug Control Policy (ONDCP) requested that the Institute of Medicine (IOM) conduct a review of the scientific evidence regarding the potential health benefits and risks of cannabis and its component cannabinoids. In 1999, the IOM issued the report *Cannabis and Medicine: Assessing the Science Base* that became the foundation of study into “medical marijuana.” For a number of these conditions, the group concluded that there would only be limited value in pursuing further research into smoked cannabis, because effective treatments were already available. However, they did recommend new controlled studies on cannabis, since current research did not provide definitive answers on its risk/benefit profile. The consensus was that in these research studies, smoked cannabis must meet the same standards as other medications in terms of effectiveness and safety. IOM made a series of recommendations pertaining to the use of cannabis in medical treatment that revolve around the need for more research and evaluation. They concluded that: “The goal of clinical trials of smoked cannabis would not be to develop cannabis as a licensed drug but rather to serve as a first step toward the possible development of *nonsmoked rapid-onset cannabinoid delivery systems* (emphasis added).” And that: “there is little future in smoked marijuana.”

No major medical association has come out in favor of smoked marijuana for widespread medical use. Further, public health organizations have weighed in:

**American Society of Addiction Medicine:** “ASAM asserts that cannabis, cannabis-based products, and cannabis delivery devices should be subject to the same standards that are applicable to other prescription medications and medical devices and that these products should not be distributed or otherwise provided to patients unless and until such products or devices have received marketing approval from the Food and Drug Administration. ASAM rejects smoking as a means of drug delivery since it is not

safe. ASAM rejects a process whereby State and local ballot initiatives approve medicines because these initiatives are being decided by individuals not qualified to make such decisions.”

**American Cancer Society:** “The ACS is supportive of more research into the benefits of cannabinoids. Better and more effective treatments are needed to overcome the side effects of cancer and its treatment. The ACS does not advocate the use of inhaled marijuana or the legalization of marijuana.”

**American Glaucoma Foundation:** “Marijuana, or its components administered systemically, cannot be recommended without a long term trial which evaluates the health of the optic nerve,” said the editorial. “Although marijuana can lower IOP, its side effects and short duration of action, coupled with a lack of evidence that its use alters the course of glaucoma, preclude recommending this drug in any form for the treatment of glaucoma at the present time.”

**National Multiple Sclerosis Society:** “Although it is clear that cannabinoids have potential both for the management of MS symptoms such as pain and spasticity, as well as for neuroprotection, the Society cannot at this time recommend that medical marijuana be made widely available to

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people with MS for symptom management. This decision was not only based on existing legal barriers to its use but, even more importantly, because studies to date do not demonstrate a clear benefit compared to existing symptomatic therapies and because issues of side effects, systemic effects, and long-term effects are not yet clear.” -- Recommendations Regarding the Use of Cannabis in Multiple Sclerosis: Executive Summary. National Clinical

Advisory Board of the National Multiple Sclerosis Society, Expert

Opinion Paper, Treatment Recommendations for Physicians, April 2, 2008.<http://www.nationalmssociety.org>.

**The American Academy of Pediatrics (AAP)** believes that “[a]ny change in the legal status of marijuana, even if limited to adults, could affect the prevalence of use among adolescents.” While it supports scientific research on the possible medical use of cannabinoids as opposed to smoked marijuana, it opposes the legalization of marijuana. -Committee on Substance Abuse and Committee on Adolescence. “Legalization of Marijuana: Potential Impact on Youth.” *Pediatrics* Vol. 113, No. 6 ( June 6, 2004): 1825-1826. See also, Joffe, Alain, MD, MPH, and Yancy, Samuel, MD. “Legalization of Marijuana: Potential Impact on Youth.” *Pediatrics* Vol. 113, No. 6 ( June 6, 2004): e632-e638h.

**The American Medical Association (AMA)** has called for more research on the subject, with the caveat that this “should not be viewed as an endorsement of state-based medical cannabis programs, the legalization of marijuana, or that scientific evidence on the therapeutic use of cannabis meets the current standards for a prescription drug product.”

John Knight, director of the Center for Adolescent Substance Abuse Research at Children’s Hospital Boston, recently wrote: “Marijuana has gotten a free ride of sorts among the general public, who view it as non-addictive and less impairing than other drugs. However, medical science tells a different story.”

Similarly, Christian Thurstone, a board-certified Child and Adolescent Psychiatrist, an Addiction Psychiatrist, and also an Assistant Professor of Psychiatry at the University of Colorado, said:

“In the absence of credible data, this debate is being dominated by bad science and misinformation from people interested in using medical marijuana as a step to legalization for recreational use.

Bypassing the FDA’s well-established approval process has created a mess that especially affects children and adolescents. Young people, who are clearly being targeted with medical marijuana advertising and diversion, are most vulnerable to developing marijuana addiction and suffering from its lasting effects.”

—Dr. Christian Thurstone, MD, Assistant Professor at Denver Health & Hospital Authority

### **Chronically Ill Are Not Using Existing State Programs**

- Studies have shown that in California more than 95% of “medical marijuana” users were not suffering from life threatening illnesses and in one sample of over 4,000 users, 74% of people had used cocaine in their lifetime.<sup>7 8</sup>
- The average user in California was a 32-year old white male with a history of alcohol and substance abuse and no history of life-threatening illness.
- In Colorado, according to the Department of Health, only 2% of users reported cancer, and less than 1% reported HIV/AIDS as their reason for marijuana. The vast majority (94%) reported “severe pain.”<sup>9</sup> (<sup>6</sup> Ogden, D. (Oct. 19, 2009). Memorandum to Selected United States Attorneys, *Investigations and Prosecutions in States Authorizing the Medical Use of Marijuana*, **Department of Justice** and Cole, J. (Jun. 29, 2011). Memorandum to United States Attorneys, *Guidance Regarding the Ogden Memo in Jurisdictions Seeking to Authorize Marijuana for Medical Use*, **Department of Justice**. (<sup>7</sup> O’Connell, T and Bou-Matar , C.B. (2007). Long term marijuana users seeking medical cannabis in California (2001–2007): demographics, social characteristics, patterns of cannabis and other drug use of 4117 applicants. *Harm Reduction Journal*, <http://www.harmreductionjournal.com/content/4/1/16> (<sup>8</sup> Nunberg, Helen; Kilmer, Beau; Pacula, Rosalie Liccardo; and Burgdorf, James R. (2011) “An Analysis of Applicants Presenting to a Medical Marijuana Specialty

Practice in California,” *Journal of Drug Policy Analysis*: Vol. 4: Iss. 1, Article 1. Available at: <http://www.bepress.com/jdpa/vol4/iss1/art1> (<sup>9</sup> See Colorado Department of Public Health, <http://www.cdphe.state.co.us/hs/medicalmarijuana/statistics.html>)

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· In Oregon, there are reports that only 10 physicians made the majority all recommendations for “medical” marijuana<sup>10</sup>, and agitation, seizures, cancer, HIV/AIDS, cachexia, and glaucoma were the last six reasons people utilized marijuana for “medical” purposes.<sup>11</sup>

### **How does medical marijuana currently work in the various states?**

At present in California, and in several other states, it is widely recognized that the reality of the “medical use” of marijuana is highly questionable. For payment of a small cash sum, almost anyone can obtain a physician’s “recommendation” to purchase, possess, and use marijuana for alleged medical purposes. Indeed, numerous studies have shown that the most customers of these dispensaries do not suffer from chronic, debilitating conditions such as HIV/AIDS or cancer.<sup>12 13</sup> Both sides of the argument agree that this system has essentially legalized marijuana for recreational use, at least amongst those individuals able and willing to buy a recommendation.<sup>14</sup> To date many pot dispensaries are mom and pop operations, though some act as multimillion dollar, professional companies. A recent documentary on the Discovery Channel, which examined the practices of Harborside Health Center in Oakland, California—by its own admission, the largest marijuana dispensary “on the planet,” the buds (which are distributed directly to member-patients) are merely examined



visually and with a microscope. The buds are also handled by employees who do not use gloves or face masks. Steve DeAngelo, Harborside's co-founder, states that they must "take it as it comes." The documentary noted that some plant material is tested by Steep Hill Laboratory, but there was no evidence that Steep Hill's instrumentation and techniques are "validated," that its operators are properly trained and educated, that its reference standards are accurate, and that its results are replicable by other laboratories.

### **What if we rescheduled marijuana?**

In the wake of recent enforcement efforts by the Obama Administration, the governors of Washington, Rhode Island, and Colorado have filed a petition with the Drug Enforcement

<sup>10</sup> See for example, Danko, D. (2005). Oregon Medical Marijuana Cards Abound, *The Oregonian*, January 23, 2005. Also see Oregon Medical Marijuana, Protect the Patients & Treat it Like Medicine, [http://www.oregon.gov/Pharmacy/Imports/Marijuana/Public/ORStatePolice\\_OMMALegPP.pdf?ga=t](http://www.oregon.gov/Pharmacy/Imports/Marijuana/Public/ORStatePolice_OMMALegPP.pdf?ga=t)

<sup>11</sup> Oregon Medical Marijuana Program Statistics, <http://public.health.oregon.gov/DISEASES/CONDITIONS/CHRONICDISEASE/MEDICALMARIJUANAPROGRAM/Pages/data.aspx> <sup>12</sup> O'Connell, T and Bou-Matar, C.B. (2007). Long term marijuana users seeking medical cannabis in California (2001–2007): demographics, social characteristics, patterns of cannabis and other drug use of 4117 applicants. *Harm Reduction Journal*, <http://www.harmreductionjournal.com/content/4/1/1> <sup>13</sup> Nunberg, Helen; Kilmer, Beau; Pacula, Rosalie Liccardo; and Burgdorf, James R. (2011) "An Analysis of Applicants Presenting to a Medical Marijuana Specialty Practice in California," *Journal of Drug Policy Analysis*: Vol. 4: Iss. 1, Article 1. Available at: <http://www.bepress.com/jdpa/vol4/iss1/art1> <sup>14</sup> According to Allen St. Pierre of NORML, "in California, marijuana has also been de facto legalized under the guise of medical marijuana." See Transcript of Don Lemon CNN Television Show with Kevin Sabet and Allen St. Pierre: <http://transcripts.cnn.com/TRANSCRIPTS/0905/09/cnr.04.html>. Accessed January 22, 2012

Administration (DEA) to reschedule marijuana.<sup>15</sup> Specifically, the petition asks the DEA to reclassify marijuana from Schedule I to Schedule II of the federal Controlled Substances Act (CSA). The governors contend that such rescheduling will eliminate the conflict between state and federal law and enable states to establish a “regulated and safe system to supply legitimate patients who may need medical cannabis.”

The current petition takes a unique approach. It seeks to move marijuana to Schedule II “for medicinal purposes only.” Marijuana advocacy organizations, such as the Marijuana Policy Project (MPP) and Americans for Safe Access (ASA) are urging other governors around the country to join onto the petition. The petition has garnered considerable publicity, but, as MPP acknowledges, “[r]escheduling is not a cure-all.”<sup>16</sup> This is an understatement. Indeed, it is not even a significant step in the direction that the governors, MPP, and ASA hope to move.

Part of the confusion over the actual significance of Schedule II status stems from a misunderstanding of the interrelated, but distinct, functions of the CSA and the Food, Drug, and Cosmetic Act (FDCA). Under the FDCA, the FDA approves *specific medical products* produced by particular “innovator” (for branded products) or generic manufacturers. For example, oxycodone, an opioid, is in Schedule II. Specific products, such as OxyContin® (an extended release form), are also in Schedule II. Physicians prescribe a specific branded or generic product, in a particular dose and dosage form. So until the FDA approves a *smoked marijuana product*, it cannot be prescribed or sold in “dispensaries” for medical use. And the FDA has been clear that smoked marijuana does not pass its rigorous approval standards.

Imagine for a moment that the “medical marijuana” advocates were instead “medical opium” advocates and that various states passed laws decriminalizing (or affirmatively authorizing and

regulating) the cultivation and distribution of opium plant material, i.e., opium latex or poppy straw. Even though opium latex and poppy straw **are each in Schedule II**, there would still be a conflict between such state laws and both the CSA and the FDCA. As a well-known drug reform advocacy website states: “If poppies are grown as sources for opiates, there is no question that it violates the CSA.”<sup>17</sup> Furthermore, physicians would not be authorized to prescribe, nor pharmacists to dispense, dried opium latex or poppy straw.<sup>18</sup> In order to be prescribed, a specific product containing opiates would have to pass muster in the FDA approval process. Therefore, the mere act of placing herbal marijuana in Schedule II would not make it available to patients nor address the conflict between state and federal law.

<sup>15</sup>Ingold, J. (Dec. 29, 2011) “Colorado Asks DEA To Reschedule Marijuana.” *Denver Post* Accessed on January 20, 2012 at

[http://www.denverpost.com/news/marijuana/ci\\_19636149](http://www.denverpost.com/news/marijuana/ci_19636149) <sup>16</sup> Marijuana Policy Project, Message to Governors, Letter. (2011). Accessed on Jan. 12, 2012: <https://secure2.convio.net/mpp/site/Advocacy?cmd=display&page=UserAction&id=1079>

<sup>17</sup> [http://www.erowid.org/plants/poppy/poppy\\_law.shtml](http://www.erowid.org/plants/poppy/poppy_law.shtml) <sup>18</sup> Both Laudanum and Paregoric (tinctures of opium) pre-existed the original Food and Drugs Act of 1906. Recently, the FDA has taken enforcement action against these products as “unapproved drugs” that have not undergone FDA trials to prove safety and efficacy, as well as for violations of Good Manufacturing Practices. See, e.g., FDA, Warning Letter, Hi-Tech Pharmacal Co., Inc (June 28, 2010), <http://www.fda.gov/ICECI/EnforcementActions/WarningLetters/ucm219984.htm> (Paregoric). See also, FDA, Guidance for FDA Staff and Industry, “Marketed Unapproved Drugs—Compliance Policy Guide,” <http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/ucm070290.pdf>.

**But won't rescheduling allow for research to be done?**

No. Rescheduling is not necessary to make marijuana products available for research. A committee of the California Medical Association recently called for the rescheduling of marijuana “so it can be tested and regulated.” However, it is not necessary for marijuana to be rescheduled in order for legitimate research to proceed. Schedule I status does not prevent a product from being tested and researched for potential medical use. Schedule I research certainly does go forward. In a recent pharmaceutical company-sponsored human clinical study investigating a product derived from marijuana extracts, the DEA registered approximately 30 research sites in the U.S. and also registered an importer to bring the product into the U.S. from the U.K., where it was manufactured.<sup>19</sup> And a quick search of NIH-reporter reveals more than \$14 Million of current research going forward on marijuana and medicine. Research is happening.

### **What about obtaining marijuana for research?**

Researchers wishing to conduct studies with herbal/whole plant marijuana may obtain it from the National Institutes of Health (or import formulated extracts).. Researchers who obtain grant funding from an institute of the National Institutes of Health (NIH), such as NIDA, can obtain marijuana for their study; researchers who are externally funded must undergo the equivalent of a grant review process (review of their study design by an expert committee of the Public Health Service) in order to obtain such marijuana at cost from NIDA. NIH (via the University of Mississippi’s National Center for Natural Products Research) has the ability to produce standardized marijuana of varying THC potencies. Its cultivation area of five acres has been adequate to supply all marijuana-related studies to date.<sup>20</sup> In theory, NCNPR could also produce marijuana extracts, or such products could be imported from outside the US for research, as is currently the case with Sativex®.

### **What has been the result of medical marijuana in various**

## states on drug use rates?

An in-depth examination of medical marijuana and its relationship to the explosion in use and users came in 2012 from five epidemiological researchers at Columbia University. Using results from several large national surveys, they concluded that: “residents of states with medical marijuana laws had higher odds of marijuana use and marijuana abuse/dependence than residents of states without such laws.”<sup>21</sup>

<sup>19</sup> GW Pharmaceuticals, “Sativex Commences US Phase II/III Clinical Trial in Cancer Pain,”

<http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/ucm070573.pdf>

(press release); DOJ, DEA, “Importer of Controlled Substances; Notice of Registration,” 71 Fed. Reg. 64298 (Nov. 1, 2006). <sup>20</sup> See DOJ, DEA, “Lyle E. Craker; Denial of Application,” 74 Fed. Reg. 2101, 2104 (Jan. 14, 2009). <sup>21</sup> Cerda, M. et al. (2011). Medical marijuana laws in 50 states: investigating the relationship between state legalization of medical marijuana and marijuana use, abuse and dependence. *Drug and Alcohol Dependence*. Found at <http://www.columbia.edu/~dsh2/pdf/MedicalMarijuana.pdf>; Wall, M. et al (2011). Adolescent Marijuana Use from 2002 to 2008: Higher in States with Medical Marijuana Laws, Cause Still Unclear, *Annals of epidemiology*, Vol 21 issue 9 Pages 714-716.

States with medical marijuana laws also show much higher average marijuana use by adolescents, and lower perceptions of risk from use, than non-medical pot states. <sup>11</sup>This would seem to indicate that relaxed community norms about drug use contribute greatly to an increased prevalence of use and users, a situation resulting from the spread of an attitude that “if pot is medicine and is sanctioned by the state, then it must be safe to use by anyone.”

Medical marijuana should really only be about bringing relief to

the sick and dying, and it should be done in a responsible manner that formulates the active components of the drug in a non-smoked form that delivers a defined dose. However, in most states with medical marijuana laws, it has primarily become a license for the state-sanctioned use of a drug by most anyone who desires it. Developing marijuana-based medications through the FDA process is more likely to ensure that seriously ill patients, who are being supervised by their actual treating physicians, have access to safe and reliable products.

# COMMUNITY ALLIANCE ON PRISONS

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## COMMITTEE ON JUDICIARY

Rep. Karl Rhoads, Chair

Rep. Sharon Har, Vice Chair

Tuesday, March 25, 2014

4:00 p.m.

Room 325

## SUPPORT HCR 74/HR 51 – Sunrise review of Medical Marijuana Dispensary System

Aloha Chair Rhoads, Vice Chair Har and Members of the Committee!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative promoting smart justice policies for more than a decade. This testimony is respectfully offered on behalf of the 5,800 Hawai'i individuals living behind bars, always mindful that approximately 1,500 Hawai'i individuals are serving their sentences abroad, thousands of miles away from their loved ones, their homes and, for the disproportionate number of incarcerated Native Hawaiians, far from their ancestral lands.

HCR 74/HR 51 requests a sunrise review of the establishment of a system of registered dispensaries within the department of health to dispense medical marijuana.

Community Alliance on Prisons supports this measure.

It was a demonstration of true aloha when Act 228 was enacted by Hawai'i's 2000 Legislature out of concern and compassion for Hawai'i's sick and dying citizens. Sadly, the law is silent on how a patient can obtain their medicine, thus forcing patients to either grow their own, find a caregiver who can grow the plant, or venture into the black market.

An article in Salon Magazine<sup>1</sup> describes how the cannabinoid system works. Here's a relevant excerpt:

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<sup>1</sup> **Science for stoners: Here's how pot works** *Explaining the chemistry behind medical marijuana that got Sanjay Gupta and others to finally believe*, by K.M. Cholewa, August 17, 2013. [http://www.salon.com/2013/08/17/science\\_for\\_stoners\\_heres\\_how\\_pot\\_works/](http://www.salon.com/2013/08/17/science_for_stoners_heres_how_pot_works/)

*Dr. Sanjay Gupta grabbed headlines for coming out in support of the validity of the medical use of marijuana, something he had opposed in the past. What changed his mind? Science.*

*Here's what he – and those studying the chemistry of marijuana – now understand.*

*Marijuana makes chemical contact with human bodies through cannabinoids, which are chemical compounds in marijuana (cannabis). The human body also creates cannabinoids. The body creates cannabinoids on-demand, such as when they are produced to serve as neuroprotectants when the brain's nerve cells begin to fire too much, as in the case of stress, seizures or an impact to the brain.*

*Our bodies also have cannabinoid receptors. Together, the cannabinoids and their receptors make up the human cannabinoid system.*

*Just as there was a time when we didn't know we had immune systems or hormonal systems, until 1988 we didn't know that we had cannabinoid systems.*

*The human body produces and utilizes its own cannabinoids, but the body can also utilize cannabinoids from external sources. One source of exogenous cannabinoids is marijuana, or to use marijuana's botanical name, cannabis. Because these cannabinoids are plant-based, they would be considered phytocannabinoids. Phytocannabinoids from marijuana fit nicely into human cannabinoid receptors.*

*Thus, the cannabinoids from the cannabis plant can be utilized by the human cannabinoid system.*

Regulated dispensaries for medical marijuana are a recognized patient need supported by 85% of voters in the state, and a much better solution than expecting our sick and dying people to suffer and break the law to get the medicine their doctor recommends.

Regulated dispensaries can help patients access the strain of the plant that would be most helpful in addressing their needs. We show our compassion by giving patients a legal method to safely get their medicine without having to resort to breaking the law.

Please pass HCR 74 to help Hawai'i's sick and dying citizens and fulfill the spirit and intent of Act 228.

Mahalo for this opportunity to testify.





*Dedicated to safe, responsible, and effective drug policies since 1993*

TO: House Committee on Judiciary

FROM: Pamela Lichty, MPH  
President

DATE: March 25, 2014, room 325, 4 p.m.

RE: HCR 74/HR 51 Requesting a Sunrise Review of the Establishment of a System of Registered Dispensaries Within the Department of Health to Dispense Medical Marijuana – **In Strong Support**

Aloha Chair Rhoads, Vice Chair Har and members of the Committee. My name is Pam Lichty and I'm testifying in support of this measure on behalf of the Drug Policy Action Group, the governmental affairs arm of the Drug Policy Forum of Hawaii.

I believe this Committee is well aware of the pressing need for a medical cannabis dispensary system in the state of Hawaii. The measure, itself provides a brief overview of the rationale for such a program. **Despite the fact that we were among the first states to legalize the medical use of cannabis back in 2000, Hawaii is one of only two or three of the 21 medical marijuana jurisdictions that does not have a dispensary system - either in place or in the process of implementation.**

Hopefully in the 2015 Session, when the medical marijuana program will be housed at the Department of Health, legislation establishing a tightly regulated dispensary program will be enacted. This would address the needs of patients, certainly, but it should also be welcomed by law enforcement since it would eliminate much of the gray area that exists to today around the acquisition of medical marijuana by qualifying patients who are unable to grow their own supply.

Since there is a requirement that "new regulatory measures, subjecting unregulated professions and vocations to licensing or other regulatory controls,"

be analyzed by the state Auditor before they are passed into law, we strongly endorse this resolution which would do just that.

We hope and anticipate that by getting a sunrise review underway before the 2015 Session, there will be a clear path for a long overdue dispensary system to be enacted next year. Patients have been waiting for fourteen long years.

Mahalo for hearing this measure today and for giving us the opportunity to testify.



### **House Committee on Judiciary**

Rep. Karl Rhoads, Chair

Rep. Sharon Har, Vice Chair

Tuesday, March 25, 2014

4:00 PM

Conference Room 325

State Capitol

415 South Beretania Street

### **Strong Support – HCR74/HR51 – Medical Marijuana Dispensaries**

Aloha Chairman Rhoads and Vice Chairwoman Har and Members of the House Committee on Judiciary:

Big Island Chapter of Americans for Safe Access strongly supports HCR74/HR51 as hopefully it will pave the way to dispensaries in Hawai'i. Dispensaries are so badly needed. We are only one of two states in twenty that do not provide for a system whereby patients may access cannabis medicine.

Currently patients who cannot grow cannabis for any number of reasons or who cannot find a caregiver are force to purchase cannabis from the black market. With the number of patients in the state growing at a rapid pace the situation becomes even more critical. The way it is now buying on the black market supports criminals and deprives the state from tax revenue generated from the sales of medical cannabis.

Please pass this resolution as 85% of Hawai'i voters support a dispensary system. Mahalo.

Andrea Tischler, Chair

**HR51**

Submitted on: 3/21/2014

Testimony for JUD on Mar 25, 2014 16:00PM in Conference Room 325

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Rodney Evans	Individual	Support	No

Comments: I support any and all means to allow traditional medicine to re-emerge as viable treatment. Especially, for those of us who cannot afford western medicine. We should not be forced into debt so some greedy people behind corporate masks can make off with everything we own in the name of health care.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email [webmaster@capitol.hawaii.gov](mailto:webmaster@capitol.hawaii.gov)

**HR51**

Submitted on: 3/21/2014

Testimony for JUD on Mar 25, 2014 16:00PM in Conference Room 325

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Lee Eisenstein	Individual	Support	No

Comments: Aloha, As it currently stands we have a system where it is legal to have marijuana, but it is illegal to get it. Sick people have to buy their medicine on the black market and this is not the intent of the law. This resolution will help develop a system of dispensaries so that the very sick do not need to get their medicine on the black market. The current system in Hawaii is such that all medical cannabis patients are required to grow their own medicine. This works well for some patients but excludes many people: People who don't have the strength, or skill to grow their own marijuana. People who rent and don't have the space, or are forbidden from growing marijuana by their rental agreement. People who don't have time to grow their own medicine because they are sick when they come to Hawaii or become sick and need treatment immediately. A dispensary system would also allow for a greater degree of quality assurance. Patients would be able to trust that the medicine they were buying is what it is supposed to be. Medicine could be tested, labelled and regulated. Some strains that are good for specific conditions would be easier to access. Strains that are good for nausea aren't always the right thing for patients suffering from Multiple Sclerosis, for instance. The current system is forcing patients to buy their medicine on the street. This is a cruel way to treat the very sick. 85% of Hawaii's voters agree that we need a dispensary system in place.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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**HCR74**

Submitted on: 3/22/2014

Testimony for JUD on Mar 25, 2014 16:00PM in Conference Room 325

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Elijah Ariel	Individual	Comments Only	No

Comments: I am 59 years old and my aches and pains from old injuries continue to be a growing problem. The gymnastic neck injury that qualified me for my medical marijuana card is just part of the problem. I never reported most of my other injuries because I was so 'macho tough'. Well, as I age those injuries continue to come back to 'haunt' me and medical marijuana helps me deal with my aches and pains. PLEASE make things easier for me by making it easier for me to get my medicine. Don't do ANYTHING to make it more difficult for me to get my medicine. Thank you!

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**HR51**

Submitted on: 3/22/2014

Testimony for JUD on Mar 25, 2014 16:00PM in Conference Room 325

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Albert Thomas	Individual	Comments Only	No

Comments: This resolution paves the way for a dispensary system in Hawaii. As it currently stands we have a system where it is legal to have marijuana, but it is illegal to get it. Sick people have to buy their medicine on the black market and this is not the intent of the law. This resolution will help develop a system of dispensaries so that the very sick do not need to get their medicine on the black market. In greater depth: The current system in Hawaii is such that all medical cannabis patients are required to grow their own medicine. This works well for some patients but excludes many people: People who don't have the strength, or skill to grow their own marijuana. People who rent and don't have the space, or are forbidden from growing marijuana by their rental agreement. People who don't have time to grow their own medicine because they are sick when they come to Hawaii or become sick and need treatment immediately. A dispensary system would also allow for a greater degree of quality assurance. Patients would be able to trust that the medicine they were buying is what it is supposed to be. Medicine could be tested, labelled and regulated. Some strains that are good for specific conditions would be easier to access. Strains that are good for nausea aren't always the right thing for patients suffering from Multiple Sclerosis, for instance. The current system is forcing patients to buy their medicine on the street. This is a cruel way to treat the very sick. 85% of Hawaii's voters agree that we need a dispensary system in place.

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**HR51**

Submitted on: 3/21/2014

Testimony for JUD on Mar 25, 2014 16:00PM in Conference Room 325

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Lisa Reed	Individual	Support	No

Comments: I strongly support this resolution! It is a shame that Hawaii patients have to fend for themselves, without even a legal way to obtain seeds to start growing. Many patients are unable to grow their own medicine because they have no place to do so, don't know how, or are too sick to do so. Having dispensaries (fully and strictly regulated) will allow patients to try different strains (each strain has different effects) to see which is most helpful. Patients would also be able to buy edibles and tinctures so they would not have to smoke it. That would benefit end stage cancer patients and those who don't smoke. This would also help solve the problem of smoke damage to rentals and second hand smoke nuisance problems with neighbors. Hawaii should just adopt and follow the rules already in place for other states that have regulated dispensaries. It works. Thank you.

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**HCR74**

Submitted on: 3/21/2014

Testimony for JUD on Mar 25, 2014 16:00PM in Conference Room 325

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Matt Binder	Individual	Support	No

Comments: The current system is forcing the vast majority of patients who cannot grow their own marijuana to buy their medicine on the street. This is a cruel way to treat the very sick. 85% of Hawaii's voters agree that we need a dispensary system in place. A dispensary system would also allow for a greater degree of quality assurance. Patients would be able to trust that the medicine they were buying is what it is supposed to be. Medicine could be tested, labelled and regulated. Some strains that are good for specific conditions would be easier to access. Strains that are good for nausea aren't always the right thing for patients suffering from Multiple Sclerosis, for instance.

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**HCR74**

Submitted on: 3/24/2014

Testimony for JUD on Mar 25, 2014 16:00PM in Conference Room 325

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Sandra Fujita	Individual	Support	No

Comments:

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**LATE**

Committee: Committee on Judiciary  
Hearing Date/Time: Tuesday, March 25, 2014, 4:00 p.m.  
Place: Conference Room 325  
Re: Testimony of the ACLU of Hawaii in Support of H.C.R. 74 / H.R. 51

Dear Chair Rhoads and Members of the Committee on Judiciary:

The American Civil Liberties Union of Hawaii (“ACLU of Hawaii”) writes in support of H.C.R. 74 / H.R. 51, Requesting a Sunrise Review of the Establishment of a System of Registered Dispensaries within the Department of Health to Dispense Medical Marijuana.

There is currently no legal way for patients to obtain medical marijuana, besides growing it themselves. This puts patients who are unable to grow marijuana (due to living situation or physical health) in an extremely difficult situation, because they must break the law in order to procure their medication. This resolution is a step toward eliminating the gray area of how to obtain medical marijuana, thus sparing patients from having to resort to the black market.

Thank you for this opportunity to testify.

Sincerely,

Daniel M. Gluck  
Senior Staff Attorney  
ACLU of Hawaii

American Civil Liberties Union of Hawaii  
P.O. Box 3410  
Honolulu, Hawaii 96801  
T: 808.522-5900  
F: 808.522-5909  
E: [office@acluhawaii.org](mailto:office@acluhawaii.org)  
[www.acluhawaii.org](http://www.acluhawaii.org)

**LATE**

**HCR74**

Submitted on: 3/24/2014

Testimony for JUD on Mar 25, 2014 16:00PM in Conference Room 325

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Georgina Mckinley	Individual	Support	No

Comments:

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Testimony in Opposition to HCR 74/ HR 51  
Hearing on March 25, 2014  
4:00 pm, Conference Room 325

**LATE TESTIMONY**

To: Committee on Judiciary  
Representative Karl Rhoads, Chair  
Representative Sharon Har, Vice Chair

Fr: Alan Shinn, Executive Director  
Coalition for a Drug-Free Hawaii  
1130 N. Nimitz Hwy, A-259  
Honolulu, HI 96817

Please accept this written testimony in opposition to HCR 74/ HR51 – Relating to the establishment of a system of dispensaries within the Department of Health to dispense medical marijuana for the following reasons.

In most states with medical marijuana laws, their lax enforcement systems are prone to abuse by those who seek to use marijuana without legitimate reasons. Medical marijuana states also show increases in use and abuse especially by adolescents than non-medical marijuana states, because of the lowered perception of harm and increased access to the drug despite age restrictions.

Dispensaries cannot insure that the marijuana provided is safe and meets the needs of the individuals who are truly in debilitating pain and/or dying since there is no way to certify the product.

No true medicine is smoked or eaten as a metabolite because it is impossible to accurately dose. Formulating the therapeutic components of marijuana in a non-smoked form that delivers a defined dose is the way to go.

What makes sense is to develop marijuana-based medications through the FDA process and have patients supervised by their primary physicians to insure maximum benefits of the drug.

Thank you for opportunity to submit testimony in opposition to HCR 74/ HR51.



POLICE DEPARTMENT

CITY AND COUNTY OF HONOLULU

801 SOUTH BERETANIA STREET · HONOLULU, HAWAII 96813  
TELEPHONE: (808) 529-3111 · INTERNET: www.honolulu.org



KIRK CALDWELL  
MAYOR

LOUIS M. KEALOHA  
CHIEF

DAVE M. KAJIHIRO  
MARIE A. McCAULEY  
DEPUTY CHIEFS

OUR REFERENCE JK-TA

March 25, 2014

The Honorable Karl Rhoads, Chair  
and Members  
Committee on Judiciary  
State House of Representatives  
Hawaii State Capitol  
415 South Beretania Street  
Honolulu, Hawaii 96813

Dear Chair Rhoads and Members:

SUBJECT: House Concurrent Resolution No. 74, Requesting a Sunrise Review of the Establishment of a System of Registered Dispensaries Within the Department of Health to Dispense Medical Marijuana

I am Jason Kawabata, Acting Major of the Narcotics/Vice Division of the Honolulu Police Department, City and County of Honolulu.

The Honolulu Police Department opposes House Concurrent Resolution No. 74, Requesting a Sunrise Review of the Establishment of a System of Registered Dispensaries Within the Department of Health to Dispense Medical Marijuana.

A study by the University of California, Los Angeles, found that the more medical marijuana dispensaries and delivery services a city has, the more its residents use marijuana regardless of whether or not they have a medical reason. Opening marijuana dispensaries will widen its availability and misuse regardless of the controls that are in place.

Although medical marijuana is currently legal in Hawaii for use by the seriously ill, research by the Food and Drug Administration (FDA) indicates that marijuana has no current acceptable or proven medical use. The FDA does not approve the use of marijuana as a form of medical treatment.

The American Society of Addiction Medicine rejects smoking marijuana as a means of drug delivery. The American Cancer Society does not advocate the use of marijuana in its inhaled form. The American Glaucoma Foundation and the National Multiple Sclerosis Society state that they cannot recommend the medical use of marijuana.

The Honorable Karl Rhoads, Chair  
and Members  
Page 2  
March 25, 2014

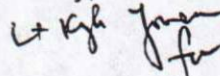
The American Academy of Pediatrics and the American Medical Association are opposed to the legalization of marijuana. The American Psychiatric Association states that there is no current scientific evidence that marijuana is in any way beneficial for the treatment of any psychiatric disorder. They further state that no medication approved by the FDA is smoked.

Components of marijuana do have medical value, and research in the area is ongoing. Nabilone and dronabinol have already been approved by the FDA. Doctors are allowed to prescribe these medications, and pharmacies are allowed to fill those prescriptions. Other drugs are pending FDA approval or are being scientifically developed.

The Honolulu Police Department urges you to oppose House Concurrent Resolution No. 74, Requesting a Sunrise Review of the Establishment of a System of Registered Dispensaries Within the Department of Health to Dispense Medical Marijuana.

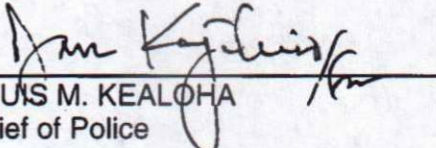
Thank you for the opportunity to testify.

Sincerely,



JASON KAWABATA, Acting Major  
Narcotics/Vice Division

APPROVED:



LOUIS M. KEALOHA  
Chief of Police