



**TESTIMONY OF  
THE DEPARTMENT OF THE ATTORNEY GENERAL  
TWENTY-NINTH LEGISLATURE, 2018**

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**ON THE FOLLOWING MEASURE:**  
H.B. NO. 1893, RELATING TO HEALTH.

**BEFORE THE:**  
HOUSE COMMITTEE ON HEALTH & HUMAN SERVICES

**DATE:** Thursday, February 1, 2018      **TIME:** 9:30 a.m.

**LOCATION:** State Capitol, Room 329

**TESTIFIER(S):** Russell A. Suzuki, First Deputy Attorney General, or  
Jill T. Nagamine, Deputy Attorney General

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Chair Mizuno and Members of the Committee:

The Department of the Attorney General provides the following comments on this bill.

This bill would add "opioid use disorder" to the list of debilitating medical conditions for which a qualifying patient is permitted the medical use of cannabis. It would limit the cannabis products a patient with an opioid use disorder diagnosis could use to non-psychoactive, high cannabidiol products that do not contain a significant amount of tetrahydrocannabinol (THC). According to the purpose section of this measure (page 2 at lines 17 to 19), this limitation appears intended to apply only to qualifying patients with an opioid use disorder. The bill as written would also amend section 329-122, Hawaii Revised Statutes (HRS), to remove the overall authority for the medical use of cannabis, other than non-psychoactive, high cannabidiol products that do not contain a significant amount of THC.

If the limitation is to apply only to patients with opioid use disorder, it appears that to implement this bill the Department of Health (DOH) would have to create a means to distinguish patients who are certified to use cannabis based on a diagnosis of opioid use disorder from the rest of the qualifying patients who have no limitations on the type of cannabis they are entitled to use. Cannabis dispensaries would have to be able to determine that there is a limitation on what they are allowed to sell to patients with

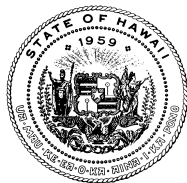
opioid use disorder, and law enforcement would have to know whether a person has opioid use disorder to be able to tell if a person is in possession of an allowable type of cannabis. Thus, those patients would likely have to be issued a registry card that differs from other patients' registry cards, and that would create some constitutional privacy concerns for the patients with the opioid use disorder. None of the other debilitating medical conditions has to be revealed to dispensaries or law enforcement, but this condition, of necessity, would have to be identified—presumably on the face of the registry card. Anyone seeing such a card would know the medical diagnosis of the carrier of the card. Even if the card does not have to be different, the information relating to the product limitation would have to be revealed to dispensaries through the computer tracking system, so that the dispensaries would not inadvertently make an unallowable sale.

In addition to the potential problem of identifying those patients who may only have non-psychoactive, high cannabidiol products that do not contain a significant amount of tetrahydrocannabinol (THC), there is also a problem in identifying those products themselves. Dispensaries might not carry those products and, if they do not, the patient or caregiver may have to grow the cannabis. There is no current means to regulate the composition of home grown cannabis products, so there would be problems enforcing this bill's intent to allow certain patients to only use certain types of cannabis.

Section 4 of this bill as currently written, beginning on page 6, would amend section 329-122, HRS, to cancel the protections currently afforded to the medical use of cannabis, unless that cannabis is in the form of a non-psychoactive, high cannabidiol product that does not contain a significant amount of THC. The wording at page 7, lines 6-9 of the bill, would amend section 329-122(c), HRS, to make the authorization for the medical use of cannabis not apply to the medical use of cannabis in many of the forms currently used by qualifying patients and sold by dispensaries. If that is the intended result, the implementation problems noted above would be resolved, because no one would be able to legally use any cannabis, other than non-psychoactive, high cannabidiol products that do not contain a significant amount of THC, and thus no

distinction among the qualifying patients would be necessary. If that is not the intended result, then the wording from page 7, lines 6-9, should be deleted from the bill, because section 329-122, HRS, as currently written, already authorizes the medical use of cannabis pursuant to chapter 329, part IX, without regard to the cannabidiol or THC content of the cannabis.

If the Committee decides to pass this bill, we respectfully ask it to consider our concerns.



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P. O. Box 3378  
Honolulu, HI 96801-3378  
doh.testimony@doh.hawaii.gov

**Testimony in OPPOSITION to HB1893  
(RELATING TO HEALTH)**

REPRESENTATIVE JOHN MIZUNO, CHAIR  
REPRESENTATIVE BERTRAND KOBAYASHI, VICE CHAIR  
HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES

Hearing Date: 2/1/18

Room Number: 329

1 **Fiscal Implications:** Cost to program data systems for differential handling of opioid use  
2 disorder condition, including changes to patient registry database, additional information on 329  
3 registration cards, additional information for law enforcement and dispensary verification  
4 systems.

5 **Department Testimony:**

6 The purpose of this bill is to add opioid use disorder as a condition qualifying for the medical use  
7 of cannabis under 329-121, HRS, and to limit these patients to only non-psychoactive, high  
8 cannabidiol products that do not contain a significant amount of tetrahydrocannabinol. While the  
9 department shares the legislature's concern with the opioid epidemic, and supports the intent of  
10 this bill in treating opioid use disorder as a medical issue and seeking to expand available  
11 treatment options for persons with opioid use disorder, the department opposes this bill for  
12 several reasons.

13 §11-160-7, Hawaii Administrative Rules, specifies a process by which new qualifying medical  
14 conditions can be considered. This process allows for gathering and thoughtful review of medical  
15 evidence, as well as consideration of public input. The department is accepting petitions until  
16 February 19, 2018 for new qualifying conditions that will be considered during a public hearing  
17 in 2018. This process is the appropriate mechanism for considering any new qualifying  
18 conditions.

1 In addition to adding opioid use disorder as a new qualifying medical condition, this bill would  
2 introduce a limitation unique to this proposed qualifying medical condition. Patients qualifying  
3 for medical use of cannabis based on opioid use disorder would be limited to only non-  
4 psychoactive, high cannabidiol products that do not contain a significant amount of  
5 tetrahydrocannabinol.

6 In this situation, the department opposes the limitation regarding type of cannabis for the  
7 following reasons:

8 First, there is no clear scientific evidence that CBD alone is most appropriate for use of  
9 individuals with opioid use disorder. In the article, *Early Phase in the Development of*  
10 *Cannabidiol as a Treatment for Addiction: Opioid Relapse takes Initial Center Stage*, which is  
11 cited in this bill, Hurd and colleagues concluded that “Significant research efforts are still  
12 necessary to evaluate fully the development of CBD as a potential therapy for addiction  
13 disorders.” In the absence of clear scientific evidence of the effectiveness of CBD alone, if  
14 opioid use disorder is to be added as a qualifying condition for the medical use of cannabis, the  
15 specific treatment decisions regarding type of cannabis and how it is used in treatment should be  
16 between the patient and his or her medical provider (physician/APRN).

17 Second, this bill would create a distinct type of patient registration with different legal  
18 protections. This would be complicated to implement and would require system changes in order  
19 to distinguish opioid use disorder patients from patients with other qualifying conditions. This  
20 distinction would need to be made on the medical cannabis patient registry “329” card, and in the  
21 registry program’s verification to law enforcement and dispensaries. The system changes that  
22 would be required to introduce this distinct patient type would divert program time and resources  
23 from the overall medical cannabis program.

24 Third, this new patient type, limited to “CBD-only” cannabis, would impose the burden on the  
25 dispensaries of distinguishing those products that can be sold to opioid use disorder patients from  
26 all other products.

1 Fourth, with the limit on type of cannabis, opioid use disorder patients could not be afforded the  
2 same level of confidentiality as other patients: the registry card, law enforcement verifications,  
3 and dispensaries verification would effectively identify the individual as having opioid use  
4 disorder.

5 And finally, additional burden would be placed on law enforcement with respect to verifying, not  
6 only an individual's registration status, but whether the products possessed by the registered  
7 patient are legally protected for that patient. It is unlikely that law enforcement officers could  
8 distinguish high-CBD/low-THC cannabis plants or products from other cannabis plants or  
9 products.

10 In addition, in the interest of current medical cannabis patients, we would encourage a careful  
11 review of the amendment proposed in this bill to 329-122, HRS (subsection c) which would  
12 seem to cancel the State protections currently afforded to the medical use of cannabis, unless that  
13 cannabis is in the form of a non-psychoactive, high-CBD product that does not contain a  
14 significant amount of THC.

15 Thank you for the opportunity to testify.

16 **Offered Amendments:** None.



STATE OF HAWAII  
**DEPARTMENT OF PUBLIC SAFETY**  
919 Ala Moana Boulevard, 4th Floor  
Honolulu, Hawaii 96814

**NOLAN P. ESPINDA**  
DIRECTOR

**Cathy Ross**  
Deputy Director  
Administration

**Jodie F. Maesaka-Hirata**  
Deputy Director  
Corrections

**Renee R. Sonobe Hong**  
Deputy Director  
Law Enforcement

No. \_\_\_\_\_

TESTIMONY ON HOUSE BILL 1893  
RELATING TO HEALTH

by  
Nolan P. Espinda, Director  
Department of Public Safety

House Committee on Health and Human Services  
Representative John M. Mizuno, Chair  
Representative Bertrand Kobayashi, Vice Chair

Thursday, February 1, 2018; 9:30 a.m.  
State Capitol, Conference Room 329

Chair Mizuno, Vice Chair Kobayashi and Members of the Committee:

The Department of Public Safety (PSD) **supports the intent** of House Bill (HB)1893, which would: 1) amend the definition of cannabis, and 2) and include a new allowance for opioid use disorder as a qualifying debilitating condition in the medical use section of chapter 329-121 of the Hawaii Revised Statutes (HRS). PSD offers the following comments.

First, section 3 on page 3, lines 14 – 17, proposes to amend the definition of “cannabis” as follows:

“Cannabis” shall have the same meaning as “marijuana” and “marijuana” concentrate as provided in sections 329-1 and 712-1240 and shall include various forms of non-psychoactive, high cannabidiol products, including in the form of a liquid, capsule, or pill, that do not contain a significant amount of of tetrahydrocannabinol.

The terms “high” and “significant” are vague.

Second, section 4 of this bill on page 7, lines 6 – 9, proposes to amend the authorization to use medical cannabis. As written, lines 6-9 would restrict the use of medical cannabis to only the “...various forms of non-psychoactive, high cannabidiol

products that do not contain a significant amount of tetrahydrocannabinol.” It appears that this would essentially eliminate any and all other methods of using medical cannabis such as: smoking medical cannabis, ingestion of medical cannabis edibles, or using topical medical cannabis products.

Thank you for the opportunity to testify on this measure.



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

SUSAN BALLARD  
CHIEF

JOHN D. MCCARTHY  
JONATHON GREMS  
DEPUTY CHIEFS

OUR REFERENCE CT-TA

February 1, 2018

The Honorable John M. Mizuno, Chair  
and Members  
Committee on Health and Human  
Services  
House of Representatives  
Hawaii State Capitol  
415 South Beretania Street, Room 329  
Honolulu, Hawaii 96813

Dear Chair Mizuno and Members:

SUBJECT: House Bill No. 1893, Relating to Health

I am Calvin Tong, Major of the Narcotics/Vice Division of the Honolulu Police Department (HPD), City and County of Honolulu.

The HPD opposes the passage of House Bill No. 1893, Relating to Health. This bill seeks to do three things:

1. Include the medical use of cannabidiol products as an allowable medical use of cannabis for the treatment of opioid disorders;
2. Amend the definition of "cannabis"; and
3. Amend the definition of debilitating medical condition to include opioid use disorder.

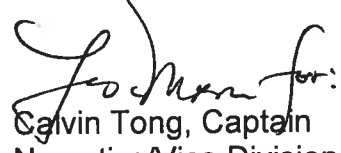
The fact remains that the Food and Drug Administration has not approved marijuana for medical use. Doctors who are prescribing medical marijuana to qualifying patients do not actually know which formulations or which dosing to give for specific symptoms or disorders. There is not enough research to show the efficacy of using cannabis to treat opioid use disorders, and it switches out one addiction for another. This needs to be thoroughly researched before treating such a problem.

The Honorable John M. Mizuno, Chair  
and Members  
February 1, 2018  
Page 2

The Honolulu Police Department urges you to oppose House Bill No. 1893,  
Relating to Health.

Thank you for the opportunity to testify.

Sincerely,

  
Calvin Tong, Captain  
Narcotics/Vice Division

APPROVED:

  
Susan Ballard  
Chief of Police

**HB-1893**

Submitted on: 1/29/2018 10:49:00 PM

Testimony for HHS on 2/1/2018 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jari S.K. Sugano		Oppose	Yes

Comments:

My name is Jari Sugano and I am a caregiver of a 8 year old in Hawaii living with epilepsy. I support the addition of this new condition but oppose the limitation of CBD only products for this condition. I also oppose the changes in SECTION 3. Section 329-121, Hawaii Revised Statutes which states "Cannabis" shall have the same meaning as "marijuana" and "marijuana concentrate" as provided in sections 329-1 and 712-1240[.] and shall include various forms of non-psychoactive, high cannabidiol products, including in the form of a liquid, capsule, or pill, that do not contain a significant amount of tetrahydrocannabinol."

By adding this change in language you significantly affect the types of products used by other patients in Hawaii and it's availability. We are patiently awaiting a new and soon to be release FDA approved CBD product. Changing the language would put this product out of reach for my child.

**HB-1893**

Submitted on: 1/30/2018 7:59:57 AM

Testimony for HHS on 2/1/2018 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Teri Heede		Oppose	No

Comments:

**HB-1893**

Submitted on: 1/30/2018 8:10:46 AM

Testimony for HHS on 2/1/2018 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Nicholle S L Konanui		Oppose	No

Comments:



## **HB1893 Treating Opioid Addiction with Cannabidiol Products**

HOUSE COMMITTEE ON HEALTH & HUMAN SERVICES:

- Representative John Mizuno, Chair; Representative Bertrand Kobayashi, Vice Chair
- Thursday, February 1<sup>st</sup>, 2018: 9:30 a.m.
- Conference Room 329

### **HAWAII SUBSTANCE ABUSE COALITION Opposes HB1893:**

*GOOD MORNING CHAIR, VICE CHAIR AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide hui of almost 40 non-profit alcohol and drug treatment and prevention agencies.*

**Research for cannibidiol use is in its infancy stage and needs way more extensive review before legislating the use of marijuana products for treatment for opioid addiction. More medications will be forthcoming that include CBD once sufficient research passes FDA approval.**

The current medications for treatment have undergone extensive studies. To change the precedence that medications don't have to go through extensive studies and FDA approval is dangerous in our current pharmaceutical environment. Such a move to approve a medication treatment for substance abuse would go against the normal precedence, causing an alarm that pharmaceuticals would not have to go through extensive testing for other medications when they market treatments. The Opioid Crisis is an example of a drug marketed before it was fully researched.

We need more extensive studies. One study is a "suggestion", multiple studies are an "indication" and a preponderance of studies are "conclusive." Before we legislate that CBD is acceptable in a medical model as a "medication-assisted treatment", we need more research. The ramifications and indications are not yet justified to be labeled a best practice.

Another concern is that extensive research "indicates" that the abuse of marijuana can be permanently harmful to adolescents. Any non-FDA approved approach to use a narcotic substance to address another narcotic addiction should come with prevention strategies and appropriate warnings.

Government and pharmaceuticals are extensively testing CBD forms to validate their use for various medical treatments. When pharmaceuticals can demonstrate that a CBD product (probably in pill form) warrants FDA approval, we will see products on the market. Several companies are planning for something soon in the next few years.

Finally, people with opioid addictions are demonstrating an abuse of a narcotic. A marijuana product involving THC is another narcotic and highly likely to be similarly abused.

We appreciate the opportunity to provide testimony and are available for questions.

**HB-1893**

Submitted on: 1/30/2018 12:56:08 PM

Testimony for HHS on 2/1/2018 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Greg Tjapkes	Coalition for a Drug-Free Hawaii	Oppose	No

Comments:

The Coalition for a Drug Free Hawaii, in concert with the University of Hawaii, recommends that we wait until SAMHSA or NIDA approves such medication before implementing it.



David J Barton MD  
Hawaiian-Pacific Pain and Palliative Care  
Waimanalo, HI

January 30, 2018

John M. Mizuno, Chair  
Bertrand Kobayashi, Vice Chair  
House Health and Human Services Committee  
State of Hawaii Legislature  
Honolulu, Hawaii

Re: HB1893, Cannabis; Cannabidiol Products; Opioid Use Disorder

Position: Strongly Oppose

Aloha,

I am a strong advocate for the medical use of cannabis, but I strongly oppose this bill. It is an activist and industry bill that seeks to expand the diagnosis list without medical evidence. It is not being requested by physicians who treat addiction, nor their patients. It would fail approval by the Department of Health for lack of medical evidence. There is no medical evidence that homemade or even locally manufactured CBD products help with addiction, nor would they be used by our local addiction experts.

There is no medical evidence for the use of cannabis and CBDs in addiction and opioid use disorder. The cited research paper is a pilot study of absolutely no medical importance than a guide point towards other possible research avenues. Even the authors admit that: "Significant research efforts are still necessary to evaluate fully the development of CBD as a potential therapy for addiction disorders. In this study, they did not use the whole cannabis plant, but a pharmacological manufactured product not yet approved by the FDA for human use, and not available to patients in Hawaii. They are not talking about the use of whole plant which can cause serious adverse issues in addiction.

We are talking about addiction here, not chronic pain patients and opioid dependency. We are not talking about reducing the level and amounts of prescription opioids in pain patients, as is commonly reported as a benefit of whole plant cannabis. These are patients who medically and legally, by state

regulations, have complex psychiatric, social, and medical issues which require highly trained addiction specialists, with their clinical support professionals and resources. I would pay attention closely to their opinions on this bill. These professionals are certified by the Department of Health's Alcohol and Drug Abuse Division, and are the only ones by regulation legally allowed to treat addiction, or in this case Opioid Use Disorder. The addiction professionals and their patients are not asking for this diagnosis to be added to the list of qualifiers. If they want this, then I would have no problem with it, but it needs to be limited to certified addiction specialists. However, since there are no such FDA approved CBD products available in Hawaii, approved for addiction, then there is absolutely no need for this bill. It would cause much more mischief than benefit to patients by uncertified and therefore untrained medical professionals without the needed support and resources in place, who think they can treat opioid addiction/opioid abuse syndrome with cannabis, by signing their cards once a year. There is not even a mechanism in place to limit medical cannabis license to CBD products, which by the way appear to be everywhere, although illegally, and against the state's DOH regulatory rules. At this point, I would even suggest that it would be malpractice to treat opioid use disorder with cannabis.

Sincerely,

David J Barton, MD

Clinical Pain Medicine Physician, Hawaiian Pacific Pain and Palliative Care

Medical Director, Hawaii Patients' Rights Hui

**HB-1893**

Submitted on: 1/30/2018 10:46:50 PM

Testimony for HHS on 2/1/2018 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
stuart saito		Oppose	No

Comments:

bad idea not enough research in the area of using only cbd to treat

**HB-1893**

Submitted on: 1/28/2018 10:41:25 PM

Testimony for HHS on 2/1/2018 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
De MONT R. D. CONNER	Ho'omanapono Political Action Committee (HPAC)	Support	Yes

Comments:



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

TO: House Committee on Public Safety  
FROM: Carl Bergquist, Executive Director  
HEARING DATE: 1 February 2018, 9:30AM  
RE: HB1893, Relating to Health, **SUPPORT WITH AMENDMENTS**

Dear Chair Mizuno, Kobayashi, Committee Members:

The Drug Policy Forum of Hawai'i (DPFHI) **supports** this measure to add “opioid use disorder” (OUD) to the list of statutorily required “debilitating medical conditions” for the purposes of certifying a patient for the use of medical cannabis. While medical cannabis has long been considered as an alternative pain medication in certain circumstances, its applicability when a patient becomes addicted to opioid painkillers is less known. Late last year, [the New Mexico Medical Cannabis Advisory Board, made up entirely of physicians, unanimously voted to add OUD to the state's list of approved qualifying conditions.](#) A final decision by the state Secretary of Health is expected this spring.

While we support the bill, we are concerned with the limitations it envisions in terms of what forms of medical cannabis an OUD patient would be permitted to use. While research, as the findings highlight, indicates that it is the cannabidiol (CBD) component, rather than tetrahydrocannabinol (THC), of the cannabis plant that will be most useful therapeutically, it is problematic to limit OUD treatment to CBD-heavy forms of medical cannabis:

- it would interfere with the health care professional-patient relationship;
- it assumes that a person may only be suffering from one condition;
- it would create enforcement issues for local police and the Department of Health.

For those reasons, we suggest not restricting patient choices regarding medicine and leaving those decisions up to patients and their caregivers, health care professionals and dispensary personnel. New Mexico did not suggest this restriction and nor should Hawai'i.

**Thank you for the opportunity to testify.**

Nikos A. Leverenz  
Board Member, Drug Policy Forum of Hawai'i  
Committee on Health & Human Services  
01 February 2018 -- 9:30AM  
HB 1893 -- SUPPORT/COMMENT

Rep. Mizuno & Members of the Committee on Health & Human Services:

I am writing in qualified support of HB 1893, which would add opioid use disorder as a qualifying condition for the use of medical cannabis under state law, but only insofar as it is treated with the use of “non-psychoactive, high cannabidiol products [that] do not contain a significant amount of tetrahydrocannabinol.” The bill bases this recommendation on the observations of a study by Professor Yasmin Hurd, “Early Phase in the Development of Cannabidiol as a Treatment for Addiction: Opioid Relapse Takes Initial Center Stage.”

This kind of stringent limitation is simply not in the best interest of patients, who deserve a range of options in the pursuit of their own health and well-being. It also ignores other available evidence indicating, among other benefits, that the availability of cannabis reduces opioid overdose mortality and opioid consumption, and can prevent dose escalation and the development of opioid tolerance. Further, for those who have developed opioid dependence, cannabis use can assist with adherence to naltrexone maintenance therapy. (See “Physician Guide to Cannabis-Assisted Opioid Reduction,” available online at:

<https://assets.documentcloud.org/documents/4107353/Physician-Guide-to-Cannabis-Assisted-Opioid.pdf>)

Last fall, the Global Commission on Drug Policy noted that the prevalence of biases among policymakers and treatment providers favoring abstinence models leave behind many who would benefit from a harm reduction model that utilizes opioid substitution therapy:

Prejudice against the most effective treatments for opioid addiction—opioid substitution therapy (OST)—has translated into lack of treatment for those in need. Opioid substitution therapy has proven effective in treating addictions to heroin and should be offered to those dependent on or addicted to prescription opioids. (Global Commission on Drug Policy. October 2017. “Position Paper: The Opioid Crisis in North America” at p. 3.)

The Commission recognizes the danger of rapidly removing access to opioids to those who have developed tolerance or dependence:

[P]eople who lose access to prescription opioids need to be offered immediate access to appropriate harm reduction services and treatment. No patient should

be summarily cut off from opioids: if misuse is discovered, patients should be able to seamlessly transition to maintenance treatment or other alternatives as needed. Otherwise, the result will be increased amounts of harm and death. (*Id.*, at 10.)

The Commission was also quite clear in the important role that medical cannabis can play in reducing opioid use:

Over half a dozen studies now suggest that medical marijuana can reduce opioid use, both as a treatment for pain and as a safer alternative for people with addiction. According to one of them, states with medical marijuana access have 25% lower opioid addiction and overdose rates; another study found that in medical marijuana states, each doctor writes 1,800 fewer annual opioid prescriptions. (*Id.*)

It is a welcome development that the Legislature is taking the initiative in adding to add a qualifying condition of its own accord. In this case, the proposed language should instead refer to “substance use disorder” as a qualifying condition with no express limitation on the forms of cannabis allowed to be ingested. Methamphetamine and alcohol are the most prevalent substances of abuse in Hawai‘i. Allowing those users to move to the safer alternative of cannabis supports their health and well-being and reduces the negative externalities associated with their use and abuse to the larger community.

Legislators should endeavor to be more proactive in allowing patients to bring as wide a range of medical conditions as possible where cannabis could be of benefit to them before their nurse practitioner or physician. At this point it is apparent that current procedures set forth in Department of Health regulations are unduly cumbersome, especially with ongoing staffing level deficiencies at the Department.

The exercise of legislative prerogative is not unusual in the promulgation and continuation of current drug policies, including scheduling. Cannabis was classified as a Schedule I substance in the federal Controlled Substances Act of 1970 through legislative fiat despite the reality that it does not satisfy the criteria set forth regarding potential for abuse, medical use, and safety. Efforts to have remove cannabis from Schedule I on the federal level through the regulatory process and the courts have been unsuccessful so far.

In contrast to ongoing federal intransigence on rescheduling cannabis, Hawai‘i should look to reschedule cannabis under its own Uniform Controlled Substance Act (HRS § 329 *et seq.*) with all due speed.

Sincerely,  
Nikos A. Leverenz  
Board Member, Drug Policy Forum of Hawai‘i

# HAWAII EDUCATIONAL ASSOCIATION FOR LICENSED THERAPEUTIC HEALTHCARE

To: Representative John Mizuno, Chair  
Representative Bertrand Kobayashi, Vice-Chair  
Members of the House Health and Human Services Committee

Fr: Blake Oshiro, Esq. on behalf of the HEALTH Assn.

Re: Testimony **Supporting Intent with Suggested Amendments on House Bill (HB) 1893**

RELATING TO HEALTH

Includes the medical use of cannabidiol products as allowable medical uses of cannabis for opioid use disorder.

Dear Chair Mizuno, Vice-Chair Kobayashi, Members of the Committee:

HEALTH is the trade association made up of the eight (8) licensed medical cannabis dispensaries under Haw. Rev. Stat. (HRS) Chapter 329D. We **support the intent** of HB1893 to address a new condition, but have concerns about the limitation that segregates high cannabidiol (CBD) versus high tetrahydrocannabinol (THC). We request that should this proposal move forward, that language be stricken from the bill.

According to the Center for Disease Control data from 2016, Hawaii is fortunate not to have seen any statistically significant increases in opioid-related deaths.

<https://www.cdc.gov/drugoverdose/data/statedeaths.html> Nonetheless, Hawaii is being proactive so that we do not see similar problems like other states, and has put forward its "Hawaii Opioid Initiative" <https://health.hawaii.gov/substance-abuse/files/2013/05/The-Hawaii-Opioid-Initiative.pdf>

To that end, we do concur with the findings stated in section 1 of the bill that there is research to suggest that CBD has the potential to be beneficial for opioid abuse. It is our understanding that a person suffering from opioid addiction could use CBD for the reduction of inflammation and to help reduce an addictive craving for opiates.

However, there is evidence that THC is an important analgesic which can help to treat the pain itself, which is the most probable symptom from which an opioid addict would be seeking relief. There are studies showing its effectiveness as part of overall pain management. While the CBD is effective at "calming" the addictive response of the brain, for pain relief, it is important to have both cannabinoids. A recent literature review identifies 35 controlled studies specific to the use of cannabis or cannabinoids in pain treatment, involving over 2,000 subjects.

## Citations:

Cannabis & Pain-A Clinical Review

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5549367/>



Cannabis as a Substitute for Opioid-Based Pain Medication: Patient Self-Report  
<http://online.liebertpub.com/doi/pdfplus/10.1089/can.2017.0012>

Medical Cannabis Use Is Associated with Decreased Opiate Medication Use in a Retrospective Cross-Sectional Survey of Patients with Chronic Pain  
<https://www.ncbi.nlm.nih.gov/pubmed/27001005>

Cannabinoid-opioid interaction in chronic pain  
<https://www.ncbi.nlm.nih.gov/pubmed/22048225>

Therefore, we do NOT support the language in Section 3 and Section 4 of the bill which attempts to create a distinction between “non-psychoactive, high cannabidiol products” and those “that do not contain a significant amount of tetrahydrocannabinol.” (page 3, lines 14-17; pages 4-5, lines 19-2; page 5, lines 15-19; page 7, lines 6-9). We would request that these parts of the bill be removed.

We also find the distinction between CBD and THC products problematic because the dispensaries are authorized to sell both products and there is no system for dispensaries to sell only certain products to certain patients.

Finally, it is extremely concerning to place that distinction in Section 3 of the bill which sets forth instances where use of cannabis is not protected under the law as an authorized use. The revised language would make the medical use of cannabis illegal except for high CBD and low THC products. This would mean qualified patients would then lose their protection using THC products.

Based on the foregoing, we request that if this bill moves forward, the new language from Section 4 be deleted. Thank you for your consideration.

Megan Leon  
66 Makalani St  
Hilo, HI 96720  
808-339-2045



Testimony for Public Hearing  
HHS  
February 2, 2018  
9:30AM  
House Conference Room 329

**IN SUPPORT** OF HB1893 - Cannabis; Cannabidiol Products; Opioid Use Disorder

I, Megan Leon, thank you for the opportunity to submit testimony on bill HB 1893 – Cannabis; Cannabidiol Products; Opioid Use Disorder.

I strongly **support** HB1893. It is another important step in breaking down barriers for people in pain, those with addiction, and for doctors who'd recommend study-backed cannabidiol products to a patient but illogical and antiquated laws stand in their way.

HB1893 is not about recreation, it's a response and an important part of a high-potential solution for opioid deaths and addiction. According to the CDC "The majority of drug overdose deaths (66%) involve an opioid. In 2016, the number of overdose deaths involving opioids (including prescription opioids and heroin) was 5 times higher than in 1999. From 2000 to 2016, more than 600,000 people died from drug overdoses. On average, 115 Americans die every day from an opioid overdose." <sup>1</sup>

Cannabinoid benefits have been demonstrated time and time again in study after study:

1. A 2015 study concludes cannabinoids are necessary for opioid-specific benefits and not the general marijuana plant alone: "The fact that CBD and THC have divergent effects on behaviors linked to addiction vulnerability emphasizes the important need to educate the general public. As such, it is important to make a distinction in the nomenclature and emphasize that it is specific **cannabinoids, such as "CBD", that may hold the psychiatric therapeutic promise**, not the general marijuana plant. The study goes to say "**patients with substance use disorders often present with various psychiatric and medical symptoms that are reduced by CBD—symptoms such as anxiety, mood symptoms, insomnia, and pain—also suggests that CBD might be beneficial for treating opioid-dependent individuals.**" <sup>1</sup>
2. A 2016 study showed "Among study participants, **medical cannabis use was associated with a 64% decrease in opioid use (n = 118), decreased number and side effects of medications, and an improved quality of life (45%)**. This study goes

on to say that “many CP patients are essentially substituting medical cannabis for opioids and other medications for CP treatment, and finding **the benefit and side effect profile of cannabis to be greater than these other classes of medications.**”<sup>3</sup>

3. A 2016 study showed where there’s friendly medical marijuana laws, reduction in prescription drug reliance goes down: “Using data on all prescriptions filled by Medicare Part D enrollees from 2010 to 2013, we found that the **use of prescription drugs for which marijuana could serve as a clinical alternative fell significantly, once a medical marijuana law was implemented.**” The study goes on to conclude it’s a money saver too. “National overall **reductions in Medicare program and enrollee spending when states implemented medical marijuana laws were estimated to be \$165.2 million per year in 2013.** The availability of medical marijuana has a significant effect on prescribing patterns and spending in Medicare Part D.”<sup>4</sup>
4. A 2017 study showed not only when patients took part in MCP (Medical Cannabis Program) their **opioid use went down, patients experienced improvements in pain reduction, quality of life, social life, activity levels, concentration, and had fewer side effects but the chances of opioid cessation is 17 times higher than those without the program.** “By the end of the 21 month observation period, MCP enrollment was associated with 17.27 higher age- and gender-adjusted odds of ceasing opioid prescriptions (CI 1.89 to 157.36, p = 0.012), 5.12 higher odds of reducing daily prescription opioid dosages (CI 1.56 to 16.88, p = 0.007), and a 47 percentage point reduction in daily opioid dosages relative to a mean change of positive 10.4 percentage points in the comparison group (CI -90.68 to -3.59, p = 0.034). The monthly trend in opioid prescriptions over time was negative among MCP patients (-0.64mg IV morphine, CI -1.10 to -0.18, p = 0.008), but not statistically different from zero in the comparison group (0.18mg IV morphine, CI -0.02 to 0.39, p = 0.081). Survey responses indicated improvements in pain reduction, quality of life, social life, activity levels, and concentration, and few side effects from using cannabis one year after enrollment in the MCP (ps<0.001).”<sup>5</sup>
5. A 2017 study concluded “Medical marijuana policies were significantly associated with **reduced OPR-related hospitalizations but had no associations with marijuana-related hospitalizations.** Given the epidemic of problematic use of OPR, future investigation is needed to explore the causal pathways of these findings.”<sup>6</sup>
6. A 2014 study demonstrated a **reduction in opioid mortality** when friendly medical cannabis laws are in place: “States with medical cannabis laws had a 24.8% lower mean annual opioid overdose mortality rate (95% CI, -37.5% to -9.5%; P = .003) compared with states without medical cannabis laws.”<sup>7</sup>
7. A 2017 study found multiple potential benefits when using cannabis to help reduce POM-related deaths (prescription opioid medications): “Review of the current literature

suggests states that implement MC policies could **reduce POM-associated mortality, improve pain management, and significantly reduce health care costs.**"<sup>8</sup>

## Conclusion

There are even more studies I could list to the amassing pile of proof CBD helps patients, and more specifically those in pain and those who suffer from opioid addiction. In conclusion, please vote "Yes" on the HB1893 bill

Thank you for your time.

Sincerely,

Megan Leon

[contact@meganleon.com](mailto:contact@meganleon.com)

808-339-2045

## Sources:

<sup>1</sup> CDC quote source: <https://www.cdc.gov/drugoverdose/epidemic/index.html>

<sup>2</sup> Yasmin L. Hurd, Michelle Yoon, Alex F. Manini, Stephanie Hernandez, Ruben Olmedo, Maria Ostman, and Didier Jutras-Aswad "Early Phase in the Development of Cannabidiol as a Treatment for Addiction: Opioid Relapse Takes Initial Center Stage" *Neurotherapeutics*. 2015 Oct; 12(4): 807–815.

<sup>3</sup> Kevin F. Boehnke, Evangelos Litinas, Daniel J. Clauw "Medical Cannabis Use Is Associated With Decreased Opiate Medication Use in a Retrospective Cross-Sectional Survey of Patients With Chronic Pain" *The Journal of Pain*. June 2016 Volume 17, Issue 6, Pages 739–744

<sup>4</sup> Ashley C. Bradford and W. David Bradford "Medical Marijuana Laws Reduce Prescription Medication Use In Medicare Part D" *Health Affairs Journal* VOL. 35, NO. 7: ACA COVERAGE, HEALTH SPENDING & MORE July 2016.

<sup>5</sup> Jacob M. Vigil , Sarah S. Stith, Ian M. Adams, Anthony P. Reeve "Associations between medical cannabis and prescription opioid use in chronic pain patients: A preliminary cohort study" *PLoS ONE* 12(11): e0187795. <https://doi.org/10.1371/journal.pone.0187795> November 2017

<sup>6</sup> Yuyan Shi "Medical marijuana policies and hospitalizations related to marijuana and opioid pain reliever" *Department of Family Medicine and Public Health, University of California, San Diego, CA*. Volume 173, Pages 144–150 April 2017. DOI: <https://doi.org/10.1016/j.drugalcdep.2017.01.006>

<sup>7</sup> Marcus A. Bachhuber, MD, Brendan Saloner, PhD, Chinazo O. Cunningham, MD, MS "Medical Cannabis Laws and Opioid Analgesic Overdose Mortality in the United States, 1999-2010" *JAMA Intern Med*. 2014;174(10):1668-1673. doi:10.1001/jamainternmed.2014.4005

<sup>8</sup> Marianne Beare Vyas, RN, MSN, Virginia T. LeBaron, PhD, APRN, FAANP, Aaron M. Gilson, PhD, MSSW "The use of cannabis in response to the opioid crisis: A review of the literature" *The Official Journal of the American Academy of Nursing* <https://doi.org/10.1016/j.outlook.2017.08.012> August 2017

**LATE**

**HB-1893**

Submitted on: 1/31/2018 7:36:03 PM

Testimony for HHS on 2/1/2018 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Scott Foster		Support	No

Comments:

Submitted by Scott Foster for Hawaii Advocates For Consumer Rights. Mahalo.

**LATE**

**HB-1893**

Submitted on: 1/31/2018 10:00:10 PM

Testimony for HHS on 2/1/2018 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Daria Fand		Support	No

Comments:

Honorable Chair, Vice Chair, and Members of the House Committee on Health and Human Services:

I am very much in SUPPORT of this measure, which recognizes and legitimizes the use of cannabidiol products for the purpose of reducing opioid dependency.

Thank you for the chance to testify on this timely bill, which could save thousands of lives if passed.

Daria Fand, Healthcare Advocate

**LATE**

**HB-1893**

Submitted on: 2/1/2018 12:33:36 AM

Testimony for HHS on 2/1/2018 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kendrick Farm		Support	No

Comments:

HOUSE OF REPRESENTATIVES

THE TWENTY-NINTH LEGISLATURE

REGULAR SESSION OF 2018

[COMMITTEE ON HEALTH & HUMAN SERVICES](#)

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

Rep. Della Au  
Belatti

Rep. Andria P.L.  
Tupola

Rep. Lei R.  
Learmont

NOTICE OF HEARING

DATE: Thursday, February 1, 2018

TIME: 9:30 a.m.

Conference Room 329

PLACE: State Capitol

415 South Beretania Street

Position: STRONG SUPPORT HB1893

Cannabis is the first step toward the state recognizing that Harm reduction strategies can be effective with persons with dependency issues with opioids. I do also think that the State of Hawaii should look into harm reduction strategies like Insite in Vancouver Canada which has no known deaths due to overdoses and the support of the community who was once apprehensive to the idea. Furthermore, Insite According to studies by Health Canada reported that for every dollar investing in Insite seven dollars were saved in healthcare cost.

Let's keep up the good work in a data-driven approach to drug policy rather than ideological convictions that prove to be counterproductive.

Ken Farm


Member-At-Large

Neighborhood Board No. 15

Kalihi-Palama





To: The Honorable John Mizuno, Chair  
The Honorable Bertrand Kobayashi, Vice Chair  
Members, Committee on Health & Human Services  


From: Paula Yoshioka, Vice President, Government Relations and External Affairs, The Queen's Health Systems

Date: February 1, 2018

Hrg: House Committee on Health & Human Services Hearing; Thursday, February 1, 2018 at 9:30 a.m. in Room 329

Re: Comments on H.B. 1893, Relating to Health

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My name is Paula Yoshioka and I am the Vice President for Government Relations and External Affairs for The Queen's Health Systems (Queen's). I appreciate the opportunity to provide comments on H.B. 1893, Relating to Health. This measure would allow the medical use of cannabidiol (CBD) products for the treatment of opioid use disorder.

Queen's strives to ensure that our community has access to quality health care services and evidence-based treatment to improve the well-being of Native Hawaiians and all the people of Hawaii. Although, there has been some research on the development of CBD for the therapeutic interventions for opioid use disorder, Queen's physicians firmly believe that more scientific and medical evidence-based studies need to be conducted to ensure efficacy and patient safety of potential therapies.

Thank you for the opportunity to testify on this measure.