



HAWAII MEDICAL ASSOCIATION

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TO:
COMMITTEE ON JUDICIARY
Rep. Scott Y. Nishimoto, Chair
Rep. Joy A. San Buenaventura, Vice Chair

DATE: Wednesday, April 4, 2018
TIME: 2:30 P.M.
PLACE: Conference Room 325

FROM: Hawaii Medical Association
Dr. Christopher Flanders, DO, Executive Director
Lauren Zirbel, Government and Community Relations

Re: HCR 65

Position: SUPPORT - REQUESTING THE DEPARTMENTS OF HEALTH AND PUBLIC SAFETY TO EVALUATE THE APPROPRIATENESS OF RESCHEDULING CANNABIS AT THE STATE LEVEL FROM SCHEDULE I TO SCHEDULE III.

The HMA fully supports this resolution. The structure of our United States government allows for the distribution of power between the states and the federal government and a power that remains with the states is the authority to accept the medical use of controlled substances. Congress enacted the United States Controlled Substances Act with the clear intent of allowing for changes in state medical use of certain substances. Cannabis is currently classified as a schedule I drug by the federal government and the State of Hawaii, which impedes medical and scientific research. Cannabis does not satisfy the criteria of a schedule I controlled substance because the drug is currently accepted for medical use by Hawaii and other jurisdictions within the United States.

HMA OFFICERS

President – William Wong, Jr., MD President-Elect – Jerry Van Meter, MD Secretary – Thomas Kosasa, MD
Immediate Past President – Bernard Robinson, MD Treasurer – Elizabeth A. Ignacio, MD
Executive Director – Christopher Flanders, DO

HCR-65

Submitted on: 4/2/2018 4:08:56 PM

Testimony for JUD on 4/4/2018 2:30:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|--------------|--------------|--------------------|--------------------|
| Karin Nomura | Individual | Oppose | No |

Comments:

I am asking that this bill be put on hold, if not dropped. While I realize states have benefited greatly from the taxes on Marijuana – that Hawaii has allowed Marijuana to be sold for medical purposes at this point. That this bill, will open the doors to make Marijuana legal in the state, not for the purpose of medical research...which to me raises a number of concerns. Especially as the cycle of the Marijuana industry to some extent is mirroring that of the 1900's tobacco industry (Dr. Batty's Asthma Cigarettes ad; ads claiming more doctor's smoke a certain brand than any other or actors'/actresses' to make the product more alluring, seductive; minors smoking cigarettes, etc.) and even surpassing as the food industry also is involved – with not just brownies or cookies (which are and have been known to somehow find their way into some child's hands). So, I am asking that this bill be put on hold, if not dropped, until laws are in place to address the issues that Hawaii is probably going to face. Some I'm concerned with:

- Police on the mainland, in states where Marijuana is legal are facing the dilemma of being able to measure the inability to drive or operate a motor vehicle. (Ie. <http://www.latimes.com/local/lanow/la-me-ln-marijuana-dui-20180322-story.html>) And we do have people who smoke Marijuana and drive, currently.

- Currently 29 state and the District of Columbia allow adults who are 18 and over to possess a “weed card” and can obtain one as a caregiver for a minor – Many list that as long as they are a resident, 18 yrs. of age, they can obtain one for a minor in their care. (Ie. list of states and the ages of the ‘adults’ who can obtain a card for a minor: <https://www.civilized.life/articles/how-old-do-you-have-to-be-to-get-a-weed-card/>)

- Relying on the adage or push for “non-opioids”/“none addictive” doesn't make the product safe or in some cases a better choice. (besides the whole “it's a plant” argument I've heard before, which also could be argued that ‘so is tobacco, originally’...Gabapentin, reportedly a non-opioid used in pain reduction treatments, recently in the news, for heightening the effect of drugs and was found in 1 out of 4 overdose deaths in KY: <https://www.msn.com/en-us/news/us/the-latest-drug-threat-isnt-even-an-opioid/ar-AAvI2Xy?li=BBnbcA1>)

So, basically what I'm saying is that while Marijuana remains as a schedule I, and should stay that way, as Opium/Opium derivatives, was/is used for “medicinal purposes” too, as well as been used as a common insect repellent for a millennium too (benefits

besides just an abused “drug”, and albeit a Schedule iii), and by changing the classification, it’s opening up possibilities to other “drugs”/“narcotics” under the Schedule i & ii, to be downgraded, if all that’s being considered is the potential for other medicinal uses...which, I’m sure there has to be...



STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

919 Ala Moana Boulevard, 4th Floor
Honolulu, Hawaii 96814

No. _____

TESTIMONY ON HOUSE CONCURRENT RESOLUTION 65 AND
HOUSE RESOLUTION 51
REQUESTING THE DEPARTMENTS OF HEALTH AND
PUBLIC SAFETY TO EVALUATE THE APPROPRIATENESS
OF RESCHEDULING CANNABIS AT THE STATE LEVEL
FROM SCHEULE I TO SCHEDULE III

by

Nolan P. Espinda, Director
Department of Public Safety

House Committee on Judiciary
Representative Scott Y. Nishimoto, Chair
Representative Joy A. San Buenaventura, Vice Chair

Wednesday, April 4, 2018; 2:30 p.m.
State Capitol, Conference Room 325

Chair Nishimoto, Vice Chair San Buenaventura, and Members of the Committee:

The Department of Public Safety (PSD) **opposes** House Concurrent Resolution (HCR) 65 and House Resolution (HR) 51, which request that the Departments of Health and Public Safety evaluate the appropriateness of rescheduling cannabis at the State level from Schedule I to Schedule III.

First, HCR 65 and HR 51 contemplate rescheduling cannabis from Schedule I to Schedule III on the state level. Both federal and state laws apply to the prescription and dispensing of controlled substances. When one law is more lenient than the other, then the stricter law controls. In this case, if the proposed change were to allow for cannabis to be placed in Schedule III under Hawaii law, without a corresponding change in federal law, then federal law would apply as the controlling law. Under federal law, cannabis is a Schedule I controlled substance and is seen as having no accepted medical use. Consequently, if cannabis was rescheduled from Schedule I to Schedule III in the State of Hawaii, then it could not be prescribed by a practitioner, nor could it be

dispensed by a pharmacy because federal law does not permit the prescription or dispensing of cannabis. This would effectively halt Hawaii's legalized medical cannabis patient and dispensary programs.

Second, HCR 65 and HR 51 appear to rely on the premise that medical and scientific research into cannabis has been stymied because of its placement into Schedule I. This is not an accurate statement. For years, the State has had a process to allow for bona fide research involving Schedule I controlled substances such as cannabis. Presently, there are two long term cannabis research studies.

]Thank you for the opportunity to testify on this measure.

LATE

HCR-65

Submitted on: 4/3/2018 3:16:27 PM

Testimony for JUD on 4/4/2018 2:30:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|--|---------------------------|---------------------------|
| Melodie Aduja | the Oahu County Committee on Legislative Priorities of the Democratic Party of Hawai'i | Support | No |

Comments: