

NEIL ABERCROMBIE  
GOVERNOR



STATE OF HAWAII  
**DEPARTMENT OF PUBLIC SAFETY**  
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No. \_\_\_\_\_

TESTIMONY ON SENATE BILL (SB) 2402  
RELATING TO CONTROLLED SUBSTANCES

By  
Ted Sakai, Director  
Department of Public Safety

Senate Committee on Public Safety, Intergovernmental and Military Affairs  
Senator Will Espero, Chair  
Senator Rosalyn H. Baker, Vice Chair

Thursday, February 13, 2014 at 2:50 PM  
State Capitol, Conference Room 224

Chair Espero, Vice Chair Baker, and Members of the Committee:

The Department of Public Safety **supports** SB 2402 which proposes to amend the definition of "marijuana" and "usable marijuana," and "adds a new definition of "hashish" and "marijuana concentrate" to be consistent throughout the Hawaii Revised Statutes. SB 2402 is necessary due to the fact that there is no clear definition of "hashish" in the Hawaii Revised Statutes. Law enforcement and the courts have had to fall back on the Federal definition of "hashish" for laboratory analysis purposes and prior case notes (State vs. Choy) that set forth the difference between "marijuana" and "marijuana concentrate" in the courts.

SB 2402 if passed will clearly define the difference between the terms "marijuana," "marijuana concentrate," and "hashish."

Thank you for the opportunity to testify on this matter.

# LATE TESTIMONY

**Alissa Gino LMHC, CSAC**

Licensed Mental Health Counselor (Hawai'i License #239)

Certified Substance Abuse Counselor

1154 Fort St. Mall #206

Honolulu, HI 96813

Cell: (808) 375.9867

Fax: (808) 528.1184

To: Whom it may concern  
Re: Oppose Bill SB 2402  
Date: 13 February 2014

This letter is being written in an attempt to express my opposition of Bill SB 2402.

I am a mental health professional and a certified substance abuse professional. I understand addictions and the effects of marijuana on the human brain. There is no evidence that proves ingesting the plant is more harmful than smoking it. In fact, one could argue that smoking it CAN cause damage to the lungs and many medical professionals encourage their clients NOT to smoke it.

I have many patients who use medical marijuana for pain and choose not to smoke it because of long term damage to their lungs. They choose to make teas, bake it, or vaporize as these methods are much less harmful to the lungs.

I have seen my patient's quality of life improve when they are able to manage pain effectively, they are able to stabilize their mental health better. It's difficult to have a patient work on managing symptoms of depression when they are in constant pain.

Please do not let Bill BS 2402 pass!

Please feel free to contact me if you need additional information.

Alissa Gino LMHC, CSAC

# LATE TESTIMONY

**To: Senate Committee on Public Safety, Intergovernmental and  
Military Affairs**

Sen. Will Espero, Chair

Sen. Rosalyn H. Baker, Vice Chair

From: Wendy Gibson R.N.

RE: SB 2402 Related to Controlled Substances

**Position: Strong Opposition**

Aloha Honorable Senators,

Please know that as a nurse, and a medical marijuana patient advocate, I  
**STRONGLY OPPOSE SB2402.**

This bill removes a patient's choice of using the safest and for many, the most  
effective delivery system for their medication.

This is limiting the patient to smoking and smoking is a less safe alternative than  
using oral preparations.

Allowing the use of concentrates is essential for making the oral preparations.

This bill would make the oral concentrates illegal --while allowing smoking. To  
me, that is a patient safety issue and I would like to protect patients from being  
limited to smoking as their primary delivery system for the cannabinoids.

Please do not pass this bill in an attempt to solve the butane hash oil problem.  
There are safe methods of producing the concentrates.

Thank you for your concern for patient safety.

Wendy Gibson P.T.A./B.S.N./R.N.

LATE TESTIMONY

## COMMUNITY ALLIANCE ON PRISONS

P.O. Box 37158, Honolulu, HI 96837-0158

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### COMMITTEE ON PUBLIC SAFETY, INTERGOVERNMENTAL AND MILITARY AFFAIRS

Sen. Will Espero, Chair

Sen. Rosalyn Baker, Vice Chair

Thursday, February 13, 2014

2:50 p.m.

Room 224

#### OPPOSE SB 2402 - Controlled Substances

Aloha Chair Espero, Vice Chair Baker 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.

Community Alliance on Prisons opposes SB 2402 that amends definitions of "marijuana", "usable marijuana" and adds definitions of "hashish" and "marijuana concentrate".

We know of many patients who juice the leaves of the plant, make tinctures, or use edibles to receive the benefits of medical marijuana.

This bill would have a chilling effect on this compassionate program. We, therefore, respectfully ask the committee to hold this measure.

Mahalo for this opportunity to testify.

LATE TESTIMONY

**the Drug Policy  
Action Group**

A sister organization of the Drug Policy Forum of Hawai'i  
PO Box 241042, Honolulu, HI 96824 ~ (808) 988-4386

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

**TO: SENATE COMMITTEE ON PUBLIC SAFETY, INTERGOVERNMENTAL &  
MILITARY AFFAIRS**

**FROM: PAMELA LICHTY, M.P.H., PRESIDENT**

**DATE: FEBRUARY 13, 2014, ROOM 224**

**RE: S.B. 2402 RELATING TO CONTROLLED SUBSTANCES – IN OPPOSITION**

Good afternoon, Chair Espero, Vice Chair Baker, and members of the Committee. My name is Pam Lichty and I'm President of the Drug Policy Action Group (DPAG), the government affairs arm of the Drug Policy Forum of Hawaii.

We strongly oppose what we think is the intent of SB 2402. It seems as though it's an attempt to limit the types of cannabis preparations that a registered medical marijuana patient can legally use. This is a bad idea for a number of reasons.

By apparently outlawing any form of concentrated marijuana like hashish, edible preparations, tinctures and even the juicing of cannabis leaves (which produces a liquid which research shows may be effective for certain types of cancer), this bill would take our already problematic medical marijuana program backwards.

Many patients prefer edible or concentrated forms of marijuana for different reasons. This bill would have the effect of forcing patients to smoke their medical cannabis - essentially the least healthful way to ingest it. Eating foods made with it provides longer lasting and more consistent relief. Patients with certain types of pain and other maladies prefer topical preparations such as oils and tinctures.

Many of you may have heard of "Charlotte's Web," a concentrated oil product that appears to cause dramatic improvement in children with severe epileptic disorders such as Dravett's Syndrome. This was the focus of the recent CNN documentary that Dr. Sanjay Gupta produced.

And lest you are visualizing stoned children, this oil is high in therapeutic cannabinoids with little to no psychoactive effect. The dosage is just one or two drops under the tongue. (This is the kind of therapeutic product that is available at good cannabis dispensaries.)

Another problem with this bill is that its language is inaccurate and confusing. I consulted with both attorneys and researchers to try to gain an understand of what this measure means. I learned is that there is no such term as "tetrahydrocannabinol." We think the drafters mean Delta-9-tetracannabinol or THC. (p. 1, line 7.)

On line 9 of the same page it looks like they are trying to outlaw cannabinoids such as CBD – which is widely recognized as one of the most therapeutic components of medical cannabis. It also would outlaw the use of "any...preparation, compound or mixture, whether natural or synthesized of THC. " Ironically, pure synthesized THC , brand name Marinol, is available as a prescription drug and is placed in Schedule 3, a relatively permissive schedule compared to real cannabis, (which, however, is not produced by a pharmaceutical company.)

We think the intent of this bill might be to prevent the manufacture of hashish oil, known as "honey oil," using butane and an open flame. This dangerous practice resulted in a death on Hawaii Island recently. Instead of the indirect approach here, this practice could be outlawed specifically. And, if and when, Hawaii puts a dispensary law into place, they could require any oils to be produced as perfumes and shampoos are using far safer methods (as is required in Colorado.)

If this is the intent of this bill, it is a wrong-headed way to approach the problem and, as I've noted, prevents bona vide patients from creating and using products they have found to be the most beneficial and the least harmful.

In sum, we urge you to hold this inaccurate, confused, and confusing bill that would have many harmful consequences for Hawaii's close to 13,000 legitimate cannabis patients.

Thank you for listening and for giving us the opportunity to testify.

Dr. Myron Berney

LATE TESTIMONY



## **SB2402 Oppose**

Following the Legalization of Marijuana in the State of Colorado and Washington DC, the Federal Justice Department recognized and realized that Federal Courts would [could] only require a **REGULATED MARKET.**

However even before Marijuana was again recognized as a safe and effective medicine the **Presidential Commission on Marijuana and Drug Abuse** was already calling for the **Decriminalization and the Legalization for Personal use.** They reported that Marijuana was **NOT** a dangerous drug.

The Concentration of the pharmacological components of medical marijuana is advantageous for both the medical as well as the recreational use. Burning and the inhalation of smoke is not the ideal drug delivery system, medically or recreationally. All medical products are concentrates of the active pharmacological principles. For example, Marinol<sup>®</sup> is a concentration of TCH contains only one of the 60 different medically active components of Marijuana.

The Prohibition of Marijuana is contra productive to both the public health as well as the public safety

The trend is towards Legalization since we know that Prohibition is bad for both the public health and public safety. Prohibition only benefits the Black Market and Drug Gangs.

The 1972 Presidential Commission Report, The Report of the National Commission on Marihuana and Drug Abuse, Marihuana: A Signal of Misunderstanding, Commissioned by President Richard M. Nixon, March, 1972

<http://www.druglibrary.org/schaffer/Library/studies/nc/ncmenu.htm>

had already pointed out that It is **counterproductive to arrest people for Marijuana.** The report also recommended the **decriminalization of marijuana and the legalization of personal use.** This study by

Law Enforcement and Physicians found that Marijuana **was NOT a dangerous drug** as mistakenly believed and promoted by law enforcement and government policy.

The "EXPERIMENT" actually began with the Prohibition of Alcohol. Medically Science and MADD agree that Alcohol is the most individually and socially dangerous drug. Mostly all the bad beliefs about marijuana are actually present in alcohol. Despite the Great Public and Personal Harm resulting from Recreational use of Alcohol, the Prohibition of Alcohol did nothing to stifle demand only created a Public Safety Nightmare where machine gun violence was commonplace in the Alcohol Black Market from both law enforcement and organized crime.

Currently, MARIJUANA HAS ALREADY BEEN DECRIMINALIZED IN WASHINGTON, D.C. carrying a \$25 fine.

Medical Marijuana DISPENSARIES ARE OPEN IN WASHINGTON, D.C.

Washington DC is poised to LEGALIZE MARIJUANA with the votes last year being 10 out of 13 to legalize

The Legal Guidelines from the Justice Department are 8 fold. Deputy Director James Cole stated,

The priorities that have guided our efforts are:

- Preventing the distribution of marijuana to minors;
- Preventing revenue from the sale of marijuana from going to criminal enterprises, gangs, and cartels;
- Preventing the diversion of marijuana from states where it is legal under state law in some form to other states;
- Preventing state-authorized marijuana activity from being used as a cover or pretext for the trafficking of other illegal drugs or other illegal activity;
- Preventing violence and the use of firearms in the cultivation and distribution of marijuana;
- Preventing drugged driving and the exacerbation of other adverse public health consequences associated with marijuana use;
- Preventing the growing of marijuana on public lands and the attendant public safety and environmental dangers posed by marijuana production on public lands; and
- Preventing marijuana possession or use on federal property.

Our updated guidance also makes one overarching point clear: the Department of Justice expects that states and local governments that have enacted laws authorizing marijuana-related conduct will implement effective regulatory and enforcement systems **to protect federal priorities and the health and safety of every citizen.**

The health and safety **of every citizen also includes Medical Marijuana users and users of Recreational Marijuana.** The Health and Safety of all citizens including seriously ill patients and recreational marijuana users must also be protected.



Following the Legalization of Marijuana in Colorado and Washington President **Obama called for the Lowest Level of Law Enforcement for the personal use of Marijuana.** Marijuana has been DECRIMINALIZED IN WASHINGTON DC CARRYING A \$25 FINE.

[Marijuana will soon be LEGALIZED in Washington DC. At this time 10 of the 13 consul members are Voting UP on Legalizing Marijuana in Washington DC.]

It is the current Federal policy is that it is a waste of time and money to prosecute individuals for the personal use of marijuana.

**The Justice Department went even further with Cole saying that the Federal Government preferred a REGULATED MARKET over a Black market that steals money from Government coffers** based upon the 8 guidelines noted above. [Except for the thing about Federal property since Washington DC is way beyond that already.]

Most importantly is the **Position of the Hawaii State Supreme Court** that noted that the Marijuana Laws were irreconcilably conflicted reflection the conflict between law enforcement and Medical Science, between HRS 329-14 (20) Schedule 1 and HRS 329 Part IX, The Medical Use of Marijuana. The **Supreme Court ordered the Courts to resolve all conflicts in the Statutes in favor of the defendant ordering an acquittal on the marijuana charges.** The Chief Justice called the **lack of access to Medical Marijuana an ABSURDITY.**

**Medical Science finds Marijuana to be a useful medicine with none to minimal side effects.** Any side effect is easily managed. **The pharmacological effects of Marijuana are primarily homeostatic and balancing.** The most common effect is stress reduction and mild euphoria. Marijuana mimics the effects of a natural neurohormone, anadamine, which is also found in Chocolate. The "recreational use" to relieve stress and balance the various neurological, biochemical, and organ systems of the body is also therapeutic. Smoking marijuana for Tobacco users reduces the risk of Lung Cancer. The recreational use is Therapeutic. Why should it be illegal?

**Federal Court, in the Roger Christie, THC Ministry case, declared the THC Ministry to be a valid Church supporting their Religious Claim that Marijuana is a Religious Sacrament** and constitutionally protected under Freedom of Religion. The **State of Hawaii had previously found that the THC Ministry to be a valid Church and permitted their religious use and distribution locally.**

The trend is towards Legalization, decriminalization is a small step towards resolving the injustice directed against Marijuana.

Law Enforcement testified last session that they wanted it easy to arrest people and that decriminalization would make it difficult for law enforcement to arrest marijuana users.....THAT IS THE POINT OF THIS BILL

PUBLIC HEALTH DEPENDS UPON SAFE ACCESS TO MARIJUANA.

PUBLIC SAFETY DEPENDS UPON ELIMINATING MARIJUANA PROHIBITION.



HAWAII STATE SUPREME COURT FINDS  
THAT MEDICAL NEEDS TRUMP LAW ENFORCEMENT  
4 TO 1



THE CONFLICT BETWEEN A STATUTE  
THAT ALLOWS MEDICAL USE OF MARIJUANA,  
INCLUDING TRANSPORTATION OF SUCH MARIJUANA, AND  
ANOTHER STATUTE THAT PROHIBITS TRANSPORTATION  
OF MEDICAL MARIJUANA THROUGH ANY PLACE OPEN TO THE PUBLIC,  
CREATES AN IRRECONCILABLE CONFLICT THAT  
MUST BE RESOLVED IN FAVOR OF THE DEFENDANT.

HAWAII STATE SUPREME COURT FINDS  
THAT MEDICAL NEEDS TRUMP LAW ENFORCEMENT



THE HAWAII STATE SUPREME COURT CHIEF JUSTICE WRITES  
"THAT THE LEGISLATURE FAILED TO ADEQUATELY PROVIDE A MECHANISM  
BY WHICH A QUALIFYING PATIENT COULD RECEIVE THEIR INITIAL SUPPLY  
OF MARIJUANA IS AN ABSURDITY"

LATE TESTIMONY

## SB2402

### LANGUAGE CHANGES FOR SD1

The current language of SB2402 is redundant and unnecessary as Marijuana is already included in HRS 329-14 (20) including it again and again is useless while the Prohibition of Marijuana is both contra-productive and harmful to America. The Prohibition of Marijuana harms the Public Health by denying access to safe and effective medicine and harms Public Safety because a Black Market is an invitation to organized crime.

The Legislature has previously established that Marijuana is a necessary, medically appropriate and reasonably safe herbal medicine. The Chief Justice of the Hawaii Supreme Court has declared that the failure of the Legislature to provide access to Medical Marijuana is an **Absurdity**. The Majority Court Opinion was that **the law was irreconcilably conflicted and that all conflicts in the statutes should be resolved in the favor of the defendant.**

The conflict in the Law is based upon conflicting testimony presented by Law Enforcement and Medical and Clinical Science, physicians and patients. Law enforcement insists contrary to medical evidence and life experience that Marijuana is a dangerous drug. The Courts have instructed the courts to resolve all conflicts in favor of the defendant.

Furthermore, Marinol ® containing THC is NOT an effective "drug substitute" for herbal Medical Marijuana since it lacks the other 59 medically active herbal components notably CMD that effectively manages epilepsy without the developmental delay and learning disabilities associated with standard epilepsy medications. The fact that Marinol ® fails as a drug substitute is reflected in the original language of law that includes compounds other than what are contained in Marinol ®.

Agreeing with the Supreme Court, the President of the United States and the Justice Department, The Legislature hereby finds it is necessary to assure both the public health and public safety by resolving these conflicts in favor of the medical use of Marijuana.

- The Legislature finds it necessary to immediately remove Cannabis from Schedule 1 HRS 392-14 (20);
- The Legislature finds it necessary to delete the drug paraphernalia laws in HRS 329-1, HRS 329-43.5 and elsewhere as these conflict with necessary and required medical devices HRS 392-121; and,
- The Legislature finds it necessary to delete Cannabis or Marijuana from Criminal possession laws within the entire HRS Criminal Code.

## Section 1

Delete as noted above

- Remove Cannabis from Schedule 1 HRS 392-14 (20);
- Delete the drug paraphernalia laws in HRS 329-1, HRS 329- 43.5
- Delete Cannabis or Marijuana from Criminal possession laws within the entire HRS Criminal Code.

Section 2 [the following section meets the Federal Requirement set by the Department of Justice]

1. Nothing within this law is meant to provide direct sales to minor children below the age of 18.
2. Nothing within this law is meant to provide sales outside the territorial jurisdiction of the State of Hawaii
3. All Medical marijuana must be grown in the territorial jurisdiction of the State of Hawaii.
4. Nothing within this law is meant to provide for the sale of other illegal drugs or precursor chemicals.
5. This law only permits the sale and distribution of Cannabis and Marijuana related products, services and medical devices.
6. All security measures including human or animal guards, and the use of guns, must be approved by the State.
7. The Growing of Marijuana, medical or hemp, whether on private or public lands, shall be regulated by the Department of Agriculture, the Department of Health and Water Resources to assure environmental protection and the mitigation of environmental harm
8. All distribution centers shall be regulated and licensed by the Department of Commerce and Consumer Affairs and shall have a valid GET tax registration.
9. No Marijuana distribution facility or company may be operated by any criminal enterprise, gang, or cartel
10. The State shall establish a banking system or financial intermediary so that Marijuana Distribution Centers can be serviced by local banking institutions.

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**From:** Sugano, Jari <SuganoJ@ctahr.hawaii.edu>  
**Sent:** Wednesday, February 12, 2014 9:48 PM  
**To:** PSMTestimony  
**Subject:** Oppose SB 2402

LATE TESTIMONY

SB 2402: MEDICINAL MARIJUANA- Relating to controlled substances

Chair Espero, Vice Chair Baker, and members of the Public Safety, Intergovernmental and Military Affairs Committee, I thank you for this opportunity to provide my personal testimony in opposition of SB 2402 relating to the medical use of marijuana.

My name is Jari Sugano of Mililani, Oahu. I am the mother and caregiver of an active 5 year old girl name Maile Jen Kaneshiro, aka MJ who has been living daily with Dravet Syndrome. Dravet syndrome is a rare and catastrophic form of epilepsy. Maile suffers from 5 seizure types and has failed over a dozen pharmaceuticals, the ketogenic -high fat diet, as well as a few non-FDA approved drugs prescribed by some of the best pediatric neurologists in the nation.

At the age of 4 months, Maile suffered a grand mal just a few hours after her immunizations. At 6 months, a status seizure sent her in an ambulance to Kapiolani Medical Center where she suffered respiratory arrest in route and was intubated until she was able to recover and breathe on her own. Over the first four years, Maile had numerous seizures a day (estimated 3,000 a day-various types of seizures). She spent her early years of life riding in ambulances and having extended stays at children's hospitals in Hawaii, Chicago and Miami. She has endured numerous blood draws, surgical procedures, and countless hours of rehabilitative therapy sessions.

Children like MJ with Dravet syndrome have a mutation on their SCN1a gene. They do not outgrow this condition.

We have traveled the world and spend our life's savings trying to get MJ the best care possible. We are at the end of the road for epilepsy management. We need another option to help prolong Maile's lifespan and improve the overall quality of life for this determined, unrelenting little girl.

<https://www.facebook.com/EpilepsyFoundationHawaii/posts/10151912857321864>

According to the Dravet Syndrome, foundation, "Dravet syndrome, also known as Severe Myoclonic Epilepsy of Infancy (SMEI), is a rare and catastrophic form of intractable epilepsy that begins in infancy. Initial seizures are most often prolonged events and in the second year of life other seizure types begin to emerge. Development remains on track initially, with plateaus and a progressive decline typically beginning in the second year of life. Individuals with Dravet syndrome face a higher incidence of SUDEP (sudden unexplained death in epilepsy) and have associated conditions, which also need to be properly treated and managed.

Children with Dravet syndrome do not outgrow this condition and it affects every aspect of their daily lives. Unless a cure or better treatments for Dravet syndrome and related epilepsies are found, individuals with these disorders face a diminished quality of life. Current treatment options are extremely limited and the prognosis for these children is poor. The constant care and supervision of an individual with such highly specialized needs is emotionally and financially draining on the family members who care for these individuals."

At the age of 5, Maile is significantly developmentally delayed. She is expected to be equivalent to a 9 month old as she does not walk, talk, eat, or do many things independently. The use of medicinal marijuana (MMJ) and Dravet hit the national news when Dr. Sanjay Gupta broke the story on CNN of a little girl named Charlotte Figi and her use of a high

CBD, low THC marijuana oil to stop seizures. The Dravet community is an active group of aggressive parents who will stop at nothing to ensure their children live the best life possible.

<http://www.cnn.com/2013/08/07/health/charlotte-child-medical-marijuana/>

In October 2013, Maile applied and received her Hawaii state medicinal marijuana card. Maile consumes marijuana leaves daily and is using a home made THC-A tincture (oil) made from locally available strains of marijuana. THC-A, like CBD is not psychoactive. Maile still suffers from seizures but the severity and quantity has subsided dramatically over the past 3 months. Her cognitive abilities seem to be slightly improved while on MMJ.

Since Hawaii does not have any testing labs or dispensaries, it is difficult to know what dosage Maile is on, or any other MMJ user for that matter. In Hawaii it is currently legal to use marijuana, its oils, and products for medicinal purposes. However, we lack access to the research and technologies available nationally as well as internationally to fully understand how to use these products properly and to its fullest potential. Without understanding the compounds in local marijuana products, obtaining better seizure control is highly improbable. Safe access to all forms of marijuana products in Hawaii as well as access to out of state medical grade marijuana is critical to the advancement of Maile's condition, as well as others in Hawaii who could benefit from medicinal marijuana.

We need to move forward in improving medicinal marijuana use in Hawaii, not backwards. SB 2402 limits the use of marijuana and would take away the only option Maile has at the moment for a better life. Rather than redefining the definition of approved marijuana due to the recent butane explosions, perhaps stricter laws on butane should be considered.

Taking the law backwards or simply leaving the law as is and relying on the marijuana strains currently available in state is not acceptable. Having a state medicinal marijuana program without having a lab or dispensary component (HB1587) component to the existing program is as dangerous as giving an individual a pill bottle with no prescription or information to go by. I believe bill HB 1587 has much merit and suggest we look at innovative ways to move Hawaii forward in providing Hawaii residents with a safe form of marijuana.

I strongly oppose SB 2402 such that no changes be made to the definition of medicinal marijuana.

We support in and out of state access to all forms of medicinal marijuana. Lab tested data, development of dispensaries (HB 1587), and increased out of state access to medical grade marijuana products could greatly benefit the lives of children like Maile Kaneshiro, as well as other kama'aina living with a medical condition in Hawaii. Safe points of access and better distribution facilities could also deter those who are using hazardous materials with marijuana to minimize the risk to themselves, neighbors, family members and surrounding communities.

Thank you for the opportunity to express our strong opposition for SB 2402.

# ~~LATE TESTIMONY~~

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Thursday, February 13, 2014 1:14 PM  
**To:** PSMTestimony  
**Cc:** tia.pearson@gmail.com  
**Subject:** Submitted testimony for SB2402 on Feb 13, 2014 14:50PM

## **SB2402**

Submitted on: 2/13/2014

Testimony for PSM on Feb 13, 2014 14:50PM in Conference Room 224

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
tia pearson	Individual	Oppose	No

Comments: This bill is an unacceptable attempt to limit the choice that medical cannabis patients have in using their marijuana. Many patients dislike smoking marijuana, preferring instead to use oils, tinctures, juices, and edible products that are easier for the very sick to consume and more predictable. There are studies done showing the injecting of the oil and use of tinctures are far more valuable especially when one is sick than smoking it. For small children who have epilepsy or are going through cancer treatments, smoking cannot be offered to them. This bill doesn't even make sense. This bill would ban all of these, which is absurd, contrary to the spirit of the law, and contrary to medical fact.

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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# LATE TESTIMONY

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Thursday, February 13, 2014 5:01 PM  
**To:** PSMTestimony  
**Cc:** earl.t.wylie@gmail.com  
**Subject:** Submitted testimony for SB2402 on Feb 13, 2014 14:50PM

## **SB2402**

Submitted on: 2/13/2014

Testimony for PSM on Feb 13, 2014 14:50PM in Conference Room 224

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Earl T. Wylie	Individual	Oppose	No

Comments: My name is Earl T. Wylie, veteran(1958-64 USN). I do not smoke and I do use eatables to obtain my dosage. I boil water, butter, and cannabis together and use the butter to make my eatables. Why would any rational person want to make me a criminal or deny me medical cannabis.

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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**LATE TESTIMONY**

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Thursday, February 13, 2014 9:01 AM  
**To:** PSMTestimony  
**Cc:** outofthebox808@gmail.com  
**Subject:** Submitted testimony for SB2402 on Feb 13, 2014 14:50PM

**SB2402**

Submitted on: 2/13/2014

Testimony for PSM on Feb 13, 2014 14:50PM in Conference Room 224

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Aaron K	Individual	Oppose	No

Comments: This bill is horribly intrusive on medical cannabis patient's rights to use their medicine in a way that works best for them. Concentrates and edibles are many times the only way a very sick patient can take their medicine. There is absolutely no reason for this law, and it would only make it difficult for legitimate cannabis patients.

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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LATE TESTIMONY

**SB2402**

Submitted on: 2/12/2014

Testimony for PSM on Feb 13, 2014 14:50PM in Conference Room 224

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
michael curtis	Individual	Oppose	No

Comments: As a medical marijuana patient, I would much rather ingest a CBD-rich tincture than smoke plant by-product. If I were to smoke, I would rather smoke hashish so as to minimize the amount of smoke ingested and to also avoid smoking plant by-product. It sounds like this legislation is most concerned about curbing butane-hash oil... Why not make specific legislation just for that?

# LATE TESTIMONY

## **SB2402**

Submitted on: 2/12/2014

Testimony for PSM on Feb 13, 2014 14:50PM in Conference Room 224

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Steve	Individual	Oppose	No

Comments: Aloha, this bill is shocking? Why would you possibly take away all the different forms of a medicinal plant ? This has already been decided ? This only hurts cancer patients , seizure patients, aids patients... And all medical marijuana patients.please don't let the tale of a few ruin it for the many.... This is a safe herb it doesn't hurt people people hurt people..... Tax it regulate it and fix our economy....got a better Idea?mahalo

# LATE TESTIMONY

**SB2402**

Submitted on: 2/12/2014

Testimony for PSM on Feb 13, 2014 14:50PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Leanne	Individual	Oppose	No

Comments: Limiting choice of medical cannabis to only smoking is unacceptable. Many patients can't smoke due to varied side effects from radiation/chemo therapy i.e. fatigue, nausea. If I can get relief in a cup of tea infused w/oil why not? This bill only restricts options to deliver pain relief to an individual who is already suffering.

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 12, 2014 4:46 PM  
**To:** PSMTestimony  
**Cc:** earbrass@mac.com  
**Subject:** Submitted testimony for SB2402 on Feb 13, 2014 14:50PM

**LATE TESTIMONY**

**SB2402**

Submitted on: 2/12/2014

Testimony for PSM on Feb 13, 2014 14:50PM in Conference Room 224.

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Forrest Furman	Individual	Oppose	No

Comments: I vehemently oppose SB2402. It is ignorant, backwards and ill-conceived. I am 68 years old and use medical cannabis. I expect more enlightened leadership from the senate.

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**LATE TESTIMONY**

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 12, 2014 8:12 PM  
**To:** PSMTestimony  
**Cc:** myberney@hotmail.com  
**Subject:** Submitted testimony for SB2402 on Feb 13, 2014 14:50PM  
**Attachments:** Language changes for SB2402.pdf

**SB2402**

Submitted on: 2/12/2014

Testimony for PSM on Feb 13, 2014 14:50PM in Conference Room 224

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Myron Berney	Individual	Oppose	No

**Comments:**

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LATE TESTIMONY

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 12, 2014 9:45 PM  
**To:** PSMTestimony  
**Cc:** ncsugano@gmail.com  
**Subject:** Submitted testimony for SB2402 on Feb 13, 2014 14:50PM

**SB2402**

Submitted on: 2/12/2014

Testimony for PSM on Feb 13, 2014 14:50PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Jari S.K. Sugano	Individual	Oppose	No

Comments: PSMtestimony@capitol.hawaii.gov SB 2402: MEDICINAL MARIJUANA- Relating to controlled substances Chair Espero, Vice Chair Baker, and members of the Public Safety, Intergovernmental and Military Affairs Committee, I thank you for this opportunity to provide my personal testimony in opposition of SB 2402 relating to the medical use of marijuana. My name is Jari Sugano of Mililani, Oahu. I am the mother and caregiver of an active 5 year old girl name Maile Jen Kaneshiro, aka MJ who has been living daily with Dravet Syndrome. Dravet syndrome is a rare and catastrophic form of epilepsy. Maile suffers from 5 seizure types and has failed over a dozen pharmaceuticals, the ketogenic -high fat diet, as well as a few non-FDA approved drugs prescribed by some of the best pediatric neurologists in the nation. At the age of 4 months, Maile suffered a grand mal just a few hours after her immunizations. At 6 months, a status seizure sent her in an ambulance to Kapiolani Medical Center where she suffered respiratory arrest in route and was intubated until she was able to recover and breathe on her own. Over the first four years, Maile had numerous seizures a day (estimated 3,000 a day-various types of seizures). She spent her early years of life riding in ambulances and having extended stays at children's hospitals in Hawaii, Chicago and Miami. She has endured numerous blood draws, surgical procedures, and countless hours of rehabilitative therapy sessions. Children like MJ with Dravet syndrome have a mutation on their SCN1a gene. They do not outgrow this condition. We have traveled the world and spend our life's savings trying to get MJ the best care possible. We are at the end of the road for epilepsy management. We need another option to help prolong Maile's lifespan and improve the overall quality of life for this determined, unrelenting little girl.

<https://www.facebook.com/EpilepsyFoundationHawaii/posts/10151912857321864> According to the Dravet Syndrome, foundation, "Dravet syndrome, also known as Severe Myoclonic Epilepsy of Infancy (SMEI), is a rare and catastrophic form of intractable epilepsy that begins in infancy. Initial seizures are most often prolonged events and in the second year of life other seizure types begin to emerge. Development remains on track initially, with plateaus and a progressive decline typically beginning in the second year of life. Individuals with Dravet syndrome face a higher incidence of SUDEP (sudden unexplained death in epilepsy) and have associated conditions, which also need to be properly treated and managed. Children with Dravet syndrome do not outgrow this condition and it affects every aspect of their daily lives. Unless a cure or better treatments for Dravet syndrome and related epilepsies are found, individuals with these disorders face a diminished quality of life. Current treatment options are extremely limited and the prognosis for these children is poor. The constant care and supervision of an individual with such highly specialized needs is emotionally and financially draining on the family members who care for these individuals." At the age of 5, Maile is significantly

developmentally delayed. She is expected to be equivalent to a 9 month old as she does not walk, talk, eat, or do many things independently. The use of medicinal marijuana (MMJ) and Dravet hit the national news when Dr. Sanjay Gupta broke the story on CNN of a little girl named Charlotte Figi and her use of a high CBD, low THC marijuana oil to stop seizures. The Dravet community is an active group of aggressive parents who will stop at nothing to ensure their children live the best life possible. <http://www.cnn.com/2013/08/07/health/charlotte-child-medical-marijuana/> In October 2013, Maile applied and received her Hawaii state medicinal marijuana card. Maile consumes marijuana leaves daily and is using a home made THC-A tincture (oil) made from locally available strains of marijuana. THC-A, like CBD is not psychoactive. Maile still suffers from seizures but the severity and quantity has subsided dramatically over the past 3 months. Her cognitive abilities seem to be slightly improved while on MMJ. Since Hawaii does not have any testing labs or dispensaries, it is difficult to know what dosage Maile is on, or any other MMJ user for that matter. In Hawaii it is currently legal to use marijuana, its oils, and products for medicinal purposes. However, we lack access to the research and technologies available nationally as well as internationally to fully understand how to use these products properly and to its fullest potential. Without understanding the compounds in local marijuana products, obtaining better seizure control is highly improbable. Safe access to all forms of marijuana products in Hawaii as well as access to out of state medical grade marijuana is critical to the advancement of Maile's condition, as well as others in Hawaii who could benefit from medicinal marijuana. We need to move forward in improving medicinal marijuana use in Hawaii, not backwards. SB 2402 limits the use of marijuana and would take away the only option Maile has at the moment for a better life. Rather than redefining the definition of approved marijuana due to the recent butane explosions, perhaps stricter laws on butane should be considered. Taking the law backwards or simply leaving the law as is and relying on the marijuana strains currently available in state is not acceptable. Having a state medicinal marijuana program without having a lab or dispensary component (HB1587) component to the existing program is as dangerous as giving an individual a pill bottle with no prescription or information to go by. I believe bill HB 1587 has much merit and suggest we look at innovative ways to move Hawaii forward in providing Hawaii residents with a safe form of marijuana. I strongly oppose SB 2402 such that no changes be made to the definition of medicinal marijuana. We support in and out of state access to all forms of medicinal marijuana. Lab tested data, development of dispensaries (HB 1587), and increased out of state access to medical grade marijuana products could greatly benefit the lives of children like Maile Kaneshiro, as well as other kama'aina living with a medical condition in Hawaii. Safe points of access and better distribution facilities could also deter those who are using hazardous materials with marijuana to minimize the risk to themselves, neighbors, family members and surrounding communities. Thank you for the opportunity to express our strong opposition for SB 2402.

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