

SCR80 / SR37

REQUESTING THE DRUG ENFORCEMENT ADMINISTRATION TO REMOVE MARIJUANA FROM SCHEDULE I OF THE FEDERAL CONTROLLED SUBSTANCES ACT IN RECOGNITION THAT MARIJUANA DOES NOT MEET THE CRITERIA OF A FEDERAL SCHEDULE I CONTROLLED SUBSTANCE, AS A CURRENTLY ACCEPTED MEDICAL USE OF MARIJUANA IN TREATMENT EXISTS IN THE UNITED STATES, INCLUDING HAWAII.

WRITTEN ONLY

NEIL ABERCROMBIE
GOVERNOR OF HAWAII



LINDA ROSEN, M.D., M.P.H.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

**SENATE COMMITTEE ON PUBLIC SAFETY, INTERGOVERNMENTAL AND
MILITARY AFFAIRS**

SCR 80/SR 37

**Testimony of Linda Rosen, M.D., M.P.H.
Director of Health**

March 24, 2014

1 **Department's Position:** Supports

2 **Fiscal Implications:** None

3 **Purpose and Justification:** This bill requests the Drug Enforcement Administration to remove
4 marijuana from Schedule I of the federal Control Substances Act in recognition that marijuana does not
5 meet the criteria of a federal schedule I controlled substance, as a currently accepted medical use of
6 marijuana in treatment exists in the United States including Hawaii.

7 The follow findings are required for drugs to be placed in schedule I:

8 1. The drug or other substance has a high potential for abuse.

9 2. The drug or other substance has no currently accepted medical use in treatment in the United
10 States.

11 3. There is a lack of accepted for use of the drug or other substance under medical supervision.

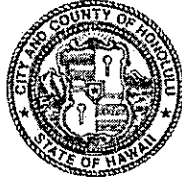
12 In 2000, Hawaii recognized the medical use of marijuana through the passage of SB862, SD1,
13 and enacting of Act 228. Since the year 2000, the use of marijuana for specified medical purposes has
14 been permitted in Hawaii, and Hawaii's licensed physicians have certified patients to legally use

1 marijuana for medicinal purposes. Thus, marijuana does not meet the three required criteria for a
2 schedule I controlled substance.

3 Thank you for the opportunity to testify.

POLICE DEPARTMENT
CITY AND COUNTY OF HONOLULU

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



KIRK CALDWELL
MAYOR

LOUIS M. KEALOHA
CHIEF

DAVE M. KAJIHIRO
MARIE A. MCCAULEY
DEPUTY CHIEFS

OUR REFERENCE JK-TA

March 24, 2014

The Honorable Will Espero, Chair
and Members
Committee on Public Safety,
Intergovernmental and Military Affairs
State Senate
Hawaii State Capitol
415 South Beretania Street
Honolulu, Hawaii 96813

Dear Chair Espero and Members:

SUBJECT: Senate Concurrent Resolution No. 80, Requesting the Drug Enforcement Administration to Remove Marijuana From Schedule I of the Federal Controlled Substances Act in Recognition That Marijuana Does Not Meet the Criteria of a Federal Schedule I Controlled Substance, as a Currently Accepted Medical Use of Marijuana in Treatment Exists in the United States, Including Hawaii

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 Senate Concurrent Resolution No. 80, Requesting the Drug Enforcement Administration to Remove Marijuana From Schedule I of the Federal Controlled Substances Act in Recognition That Marijuana Does Not Meet the Criteria of a Federal Schedule I Controlled Substance, as a Currently Accepted Medical Use of Marijuana in Treatment Exists in the United States, Including Hawaii.

Although medical marijuana is currently legal in the State of 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 Honorable Will Espero, Chair
and Members
Page 2
March 24, 2014

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 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 and have been placed in Schedules II and III respectively. Other drugs are pending FDA approval or are being scientifically developed.

The Honolulu Police Department urges you to oppose Senate Concurrent Resolution No. 80, Requesting the Drug Enforcement Administration to Remove Marijuana From Schedule I of the Federal Controlled Substances Act in Recognition That Marijuana Does Not Meet the Criteria of a Federal Schedule I Controlled Substance, as a Currently Accepted Medical Use of Marijuana in Treatment Exists in the United States, Including Hawaii.

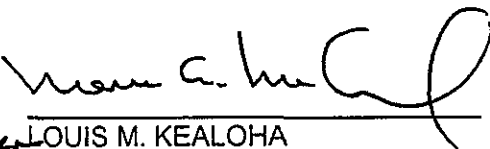
Thank you for the opportunity to testify.

Sincerely,



JASON KAWABATA, Acting Major
Narcotics/Vice Division

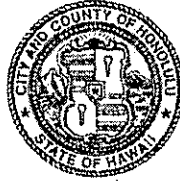
APPROVED:



LOUIS M. KEALOHA
Chief of Police

POLICE DEPARTMENT
CITY AND COUNTY OF HONOLULU

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



KIRK CALDWELL
MAYOR

LOUIS M KEALOHA
CHIEF

DAVE M KAJIHIRO
MARIE A MCCAULEY
DEPUTY CHIEFS

OUR REFERENCE JK-TA

March 24, 2014

The Honorable Will Espero, Chair
and Members
Committee on Public Safety,
Intergovernmental and Military Affairs
State Senate
Hawaii State Capitol
415 South Beretania Street
Honolulu, Hawaii 96813

Dear Chair Espero and Members:

SUBJECT: Senate Resolution No. 37, Requesting the Drug Enforcement Administration to Remove Marijuana From Schedule I of the Federal Controlled Substances Act in Recognition That Marijuana Does Not Meet the Criteria of a Federal Schedule I Controlled Substance, as a Currently Accepted Medical Use of Marijuana in Treatment Exists in the United States, Including Hawaii

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 Senate Resolution No. 37, Requesting the Drug Enforcement Administration to Remove Marijuana From Schedule I of the Federal Controlled Substances Act in Recognition That Marijuana Does Not Meet the Criteria of a Federal Schedule I Controlled Substance, as a Currently Accepted Medical Use of Marijuana in Treatment Exists in the United States, Including Hawaii.

Although medical marijuana is currently legal in the State of 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 Honorable Will Espero, Chair
and Members
Page 2
March 24, 2014

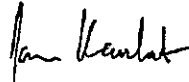
The American Society of Addiction Medicine rejects smoking marijuana as a means of drug delivery. The American Cancer Society does not advocate the use of marijuana in its inhaled form. The American Glaucoma Foundation and the National Multiple Sclerosis Society state that they cannot recommend the medical use of marijuana. The 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 and have been placed in Schedules II and III respectively. Other drugs are pending FDA approval or are being scientifically developed.

The Honolulu Police Department urges you to oppose Senate Resolution No. 37, Requesting the Drug Enforcement Administration to Remove Marijuana From Schedule I of the Federal Controlled Substances Act in Recognition That Marijuana Does Not Meet the Criteria of a Federal Schedule I Controlled Substance, as a Currently Accepted Medical Use of Marijuana in Treatment Exists in the United States, Including Hawaii.

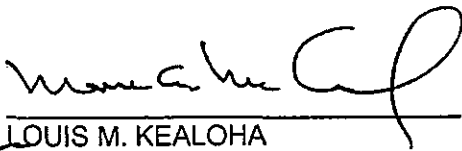
Thank you for the opportunity to testify.

Sincerely,



JASON KAWABATA, Acting Major
Narcotics/Vice Division

APPROVED:



LOUIS M. KEALOHA
Chief of Police



Senate Committee on Public Safety, Intergovernmental and Military Affairs

Sen. Will Espero, Chair

Sen. Rosalyn H. Baker, Vice Chair

Monday, March 24, 2014

1:35PM

Conference Room 224

State Capitol

415 South Beretania Street

Strongly Support – SCR80 / SR37 – Rescheduling Marijuana

Currently, cannabis is classified as a Schedule I controlled substance by the Federal Government. This disallows research and studies to prove its efficacy. A scheduled I drug states that it has a high potential for abuse and has no medical use. Since 20 states and the District of Columbia have approved cannabis for medical use the classification as a Schedule I is a misnomer. Furthermore, no one has ever died from an overdose of cannabis as opposed to OPIOD drugs approved by the FDA which annually kill thousands from abuse and overdose.

Rescheduling cannabis to a Schedule II or III drug will allow for research to study the beneficial uses and to further regulate it. There is no reason not to do so. It will represent a way that the medical cannabis program in Hawai'i can be improved.

Passing this resolution will redirect the DEA to schedule hearings to address rescheduling cannabis in accordance with the Controlled Substances Act of 1970. We respectfully request the legislature move this resolution forward. Mahalo.

Andrea Tischler

Chair

COMMUNITY ALLIANCE ON PRISONS

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

Phone/email: (808) 927-1214 / kat.caphi@gmail.com



COMMITTEE ON PUBLIC SAFETY, INTERGOVERNMENTAL AND MILITARY AFFAIRS

Sen. Will Espero, Chair

Sen. Rosalyn Baker, Vice Chair

Monday, March 24, 2014

1:35 p.m.

Room 224

SUPPORT FOR SCR 80/SR 37 - RESCHEDULING MARIJUANA/CANNABIS

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.

SCR 80/SR 37 requests the Drug Enforcement Administration to remove marijuana from Schedule 1 of the Federal Controlled Substances Act in recognition that marijuana does not meet the criteria of a federal schedule 1 controlled substance, as a currently accepted medical use of marijuana in treatment exists in the United States, including Hawai'i.

Community Alliance on Prisons supports this measure. Rescheduling cannabis will force the government to acknowledge the research that currently exists and encourage further research.

I had the pleasure to meet and interview Dr. Sunil Aggarwal, one of the leading cannabis researchers, who presented his history at the American Psychiatric Association's 164th Annual Meeting in Honolulu in 2011.

In an article¹ that he co-wrote with Amanda Reiman they write:

Many major medical societies want marijuana rescheduled or are urging a scheduling review be undertaken, including the American Medical Association, the American College of Physicians, and the Massachusetts Medical Society, publishers of the New England Journal of Medicine. In fact, there has been ongoing resistance to marijuana's placement in Schedule I ever since Congress first attempted it in 1970. When drafting the law, Congress sought input from Dr. Roger Egeberg, Assistant Secretary of Health at HHS and former personal physician to General MacArthur. He testified that "our recommendation is that marijuana be retained within

¹ *Adequate and Well-Controlled Studies Proving Medical Efficacy of Cannabis Exist but Are Ignored by Marijuana Schedulers*, Sunil Kumar Aggarwal and Amanda Reiman, 04/15/2013.

http://www.huffingtonpost.com/sunil-kumar-aggarwal/marijuana-schedule-1_b_3071725.html

schedule I at least until the completion of certain studies now underway to resolve the issue", referring to the comprehensive "National Commission on Marihuana and Drug Abuse" study being undertaken at that time. His recommendations were echoed in a Congressional Committee report which stated "the recommendations of this Commission" would be "of aid" in determining "the appropriate location of marihuana within the schedules of the bill." When the Commission reported in 1972 that the public threat of marijuana had been greatly exaggerated and recommended that its classification be lowered so that it was no longer on par with heroin, no one took responsibility and marijuana was left in Schedule I. Immediately afterwards, citizens filed the first of several petitions to reschedule marijuana. After 16 years, the first petition was favorably viewed by a DEA judge who concluded after an extensive, two-year evidentiary hearing, that "marijuana, in its natural form, is one of the safest therapeutically active substances known to man. By any measure of rational analysis marijuana can be safely used within a supervised routine of medical care." He ruled that marijuana be rescheduled to Schedule II, with painkillers and anesthetics, and that to not do so would be "unreasonable, arbitrary, and capricious." His decision was overruled by the politically appointed DEA head who said that data were inadequate.

The article concludes:

...We cannot let the federal government play fast-and-loose with science on marijuana research any longer--cannabis in all forms must be down-scheduled and de-scheduled. The public health justice imperative to stop curtailment of scientific inquiry and free medical professionals to explore alternative treatments like marijuana with patients is paramount. There are too many lives at stake, not to mention scientific integrity and a burgeoning field of medical discovery requiring much freer access to the marijuana plant.

The Report of the National Commission on Marihuana and Drug Abuse (March 1972).

"The inclusion of cannabis in Schedule IV of the Single Convention which equates it with heroin is inappropriate...Therefore, the Commission suggests that the United States adopt the position that the existing status of marihuana under the Single Convention is not appropriate...and [seek instead] for diminished controls of cannabis."

Please support science by passing this measure. Politics should not control medicine.

Mahalo for this opportunity to testify.

A 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 promoting 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: MARCH 24, 2014, ROOM 224, 1:35 p.m.

RE: SCR 80/SR37 Requesting The Drug Enforcement Administration To
Remove Marijuana From Schedule I Of The Federal Controlled
Substances Act In Recognition That Marijuana Does Not Meet The Criteria
Of A Federal Schedule I Controlled Substance, As A Currently Accepted
Medical Use Of Marijuana In Treatment Exists In The United States,
Including Hawaii. – **IN SUPPORT**

Good morning 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.

First of all, we want to thank you for hearing this resolution requesting the Drug
Enforcement Administration to remove marijuana or cannabis from Schedule I of
the federal Controlled Substances Act.

The Schedule I designation is inappropriate on its face since 20 states and the
District of Columbia now recognize the legitimate medical use of marijuana. This
recognition by the states began in California in 1996 and each year more
jurisdictions are following suit. Hawaii, as you know, has had its own Medical Use
of Marijuana program in place since 2000.

Looking at the other drugs, which are placed in schedule I, we can easily see the inappropriateness of including marijuana with them: heroin, LSD, ecstasy, peyote and Quaaludes (which haven't even been manufactured in the U.S. since 1982.)

Moreover, for a substance to be placed in Schedule I it must fit three criteria: 1) high potential for abuse, 2) no currently accepted medical use in treatment in the U.S. and 3) lack of accepted safety for use of the drug or other substance under medical supervision. **The drug must meet all three criteria to be placed in this most restrictive schedule.** We might differ over 1) given that 38% of Americans including the last three presidents have used it, but it is crystal clear that cannabis does not meet the second or third criteria. The lack of "accepted safety under medical use" is particularly absurd since no one as ever died of a marijuana overdose and since a DEA administrator famously declared in 1982 that "marijuana is one of the safest psychoactive substances known to man."

In short, the designation of marijuana as a schedule 1 substance has been absurd since its inception, but the states' activities since 1996 have clearly demonstrated just how inappropriate it is.

Mahalo for scheduling SCR 80/SR 37 and for giving us the opportunity to testify today. We urge you to pass it out to the Judiciary Committee with a strong recommendation for passage.

Hawaiian-Pacific Pain and Palliative Care

David J. Barton MD

3/23/2014

The Honorable Senator Will Espero, Chair, the Honorable Senator Rosalyn Baker, Vice-Chair, and Members of the Committee on Public Safety, Intergovernmental and Military Affairs

**Senate
State Capitol
Honolulu, Hawaii 96813**

Re: SR 37, SCR 80

Position: Support

Aloha,

I submit this testimony as a pain medicine physician, and medical cannabis patient advocate. The use of cannabis in pain medicine is well proven in medical science and beyond any question as to safety and effectiveness, especially for those many chronic pain condition where no adequate and effective treatments otherwise exist. In addition, it has well proven its usefulness in many other areas of medicine and other disease and chronic illness processes, from cancer to the dying hospice patient. These things affect every family and citizen of the state. Everyone, either directly or indirectly! Cannabis is a medicine that has proven helpful in relieving disability, disease, and suffering, from the very young to our dying kupunas.

This resolution represents the truth! The state of Hawaii accepted the medical use of cannabis nearly 14 years ago. Marijuana still remains mis-classified in federal Schedule I, even though it has not met the federal criteria for Schedule I since 1996, when California accepted the medical use of Marijuana. This conflict between the legal states and the federal government needs to be resolved to the side of truth, because there are serious practical repercussions involved.

Medical Marijuana cannot be properly regulated while it remains mis-classified in federal Schedule 1. I hope you recognize that the only way to eliminate the current misuse of Marijuana is to have Medical Marijuana properly regulated at the state level. It will set the groundwork for a safe, legally protected pharmacy retail system, and supporting entities for producing safe and effective cannabis products. Kids with Dravet's Seizure Syndrome

41-1300 Waikupanaha St., Waimanalo, HI 96795

www.hipppc.com

need safe, effective oils for the seizures. All patients deserve the same. Cancer patients have immediate needs as well due to the nature of cancer and the immediacy of treatment. Cancer does not wait for anyone! Other groups need a safe legal pharmacy retail system as well.

Patients are unable to gain safe access to Medical Marijuana that is guaranteed contaminant free. Patients have been force to make products on their own for decades. The state has recognized in law that cannabis is a medicine, but has refused to take it seriously and provide a safe and legal mechanism for the production and distribution of these things. It has failed to provide a legal mechanism for safe products. What is a citizenry to do when its government turns its hearts, ears, and eyes away from the people who have voted them into office?

Academics and researchers state wide and nationally will be able to perform needed and proper medical research once it is rescheduled. Businesses and labs will be able to function in a stable environment. Capitol assets can then be invested in a protective environment without fear of law enforcement confiscation.

This is real life!

This resolution is significant because it is the first time that a State that has accepted the medical use of Marijuana is standing up for this state authority. The State of Hawaii needs take this step in order to correct the current conflict with federal law that our State created when it accepted the medical use of Marijuana.

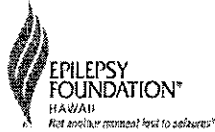
As always, we remind the Legislature and the State that they have the power to fix this problem immediately. The perceived problems with cannabis all started with errant scheduling and its repercussions over the past 50 years.

Sincerely,

David J. Barton, MD

Pain and Palliative Care

Waimanalo, Hawaii



Epilepsy Foundation of Hawaii
1050 Ala Moana Blvd Suite 2550
Honolulu, HI 96814
808-528-3058
866-846-8078 (fax)

3/21/14

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

Re: SR37/SCR80 – Requesting the DEA to remove Marijuana from Schedule I

From: Samantha West, executive director of the Epilepsy Foundation of Hawaii

Position: Support

The Epilepsy Foundation of Hawaii urges you to support SR37/SCR80 requesting the Drug Enforcement Administration to initiate rescheduling proceedings to remove marijuana as a Schedule 1 controlled substance.

The Epilepsy Foundation of Hawaii, in keeping with the recent policy statement from our national counterpart, recognizes the urgency to reschedule marijuana so researchers can study the benefits and side effects of utilizing medical marijuana as a potential treatment option for epilepsy patients. Research is a major need to identify patient safety, consistent dosage, and potential side effects. Unfortunately, because marijuana-based products including the non-psychoactive cannabidiol are Schedule I drugs, it is very difficult for researchers to perform needed studies.

Our Professional Advisory Board estimates that over 15,000 Hawaii residents have epilepsy, a neurological condition that includes recurring seizures. One in twenty six people will develop epilepsy at some point in their lifetime. One-third of people with epilepsy live with uncontrollable seizures because no available treatment works for them.

We recognize that the primary obstacle that is keeping individuals with epilepsy from gaining medically directed access to medical marijuana as a potential treatment option, and preventing much needed medical research, is the current misclassification of marijuana as a federal Schedule I controlled substance.

Our hope is that SR37/SCR80, if adopted and transmitted to the DEA, could be enough to push this federal administrative agency to follow the Federal Controlled Substances Act and recognize the currently accepted medical use of marijuana in treatment and research.

Samantha West

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

Re: SR37/SCR80 – Requesting the DEA to remove Marijuana from Schedule I

Hearing: Monday, March 24, 2014, 1:35 pm.

From: Clifton Otto, MD

Position: Support

This resolution is an important step towards correcting the current federal mis-classification of Marijuana, and allowing our State to develop a regulated system for the distribution of Medical Marijuana that can comply with federal law and provide our patients with safe access to a botanical medicine of known potency that is free from contamination.

This resolution makes three critical points. First it recognizes the authority that States hold to accept the medical use of controlled substances. This is what has allowed Hawaii and nineteen other states to accept the medical use of Marijuana and create their own state Medical Marijuana Programs in the first place.

Second, it recognizes that Marijuana is mis-classified in federal Schedule I because this schedule says NO accepted medical use, and Marijuana already has currently accepted medical use in twenty states plus D. C., which means that Marijuana is in the wrong federal schedule.

And thirdly, this resolution recognizes that the DEA is following an outdated regulation that still has Marijuana on the federal Schedule I list, a regulation that was rendered obsolete in 1996 when California became the first state to accept the medical use of Marijuana. The DEA does not have the authority to ignore state law, especially when the Federal Controlled Substances Act (CSA) provides a specific role for states to play in the scheduling of controlled substances.

Since the State of Hawaii created the current conflict with federal law when it accepted the medical use of Marijuana in 2000, it makes sense for the State to take steps to resolve this conflict, including notifying the DEA that they must follow the CSA and initiate rescheduling proceedings for Marijuana. Then Medical Marijuana can be regulated as it should, and our patients will be able to receive the standardized medicine that they need.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 19, 2014 2:26 PM
To: PSMTestimony
Cc: annstarshine@yahoo.com
Subject: *Submitted testimony for SR37 on Mar 24, 2014 13:35PM*

SR37

Submitted on: 3/19/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Elizabeth Davis	Individual	Support	No

Comments:

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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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 19, 2014 2:28 PM
To: PSMTestimony
Cc: krishnakirtanahi@yahoo.com
Subject: *Submitted testimony for SR37 on Mar 24, 2014 13:35PM*

SR37

Submitted on: 3/19/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Keth Fetterhoff	Individual	Support	No

Comments:

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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From: mailinglist@capitol.hawaii.gov [mailto:mailinglist@capitol.hawaii.gov]
Sent: Wednesday, March 19, 2014 8:04 AM
To: PSMTTestimony
Cc: doctorforgolf@yahoo.com
Subject: Submitted testimony for SR37 on Mar 24, 2014 13:35PM

SR37

Submitted on: 3/19/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Dr. Gregory Hungerford	Individual	Support	No

Comments:
SR37

Schedule I is the only category of controlled substances that may not be prescribed by a physician. Under 21 U.S.C. § 812b, drugs must meet three criteria in order to be placed in Schedule I:

1. The drug or other substance has a high potential for abuse.
2. The drug or other substance 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 or other substance under medical supervision.

CLEARLY cannabis does not fit any of the 3 criteria.

Cannabis does not meet the Controlled Substances Act's strict criteria for placement in Schedule I, and therefore the government is required by law either to permit medical use or to remove the drug from federal control altogether.

Dr. Gregory Hungerford

From: mailinglist@capitol.hawaii.gov [mailto:mailinglist@capitol.hawaii.gov]
Sent: Wednesday, March 19, 2014 5:39 PM
To: PSMTestimony
Cc: Albertthomas1953@gmail.com
Subject: Submitted testimony for SCR80 on Mar 24, 2014 13:35PM

SCR80 / SR37

Submitted on: 3/19/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Albert Thomas	Individual	Comments Only	No

Comments: Marijuana is currently classified federally as a Schedule I controlled substance which limits how it can be studied, how it can be used medically, and many features of state level medical and legalization campaigns. In order to qualify as a Schedule I controlled substance, a substance must have no accepted medical use, and must have the highest potential for abuse. Marijuana does not meet these criteria. In greater depth: Rescheduling or removing marijuana from the DEA's list of controlled substances entirely would allow us to study and regulate marijuana in ways we currently cannot. We could fix many wide ranging problems that are currently hindrances for the medical marijuana program in Hawaii. Federal rescheduling would make it easier to test marijuana, and to get samples to test for its medical effects. Federal rescheduling would help move the burgeoning medical and recreational marijuana industries into the mainstream, with robust regulations and consumer safety provisions. Furthermore, the requirements of the Federal Controlled Substances Act dictate that Marijuana should not be a schedule 1 controlled substance: When the Federal Controlled Substances Act was created by Congress in 1971, Marijuana had yet to be accepted for medical use by any state, so it had to go into Schedule I. The CSA clearly says that substances with accepted medical use cannot be in Schedule I. Therefore, by keeping marijuana in Schedule 1, the DEA is disobeying the Controlled Substances act, and in the process, harming the citizens of Hawaii.

From: mailinglist@capitol.hawaii.gov [mailto:mailinglist@capitol.hawaii.gov]
Sent: Wednesday, March 19, 2014 8:29 PM
To: PSMTestimony
Cc: saralegal@live.com
Subject: Submitted testimony for SR37 on Mar 24, 2014 13:35PM

SCR80

Submitted on: 3/19/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Sara Steiner	Individual	Support	No

Comments: Dear Legislators: Please pass this Resolution immediately! We must remedy the impossible situation the federal government puts us in by refusing to abide by their own scheduling rules (no accepted medical use), when we are experiencing a world-wide recognition of the medical benefits of cannabis. Thank you for this step in the right direction

SR37

Submitted on: 3/19/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Sara Steiner	Individual	Support	No

Comments: Please Pass SR37! This is long overdue, as cannabis marijuana has been accepted as medicine for the last 10,000 years. Each year more states are adopting medical and/or decriminalization of cannabis laws. Let us realize the mistake of our predecessors, and remedy this situation now!

From: mailinglist@capitol.hawaii.gov [mailto:mailinglist@capitol.hawaii.gov]
Sent: Wednesday, March 19, 2014 8:33 PM
To: PSMTestimony
Cc: sassylady3128@yahoo.com
Subject: Submitted testimony for SCR80 on Mar 24, 2014 13:35PM

SCR80

Submitted on: 3/19/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Lisa Reed	Individual	Support	No

Comments: I strongly support this resolution! There are new cases every day in the news about positive results patients are getting from the use of medical marijuana. Since it is listed as a schedule 1 drug, that bars legitimate research into what other ailments could be helped/cured by its use. It is used for pain, seizures, anxiety, nausea and glaucoma. Now doctors are saying that cancer tumors are showing signs of shrinking when it is used. Also it is showing anti-inflammatory effects, great for immune diseases. The Federal Government must reschedule this drug so it can be tested and prescribed without fear.

SR37

Submitted on: 3/19/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Lisa Reed	Individual	Support	No

Comments: I strongly support this resolution! There are new cases every day in the news about positive results patients are getting from the use of medical marijuana. Since it is listed as a schedule 1 drug, that bars legitimate research into what other ailments could be helped/cured by its use. It is used for pain, seizures, anxiety, nausea and glaucoma. Now doctors are saying that cancer tumors are showing signs of shrinking when it is used. Also it is showing anti-inflammatory effects, great for immune diseases. The Federal Government must reschedule this drug so it can be tested and prescribed without fear.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 19, 2014 9:13 PM
To: PSMTestimony
Cc: ncsugano@gmail.com
Subject: Submitted testimony for SCR80 on Mar 24, 2014 13:35PM

SCR80

Submitted on: 3/19/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

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

Comments: SCR80 MEDICINAL MARIJUANA- Remove Schedule 1 Designation Chair Aquino, Vice Chair Ing, and members of the House Public Safety Committee, I thank you for this opportunity to provide my personal testimony in support of SCR80 relating to the rescheduling of marijuana from a schedule 1 designation. 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 country 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. 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 consumed marijuana leaves daily and has recently switched to a home made THC-A tincture (oil) made from locally available strains of marijuana. THC-A, like CBD, does not have psychoactive properties. 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 and out of state is critical to the advancement of Maile's condition, as well as others in Hawaii who could benefit from the therapeutic properties of cannabis. We need to move forward in improving the medicinal marijuana program in Hawaii, by rescheduling marijuana from a Schedule 1 drug. Taking the law backwards or simply leaving the law as is and relying on the current marijuana law 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 SCR80 has much merit and suggest we look at innovative ways to move Hawaii forward in providing Hawaii residents with a safe form of marijuana by rescheduling its classification. Rescheduling marijuana would enable out of state access to medical grade marijuana products which 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 through re-regulation could also deter those who are using hazardous materials with marijuana be also minimize the risk to themselves, neighbors, family members and surrounding communities. Thank you for the opportunity to express our strong support of SCR80.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 19, 2014 11:10 PM
To: PSMTestimony
Cc: j.bobich@tcu.edu
Subject: Submitted testimony for SR37 on Mar 24, 2014 13:35PM

SR37

Submitted on: 3/19/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Joseph A. Bobich	Individual	Support	No

Comments: To Whom It May Concern, This measure gets to the heart of the marijuana problem in America, the inappropriate classification of Cannabis as a Schedule I drug. As such, it is a model of concision and clarity, and it should be whole-heartedly supported. Sincerely, Joseph A. Bobich, Ph. D. Professor of Chemistry, Emeritus

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From: mailinglist@capitol.hawaii.gov [mailto:mailinglist@capitol.hawaii.gov]
Sent: Thursday, March 20, 2014 2:24 AM
To: PSMTestimony
Cc: katc31999@gmail.com
Subject: *Submitted testimony for SCR80 on Mar 24, 2014 13:35PM*

SCR80

Submitted on: 3/20/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Katarina Culina	Individual	Support	No

Comments:

SR37

Submitted on: 3/20/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Katarina Culina	Individual	Support	No

Comments:

From: mailinglist@capitol.hawaii.gov [mailto:mailinglist@capitol.hawaii.gov]
Sent: Thursday, March 20, 2014 12:00 PM
To: PSMTestimony
Cc: danielhayesuppendahl@gmail.com
Subject: *Submitted testimony for SCR80 on Mar 24, 2014 13:35PM*

SCR80

Submitted on: 3/20/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
daniel uppendahl	Individual	Support	No

Comments:

SR37

Submitted on: 3/20/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
daniel uppendahl	Individual	Support	No

Comments:

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, March 20, 2014 11:55 AM
To: PSMTestimony
Cc: forecharlee@msn.com
Subject: Submitted testimony for SR37 on Mar 24, 2014 13:35PM

SR37

Submitted on: 3/20/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Charles Webb, MD	Individual	Support	No

Comments: This is an important resolution. The federal DEA continues to pretend that cannabis has no accepted medical use despite the fact that twenty states (including Hawaii) and thousands of physicians are currently recommending medical cannabis for tens of thousands of patients. Until the DEA opens its eyes and recognizes the truth, thousands of patients (and potential patients) will needlessly live in fear that they can be prosecuted for using a medication that is safer than Tylenol and aspirin. This resolution is one small but essential step toward a better world.

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March 20, 2014

Senator Will Espero, Chair
Senate Committee on Public Safety, Intergovernmental & Military Affairs
Senate District 19
Hawaii State Capitol, Room 231

Senator Rosalyn H. Baker, Vice Chair
Senate Committee on Public Safety, Intergovernmental & Military Affairs
Senate District 6
Hawaii State Capitol, Room 230

RE: Support for Senate Resolution 37 / Senate Concurrent Resolution 80

Dear Chair Espero and Vice Chair Baker,

Thank you for introducing Senate Resolution 37 and Senate Concurrent Resolution 80, requesting that the Drug Enforcement Administration initiate reschedule proceedings to remove marijuana as a Schedule I controlled substance. The resolution can be viewed at this address - http://www.capitol.hawaii.gov/session2014/bills/SR37_.pdf.

As a parent of a child with epilepsy, I support the resolutions as they would help people in Hawaii gain access to medical marijuana as a potential treatment option. My son had his first seizure just before his first birthday, and was diagnosed with epilepsy six months later. We watched him have daily seizures for months until his medication brought them under control. We are very fortunate to have found medications that control his seizures, and we feel for those who continue to live with daily seizures without relief.

You may have seen the documentary *Weed* on CNN with Dr. Sanjay Gupta exploring the medical use of marijuana, which helped a young girl with a severe form of epilepsy called Dravet syndrome. If my son were in a similar situation, I would explore all treatment options, including marijuana. As long as marijuana remains classified as a Schedule I controlled substance, our state cannot create a regulated system for the distribution of medical marijuana as an alternative treatment option.

Thank you again for supporting these resolutions.

Sincerely,
Lacey Shimabukuro

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, March 20, 2014 1:21 PM
To: PSMTestimony
Cc: dmatthews@jhu.edu
Subject: Submitted testimony for SCR80 on Mar 24, 2014 13:35PM

SCR80

Submitted on: 3/20/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Daryl Matthews	Individual	Support	No

Comments: I am a physician licensed to practice in Hawaii since 1982. I have extensive experience evaluating and treating individuals with neuropsychiatric problems including substance use disorders. I strongly support the rescheduling of cannabis into Schedule II for a great many reasons. But to highlight just one that is of importance to your Committee: there certainly is an accepted medical use for cannabis in Hawaii. There is a law which allows physicians to recommend it and a great number of patients are receiving it. Obviously, if the current federal and state barriers to prescribing marijuana were removed, it would be recommended much more frequently. In truth, cannabis has had an accepted medical use since antiquity. The medical profession, despite vigorous drug prohibition from the 1930s forward, has been unwilling to give up on this useful medication. I think you should consider the recent conversion of Dr. Sanjay Gupta, CNN medical editor, who has recently gone from opponent to strong supporter. I believe that everyone involved in marijuana policymaking should see his most recent video released only this month: <http://www.cnn.com/2014/03/05/health/gupta-medical-marijuana/> Most American physicians support the use of medical marijuana and this number is growing. When physicians have the opportunity to study medical marijuana, they tend to endorse it. I would like to highlight one medical use which is of importance – the treatment of epilepsy. I'm a graduate of Johns Hopkins Medical School and the first professor of medicine there is a legendary figure in American medicine, Dr. William Osler. In the early 1900s he recommended cannabis for use in epilepsy as safe and effective and it certainly should be available for treating it today--nothing has changed. It is clearly less harmful than some of the antiepileptic drugs authorized for regular prescription. It is especially tragic that cannabis is not available to individuals whose seizures are unresponsive to other medications. I believe these measures are highly worthy of your support and in passing them you would be doing a great service to many individuals in need in our State. Thank you for the opportunity to present this testimony. Respectfully submitted, Daryl Matthews, M.D., Ph.D. Diplomate in Psychiatry and Forensic Psychiatry, American Board of Psychiatry and Neurology Distinguished Fellow, American Psychiatric Association

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Senate Committee on Public Safety, Intergovernmental and Military Affairs

Sen. Will Espero, Chair

Sen. Rosalyn H. Baker, Vice Chair

Monday, March 24, 2014

1:35PM

Conference Room 224

State Capitol

415 South Beretania Street

Support – SCR80 / SR37 – Rescheduling Marijuana

Marijuana is currently classified federally as a Schedule I controlled substance which limits how it can be studied, how it can be used medically, and many features of state level medical and legalization campaigns. In order to qualify as a Schedule I controlled substance, a substance must have no accepted medical use, and must have the highest potential for abuse. Marijuana does not meet these criteria.

Rescheduling or removing marijuana from the DEA's list of controlled substances entirely would allow us to study and regulate marijuana in ways we currently cannot.

- We could fix many wide ranging problems that are currently hindrances for the medical marijuana program in Hawaii.
- Federal rescheduling would make it easier to test marijuana, and to get samples to test for its medical effects.
- Federal rescheduling would help move the burgeoning medical and recreational marijuana industries into the mainstream, with robust regulations and consumer safety provisions.

Furthermore, the requirements of the Federal Controlled Substances Act dictate that Marijuana should not be a schedule I controlled substance:

- When the Federal Controlled Substances Act was created by Congress in 1971, Marijuana had yet to be accepted for medical use by any state, so it had to go into Schedule I.
- The CSA clearly says that substances with accepted medical use cannot be in Schedule I.
- Therefore, by keeping marijuana in Schedule I, the DEA is disobeying the Controlled Substances act, and in the process, harming the citizens of Hawaii.

Mahalo for the opportunity to testify.

Craig R. Ellenwood

From: mailinglist@capitol.hawaii.gov
Sent: Friday, March 21, 2014 11:31 AM
To: PSMTestimony
Cc: niyati333@aol.com
Subject: Submitted testimony for SCR80 on Mar 24, 2014 13:35PM

SCR80

Submitted on: 3/21/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Niyati Brown	Individual	Support	No

Comments: I am a medical marijuana patient. I have to consume the product or I will go blind with narrow angle glaucoma. No pills or drops exist that can fix this condition. All I can do is try to lower the pressure in my eyeball. I have had two surgeries to try to fix the problem but they are not working. All that works is eating or smoking medical marijuana. Please remove it from the narcotics list it is on. It is a harmless drug that can help many medically fragile people. Please de-criminalize marijuana and remove it from the list. Thank you for letting me testify on this issue. Mahalo.

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From: mailinglist@capitol.hawaii.gov [mailto:mailinglist@capitol.hawaii.gov]
Sent: Friday, March 21, 2014 12:17 PM
To: PSMTestimony
Cc: tia.pearson@gmail.com
Subject: Submitted testimony for SR37 on Mar 24, 2014 13:35PM

SR37

Submitted on: 3/21/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
tia pearson	Individual	Support	No

Comments: Since the State of Hawaii created the current conflict with federal law when it accepted the medical use of Marijuana in 2000, it makes sense for the State to take steps to resolve this conflict, including notifying the DEA that they must follow the CSA and initiate rescheduling proceedings for Marijuana. Then Medical Marijuana can be regulated as it should, and our patients will be able to receive the standardized medicine that they need.

SCR80

Submitted on: 3/21/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
tia pearson	Individual	Support	No

Comments: Since the State of Hawaii created the current conflict with federal law when it accepted the medical use of Marijuana in 2000, it makes sense for the State to take steps to resolve this conflict, including notifying the DEA that they must follow the CSA and initiate rescheduling proceedings for Marijuana. Then Medical Marijuana can be regulated as it should, and our patients will be able to receive the standardized medicine that they need.

Marlene Uesugi

From: mailinglist@capitol.hawaii.gov
Sent: Friday, March 21, 2014 10:23 AM
To: PSMTestimony
Cc: marilynwick@pobox.com
Subject: Submitted testimony for SCR80 on Mar 24, 2014 13:35PM

SCR80

Submitted on: 3/21/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Marilyn Mick	Individual	Support	No

Comments: TO: Senate Committee on Public Safety, Intergovernmental and Military Affairs Re: SR37/SCR80 – Requesting the DEA to remove Marijuana from Schedule I Hearing: Monday, March 24, 2014, 1:35 pm. From: Marilyn Mick Position: Support This resolution is an important step towards correcting the current federal mis-classification of Marijuana, and allowing our State to develop a regulated system for the distribution of Medical Marijuana that can comply with federal law and provide our patients with safe access to a botanical medicine of known potency that is free from contamination. This resolution makes three critical points. First it recognizes the authority that States hold to accept the medical use of controlled substances. This is what has allowed Hawaii and nineteen other states to accept the medical use of Marijuana and create their own state Medical Marijuana Programs in the first place. Second, it recognizes that Marijuana is mis-classified in federal Schedule I because this schedule says NO accepted medical use, and Marijuana already has currently accepted medical use in twenty states plus D. C., which means that Marijuana is in the wrong federal schedule. And thirdly, this resolution recognizes that the DEA is following an outdated regulation that still has Marijuana on the federal Schedule I list, a regulation that was rendered obsolete in 1996 when California became the first state to accept the medical use of Marijuana. The DEA does not have the authority to ignore state law, especially when the Federal Controlled Substances Act (CSA) provides a specific role for states to play in the scheduling of controlled substances. Since the State of Hawaii created the current conflict with federal law when it accepted the medical use of Marijuana in 2000, it makes sense for the State to take steps to resolve this conflict, including notifying the DEA that they must follow the CSA and initiate rescheduling proceedings for Marijuana. Then Medical Marijuana can be regulated as it should, and our patients will be able to receive the standardized medicine that they need.

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From: mailinglist@capitol.hawaii.gov
Sent: Friday, March 21, 2014 10:21 AM
To: PSMTestimony
Cc: marilynwick@pobox.com
Subject: Submitted testimony for SR37 on Mar 24, 2014 13:35PM

SR37

Submitted on: 3/21/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Marilyn Mick	Individual	Support	No

Comments: TO: Senate Committee on Public Safety, Intergovernmental and Military Affairs Senator Will Espero, Chair Senator Rosalyn Baker, Vice Chair Re: SR37/SCR80 – Requesting the DEA to remove Marijuana from Schedule I Hearing: Monday, March 24, 2014, 1:35 pm. From: Marilyn Mick Position: Support This resolution is an important step towards correcting the current federal misclassification of Marijuana, and allowing our State to develop a regulated system for the distribution of Medical Marijuana that can comply with federal law and provide our patients with safe access to a botanical medicine of known potency that is free from contamination. This resolution makes three critical points. First it recognizes the authority that States hold to accept the medical use of controlled substances. This is what has allowed Hawaii and nineteen other states to accept the medical use of Marijuana and create their own state Medical Marijuana Programs in the first place. Second, it recognizes that Marijuana is mis-classified in federal Schedule I because this schedule says NO accepted medical use, and Marijuana already has currently accepted medical use in twenty states plus D. C., which means that Marijuana is in the wrong federal schedule. And thirdly, this resolution recognizes that the DEA is following an outdated regulation that still has Marijuana on the federal Schedule I list, a regulation that was rendered obsolete in 1996 when California became the first state to accept the medical use of Marijuana. The DEA does not have the authority to ignore state law, especially when the Federal Controlled Substances Act (CSA) provides a specific role for states to play in the scheduling of controlled substances. Since the State of Hawaii created the current conflict with federal law when it accepted the medical use of Marijuana in 2000, it makes sense for the State to take steps to resolve this conflict, including notifying the DEA that they must follow the CSA and initiate rescheduling proceedings for Marijuana. Then Medical Marijuana can be regulated as it should, and our patients will be able to receive the standardized medicine that they need.

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Sent: Friday, March 21, 2014 10:34 AM
To: PSMTestimony
Cc: dodgerblu6@gmail.com
Subject: Submitted testimony for SR37 on Mar 24, 2014 13:35PM

SR37

Submitted on: 3/21/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
David Contreras	Individual	Support	No

Comments: I support SR 37 and SCR 80 to remove medicinal marijuana from the Federal listing.

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From: mailinglist@capitol.hawaii.gov [mailto:mailinglist@capitol.hawaii.gov]
Sent: Saturday, March 22, 2014 6:18 AM
To: PSMTestimony
Cc: mark@solights.com
Subject: Submitted testimony for SR37 on Mar 24, 2014 13:35PM

SR37

Submitted on: 3/22/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Mark Nelson	Individual	Support	No

Comments: It is fact that Marinol a synthetic derivative of Cannabis is a Schedule 3 and is used to treat Pain and Nausea. So The Government is allowed to Produce this Marinol as a Schedule 3, but Cannabis the Specie is treated worse than a Nuclear Bomb. The Original Plant " Cannabis Indica & Sativa" Must be removed from a Schedule 1 & placed as a Schedule 3..

From: mailinglist@capitol.hawaii.gov [mailto:mailinglist@capitol.hawaii.gov]
Sent: Saturday, March 22, 2014 9:19 AM
To: PSMTestimony
Cc: rogerwalraven@yahoo.com
Subject: Submitted testimony for SR37 on Mar 24, 2014 13:35PM

SR37

Submitted on: 3/22/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Roger Walraven	Individual	Support	No

Comments: I ask you to support this measure, as so much confusion in our legal and medical systems is caused by the present "Federal status" of marajuana. As is, a law-abiding medical marajuana patient cannot have a hunting license or a permit for a gun to protect his home. Does a patient, prescribed librium, have the same restriction? No, the present law causes unfairness and discriminatory laws and practices within both, the legal and medical systems.

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, March 22, 2014 11:24 AM
To: PSMTestimony
Cc: seyaat420@gmail.com
Subject: Submitted testimony for SCR80 on Mar 24, 2014 13:35PM

SCR80

Submitted on: 3/22/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Chris	Individual	Support	No

Comments: My name is Chris I live on the Big Island I know for a fact medical marijuana is a safe and reliable medicine and should not be a schedule 1 drug please help support this bill and lets move forward with our Hawaii Medical Marijuana program, and help save lives.....Mahalo Chris.

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From: mailinglist@capitol.hawaii.gov
Sent: Saturday, March 22, 2014 10:31 AM
To: PSMTestimony
Cc: jgelert@yahoo.com
Subject: Submitted testimony for SCR80 on Mar 24, 2014 13:35PM

SCR80

Submitted on: 3/22/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
John Gelert	Individual	Support	No

Comments: Medical marijuana is a safe medicine for pain relief, fighting cancer, and to improve certain mental health conditions.

SR37

Submitted on: 3/22/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
John Gelert	Individual	Support	No

Comments: Medical marijuana is a safe medicine for pain relief, fighting cancer, and to improve certain mental health conditions.

From: mailinglist@capitol.hawaii.gov
Sent: Friday, March 21, 2014 6:15 PM
To: PSMTestimony
Cc: yappygrl1@aol.com
Subject: *Submitted testimony for SCR80 on Mar 24, 2014 13:35PM*

SCR80

Submitted on: 3/21/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Sandra Fujita	Individual	Support	No

Comments:

SR37

Submitted on: 3/21/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Sandra Fujita	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Friday, March 21, 2014 8:06 PM
To: PSMTestimony
Cc: willsilver@hawaii.rr.com
Subject: *Submitted testimony for SCR80 on Mar 24, 2014 13:35PM*

SCR80

Submitted on: 3/21/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
William Navran	Individual	Support	No

Comments:

SR37

Submitted on: 3/21/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
William Navran	Individual	Support	No

Comments:

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

Monday, March 24, 2014
1:35PM

Conference Room 224
State Capitol
415 South Beretania Street

Support – SCR80 / SR37 – Rescheduling Marijuana

As a Hawai'i state registered Medical Cannabis patient, this concurrent resolution has a personal meaning for me. I depend daily on the use of cannabis to mitigate intractable nausea caused by an incurable liver disease. I know first hand that cannabis is medically important and therefore, by such definition, must be removed from Schedule I drug classification.

Just this week the federal government released research money for university studies into the effects of cannabis on PTSD patients. This is the first release of federal funds for independent research. Such a move by the federal government clearly demonstrates that cannabis does not belong in its current Schedule I category.

As the U.S. slowly and carefully revisits our relationship with both cannabis and hemp, it is in Hawai'i's best interest to join other states in moving research forward. This will best be served by reclassifying cannabis into a more accurate Schedule category. **SCR80/SR37** sends the message that Hawai'i is ready to move forward with the rest of the nation.

Changing the current scheduling assignment of cannabis (and hemp, an entirely different, but economically important plant) will allow the United States to catch up to academic and medical research currently being undertaken around the globe.

I support SCR80/SR37 completely.

Sincerely,

Karl Malivuk
2474 Kapiolani Blvd. apt 2001
Honolulu, Hawai'i
96826
kmalivuk@unm.eud
808.941.0228

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 24, 2014 5:32 AM
To: PSMTestimony
Cc: hounddog20062000@yahoo.com
Subject: Submitted testimony for SCR80 on Mar 24, 2014 13:35PM

SCR80

Submitted on: 3/24/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Leo J Wisniewski	Individual	Support	No

Comments: Please remove marijuana as a schedule 1 substance, for it is safer than pills and other chemicals that are not grown naturally; marijuana is proven to have safe, effective medicinal properties

SR37

Submitted on: 3/24/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Leo J Wisniewski	Individual	Support	No

Comments: Please remove Marijuana from being a schedule 1 drug, being that it has medicinal properties and is being used to medicinally treat patients with great results

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From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 23, 2014 11:06 PM
To: PSMTestimony
Cc: sailing@hawaii.rr.com
Subject: Submitted testimony for SCR80 on Mar 24, 2014 13:35PM

SCR80

Submitted on: 3/23/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Ray Beatty	Individual	Support	No

Comments: Medical marijuana cannot be properly regulated while it remains mis-classified in federal schedule ONE. The right thing to do is regulate it at state level. Please vote for SR37 and SCR80

SR37

Submitted on: 3/23/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Ray Beatty	Individual	Comments Only	No

Comments: Medical marijuana cannot be properly regulated while it remains mis-classified in federal schedule ONE . The right thing to do is regulate it at the state level.

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From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 23, 2014 10:03 PM
To: PSMTestimony
Cc: earbrass@mac.com
Subject: Submitted testimony for SCR80 on Mar 24, 2014 13:35PM

SCR80

Submitted on: 3/23/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Forrest Furman	Individual	Comments Only	No

Comments: I strongly support SCR80. I am a 68 year old retired postal employee and a medical cannabis user. It is absurd to classify this benign substance as a dangerous drug. It has legitimate medical uses and is a harmless recreational substance when used responsibly. There has never been a documented case of a death caused by cannabis. You can't say that about Tylenol (acetaminophen) or, of course, alcohol, or practically any prescription drug. If you really cared about public welfare, you would go after alcohol, but too many of your contributors make money from selling alcohol. Ask any police officer whether he would rather deal with cannabis users or drunks. Thank you.

SR37

Submitted on: 3/23/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Forrest Furman	Individual	Support	No

Comments: I strongly support SR37. I am a 68 year old retired postal employee and a medical cannabis user. It is absurd to classify this benign substance as a dangerous drug. It has legitimate medical uses and is a harmless recreational substance when used responsibly. There has never been a documented case of a death caused by cannabis. You can't say that about Tylenol (acetaminophen) or, of course, alcohol, or practically any prescription drug. If you really cared about public welfare, you would go after alcohol, but too many of your contributors make money from selling alcohol. Ask any police officer whether he would rather deal with cannabis users or drunks. Thank you.

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From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 23, 2014 2:54 PM
To: PSMTestimony
Cc: danielhayesuppendahl@gmail.com
Subject: Submitted testimony for SCR80 on Mar 24, 2014 13:35PM

SCR80

Submitted on: 3/23/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
daniel uppendahl	Individual	Support	No

Comments: I strongly support this measure

SR37

Submitted on: 3/23/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
daniel uppendahl	Individual	Support	No

Comments: strongly support this bill

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From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 23, 2014 11:03 AM
To: PSMTestimony
Cc: bacher.robert@gmail.com
Subject: Submitted testimony for SCR80 on Mar 24, 2014 13:35PM

SCR80

Submitted on: 3/23/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Robert Bacher	Individual	Support	No

Comments: Cannabis does not meet any of the 3 criteria for Schedule I narcotics. If local law enforcement really believed cannabis was more dangerous than harder drugs, why do they classify it only as a "Detrimental Substance"?

SR37

Submitted on: 3/23/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Robert Bacher	Hawaiian Standard & Green Futures	Support	No

Comments: Cannabis does not meet any of the 3 criteria for Schedule I narcotics. If local law enforcement really believed cannabis was more dangerous than harder drugs, why do they classify it only as a "Detrimental Substance"?

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From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 23, 2014 12:16 PM
To: PSMTestimony
Cc: kennedy@four-rules.com
Subject: Submitted testimony for SCR80 on Mar 24, 2014 13:35PM

SCR80

Submitted on: 3/23/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Rafael Kennedy	Individual	Support	No

Comments: I strongly support this resolution, as it will make a strong statement to help bring about a science based national policy on Marijuana that is in accordance with the Controlled Substances Act. This mismatch between policy and science has long held back progress on both medical marijuana and on the relaxation of criminal prosecution, and it is time to correct this outdated oversight.

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From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 23, 2014 8:46 AM
To: PSMTestimony
Cc: hairbyjodie@gmail.com
Subject: Submitted testimony for SCR80 on Mar 24, 2014 13:35PM

SCR80

Submitted on: 3/23/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
jodie Lum	Individual	Support	No

Comments: SCR80 MEDICINAL MARIJUANA- Change Schedule 1 Designation Chair Aquino, Vice Chair Ing and members of the House Public Safety Committee, I thank you for this opportunity to provide my personal testimony in support of SCR80 relating to the rescheduling of marajuana from a schedule 1 designation. My name is Jodie Lum and I am a parent to 2 children, caregiver to aging parents, and local kamaaina who have lived in Hawaii for all our lives. Rescheduling marajuana now is the right move. I hope I would never need to turn to marajuana as a medicine. However, if I ever do, I hope the law will be in place to allow me to do so whether it's for myself, parents or children. No family should have to struggle to obtain medicinal marajuana like the Kaneshiro's. Hawaii law recognizes marajuana as a medicine but we do not provide enough support for families to take full advantage of its health benefits. Please structure the law such that advancement can be made to help families like the Kaneshiros who may need medicinal marajuana down the road. We are all ohana in Hawaii and need to support those in need. Establish strict regulations to deter misuse vs obstructing those who could benefit from it. Thank you for the opportunity to express our strong support of SCR80.

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Sent: Sunday, March 23, 2014 10:27 PM
To: PSMTestimony
Cc: aiea67@hotmail.com
Subject: Submitted testimony for SCR80 on Mar 24, 2014 13:35PM

SCR80

Submitted on: 3/23/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
k maile	Individual	Support	No

Comments: Schedule 1 Substances are those that the drug or other substance has no current accepted medical use in treatment in the united states and there is a lack of accepted safety for use of the drug or other substance under medical supervision. Clearly, medical marijuana no longer falls into this category of drug or substance. It is recognized by many states, including Hawaii, as having medical benefits for individuals whereas other means have proved ineffective or unsafe.

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From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 23, 2014 11:30 PM
To: PSMTestimony
Cc: angelavideotron@gmail.com
Subject: Submitted testimony for SR37 on Mar 24, 2014 13:35PM

SR37

Submitted on: 3/23/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Angela Breene	Waihuena Farm	Support	No

Comments: Mahaio for your support in passing SR37 to request the DEA remove marijuana from Schedule I status. Marijuana is an extremely effective natural medicine for many conditions, and therefore should not be considered a Schedule I controlled substance. Patients need safe access and SR37 is a step in the right direction. Mahalo.

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From: mailinglist@capitol.hawaii.gov [mailto:mailinglist@capitol.hawaii.gov]
Sent: Sunday, March 23, 2014 8:57 AM
To: PSMTestimony
Cc: wmikesuz@aol.com
Subject: Submitted testimony for SR37 on Mar 24, 2014 13:35PM

SR37

Submitted on: 3/23/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Whitston	Individual	Comments Only	No

Comments: not sure this went through

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 23, 2014 2:34 PM
To: PSMTestimony
Cc: nihipalim001@hawaii.rr.com
Subject: Submitted testimony for SCR80 on Mar 24, 2014 13:35PM

SCR80

Submitted on: 3/23/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Michele Nihipali	Individual	Support	No

Comments: Position: Support This resolution is an important step towards correcting the current federal mis-classification of Marijuana, and allowing our State to develop a regulated system for the distribution of Medical Marijuana that can comply with federal law and provide our patients with safe access to a botanical medicine of known potency that is free from contamination. This resolution makes three critical points. First it recognizes the authority that States hold to accept the medical use of controlled substances. This is what has allowed Hawaii and nineteen other states to accept the medical use of Marijuana and create their own state Medical Marijuana Programs in the first place. Second, it recognizes that Marijuana is mis-classified in federal Schedule I because this schedule says NO accepted medical use, and Marijuana already has currently accepted medical use in twenty states plus D. C., which means that Marijuana is in the wrong federal schedule. And thirdly, this resolution recognizes that the DEA is following an outdated regulation that still has Marijuana on the federal Schedule I list, a regulation that was rendered obsolete in 1996 when California became the first state to accept the medical use of Marijuana. The DEA does not have the authority to ignore state law, especially when the Federal Controlled Substances Act (CSA) provides a specific role for states to play in the scheduling of controlled substances. Since the State of Hawaii created the current conflict with federal law when it accepted the medical use of Marijuana in 2000, it makes sense for the State to take steps to resolve this conflict, including notifying the DEA that they must follow the CSA and initiate rescheduling proceedings for Marijuana. Then Medical Marijuana can be regulated as it should, and our patients will be able to receive the standardized medicine that they need.

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From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 23, 2014 2:31 PM
To: PSMTestimony
Cc: nihipalim001@hawaii.rr.com
Subject: Submitted testimony for SR37 on Mar 24, 2014 13:35PM

SR37

Submitted on: 3/23/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Michele Nihipali	Individual	Support	No

Comments: Position: Support This resolution is an important step towards correcting the current federal mis-classification of Marijuana, and allowing our State to develop a regulated system for the distribution of Medical Marijuana that can comply with federal law and provide our patients with safe access to a botanical medicine of known potency that is free from contamination. This resolution makes three critical points. First it recognizes the authority that States hold to accept the medical use of controlled substances. This is what has allowed Hawaii and nineteen other states to accept the medical use of Marijuana and create their own state Medical Marijuana Programs in the first place. Second, it recognizes that Marijuana is mis-classified in federal Schedule I because this schedule says NO accepted medical use, and Marijuana already has currently accepted medical use in twenty states plus D. C., which means that Marijuana is in the wrong federal schedule. And thirdly, this resolution recognizes that the DEA is following an outdated regulation that still has Marijuana on the federal Schedule I list, a regulation that was rendered obsolete in 1996 when California became the first state to accept the medical use of Marijuana. The DEA does not have the authority to ignore state law, especially when the Federal Controlled Substances Act (CSA) provides a specific role for states to play in the scheduling of controlled substances. Since the State of Hawaii created the current conflict with federal law when it accepted the medical use of Marijuana in 2000, it makes sense for the State to take steps to resolve this conflict, including notifying the DEA that they follow the CSA and initiate rescheduling proceedings for Marijuana. Then Medical Marijuana can be regulated as it should, and our patients will be able to receive the standardized medicine that they need.

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From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 23, 2014 12:58 PM
To: PSMTestimony
Cc: jarronn@hotmail.com
Subject: Submitted testimony for SCR80 on Mar 24, 2014 13:35PM

SCR80

Submitted on: 3/23/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
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!

SR37

Submitted on: 3/23/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
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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From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 23, 2014 6:23 PM
To: PSMTestimony
Cc: artandterri@gmail.com
Subject: Submitted testimony for SCR80 on Mar 24, 2014 13:35PM

SCR80

Submitted on: 3/23/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Arthur Bradbury	Individual	Comments Only	No

Comments: I am in favor of SCR80. This medication is mis classified. Many ill people need to be able to secure marijuana from legitimate dispensaries. Changing the federal classification would allow this medication to be appropriately administered.

SR37

Submitted on: 3/23/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Arthur Bradbury	Individual	Comments Only	No

Comments: I am in favor of SR 37. This drug is more reasonable to treat many ailments than currently accepted drugs. It is also not reasonable to allow the use of the drug for sick people and then expect them to grow it. This federal classification must go so regulated dispensaries can appropriately administer the medication.

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SCR80

Submitted on: 3/22/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Swami Om	Individual	Comments Only	No

Comments: This resolution makes three critical points. First it recognizes the authority that States hold to accept the medical use of controlled substances. This is what has allowed Hawaii and nineteen other states to accept the medical use of Marijuana and create their own state Medical Marijuana Programs in the first place. Second, it recognizes that Marijuana is mis-classified in federal Schedule I because this schedule says NO accepted medical use, and Marijuana already has currently accepted medical use in twenty states plus D. C., which means that Marijuana is in the wrong federal schedule. And thirdly, this resolution recognizes that the DEA is following an outdated regulation that still has Marijuana on the federal Schedule I list, a regulation that was rendered obsolete in 1996 when California became the first state to accept the medical use of Marijuana. The DEA does not have the authority to ignore state law, especially when the Federal Controlled Substances Act (CSA) provides a specific role for states to play in the scheduling of controlled substances. Since the State of Hawaii created the current conflict with federal law when it accepted the medical use of Marijuana in 2000, it makes sense for the State to take steps to resolve this conflict, including notifying the DEA that they must follow the CSA and initiate rescheduling proceedings for Marijuana. Then Medical Marijuana can be regulated as it should, and our patients will be able to receive the standardized medicine that they need.

SR37

Submitted on: 3/22/2014

Testimony for PSM on Mar 24, 2014 13:35PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Swami Om	Individual	Comments Only	No

Comments: This resolution is an important step towards correcting the current federal mis-classification of Marijuana, and allowing our State to develop a regulated system for the distribution of Medical Marijuana that can comply with federal law and provide our patients with safe access to a botanical medicine of known potency that is free from contamination.