

**TESTIMONY OF JAN K. YAMANE, ACTING STATE AUDITOR,
ON SENATE BILL NO. 1302,
RELATING TO MEDICAL MARIJUANA DISPENSARIES**

**Senate Committees on Health; Public Safety, Intergovernmental
and Military Affairs; and Judiciary and Labor**

February 18, 2015

Chairs Green, Espero, Keith-Agaran, and Members of the Committees:

I am Jan Yamane, Acting State Auditor. Thank you for the opportunity to provide comments on Senate Bill No. 1302, which would establish a regulated statewide dispensary system for medical marijuana.

As you are aware, pursuant to House Concurrent Resolution 74 of the 2014 Regular Session, we conducted a sunrise review of a system of registered marijuana dispensaries as proposed by House Bill No. 1587 (2014). Our *Sunrise Analysis: Medical Marijuana Dispensaries* (Report No. 14-12) was released on December 2, 2014. In it, we evaluated whether last year's bill was consistent with the policies set forth in Hawai'i's regulatory licensing law, Chapter 26H, Hawai'i Revised Statutes. We also assessed the probable effects of enacting the bill—specifically, the effects on users of the medical marijuana program and the appropriateness of alternative forms of regulation; and we made recommendations. We concluded that a flaw in the existing medical marijuana law justifies regulating dispensaries.

Most of our sunrise recommendations have been addressed

Our Report No. 14-12 recommended that:

1. Dispensaries be licensed;
2. DOH be allowed to determine the number of dispensaries to be allowed in Hawai'i, and where the dispensaries are to be located;
3. DOH be given the power to revoke and suspend dispensary licenses and dispensary agent registrations;
4. DOH be given start-up funding for the medical marijuana dispensaries regulatory program;
5. DOH be given time to implement the program before the Act becomes effective;
6. Section 321-30.1, HRS, be amended to specify that the Medical Marijuana Registry Special Fund may be used to administer the regulation of medical marijuana dispensaries.

SB 1302 has incorporated four of our six recommendations. The bill requires licensing of dispensaries; asks DOH to adopt rules with respect to penalties for violations; and includes a provision for start-up funding (amount unspecified). It also amends Section 321-30.1 to allow the medical marijuana special fund to be used to administer the regulation of medical marijuana production centers and dispensaries.

However, the bill would specify the number of allowable dispensaries rather than let DOH determine the number. It also does not give DOH much time to implement the program, as it requires DOH to start accepting dispensary applications as of the effective date of the act.

Other issues we identified in our report have also been addressed. For instance, the bill requires DOH to develop standards regarding packaging and labeling of marijuana products and prohibits dispensaries from being located within a (to be specified) distance from schools.

Thank you for the opportunity to provide comments on SB 1302. I am available to answer any questions you may have.

POLICE DEPARTMENT
CITY AND COUNTY OF HONOLULU

801 SOUTH BERETANIA STREET · HONOLULU, HAWAII 96813
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CHIEF

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MARIE A. McCAULEY
DEPUTY CHIEFS

OUR REFERENCE JK-TA

February 18, 2015

The Honorable Josh Green, Chair
and Members
Committee on Health
The Honorable Will Espero, Chair
and Members
Committee on Public Safety,
Intergovernmental and Military Affairs
The Honorable Gilbert S. C. Keith-Agaran, Chair
and Members
Committee on Judiciary and Labor
State Senate
Hawaii State Capitol
415 South Beretania Street
Honolulu, Hawaii 96813

Dear Chairs Green, Espero, and Keith-Agaran and Members:

SUBJECT: Senate Bill No. 1302, Relating to Medical Marijuana Dispensaries

I am Jason Kawabata, Captain of the Narcotics/Vice Division of the Honolulu Police Department (HPD), City and County of Honolulu.

The Honolulu Police Department opposes Senate Bill No. 1302, Relating to Medical Marijuana Dispensaries. This bill seeks to establish a regulated statewide dispensary system for medical marijuana.

Part II, Subsection 321-E, prohibits candy products containing marijuana but appears to allow lozenges. In this subsection, a "lozenge" is defined as a small tablet manufactured in a manner to allow for the dissolving of its medicinal or therapeutic component slowly in the mouth. This definition is ambiguous in that there is no distinction between a lozenge and many forms of candy. It is important to prohibit forms of marijuana edibles that could potentially appeal to children.

Part II, Subsection 321-J, appears to preserve qualifying the patients' right to cultivate an adequate supply of marijuana pursuant to Part IX of Chapter 329. This subsection makes it difficult to regulate compliance with the law regarding limits of the amount of marijuana the patient can possess, particularly in cases where patients grow their own marijuana and obtain it from a dispensary.

The Honorable Josh Green, Chair
and Members
Committee on Health
The Honorable Will Espero, Chair
and Members
Committee on Public Safety,
Intergovernmental and Military Affairs
The Honorable Gilbert S. C. Keith-Agaran, Chair
and Members
Committee on Judiciary and Labor
Page 2
February 18, 2015

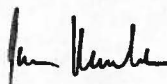
Part VI, Section 7, removes the requirement that the certifying physician be the patient's primary care physician. This amendment would lead to abuse of the system in that people without any valid medical need could "shop" for a doctor until one is found who is willing to make the recommendation for the person's medical use of marijuana.

The HPD sympathizes with those who have serious illnesses and would benefit from using medical marijuana. However, this bill as written would be virtually impossible for law enforcement to regulate and could easily lead to the diversion of large quantities of marijuana for illegal use and distribution. In addition, with the alternative forms of marijuana being proposed, there will be an increased chance of accidental ingestion by children.

We urge you to oppose Senate Bill No. 1302, Relating to Medical Marijuana Dispensaries.

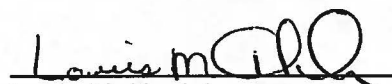
Thank you for the opportunity to testify.

Sincerely,



Jason Kawabata, Captain
Narcotics/Vice Division

APPROVED:



Louis M. Kealoha
Chief of Police

TESTIMONY OF THE HAWAII POLICE DEPARTMENT

SENATE BILL 1302

RELATING TO MEDICAL MARIJUANA DISPENSARIES

BEFORE THE COMMITTEE ON HEALTH

And

BEFORE THE COMMITTEE ON PUBLIC SAFETY, INTERGOVERNMENTAL AND
MILITARY AFFAIRS

And

BEFORE THE COMMITTEE ON JUDICIARY AND LABOR

DATE : Wednesday, February 18, 2014

TIME : 4:00 P.M.

PLACE : Conference Room 414
State Capitol
415 South Beretania Street

PERSON TESTIFYING:

Police Chief Harry S. Kubojiri
Hawaii Police Department
County of Hawaii

(Written Testimony Only)

William P. Kenoi
Mayor



Harry S. Kubojiri
Police Chief

Paul K. Ferreira
Deputy Police Chief

County of Hawai'i

POLICE DEPARTMENT

349 Kapi'olani Street • Hilo, Hawai'i 96720-3998
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February 17, 2015

Senator Josh Green
Chairperson and Committee Members
Committee on Health
Senator Will Espero
Chairperson and Committee Members
Committee on Public Safety, Intergovernmental and Military Affairs
Senator Gilbert S. C. Keith-Agaran
Chairperson and Committee Members
Committee on Judiciary and Labor
415 South Beretania Street, Room 414
Honolulu, Hawai'i 96813

Re: SENATE BILL 1302 RELATING TO MEDICAL MARIJUANA DISPENSARIES

Dear Senators Green, Espero, and Keith-Agaran:

The Hawai'i Police Department opposes House Bill 1302 as written, with its purpose being to establish a system of medical marijuana dispensaries and production centers.

The Hawai'i Police Department is concerned that this Bill while recognizing there are over 13,000 Medical Marijuana users, appears to assume that all will acquire their Marijuana from dispensaries while at the same time seemingly allowing users to continue to cultivate their Marijuana. There does not seem to be a means or desire to ensure users are not going to continue cultivation of their Marijuana while also seeking to purchase Marijuana from a dispensary. This also fails to take into account the December 2014 statistics for Hawai'i Island Medical Marijuana users in which of the 5,415 only 12 were not growing their own Marijuana or seemingly having it grown by a designated caregiver.

We firmly believe that any over proliferation of Marijuana dispensaries will lead to Marijuana being more freely available to others who do not suffer from a debilitating condition but will seek usage strictly for recreational purposes. Further, the dispensaries as businesses will in all probability have to follow normal business practices of seeking a greater share of customers to include increasing their customer base. In that there currently is a finite number of medical marijuana users, this will most likely at some point in time cause these dispensaries to "encourage" additional persons to seek usage of medical marijuana.

Senators Josh Green, Will Espero, and Gilbert Keith-Agaran

RE: SENATE BILL 1302 RELATING TO MEDICAL MARIJUANA DISPENSARIES

February 17, 2015

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This Bill fails to clearly indicate where the transporting of Marijuana originating from the Marijuana production centers by employees should be limited to. In other words, transportation of Marijuana from a production center should be limited to the most direct route possible to a dispensary with no stops in-between.

In regards to the rules governing the medical marijuana dispensaries and production centers, we believe it is imperative that video monitoring and recording of the premises should be required to include the exterior of all entry/exit points and the interior sales areas to include the areas used to conduct the transactions. We further believe a designated Department of Health (DOH) employee should have online 24/7 access to view the video monitoring program and that further, a minimum amount of time should be designated in which video surveillance tapes must remain available for viewing.

In regards to criminal background checks for operators and employees of dispensaries and production centers, we believe they should be subject to refresher trainings and re-certifications on an annual basis as well as subject to criminal background checks every 3 years. We further and most strenuously believe that convicted felons of a felony related to marijuana should not be exempted from the rules in this measure.

Currently the average Tetrahydrocannabinol (THC) percent nationwide is between 13-17% as reported by Federal, State and local studies. The THC percent rises upward of 90% in Butane Hash Oil (BHO), which is made from the Marijuana plant and is a highly concentrated form of THC utilized in E-cigarettes. The high concentration (unregulated/measured) in marijuana "medicine" and recreational use leads to psychosis and schizophrenia in addition to high rates of addiction.

If the State is set on commercializing marijuana through marijuana dispensaries, the statute must prohibit personal grows (no control on THC percent and contaminants such as pesticide, mold, etc., as stated) and further noted there is no other "medicine" that anyone can manufacture at home. All marijuana in dispensaries should be lab tested to ensure quality control as required by all legal pharmaceutical medication. Further, all extraction of THC must be prohibited (BHO production) and performed in a laboratory that is certified and inspected by the Department of Health and/or other certified accredited lab requirement used in pharmaceutical medication production. Colorado has experienced 37 residential explosions just in 2014 during their first year of legalization due to BHO extractions. Another issue is current Federal requirements prohibit medical and all other marijuana users from acquiring a firearm. The Department of Health (DOH) should release the names of all medical marijuana (MMJ) users to law enforcement to determine whether the person is in fact a registered MMJ cardholder; the location of grow sites to ensure that MMJ cardholders do not grow in multiple locations over the statute; and to ensure local Police Departments do not authorize a Permit to Acquire to MMJ users in violation of Federal rules.

Senators Josh Green, Will Espero, and Gilbert Keith-Agaran

RE: SENATE BILL 1302 RELATING TO MEDICAL MARIJUANA DISPENSARIES

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Page 3

The Hawai'i Police Department is also concerned as to how the destruction of medical marijuana will be documented and verified. Medical marijuana should be tracked from the point of acquisition to the point of sale or destruction with a strict verification process in place subject to both criminal and civil penalties for failure to abide by appropriate policies and/or procedures.

Lastly, but more importantly, as a Law Enforcement Agency, we are concerned that there is too great an emphasis being placed on rushing this process forward devoid of true medical input. Doctors are certifying use of Medical Marijuana yet do not indicate the maximum level of THC content that the patient should ingest nor is there a certification as to how often ingestion should occur.

It is for these reasons, we urge these committees to not approve this legislation.

Thank you for allowing the Hawai'i Police Department to provide comments relating to House Bill 1302.

Sincerely,

A handwritten signature in black ink that reads "Harry S. Kubojiri". The signature is written in a cursive, flowing style.

HARRY S. KUBOJIRI
POLICE CHIEF

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: etvuong@hotmail.com
Subject: *Submitted testimony for SB1302 on Feb 18, 2015 16:00PM*
Date: Friday, February 13, 2015 5:42:33 PM

SB1302

Submitted on: 2/13/2015

Testimony for HTH/PSM/JDL on Feb 18, 2015 16:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
E. Vuong	Individual	Oppose	No

Comments:

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: kalawaiag@hotmail.com
Subject: *Submitted testimony for SB1302 on Feb 18, 2015 16:00PM*
Date: Friday, February 13, 2015 8:28:58 PM

SB1302

Submitted on: 2/13/2015

Testimony for HTH/PSM/JDL on Feb 18, 2015 16:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Kalawai'a Goo	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: dan.marks99@gmail.com
Subject: Submitted testimony for SB1302 on Feb 18, 2015 16:00PM
Date: Friday, February 13, 2015 10:24:05 PM

SB1302

Submitted on: 2/13/2015

Testimony for HTH/PSM/JDL on Feb 18, 2015 16:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Dan Marks	Individual	Support	No

Comments: My only objection is that it does not go far enough. The state should follow the example set by the State of Colorado and pass an amendment to legalize. This is a good step but the real benefits will come when legalization happens.

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To: [HTHTestimony](#)
Cc: shannonkona@gmail.com
Subject: Submitted testimony for SB1302 on Feb 18, 2015 16:00PM
Date: Saturday, February 14, 2015 8:07:02 AM

SB1302

Submitted on: 2/14/2015

Testimony for HTH/PSM/JDL on Feb 18, 2015 16:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Shannon Rudolph	Individual	Support	No

Comments: Support

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HAWAII SUBSTANCE ABUSE COALITION

SN1302 RELATING TO MEDICAL MARIJUANA

- COMMITTEE ON HEALTH: Senator Josh Green M.D., Chair; Senator Glenn Wakai, Vice Chair
- COMMITTEE ON PUBLIC SAFETY, INTERGOVERNMENTAL AND MILITARY AFFAIRS: Senator Will Espero, Chair; Senator Rosalyn Baker, Vice Chair
- COMMITTEE ON JUDICIARY: Senator Gilbert Keith-Agaran, Chair; Senator Maila Shimabukuro, Vice Chair
 - Wednesday, February 18, 2015 at 4:00
 - Conference Room 414

HSAC COMMENTS on SH1302 WITH RECOMMENDATIONS:

Good Morning Chair Green; Chair Espero; Chair Keith-Agaran; Vice Chair Wakai; Vice Chair Baker; Vice Chair Shimabukuro and Distinguished Committee Members. My name is Alan Johnson, Chair of the Hawaii Substance Abuse Coalition, an organization of more than thirty treatment and prevention agencies across the State.

The Hawaii Substance Abuse Coalition (HSAC) proposes helpful recommendations to establish licensed medical marijuana dispensaries and production centers for qualifying patients and primary caregivers to transport medical marijuana.

We have the opportunity to do better than we have before when approving those drugs for consumption that may have benefits, but also can be harmful or addictive. How we regulate medical marijuana will set the tone for any possible future legislation.

HSAC proposes these recommendations:

- 1. Restrict advertising.**
- 2. Place warning label on product, advertisement and website, etc.**
- 3. Increase fees to cover for Regulatory Inspector.**
- 4. Increase fees to cover prevention programs for children.**
- 5. Increase fees to cover for treatment for marijuana abuse and addiction.**
- 6. Encourage other therapeutic forms of THC.**

Restrict Advertising

We note in the YouTube advertisements that a picture of Grandma rolling a marijuana cigarette gives the impression that if Grandma can do it, it must be safe.

We recommend that advertising be restricted to no TV, public media, newspapers, etc. Other states have limited advertising to:

- No licensee can advertise marijuana/infused product in any form or through any medium whatsoever within 1,000 ft. of school grounds, playgrounds, child care, public parks, libraries, or game arcades that allows minors to enter.
- Also, you can't advertise on public transit vehicles/shelters or on any publicly owned or operated property.
- The controls should emulate the restrictions on targeting young people, banning outdoor advertising and product placements that the tobacco industry accepted as part of its settlement with state attorneys general in 1998.
- Retailers are limited to one 1,600 square inch sign bearing their business/trade name.
- They cannot put products on display to the general public such as through window fronts.

Please remember the lesson in the battle between the community vs. the tobacco industry in their advertising's outsize role in creating and sustaining an addiction to nicotine, particularly among teenagers and young adults. Though marijuana is far less addictive than tobacco, states must impose limits on the promotional activities of marijuana to not incur another outsize role.

Warning Labels

Here are some suggested warning labels from other states as well as federal agencies:

- Warning: In compliance with [section XX of XX], do not drive and keep out of reach of children.
- Warning: Growing evidence is showing that marijuana may be particularly harmful for young people: It may cause long-term or even permanent impairment in cognitive ability and intelligence when used regularly during adolescence, when the brain is still developing.
- Warning: In some instances, marijuana may trigger acute psychosis or symptoms with other mental illnesses.
- Warning: For medicinal use only
- Warning: Not for resale
- Give information on potency, expiration dates, and a disclaimer that medical marijuana isn't legal outside Hawaii and hasn't been safety-tested.
- Give information to parents and students about the issues surrounding the use of marijuana.
- Warning: The use of marijuana can lead to abuse and addiction.
- Warning: There is no evidence that the use of marijuana is an effective medical solution for any diagnosed illness. Please consult your physician for recommended care.
- Warning: Smoking marijuana elevates your heart rate 20-100% for up to 3 hours and increases your risk of heart attack for at least one hour after smoking. The risk may be greater in older individuals or those with cardiac vulnerabilities.
- Warning: The chronic use of marijuana has been linked with mental illness. High doses of marijuana can produce a temporary psychotic reaction (involving hallucinations and paranoia) In some users, and using marijuana can worsen the course of illness in patients with schizophrenia. A series of large studies following users across time also showed a link between marijuana use and later development of psychosis. This

relationship was influenced by genetic variables as well as the amount of drug used, drug potency, and the age at which it was first taken—those who start young are at increased risk for later problems. Associations have also been found between marijuana use and other mental health problems, such as depression, anxiety, suicidal thoughts among adolescents, and personality disturbances, including a lack of motivation to engage in typically rewarding activities.

- Warning: Marijuana use during pregnancy is associated with increased risk of neurobehavioral problems in babies and may alter the developing endocannabinoid system in the brain of the fetus. There is also some evidence that marijuana use during pregnancy may be associated with neurological problems in babies and impaired school performance later in childhood.
- Warning: The use of marijuana may impair judgment and motor coordination. Do not drive vehicles or operate any equipment that could contribute to risk of injury or death.

Federal rules mandate that states must require proper labeling and packaging of products that contain mind-altering substances. A safety concern is that, contrary to common belief, marijuana can be addictive: About 9% of people who try marijuana will become addicted to it. The number goes up to about 1 in 6 among people who start using marijuana as teenagers, and to 25-50% among daily users. <http://www.drugabuse.gov/publications/drugfacts/marijuana-medicine>

Regulatory Oversight

HSAC recommends that the State employ Regulatory Inspectors so that regular inspections occur to ensure product integrity.

- Many illicit marijuana products today are laced with other addictive drugs as well as mold and other impurities.
- Medical marijuana must be inspected frequently to ensure the product is safe for consumption.
- Qualified inspectors would protect consumers from both dangerous and counterfeit products, reducing the physical risk from a psychoactive substance.

Beyond keeping marijuana out of the hands of minors, a good regulatory system has to limit the increase in drug abuse that is likely to accompany lower prices as availability of medical marijuana increases. And a well-regulated system should undermine and eventually deter the black market for marijuana.

As a means to fund regulation, a better approach would be to tax the drug based on its potency — which can be measured in various ways, including by the amount of the component THC in a batch — and increase the rate over time to keep up with inflation. Lawmakers should not repeat the mistakes they made on alcohol in recent years, taxing it too lightly and allowing the industry to become highly concentrated. (Just two companies control about 75 percent of the American beer market today.)

States with an existing medical marijuana market will also have to make sure that users are not abusing it. The problem is that almost anyone can get a card on a doctor's recommendation. Regulators need to tighten access to cards and penalize doctors who churn out recommendations by the hundreds.

Future policing issues will include how to quantify whether someone is impaired from smoking marijuana before driving. Other complexities that will have to be answered include randomly testing pilots, bus drivers, taxi drivers and others.

Prevention Need for Children

HSAC recommends significant funding be legislated to specifically address prevention for adolescent marijuana use because of the potential permanent loss of brain functions in youth when used heavily. Marijuana affects brain development, and when it is used heavily by young people, its effects on thinking and memory may last a long time or even be permanent. While adults who abuse marijuana tend to recover lost brain functions, significant testing has indicated that young abusers do not. Adolescent abusers incur substantially reduced connectivity among brain areas responsible for learning, memory, attention and problem solving. And a large long-term study showed that people who began smoking marijuana heavily in their teens lost an average of 8 points in IQ between age 13 and age 38. Importantly, the lost cognitive abilities were not fully restored in adolescents who quit smoking marijuana. // www.drugabuse.gov/publications/drugfacts/marijuana. Revised January 2014

Softening attitudes are problematic because research demonstrates that illegal drug use among youth lowers their perception of risk (whether one thinks a drug is dangerous) and social disapproval of use. Studies have substantiated the powerful association between perceived risk and use that cannot be explained away by concurrent shifts in a number of other lifestyle factors.

Universal prevention programs to help build strong families and provide youth with the skills to make good, healthy decisions are necessary components of effective drug prevention. Drug prevention efforts also need to focus specifically on community risk and protective factors explicitly related to the initiation and use of marijuana.

Prevention science in the field of substance abuse has made great progress in recent years, resulting in effective intervention to help children reduce the risk of initiating drug use at every step of the developmental path. Working more broadly with families, schools and communities, scientists have found effective ways to help people gain skills and approaches to stop problem behaviors — such as drug use — before they occur.

Over 51% of students in school-based and community treatment programs report that their primary problem is marijuana. While this increase in marijuana use happened in a cultural shift over several years, it is evident that the use of marijuana under the guise of medicine has affected youth drug use patterns.

Treatment Need for Adults and Adolescents

HSAC recommends that significant resources be allocated to provide treatment for marijuana treatment. Contrary to common belief, marijuana is addictive. Final answer.

Research suggests that about 9% of users become addicted to marijuana; this number increases among those who start young (to about 17 percent, or 1 in 6) and among people who use marijuana daily (to 25-50 percent), according to the National Institutes of Health.

The potency concentrations in marijuana have increased from 4% to about 15%. For frequent users, it means a greater risk for addiction if they are exposing themselves to high doses on a regular basis. Keep in mind that marijuana addiction is a condition in which a person cannot stop using a drug even though it interferes with many aspects of his or her life.

Because marijuana addiction produces a withdrawal syndrome such as anxiety and drug craving, evidence-based marijuana treatment plays a vital role in any discussion of marijuana. For those who have not progressed to full marijuana addiction, an initial drug screen by general primary care physicians or counselors can identify at-risk people. Brief interventions may be performed by physicians. This type of inexpensive care has not yet been developed in Hawaii.

For those people with more chronic conditions, medical practitioners can refer to specialized treatment services (residential or outpatient), case management and follow-up support in the community. Specialized treatment utilizes evidenced-based treatment methods such as cognitive-behavioral therapy (CBT) and motivational approaches to produce rapid, internally motivated change. Although no medications are currently available, recent discoveries about the workings of the endocannabinoid system offer promise for the development of medications to ease withdrawal, block the intoxicating effects of marijuana, and prevent relapse. <http://www.drugabuse.gov/publications/research-reports/marijuana/marijuana-addictive>

Medicinal forms of THC

HSAC recommends that there be some kind of reference in the bill to develop the use of other methods for receiving the benefits of marijuana than just smoking it. Noting that the highest use of medical marijuana is for some kind of pain, there are some compounds within marijuana that have been shown to help. The whole marijuana plant material, on the other hand, has thousands of unknown and carcinogenic components that have not been accepted by scientific and medical authorities as medicines. While more research is needed, there also has to be other avenues to make those compounds available to those who need them without exposing them to harmful side effects.

More research is needed; however, it is clear that for some people, marijuana helps with chemotherapy-induced nausea, appetite enhancement and pain relief. The National Institutes of Health is currently funding cannabinoid research for the relief of pain, addiction, cancer, diabetic neuropathy, Tourette's syndrome, irritable bowel syndrome, multiple sclerosis, brain damage, depression, glaucoma, Alzheimer's disease, stroke, Autoimmune Hepatitis, ALS, viral infection, liver disease, cardiotoxicity, HIV/AIDS, schizophrenia, sleep, Crohn's Disease,

bipolar disorder, Post Traumatic Stress Disorder, anorexia nervosa, fibromyalgia, and other diseases. Unfortunately, such research is in the early stages of development.

While the term “medical marijuana” is generally used to refer to the whole unprocessed marijuana plant or its crude extracts, the active chemicals in marijuana, called *cannabinoids*, has led to the development of two FDA-approved medications already that harness the therapeutic benefits of cannabinoids while minimizing or eliminating the harmful side effects.

We appreciate the opportunity to testify and are available for questions.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: ninja01@hawaii.rr.com
Subject: Submitted testimony for SB1302 on Feb 18, 2015 16:00PM
Date: Sunday, February 15, 2015 12:10:20 AM

SB1302

Submitted on: 2/15/2015

Testimony for HTH/PSM/JDL on Feb 18, 2015 16:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
stuart saito	Individual	Support	No

Comments: I support this bill as it is time medical patients have a way to get their medical cannabis, and people need to be educated on why it is viable as a medicine and why it is needed. I have heard people talk about it in such a way that they sound uneducated on the subject and just following the old propaganda which is wrong. people need to be educated about it and dispensaries are needed, as there are many people who could get their medical card but don't even try because they feel its a waste of money to get a card they cant use because they have no way of obtaining their medicine.

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Cc: ninja01@hawaii.rr.com
Subject: Submitted testimony for SB1302 on Feb 18, 2015 16:00PM
Date: Sunday, February 15, 2015 12:21:07 AM

SB1302

Submitted on: 2/15/2015

Testimony for HTH/PSM/JDL on Feb 18, 2015 16:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
stuart saito	Individual	Support	No

Comments: most of these bills need to be supported if there is a viable medical use as the drug free coalition of Hawaii asked at the feb 7 hearing , yes it does the US govt thinks so, the proof is they have a patent on cannabidiol or cbd why they even can have a patent on a naturally occurring plants compound is beyond me its a naturally occurring compound in a naturally occurring plant. but it does prove without a doubt it does have viable medical use, the US govt knows it does and that's why they put a patent on it. there should be no zoning laws on it also because if you are not a qualifying patient you should not even be able to enter such an establishment.

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Cc: raphiell@gmail.com
Subject: Submitted testimony for SB131 on Feb 19, 2015 14:45PM
Date: Sunday, February 15, 2015 3:30:09 AM

SB131

Submitted on: 2/15/2015

Testimony for HTH/AGL on Feb 19, 2015 14:45PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Raphiell Nolin	Individual	Support	No

Comments: I support labeling of the food I feed my family. I have a right to know what's in it and make an informed choice.

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Cc: bacher.robert@gmail.com
Subject: Submitted testimony for SB1302 on Feb 18, 2015 16:00PM
Date: Sunday, February 15, 2015 2:00:01 PM

SB1302

Submitted on: 2/15/2015

Testimony for HTH/PSM/JDL on Feb 18, 2015 16:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Robert Bacher	Green Futures	Support	Yes

Comments: This bill would help patients finally get the safe access to safe and effective medicine.

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Cc: gr8tr8@gmail.com
Subject: Submitted testimony for SB1302 on Feb 18, 2015 16:00PM
Date: Sunday, February 15, 2015 2:41:05 PM

SB1302

Submitted on: 2/15/2015

Testimony for HTH/PSM/JDL on Feb 18, 2015 16:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Alan Yoshimoto	Individual	Support	No

Comments: This bill provides patients with reliable sources to get their medicine. A dispensary system can ensure the quality of cannabis products. Now, patients must either grow their own medicine, designate a caregiver, or seek black market sources. These sources cannot ensure quality due to varying growing conditions and skills. They also lack qualified product testing But a regulated dispensary system can meet these conditions and should be a qualified option for these patients. Please establish a regulated dispensary system for Hawaii medical marijuana patients.

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The Public Policy Voice for the Roman Catholic Church in the State of Hawaii

HEARING: Joint Senate Committee(s) on HTH/PSM/JDL
Hearing on Wednesday, February 18, 2015 @ 4:00 p.m.

SUBMITTED: February 16, 2015

TO: Senator(s): Josh Green; Will Espero & Gilbert Keith-Agaran

FROM: Walter Yoshimitsu, Executive Director

RE: Reservations on SB 1302 Relating to Medical Marijuana Dispensaries

If passed, this bill would allegedly “fix” the problem of medical marijuana distribution and the need for dispensaries and/or regulation. **We understand that medicinal marijuana is already legal in the State of Hawaii.; however, we maintain that promoting the use of marijuana (even for medical reasons) will translate for many, especially young people, as permissiveness, with little or no consideration of its ultimate effect on one’s body.** According to the American Medical Association, marijuana is considered a “dangerous drug” and a “powerful intoxicant” that harms one’s mental, physical, academic, and spiritual well-being, promotes irresponsible sexual behavior, encourages disrespect for traditional values, and threatens Hawaii’s youth. This is not what we want for Hawaii’s keiki.

At the federal level, marijuana remains classified as a Schedule I substance under the Controlled Substances Act, where Schedule I substances are considered to have a high potential for dependency, making distribution of marijuana a federal offense.

Many prescribing physicians for medicinal use of marijuana are arbitrary as to what counts as an authentic medical need so there is no real way for this legislature to make a truly informed decision. Even the American Medical Association’s 527-member House of Delegates decided during its interim meeting in 2013 (National Harbor, Md.), to retain the long-standing position that “cannabis is a dangerous drug and as such is a public health concern.”

Long-term health effects of chronic use, and marijuana’s role as a gateway to the use of other illegal drugs, are serious issues surrounding its use and decriminalization. The Catholic Church cares too much about the family to support this endeavor. Priority legislation should include efforts that strengthen and promote the family, not provide tools to ultimately destroy it.

The Catechism offers useful guidance: “The use of drugs inflicts very grave damage on human health and life” (no. 2291). In 2001, the Vatican’s Pontifical Council for Health Care Ministry issued a pastoral handbook entitled “Church, Drugs, and Drug Addiction.” It extols the virtue of temperance which “disposes us to avoid every kind of excess: the abuse of food, alcohol, tobacco, or medicine” (no. 2290).

Mahalo for the opportunity to submit these comments.



ONLINE TESTIMONY SUBMITTAL
Joint Senate Committee(s) on HTH/PSM/JDL
Hearing on Wednesday, February 18, 2015 @ 4:00 p.m.
Conference Room #414

DATE: February 16, 2015

TO: Senator(s) Josh Green (Chair) and Glenn Wakai (Vice Chair) - HTH
Senator(s) Will Espero (Chair) and Rosalyn Baker (Vice Chair) - PSM
Senator(s) Gilbert Keith-Agaran (Chair) and Maile Shimabukuro (Vice Chair) - JDL

FROM: Eva Andrade, Executive Director

RE: Reservations on SB 1302 Relating to Medical Marijuana Dispensaries

Aloha and thank you for the opportunity to provide comments on medical marijuana dispensaries and why we have concerns about the issue. Hawaii Family Forum is a non-profit, pro-family education organization committed to preserving and strengthening families in Hawaii, representing a network of various Christian Churches and denominations. While we have compassion for people who are ill and are staunch supporters of providing better end of life care for people who are in pain and suffering, we have serious concerns about the expansion of access to medical marijuana and their potential ramifications on the wider community – especially with regards to our keiki.

Although we will leave the discussion as to the regulatory functions and applicability to the legal experts, we do offer these five reasons why we are concerned:

1) Marijuana use, cultivation and dispensing goes against federal law.

Although 23 states (and D.C.) have enacted laws to legalize medical marijuana, (including Hawai'i which legalized it for medicinal use in 2000)ⁱ, the bottom line remains that **it is still illegal to possess, use or distribute marijuana according to federal law.**

2) Expanded access to marijuana will hurt our keiki.

Once the bridge is built to widen its access and availability, our keiki will be caught in the crossfire. There's a reason marijuana is the most widely used illegal drug in the world – it becomes an addiction. The bottom line is that people can't stop using it once they startⁱⁱ. And once they start, it can become a pathway to other drugs. Even though proponents have tried to dismiss this argument, clinical studies continue to prove otherwise. Medical marijuana use can also hurt a child during his or her mother's pregnancy.ⁱⁱⁱ

3) Medical marijuana opens the door for passage of recreational use of marijuana.

The argument for medical marijuana usually is just a way of opening the door to the recreational use of marijuana. When a state legalizes smoking marijuana for medical purposes, you can expect the next push to be for legalizing recreational marijuana. People of faith may accept the use of drugs for medicinal necessity but we do not understand why we need to flip to the other extreme and treat marijuana like it's a mild, over-the-counter medication. Even the American Medical



Association maintains its position that it [AMA] “shall encourage model legislation that would require placing the following warning on all cannabis products not approved by the U.S. Food and Drug Administration: “Marijuana has a high potential for abuse. It has no scientifically proven, currently accepted medical use for preventing or treating any disease process in the United States.” (Res 213, I-14) ^{iv}

4) Benefit of smoking marijuana for medical purposes still not proven

The fact remains that there is not enough scientific data to support marijuana’s medical benefits. According to the Whitehouse website, Whitehouse.gov^v, “To date...neither the FDA^{vi} nor the Institute of Medicine have found *smoked* marijuana to meet the modern standard for safe or effective medicine for any condition.” It’s highly unlikely that anyone will be able to prove the substance is entirely safe, because science shows that it is not. As with all drugs, there is always a long list of side effects, warnings, and disclaimers.

5) Hawai’i’s roads could become a testing ground for legal limits

Marijuana use affects driving. It is the most prevalent illegal drug detected in impaired drivers, fatally injured drivers and motor vehicle crash victims. It is not difficult to conclude that drivers who test positive for marijuana can cause serious automobile accidents. Five years after establishing a “medical” marijuana program, California saw an increase in fatal crashes. The California Office of Traffic Safety (OTS) completed a survey in 2012 that reported more drivers tested positive for drugs that can impair driving (14%) than did for alcohol (7.3%). Of the drugs, marijuana was most prevalent at 7.4%.^{vii} According to the Colorado Department of Transportation, drivers testing positive for marijuana doubled between 2006-2010, following an influx of pot shops and significant increases in registered “medical” marijuana users.^{viii}

Hawaii needs to remain a safe place for families. We hope that you keep these things in mind and not rush into anything until all the problems reported around the country with respect to marijuana are worked out. Mahalo for the opportunity to submit our concerns.

ⁱ Senate Bill 862 passed in 2000, (VOTE IN THE HOUSE: 30 yes-and 20 no (Auwae, Cachola, Halford, Kanoho, Kawakami, Lee, Leong, Marumoto, McDermott, Menor, Meyer, Morihara, Moses, Nakasone, Pendleton, Rath, Stegmaier, Takai, Whalen, Yonamine); (VOTE IN THE SENATE) 15 yes-and 10 no (Buen, Chun, D. Ige, M. Ige, Inouye, Iwase, Kawamoto, Matsuura, Sakamoto, Tam) [Source:

http://www.capitol.hawaii.gov/session2000/status/SB862_his_.htm

ⁱⁱ <http://www.drugabuse.gov/publications/drugfacts/marijuana> (02/05/15)

ⁱⁱⁱ <http://www.livescience.com/42853-marijuana-during-pregnancy-baby-brain.html> (02/05/15)

^{iv} AMA Policy: D-95.976 Cannabis - Expanded AMA Advocacy #4

^v <https://petitions.whitehouse.gov/response/what-we-have-say-about-legalizing-marijuana> (02/05/15)

^{vi} “A growing number of states have passed voter referenda (or legislative actions) making smoked marijuana available for a variety of medical conditions upon a doctor’s recommendation. These measures are inconsistent with efforts to ensure that medications undergo the rigorous scientific scrutiny of the FDA approval process and are proven safe and effective under the standards of the FD&C Act. Accordingly, FDA, as the federal agency responsible for reviewing the safety and efficacy of drugs, DEA as the federal agency charged with enforcing the CSA, and the Office of National Drug Control Policy, as the federal coordinator of drug control policy, do not support the use of smoked marijuana for medical purposes.” [Source: <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/2006/ucm108643.htm>]

^{vii} http://unmaskingmarijuana.org/Public_Safety.html (February 6, 2015)

^{viii} <http://kdvr.com/2014/05/15/study-more-marijuana-positive-drivers-involved-in-fatal-car-accidents-in-colorado/>

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Cc: breaking-the-silence@hotmail.com
Subject: *Submitted testimony for SB1302 on Feb 18, 2015 16:00PM*
Date: Monday, February 16, 2015 12:20:53 PM

SB1302

Submitted on: 2/16/2015

Testimony for HTH/PSM/JDL on Feb 18, 2015 16:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Dara Carlin, M.A.	Individual	Support	No

Comments:

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Date: Monday, February 16, 2015 12:28:51 PM

SB1302

Submitted on: 2/16/2015

Testimony for HTH/PSM/JDL on Feb 18, 2015 16:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Ronald Taniguchi, Pharm.D.	Individual	Support	No

Comments:

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Cc: bain@kauai.net
Subject: Submitted testimony for SB1302 on Feb 18, 2015 16:00PM
Date: Monday, February 16, 2015 7:00:35 PM

SB1302

Submitted on: 2/16/2015

Testimony for HTH/PSM/JDL on Feb 18, 2015 16:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
CAROL BAIN	Individual	Comments Only	No

Comments: TO: COMMITTEE ON HEALTH Senator Josh Green, Chair Senator Glenn Wakai, Vice Chair COMMITTEE ON PUBLIC SAFETY, INTERGOVERNMENTAL AND MILITARY AFFAIRS Senator Will Espero, Chair Senator Rosalyn H. Baker, Vice Chair COMMITTEE ON JUDICIARY AND LABOR Senator Gilbert S.C. Keith-Agaran, Chair Senator Maile S.L. Shimabukuro, Vice Chair Wednesday, February 18, 2015 4:00PM Conference Room 414 State Capitol 415 South Beretania Street Position: Comments This is another approach to creating a dispensary system. While much of it is the same approach taken in SB1029/HB321, it has certain weaknesses, that make SB1029 the better dispensary bill. While I do support the intention of keeping the medical cannabis program local, I worry that some restrictions in place in the law may be illegal and as such pose a real threat to the effectiveness of the system going forward. I also do not like how specific and limiting the wording is in SB1302. SB1029 is better overall. Mahalo for your time and consideration.

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Cc: koonceleah@gmail.com
Subject: Submitted testimony for SB1302 on Feb 18, 2015 16:00PM
Date: Monday, February 16, 2015 7:01:25 PM

SB1302

Submitted on: 2/16/2015

Testimony for HTH/PSM/JDL on Feb 18, 2015 16:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Leah M. Koonce	Individual	Support	No

Comments: I am submitting testimony in support of this bill because having a safe legal way to obtain medical marijuana is long overdue. With dispensaries available on every island, violating federal air space becomes a non issue since these dispensaries on each island can be set up to accommodate patients much the way methadone clinics set up guest dosing from mainland patients visiting. Dispensaries will have a database in place to ensure that a person will not be able to obtain more than what is legally allowed, similar to how patients who are prescribed narcotics (one prescribing doctor only) so doctor shopping is eliminated. Again, please support a state wide dispensary system as medical marijuana patients have waited far too long already for safe and legal access to their medicine. Thank You. Leah M Koonce (808)561-9521 85-638 Farrington hwy Waianae, Hawaii 96792

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Cc: georgina808@gmail.com
Subject: Submitted testimony for SB1302 on Feb 18, 2015 16:00PM
Date: Monday, February 16, 2015 8:18:15 PM

SB1302

Submitted on: 2/16/2015

Testimony for HTH/PSM/JDL on Feb 18, 2015 16:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Georgina Mckinley	Individual	Comments Only	No

Comments: Although I fully support creating a system of dispensaries in Hawaii, I believe that SB1302 has certain weaknesses which make it unfavorable. This bill establishes the number of dispensaries in the statute, rather than granting a ratio or giving the Department of Health the flexibility to issue more licenses as the number of patients increases. It will be difficult to correctly determine the number of dispensaries that are needed to serve patient needs. It is not in the best interest of patients or communities that this number be set arbitrarily in statute rather than in accordance with the level of patient need. The bill also requires that dispensaries be licensed health-care providers established in Hawaii for a number of years prior to applying for a dispensary license. This will unreasonably limit the number of potential applicants, as most health care providers are likely to be unwilling to take on the risks and difficulties of providing medical cannabis to patients. For these reasons, I feel that SB1029/HB321 are a much better approach.

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Cc: alohilani7@gmail.com
Subject: Submitted testimony for SB1302 on Feb 18, 2015 16:00PM
Date: Monday, February 16, 2015 9:27:19 PM

SB1302

Submitted on: 2/16/2015

Testimony for HTH/PSM/JDL on Feb 18, 2015 16:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Karen Alohilani Hue Sing	Individual	Comments Only	No

Comments: SB 1302~This is another approach to creating a dispensary system. While much of it is the same approach taken in SB1029/HB321, it has certain weaknesses, that make SB1029 the better dispensary bill. More specifically: The bill establishes the number of dispensaries in the statute, rather than granting a ratio or giving the department of health the flexibility to issue more licenses as the number of patients increases. It will be difficult to correctly determine the number of dispensaries that are needed to serve patient needs, and it is not in the best interest of patients or communities that this number be set arbitrarily in statute rather than dynamically in accordance with the level of patient need. The bill requires that dispensaries be licensed health-care providers established in Hawaii for a number of years prior to applying for a dispensaries license. This will unreasonably limit the number of potential applicants, as most health care providers are likely to be unwilling to take on the risks and difficulties of providing medical cannabis to patients. While we support the intention of keeping the medical cannabis program local, we worry that some restrictions in place in the law may be illegal and as such pose a real threat to the effectiveness of the system going forward.

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Cc: edwardcoll@gmail.com
Subject: Submitted testimony for SB1302 on Feb 18, 2015 16:00PM
Date: Monday, February 16, 2015 9:54:50 PM

SB1302

Submitted on: 2/16/2015

Testimony for HTH/PSM/JDL on Feb 18, 2015 16:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Edward Coll	Individual	Comments Only	No

Comments: This is another approach to creating a dispensary system. While much of it is the same approach taken in SB1029/HB321, it has certain weaknesses, that make SB1029 the better dispensary bill.

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Date: Tuesday, February 17, 2015 10:26:40 AM

SB1302

Submitted on: 2/17/2015

Testimony for HTH/PSM/JDL on Feb 18, 2015 16:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Patrick Park	Individual	Support	No

Comments:

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Cc: ooooom@msn.com
Subject: Submitted testimony for SB1302 on Feb 18, 2015 16:00PM
Date: Tuesday, February 17, 2015 10:40:57 AM

SB1302

Submitted on: 2/17/2015

Testimony for HTH/PSM/JDL on Feb 18, 2015 16:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Kathleen Luiten	Individual	Support	No

Comments: Please bring out state into compliance with the will of our people and the spirit of the law that made medical cannabis legal here years ago. It is a false front for the legislature to deny legal purchase of a legal medication. Let us have genuine medical dispensaries instead of perpetuating the illegal purchase of this medicine by those who truly need it. The legislature's past position on dispensaries promotes crime and continues to foster a greater participation in illegal drug, bringing legal users into contact with illegal "dealers" and criminals. I urge you to support SB1029 which is a better bill than this one because we need good providers NOW, not with the limits that are required by this bill which will likely result in very few dispensaries established in the near future. If you will not approve SB1029 then please at least approve this one. I have several close friends who use medical cannabis here on Kauai for MS spasms, cancer nausea and other genuine illnesses and condition that standard prescription drugs have failed to help. They cannot legally purchase their medicine, a legal medicine that they need - often daily - to maintain a reasonable quality of life. Without legal dispensaries on Kauai they must buy their legal medication ILLEGALLY, a situation they are forced into because of the state legislature's refusal to approve dispensaries. "Grow your own" is not an option for people who are genuinely ill. None of my friends who need this medication are well enough to grow the plants. Please end the false front of legal medical cannabis without legal purchase in our state. thank you for your consideration.

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Cc: mendezj@hawaii.edu
Subject: *Submitted testimony for SB1302 on Feb 18, 2015 16:00PM*
Date: Tuesday, February 17, 2015 11:05:45 AM

SB1302

Submitted on: 2/17/2015

Testimony for HTH/PSM/JDL on Feb 18, 2015 16:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez	Individual	Support	No

Comments:

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Hawaii's voice for sensible, compassionate, and just drug policy

COMMITTEE ON HEALTH

Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair

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

Senator Will Espero, Chair
Senator Rosalyn H. Baker, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR

Senator Gilbert S.C. Keith-Agaran, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

Wednesday, February 18, 2015

4:00PM

Conference Room 414

State Capitol

415 South Beretania Street

**Executive Director Rafael Kennedy with comments on SB1302 - Relating to Medical
Marijuana Dispensaries**

Aloha Chairs, Vice Chairs, and members of the committees,

The Drug Policy Forum of Hawaii strongly **supports the intent** of this bill in finally establishing a dispensary system for the medical cannabis program. For the most part, this bill hews closely to the recommendations that came from the HCR48 task force, and given that this model has the most robust backing, that is the model we support.

That being said, we have some concerns about this bill. There are some ways that it has departed from the recommendations of the HCR48 task force, and in some cases we think this may pose a grave danger to the effectiveness of the program. The first, and perhaps biggest issue is that the bill contains several provisions including residency requirements that are

seemingly in contradiction of the commerce clause, and may therefore be unconstitutional.

Similarly, the bill requires that applicants for dispensary licenses, “Be a health care provider incorporated in the State for at least ____ years before the date of application;” and this may so limit the number of applicants as to make it very difficult to find a sufficient number of dispensary operators. Health Care Provider is not a term that is defined in this bill, but it is defined in 431:10A-116.3 as:

“a provider of services, as defined in 42 U.S.C. 1395x(u), a provider of medical and other health services, as defined in 42 U.S.C. 1395x(s), and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business.”

This may mean that the only entities able to apply for dispensary licenses under the bill would be precluded from doing so because of federal licensing requirements. Moreover, the needs of a dispensary are fundamentally different from many of the requirements of successfully operating a business providing other types of health care services. This may introduce **conflicts of interest**, delays, and create problems as organizations and individuals that are not otherwise prepared or qualified to operate dispensaries are given the right of first refusal on dispensary licenses. It may also create incentives for organizations and individuals to attempt to establish themselves as providers of health services in Hawaii solely in order to position themselves as applicants for dispensary licenses, and may be therefore problematically inserting themselves into an established market for care.

Another key flaw in the bill is that the bill does not implement an important recommendation of the task force: that there be **a ratio of dispensaries to patients**, allowing the department of health to issue more licenses if the number of patients increases in response to the creation of a dispensary program. The strong evidence is from the experience of other states is that this is likely to happen. Having a ratio is important because it will create competition between dispensaries to improve services and drive down prices, which is necessary especially given the relatively high licensing fees that would be required in order to keep the program budget neutral.

For these reasons, we support the **approach taken by SB1029**. If these problems can be addressed with amendments, we would support the bill. The Drug Policy Forum is willing to offer proposed language addressing

these issues as required. Mahalo for your consideration on this important matter.

Rafael Kennedy
Executive Director,
Drug Policy Forum of Hawaii

The Drug Policy Forum of Hawaii works to educate policymakers and the public about effective ways of addressing drug issues in Hawai'i with sensible and humane policies that reduce harm, expand treatment options, and adopt evidence-based practices while optimizing the use of scarce resources.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: lcaldwell12@live.com
Subject: *Submitted testimony for SB1302 on Feb 18, 2015 16:00PM*
Date: Tuesday, February 17, 2015 12:04:21 PM

SB1302

Submitted on: 2/17/2015

Testimony for HTH/PSM/JDL on Feb 18, 2015 16:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Larry Caldwell	Individual	Support	No

Comments:

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Cc: hawaiicannabiscare@gmail.com
Subject: Submitted testimony for SB1302 on Feb 18, 2015 16:00PM
Date: Tuesday, February 17, 2015 12:52:32 PM

SB1302

Submitted on: 2/17/2015

Testimony for HTH/PSM/JDL on Feb 18, 2015 16:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Hawaii Cannabis Care	Hawaii Cannabis Care	Oppose	Yes

Comments: We oppose this bill.

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Cc: punarasta@gmail.com
Subject: Submitted testimony for SB1302 on Feb 18, 2015 16:00PM
Date: Tuesday, February 17, 2015 1:00:54 PM

SB1302

Submitted on: 2/17/2015

Testimony for HTH/PSM/JDL on Feb 18, 2015 16:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Rev. Nancy Harris	Individual	Comments Only	No

Comments: Aloha, I regretfully cannot support SB1302 in its current form. Provisions for patient cooperatives or collectives are not included.

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HAWAII FAMILY ADVOCATES

A 501(C) (4) organization associated with Hawaii Family Forum

ONLINE TESTIMONY SUBMITTAL
Senate Committee HTH; PSM, & JDL
Hearing on February 18, 2015 @4:00
Conference Room #414

DATE: February 17, 2015

TO: Senate Committee on Health Senate Committee on Judiciary & Labor
Senator Josh Green, Chair Senator Gilbert S.C. Keith-Aragan, Chair
Senator Glenn Wakai, Vice Chair Senator Maile S.L. Shimabukuro, Vice Chair

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

FROM: James R. "Duke" Aiona, Jr. Interim President & CEO

RE: Reservations on SB 1302 Relating to Medical Marijuana Dispensaries

My name is James R. "Duke" Aiona, Jr., and I have been an attorney in Honolulu since 1981. I have also served the people of Hawaii as a Family and Circuit Court Judge of the First Circuit (1990 – 1998) and I also served as the first Administrative Judge of the Hawaii Drug Court Program (1994-1997). Currently I am also the interim president of Hawaii Family Advocates, a 501(c)(4) independent expenditure, non-candidate organization. Along with our community associate Hawaii Family Forum, we have serious reservations about these bills.

Although 23 states have enacted laws to legalize medical marijuana, (including Hawai'i which legalized it for medicinal use in 2000)ⁱ, the bottom line remains that **it is still illegal to possess, use or distribute marijuana according to federal law**. People who use marijuana, even for medical purposes, could end up in jail. This seems like a very ambiguous place to leave our community residents who feel that medical marijuana is the best answer to their quality of life.

In a 2013 article published by the American Psychiatric Association, they quote the American Medical Association who maintains their current policy that asserts "cannabis is a dangerous drug and as such is a public health concern, [that] sale and possession of marijuana should not be legalized, [and that] public health-based strategies, rather than incarceration, should be utilized in the handling of individuals possessing cannabis for personal use."ⁱⁱ

It's important to note the impact of medicinal marijuana usage on important functions of the body; normal brain function and concentration, learning, memory, and judgment. These problems can continue

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for days or weeks after the immediate effects of the drug have worn off. In addition, research has linked marijuana use with poor overall job performance, which includes increased tardiness, absenteeism,

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Relating to Medical Marijuana

accidents, and workers' compensation claims. The Oregon States Sheriff's Department reported that "Toxicology reports with positive marijuana results for driving under the influence have increased 16 percent from 2011 to 2013 in Colorado."ⁱⁱⁱ

It may seem compassionate to support medical marijuana; however, usage impairs an individual's ability to make deep and meaningful attachments and robs them of the ability to be intimate with other people. This promotes isolation, which feeds the need to smoke pot, which strains more relationships. This cycle causes increased conflict in relationships. Heavy, long-term use of marijuana stunts emotional and social development. It kills motivation and prevents people from moving forward in their lives. Is this really what we want for Hawai'i's sick and infirmed?

Authorities nationwide point to states that have approved its medical use of cannabis, such as California and Colorado. Overall crime in Denver increased 6.7 percent from the first six months of 2013 to the first six months of 2014^{iv}. Storefront marijuana shops in Los Angeles and Colorado, for instance, have drawn frequent complaints and a crackdown from federal drug agents, while local law enforcement report that some shops have been taken over by illegal drug dealers. These real-life examples give rise to doubts that legislation can effectively regulate the sale and production of medical marijuana. The door, already opened and expanded by these bills, will provide criminals who produce and distribute them the opportunity to destroy our local communities. Is this really what we want for Hawai'i?

Finally, regulating dispensaries is going to be a very tough job! Of the 23 states that have legalized medical marijuana only 17 of them have dispensaries. One factor is that in states where medicinal marijuana is legal, dispensary owners have had problems finding banks to take the money, since federal law still prohibits the sale of marijuana. In addition, the Oregon Health Department reported problems with labeling, testing and tracking inventory as common violations found by medical marijuana dispensary inspectors.^v

Mahalo for the opportunity to submit our concerns.

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ⁱ Senate Bill 862 passed in 2000, (VOTE IN THE HOUSE) 30 yes-and 20 no (Auwae, Cachola, Halford, Kanoho, Kawakami, Lee, Leong, Marumoto, McDermott, Menor, Meyer, Morihara, Moses, Nakasone, Pendleton, Rath, Stegmaier, Takai, Whalen, Yonamine); (VOTE IN THE SENATE) 15 yes-and 10 no (Buen, Chun, D. Ige, M. Ige, Inouye, Iwase, Kawamoto, Matsuura, Sakamoto, Tam)

ⁱⁱ <http://psychnews.psychiatryonline.org/doi/full/10.1176%2Fappi.pn.2013.12b20>

ⁱⁱⁱ <http://www.oregonsheriffs.org/pdfs/Marijuana.pdf> (2014 report)

^{iv} ibid

^v <http://www.statesmanjournal.com/story/news/politics/2014/08/14/state-releases-first-medical-marijuana-dispensary-inspections/14074265/>

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: britneal@live.com
Subject: Submitted testimony for SB1302 on Feb 18, 2015 16:00PM
Date: Tuesday, February 17, 2015 1:41:19 PM

SB1302

Submitted on: 2/17/2015

Testimony for HTH/PSM/JDL on Feb 18, 2015 16:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Brittany Neal	Individual	Oppose	No

Comments: I do not support SB 1302. There are many crucial holes in information that make this bill somewhat alarming. For example Section 321-B (e) fails to specify how many dispensaries shall be licensed in each county. Will it be zero? Section 321-B (f) (1) fails to specify the number of years a healthcare provider must be incorporated in the state before they may submit an application for a dispensary. Will it be 50? And these holes continue throughout the body of this bill. If the department profits from unsuccessful applications financial incentive is created to deny applicants. Will there become an internal policy that no applicant be approved until the fifth time? Furthermore it is absurd to say that a patient or caregiver is "prohibited from transporting medical marijuana in any public place". How does one ever get their initial medical cannabis home if it cannot be transported in any public place? How does a qualifying patient get medicine from their caregiver? Additionally, it is problematic that this act will be repealed on an unspecified date. For further reasons to lengthy to enumerate here, I do not support this bill and would like to see it killed. I am in support however, of a more viable dispensary system being implemented through another more sound bill.

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
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Subject: Submitted testimony for SB1302 on Feb 18, 2015 16:00PM
Date: Tuesday, February 17, 2015 1:36:55 PM

SB1302

Submitted on: 2/17/2015

Testimony for HTH/PSM/JDL on Feb 18, 2015 16:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Brent Neal	Individual	Oppose	No

Comments: I do not support SB 1302. There are many crucial holes in information that make this bill somewhat alarming. For example Section 321-B (e) fails to specify how many dispensaries shall be licensed in each county. Will it be zero? Section 321-B (f) (1) fails to specify the number of years a healthcare provider must be incorporated in the state before they may submit an application for a dispensary. Will it be 50? And these holes continue throughout the body of this bill. If the department profits from unsuccessful applications financial incentive is created to deny applicants. Will there become an internal policy that no applicant be approved until the fifth time? Furthermore it is absurd to say that a patient or caregiver is "prohibited from transporting medical marijuana in any public place". How does one ever get their initial medical cannabis home if it cannot be transported in any public place? How does a qualifying patient get medicine from their caregiver? Additionally, it is problematic that this act will be repealed on an unspecified date. For further reasons to lengthy to enumerate here, I do not support this bill and would like to see it killed. I am in support however, of a more viable dispensary system being implemented through another more sound bill.

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Cc: alternativepainmanagementclub@gmail.com
Subject: Submitted testimony for SB1302 on Feb 18, 2015 16:00PM
Date: Tuesday, February 17, 2015 1:31:44 PM

SB1302

Submitted on: 2/17/2015

Testimony for HTH/PSM/JDL on Feb 18, 2015 16:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Mike Ruggles	Alternative Pain Management Pu`uhonua LLC	Oppose	No

Comments: I do not support SB 1302. There are many crucial holes in information that make this bill somewhat alarming. For example Section 321-B (e) fails to specify how many dispensaries shall be licensed in each county. Will it be zero? Section 321-B (f) (1) fails to specify the number of years a healthcare provider must be incorporated in the state before they may submit an application for a dispensary. Will it be 50? And these holes continue throughout the body of this bill. If the department profits from unsuccessful applications financial incentive is created to deny applicants. Will there become an internal policy that no applicant be approved until the fifth time? Furthermore it is absurd to say that a patient or caregiver is "prohibited from transporting medical marijuana in any public place". How does one ever get their initial medical cannabis home if it cannot be transported in any public place? How does a qualifying patient get medicine from their caregiver? Additionally, it is problematic that this act will be repealed on an unspecified date. For further reasons to lengthy to enumerate here, I do not support this bill and would like to see it killed. I am in support however, of a more viable dispensary system being implemented through another more sound bill.

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