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LATE

Testimony by:

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IN REPLY REFER TO:

STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
869 PUNCHBOWL STREET
HONOLULU, HAWAII 96813-5097

March 23, 2016
9:30 A.M.
State Capitol, Room 229

**S.C.R. 74 / S.R. 45
RELATING TO MEDICAL MARIJUANA EDIBLE PRODUCTS**

Senate Committee on Commerce, Consumer Protection, and Health

The Department of Transportation (DOT) is submitting **comments** because it has concerns as it relates to these resolutions, which convenes a working group to research, discuss and make recommendations regarding edible medical marijuana products.

The DOT believes that if a working group is established, it should include representatives from DOT and law enforcement agencies from each county. As the bill is currently written, there is no representation from these agencies.

Edible marijuana is very different from "joints" and other marijuana products, and the effects of Tetrahydrocannabinol (THC) when consumed in edibles compared to smoking sometimes takes several hours. People are more likely to eat more than the recommended serving since they don't immediately feel the effects. These same people may get into a car and start driving.

According to a November 2015 report from the Canadian Centre on Substance Abuse entitled "Cannabis Regulation: Lessons Learned In Colorado and Washington State," stakeholders in Colorado and Washington recommended that any jurisdiction considering policy change, including commercialization and legalization of marijuana, should:

- "Promote collaboration to bring diverse partners to the table from the beginning and to promote open, consistent communication and collaborative problem-solving;"
- "Develop a clear, comprehensive communication strategy to convey details of the regulations prior to implementation, so that the public and other stakeholders understand what is permitted, as well as the risks and harms associated with use, so that individuals can make informed choices;" as well as
- "Ensure consistent enforcement of regulations by investing in training and tools for those responsible for enforcement, particularly to prevent and address impaired driving"

Stakeholders in both states agreed that “moving gradually and decreasing the restrictiveness of regulations is easier than increasing them, so they recommended beginning with a more restrictive framework and easing restrictions as evidence indicates. Colorado’s experience with edible cannabis products illustrates the importance of this theme.” It is vital that the public is properly educated on the effects and dangers of consuming marijuana and driving while impaired.

Reports from Washington State (“Driver Toxicology Testing and the Involvement of Marijuana in Fatal Crashes, 2010-2014”) and Colorado (“The Legalization of Marijuana in Colorado: The Impact”) indicate that with the commercialization of marijuana in the form of dispensaries and the legalization of marijuana, there have been increases in marijuana-impaired driving arrests and fatalities. In Washington, 84.3 percent of drivers positive for cannabinoids were positive for delta-9-THC – the psychoactive chemical entering the blood and brain immediately after marijuana smoking/consumption – in 2014, compared to only 44.4 percent of cannabinoid-positive drivers in 2010. In Colorado, marijuana-related traffic deaths increased 92 percent from 2010-2014. In addition, the average number of marijuana-related traffic deaths increased 48 percent during the medical marijuana commercialization years (2009-2012) compared to the pre-commercialization years (2006-2008), when medical marijuana was legal but there were no known dispensaries.

In Hawaii, there was a significant increase in marijuana-impaired driving following the legalization of medical marijuana in our state in December 2000. During the pre-medical marijuana period (1991-2000), 4.89 percent of fatally injured drivers tested positive for having marijuana in their systems. After the medical marijuana program went into effect, the proportion of fatally injured drivers who tested positive for THC increased to 14.61 percent during the post-medical marijuana period (2001-2011).

In recent years, from 2010-2014, 12 percent of drivers involved in fatal traffic crashes tested positive for having marijuana in their systems.

In light of these statistics and recommendations, we believe that it is vital that DOT and law enforcement agencies be included in any commissions or committees related to medical marijuana as it will have an impact on drug-impaired driving and the safety of our traveling public.

According to the November 2015 report from the Canadian Centre on Substance Abuse entitled “Cannabis Regulation: Lessons Learned In Colorado and Washington State,” stakeholders in Colorado and Washington recommended that any jurisdiction considering policy change, including commercialization and legalization of marijuana, should create a comprehensive regulatory framework that takes into account legislation and policy; public awareness and prevention; health interventions and treatment; detection; deterrence and enforcement; adjudication and sanctions; evaluation; etc. The Washington and Colorado stakeholders also identified the importance of “taking the time and investing the resources needed to get it right, assessing impacts along the way, and making incremental changes to respond to emerging lessons learned.” We strongly believe that the working group in this resolution could not effectively accomplish this with the membership composition that is currently proposed.

Thank you for the opportunity to provide testimony.

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**the Drug Policy
Action Group**

A sister organization of the Drug Policy Forum of Hawai'i
PO Box 83, Honolulu, HI 96810 ~ (808) 853-3231

Hawaii's Voice for Sensible, Compassionate, and Just Drug Policy

TO: SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION & HEALTH

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

DATE: MARCH 23, 2016, 9:30 a.m., ROOM 229

RE: SCR 74/SR 45 URGING THE LEGISLATURE TO CONVENE A WORKING GROUP TO RESEARCH, DISCUSS, AND MAKE RECOMMENDATIONS REGARDING EDIBLE MEDICAL MARIJUANA PRODUCTS – **IN STRONG SUPPORT**

Good morning, Chairs Baker, Vice Chair Kidani, 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.

DPAG is in strong support of this measure.

We are very pleased to see this proposal to study the issue of adding edible products to those that are available at the medical marijuana dispensaries scheduled to open this summer. We regret that edibles were not included in the initial enabling legislation, although we do recognize the concerns that were responsible for this. We believe, however, that there are plenty of appropriate measures that can be taken to lessen any potential risk.

Above all, education is needed at every level: education to dispensary staffers, to medical marijuana patients, to health care professionals, and to the general public would address concerns about patients taking too high a dose, an inappropriate strain, etc. The issue of access to children can be addressed in many ways: child-proof, packaging - which has become very sophisticated - but most of all, the common sense measure of teaching parents to keep these medications out of reach and out of sight – just as they would for other medications.

An ever-increasing body of research demonstrates that edibles can be uniquely helpful for chronic pain and other symptoms due to the steady supply of medicine they provide over many hours. Importantly, it is becoming evident that many pain patients are able to greatly reduce or even replace their use of opioids, by substituting cannabis. This is

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more important now than ever given the nation-wide crisis in opioid overdoses which we are seeing in Hawaii as well.

In terms of specifics, we have a few suggestions. It might make more sense for the Hawaii Dispensary Alliance, a trade association for dispensaries, to be a member of the working group rather than two licensees representatives. It seems they would have less potential for conflict of interests. On page 2, line 41, we suggest deleting the word "new" since the group should ideally look at all edible products both old and new.

Stepping back we also question whether the working group called for in this resolution could be folded into with the legislative working group described in the forthcoming HB2707, SD1 which passed out of this committee on Monday.

In any case, we heartily endorse the content of this resolution and urge the committee to move SCR 74/SR 45 on to WAM. Mahalo for hearing this important measure today and for giving us the opportunity to testify.

baker2 - Lia/Eve

From: Ginger Towle <towle@hawaiiantel.net>
Sent: Tuesday, March 22, 2016 10:53 AM
To: CPH Testimony
Subject: SCR 74 Medical Marijuana Working Group: Edibles SUPPORT

Categories: Late

I support the legislature in plans to convene a working group to research, discuss and make recommendations regarding edible medical marijuana products. This is serious and the whole community is effected. It needs to be totally researched!!

Thank you

Virginia U. Ginger Towle
75-5788 Nele Place
Kailua-Kona, Hi.
808-329-2051

baker2 - Lia/Eve

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 22, 2016 1:28 PM
To: CPH Testimony
Cc: j.bobich@tcu.edu
Subject: *Submitted testimony for SCR74 on Mar 23, 2016 09:30AM*

SCR74

Submitted on: 3/22/2016

Testimony for CPH on Mar 23, 2016 09:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Joseph A. Bobich	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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baker2 - Lia/Eve

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 23, 2016 7:50 AM
To: CPH Testimony
Cc: koonceleah@gmail.com
Subject: *Submitted testimony for SCR74 on Mar 23, 2016 09:30AM*

SCR74

Submitted on: 3/23/2016

Testimony for CPH on Mar 23, 2016 09:30AM in Conference Room 229

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

Comments:

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baker2 - Lia/Eve

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 22, 2016 2:50 PM
To: CPH Testimony
Cc: mcleanj5@outlook.com
Subject: Submitted testimony for SR45 on Mar 23, 2016 09:30AM

Categories: Late

SR45

Submitted on: 3/22/2016

Testimony for CPH on Mar 23, 2016 09:30AM in Conference Room 229

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

Comments: I support this measure. Edible medicines should be available to all patients. The edible form of medicine is longer-acting and preferred by many. In addition, many patients prefer edibles to other methods of administration, such as inhaling of smoke.

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