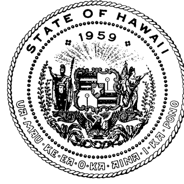
DAVID Y. IGE
GOVERNOR OF HAWAII



VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

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

Testimony in OPPOSITION to S.B. 2407_SD1
RELATED TO MEDICAL CANNABIS

REPRESENTATIVE JOHN MIZUNO, CHAIR
REPRESENTATIVE BERTRAND KOBAYASHI, VICE-CHAIR
HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES
Hearing Date: 3/14/18 Room Number: 329

1 **Fiscal Implications:** None determined

2 **Department Testimony:** This bill would amend §329-121, Hawaii Revised Statutes, to add
3 opioid use substance use disorders, or withdrawal symptoms resulting from the treatment of
4 these conditions as a debilitating medical condition qualifying for the medical use of cannabis.

5 The department is **opposed** to amending §329-121, HRS, to add conditions and respectfully
6 suggests that the petition process is the most appropriate mechanism for considering any new
7 qualifying conditions. Section 11-160-7, Hawaii Administrative Rules, specifies a process
8 whereby any physician or potentially qualifying patient may petition the department to consider
9 adding a new debilitating medical condition qualifying for the medical use of cannabis. This
10 process allows for gathering and thoughtful review of medical evidence, as well as consideration
11 of public input. Use of an alternate process for adding new debilitating medical conditions
12 detracts from this established carefully thought out and vetted process.

13 With regard to the specific conditions of opioid use and substance use disorders, or withdrawal:
14 at this time, the department is **opposed** to permitting medical cannabis for these conditions for
15 the following reasons:

16 1) The addition of opioid addiction as a qualifying diagnosis moves the use of medical
17 cannabis for treatment of chronic pain into the realm of treating chronic behavioral health
18 illnesses and disorders (addiction), for which there is insufficient evidence at this time.

1 2) Severe pain is a debilitating condition that qualifies for the medical use of cannabis.
2 There is significant evidence that cannabis is effective for the treatment of chronic pain.
3 Individuals who use opioid to manage severe pain can already qualify for medical use of
4 cannabis based on severe pain. These individuals may well find cannabis helpful in
5 limiting or reducing their reliance on opioids. The use of cannabis for pain should be the
6 current focus and not be confused with addiction, which is a primarily a psychological/
7 neurological disorder with secondary/tertiary physical symptomology.

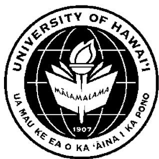
8 3) There are existing U.S. Food and Drug Administration (FDA)-approved medications
9 for the treatment of opioid withdrawal.

10 4) There are already well-established, medication-assisted treatment interventions for the
11 treatment of opioid use disorder.

12 5) Neither the Substance Abuse and Mental Health Administration, the National
13 Institutes of Health nor the institutes it governs such as the National Institute of Drug
14 Abuse, and the National Institute of Mental Health, the FDA, nor the Centers for Disease
15 Control and Prevention have recommended or endorsed the use of medical cannabis, or
16 any of it derivatives, compounds, materials or mixtures for use in any treatment of
17 substance use disorder or their related conditions.

18 Should the research and the authorities on addiction and addiction best practices listed above
19 support the addition of the use of cannabis for the treatment of addiction as an intervention, we
20 would re-evaluate. The petition process for including eligible conditions for cannabis use would
21 enable DOH to evaluate other information on cannabis treatment that might be available from the
22 community through this process.

23 Thank you for the opportunity to testify.



UNIVERSITY OF HAWAIʻI SYSTEM
Legislative Testimony

Testimony Presented Before the
House Committee on Health & Human Services
Wednesday, March 14, 2018 at 8:40 a.m.
By
Jerris Hedges, MD
Professor & Dean
John A. Burns School of Medicine
And
Kathleen Cutshaw
Vice Chancellor for Administration, Finance and Operations
University of Hawaiʻi at Mānoa

SB 2407 SD1 – RELATING TO MEDICAL CANNABIS

Chair Mizuno, Vice Chair Kobayashi, and members of the committee:

SB 2407 SD1 allows medical cannabis to be used for the treatment of opioid addiction, substance abuse or withdrawal symptoms resulting from the treatment of these conditions by expanding the definition of "debilitating medical condition". We respectfully oppose this measure and provide these comments regarding our concerns.

We note that the language of SB 2407 SD1 does not limit the use of medical cannabis to opioid use disorders. "Opioid addiction" and "substance abuse" are no longer part of the medical lexicon, and may have a more expansive meaning than intended.

Some may believe (1) that cannabis may or should be used in the management of opioid use disorder, either in the withdrawal phase or other points on the timeline of recovery, (2) that cannabis efficacy has been demonstrated in such treatment, or (3) that cannabis is implicitly safe for such use in opioid use disorders. However, none of those implications has been demonstrated to be true. There is currently no body of evidence that compellingly supports the use of cannabis or its components in the management of opioid use disorders.

While the objective of finding a solution to relieving suffering is commendable, achieving that objective must include procedures for validating both efficacy and safety. A medication's dynamics, effects, safe therapeutic range and route of delivery, and adverse effects must be known before it is used. Use of a non-validated treatment approach may derail those seeking care from receipt of appropriate and validated medications. Individuals with substance use disorders are particularly vulnerable to offers of a "quick fix", particularly one with the possibility of euphoria. For opioid use disorders, medications with known effectiveness such as methadone, buprenorphine, and naltrexone should be used.

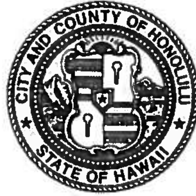
Rather than expanding the use of medical cannabis to include treatment for opioid use disorders and substance abuse, we suggest that efforts be made instead to support research to determine both the safety and efficacy of the component chemicals in medical cannabis.

Thank you for the opportunity to provide testimony on this matter.

POLICE DEPARTMENT

CITY AND COUNTY OF HONOLULU

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



KIRK CALDWELL
MAYOR

SUSAN BALLARD
CHIEF

JOHN D. McCARTHY
JONATHON GREMS
DEPUTY CHIEFS

OUR REFERENCE PJ-TA

March 14, 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: Senate Bill No. 2407, S.D. 1, Relating to Medical Cannabis

I am Captain Phillip Johnson of the Narcotics/Vice Division of the Honolulu Police Department (HPD), City and County of Honolulu. The HPD opposes Senate Bill No. 2407, S.D. 1, Related to Medical Cannabis.

The bill seeks to do three things allow the medical use of cannabis for the treatment of opioid use, substance use disorders, and withdrawal symptoms resulting from the treatment of those conditions.

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 efficiency of using cannabis to treat opioid use disorders, and it switches out one addiction for another. This will need to be thoroughly researched before treating such a problem.

The HPD urges you to oppose Senate Bill No. 2407, S.D. 1, Related to Medical Cannabis.

Thank you for the opportunity to testify.

APPROVED:

Susan Ballard
Chief of Police

Sincerely,

Phillip Johnson, Captain
Narcotics/Vice Division

SB2407 SD1 (H) Requires Medical Marijuana be used as Medications for Substance Use Disorder Treatment
COMMITTEE ON HEALTH AND HUMAN SERVICES:

- Representative John Mizuno, Chair; Representative Bertrand Kobayashi, Vice Chair
- Tuesday, March 14, 2018 8:40 am
- Conference Room 329

Hawaii Substance Abuse Coalition OPPOSES SB2407 SD1:

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 organization of almost 40 alcohol and drug treatment and prevention agencies.

Using an addictive drug such as Medical Marijuana needs much more research before being approved to treat Opioid Addiction. Medications will be forthcoming that include CBD, once sufficient research passes FDA approval.

Doctors treat opioid misuse, not opioid addiction. They can utilize medical marijuana already as an option for underlying causes of misuse. This is an option at the discretion of the treating physician and patient. Patients who misuse need to slow down not necessarily stop, because there is not an uncontrollable use due to addiction. If the patient demonstrates chronic addiction, which is an illness, then doctors refer such patients to specialized treatment. Medical doctors do not treat their patients for chronic addiction.

Within specialty care for the treatment of drug addiction, marijuana addiction is a major problem. Licensed and accredited treatment centers report that 22% of adults are there to treat their marijuana addiction. For youth, almost 60% have a problem with marijuana.

Treatment centers are required to follow evidenced-based practices as mandated by international accreditation standards, federal contracts, state government licensure and 3rd party payer requirements.

Medications that assist treatment are well researched and have to be approved by federal agencies before using in a treatment environment in order to minimize any harm to the patients. Unlike the general practice for pharmaceuticals, medications for treatment must first become evidenced-based practices after a preponderance of testing. Circumventing this practice exposes medication-assisted treatment to pharmaceutical practices, which can be abused for profit.

Medical marijuana may be helpful for people who use it in moderation, but for people with an active opioid addiction, another addictive drug for treatment is not recommended. People who have an addiction continue to overuse narcotic drugs despite negative consequences. Medical marijuana, a less intensive, but nevertheless a narcotic drug is also addictive through continued overuse.

In summary, medical marijuana is already available for primary care doctors and counterproductive for specialty care treatment centers who treat a lot of marijuana addiction in their facilities. Many patients with chronic addiction disorders overuse any narcotic drug because of their brain disease, which would include medical marijuana. Also, marijuana is not contractually allowed for evidenced-based treatment that has to meet international accreditation standards. Moreover, its use would jeopardize federal funding sources (such funding in Hawaii is blended with state funding). Lastly, it opens the door to pharmaceutical abuse by allowing the use of drugs that hasn't been fully researched thus deregulating the one area (treatment) that has been stringently protected from such abuse through extensive research requirements.

Let's wait a few years for good research, which has the potential to identify certain non-toxic elements in marijuana, such as CBD, and with good evidence bring it into specialized treatment if it is effective. In the meantime, medical marijuana is available for pain and as an options for primary care to use for opioid misuse.

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

David J Barton MD

Hawaiian-Pacific Pain and Palliative Care

Waimanalo, HI

March 13, 2018

John M. Mizuno, Chair

Bertrand Kobayashi, Vice Chair

House Health and Human Services Committee

Re: SB 2407 SD1: Medical Cannabis; Opioid Addiction; Substance Abuse; Debilitating Medical Condition

Position: Strongly Oppose

Aloha,

I am a strong advocate for the medical use of cannabis, but, as a chronic pain medicine expert with a fair amount of addiction training, I strongly oppose this bill. It is an activist and industry bill that seeks to expand the diagnosis list without medical evidence, for the sake of profits. 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 medical cannabis may help with addiction, nor would medical cannabis be used by our local addiction experts. There is something seriously wrong with government when your local addiction experts are against a bill for medical reasons and it continues to advanced legislatively.

One of the biggest fallacies is that it is helpful for opioid use disorder. It is not. It is useful to reduce the level of opioid dosages in chronic pain patients, but rarely do chronic pain patients have serious issues with opioid addiction. Pain patients using opioids are physically dependent but not addicted in over 95% of the time. When it exists, the patients are treated by addiction experts, not local card signing signature clinics, that have popped up all over. **Why you are not listening to esteemed addiction experts such as Dr. William Haning and the Department of Health, both of whom are opposed, is beyond me!**

There is no medical evidence for the use of cannabis and/or CBDs in addiction and opioid use disorder.

Please do not get confused by what the proponents are saying, as they by subterfuge, purposely confuse the issues of reduced opioid use in chronic pain, and issues of addiction and substance abuse, misuse, and addiction. We are talking about addiction here, not chronic pain patients and opioid dependency. There is a huge difference! 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 their addiction approved medical

clinics are the only ones by regulation legally allowed to treat addiction, or in this case Opioid Use Disorder and substance abuse disorder. As far as I know, neither the addiction professionals nor their patients are asking for this diagnosis to be added to the list of qualifiers. If they want this, which they don’t, then I would have no problem with it, but it needs to be limited to certified addiction specialists. It would cause much more mischief than benefit to patients by uncertified and therefore untrained medical professionals without the needed clinical support and resources in place, who think they can treat addiction and opioid abuse syndrome with cannabis, by signing their cards once a year. Although it would require civil legal action to prove in Hawaii, at this point, I would even suggest that it would be malpractice to treat opioid use disorder with cannabis.

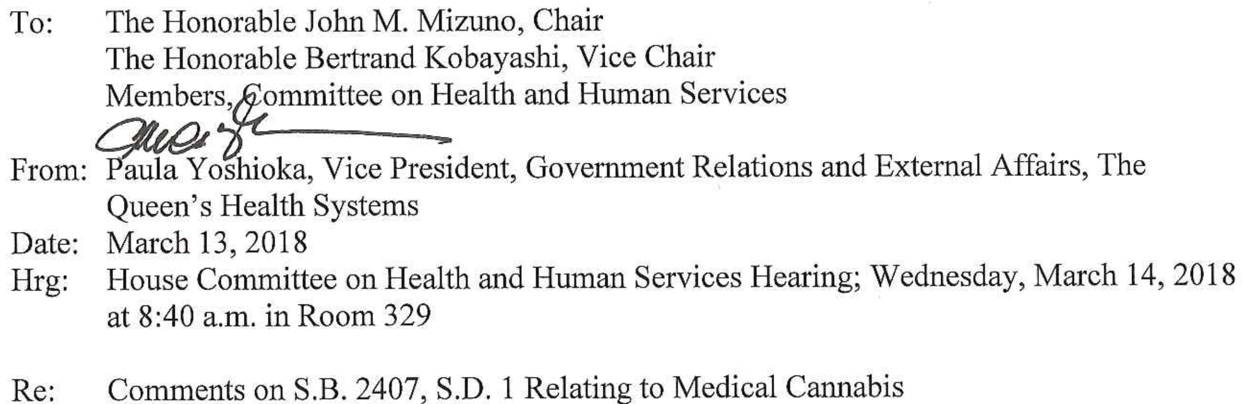
Sincerely,

David J Barton, MD

Clinical Pain Medicine Physician, Hawaiian Pacific Pain and Palliative Care

Medical Director, Hawaii Patients’ Rights Hui

THE QUEEN'S HEALTH SYSTEMS



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

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

Date: March 13, 2018

Hrg: House Committee on Health and Human Services Hearing; Wednesday, March 14, 2018 at 8:40 a.m. in Room 329

Re: Comments on S.B. 2407, S.D. 1 Relating to Medical Cannabis

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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 with concerns on S.B. 2407, S.D. 1 Relating to Medical Cannabis. This measure would allow for the use of medical cannabis to treat opioid use, substance use, and withdrawal symptoms resulting from the treatment of those conditions.

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. 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.

HAWAII EDUCATIONAL ASSOCIATION FOR LICENSED THERAPEUTIC HEALTHCARE

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

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

Re: Testimony **In Support** on **Senate Bill (SB) 2407, Senate Draft (SD) 1**
RELATING TO MEDICAL CANNABIS - Allows the use of medical cannabis to treat opioid use, substance use, and withdrawal symptoms resulting from the treatment of those conditions.

Dear Chair Mizuno, Vice-Chair Kobayashi, and 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** of SB2407, SD1 to address opioid use and substance use as a new condition.

According to the Center for Disease Control data from 2016, Hawaii is fortunate not to have seen any recent statistically significant increases in opioid-related deaths. https://www.cdc.gov/drugoverdose/data/statedeaths.html Hawaii is being proactive though, and has put forward its "Hawaii Opioid Initiative" https://health.hawaii.gov/substance-abuse/files/2013/05/The-Hawaii-Opioid-Initiative.pdf

We support this bill because there is research that demonstrates medical cannabis can help treat opioid use and its withdrawal symptoms. Person dependent on opioids most often seek relief from their chronic pain symptoms and THC can serve as an important analgesic to help to treat their pain. The CBD is effective at "calming" the addictive response of the brain, and thus the research suggests it is important to have both cannabinoids THC and CBD. 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:

1) Cannabis & Pain-A Clinical Review
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5549367/
2) Cannabis as a Substitute for Opioid-Based Pain Medication: Patient Self-Report
http://online.liebertpub.com/doi/pdfplus/10.1089/can.2017.0012
3) 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
4) Cannabinoid-opioid interaction in chronic pain
https://www.ncbi.nlm.nih.gov/pubmed/22048225

Thank you for your consideration.

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

TO: House Committee on Health and Human Services
FROM: Carl Bergquist, Executive Director
HEARING DATE: 14 March 2018, 8:40AM
RE: SB2407 SD1, RELATING TO MEDICAL CANNABIS; SUPPORT

Dear Chair Mizuno, Vice Chair Kobayashi, Committee Members:

The Drug Policy Forum of Hawai'i (DPFHI) **supports** the addition of "*opioid use and substance use disorders, or withdrawal symptoms resulting from the treatment of these conditions*" to the HRS 329-121 definition of "debilitating medical conditions" for the purposes of certifying a patient for the use of medical cannabis. This is in line with the majority's recommendation by the Act 230 Legislative Oversight Working Group in December 2017 to add "opioid use disorder" (OUD) and "substance use order" (SUD) to this definition. While medical cannabis has long been considered as an alternative pain medication in certain circumstances, its applicability when a patient an opioid or other substance use disorder is less well known. Late last year, the New Mexico Medical Cannabis Advisory Board, made up entirely of physicians, unanimously voted to add both OUD & SUD to that state's list of approved qualifying conditions. A final decision by the New Mexico Secretary of Health is expected this spring.[1]

While some of the withdrawal symptoms from substance use could fall under the current HRS 329-121 (2) (B) & (C) definition of a "debilitating disease" with resulting "severe pain" or "severe nausea", this bill's specific listing of these disorders and their symptoms sends the proper signal to health care professionals, prospective patients and the public that medical cannabis constitutes a possible treatment option. The scientific research on this is ample and highlighted in the attached 2017 fact sheet from the office of U.S. Representative Earl Blumenauer (OR- 3rd District). Moreover, according to a recent federally funded study published in the Journal of Health Economics:

[1] For a powerful op-ed by two members of the New Mexico legislature, see https://www.abqjournal.com/1144626/include-cannabis-in-opioid-treatments.html

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Website: www.dpfhi.org
Email: info@dpfhi.org

“Dispensaries – retail outlets that sell marijuana to qualified patients – contribute to the decline in opioid overdose death rates.”[2]

Further, this bill dovetails with the state’s own preemptive focus on the opioid epidemic and the recommendations as adopted in the Hawai’i Opioid Initiative released in December 2017. Medical cannabis was not mentioned in that plan, and this bill makes up for that surprising omission.

An alternative approach to turning more patients away from addictive painkillers, and onto medical cannabis, would be to add “chronic pain” as a qualifying condition. Several states from New York to California and Maryland have done this. The Minnesota Department of Health recently released a report highlighting that hundreds of patients reported clinically significant reductions in chronic pain after switching to medical cannabis.[3]

Thank you for the opportunity to testify.

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[2] Journal of Health Economics, Volume 58, March 2018, pp. 29-42, https://www.sciencedirect.com/science/article/abs/pii/S0167629617311852

[3] Minnesota Department of Health report: medical marijuana helps with chronic pain, Minnesota Post, 1 March 2018, https://www.minnpost.com/glean/2018/03/minnesota-department-health-report-medical-marijuana-helps-chronic-pain

Physician Guide to Cannabis-Assisted Opioid Reduction

Prepared by Adrianne Wilson-Poe, Ph.D.
Distributed by Congressman Earl Blumenauer

Cannabis reduces opioid overdose mortality.

- In states with medicinal cannabis laws, opioid overdoses drop by an average of 25%. This effect gets bigger the longer the law has been in place. For instance, there is a 33% drop in mortality in California, where compassionate use has been in place since 1996 (1).
- This finding was replicated by Columbia's school of public health, using a completely different analysis strategy (2).

Cannabis reduces opioid consumption.

- Cannabis is opioid-sparing in chronic pain patients. When patients are given access to cannabis, they drop their opioid use by roughly 50%. This finding has been replicated several times from Ann Arbor to Jerusalem (3, 4).
- This opioid sparing effect is accompanied by an enhancement of cognitive function once patients begin cannabis therapy: this effect is most likely due to the fact that patients reduce their opioid use (5).
- Cannabis use is associated with a reduction in not only opioid consumption, but also many other drugs including benzodiazepines, which also have a high incidence of fatal overdose. In states with medicinal cannabis laws, the number of prescriptions for analgesic and anxiolytic drugs (among others) are substantially reduced (6). Medicare and Medicaid prescription costs are substantially lower in states with cannabis laws (7).

Cannabis can prevent dose escalation and the development of opioid tolerance.

- Cannabinoids and opioids have acute analgesic synergy. When opioids and cannabinoids are coadministered, they produce greater than additive analgesia (8). This suggests that analgesic dose of opioids is substantially lower for patients using cannabis therapy.
- In chronic pain patients on opioid therapy, cannabis does not affect pharmacokinetics of opioids, yet it still enhances analgesia. This finding further supports a synergistic mechanism of action (9).
- Pre-clinical models indicate that cannabinoids attenuate the development of opioid tolerance (10, 11).

Cannabis, alone or in combination with opioids, could be a viable first-line analgesic.

- The CDC has updated its recommendations in the spring of 2016, stating that most cases of chronicpain should be treated with non-opioids (12).
- The National Academies of Science and Medicine recently conducted an exhaustive review of 10,000+ human studies published since 1999, definitively concluding that cannabis itself (not a specific cannabinoid or cannabis-derived molecule) is safe and effective for the treatment of chronic pain (13).
- When 3,000 chronic pain patients were surveyed, they overwhelmingly preferred cannabis as an opioid alternative (14).
  - 97% "strongly agreed/agreed" that they could decrease their opioid use when using cannabis
  - 92% "strongly agreed/agreed" that they prefer cannabis to treat their medical condition
  - 81% "strongly agreed/ agreed that cannabis by itself was more effective than taking opioids

Cannabis may be a viable tool in medication-assisted relapse prevention

- CBD is non-intoxicating, and is the 2nd most abundant cannabinoid found in cannabis. CBD alleviates the anxiety that leads to drug craving. In human pilot studies, CBD administration is sufficient to prevent heroin craving for at least 7 days (15).
- Cannabis users are more likely to adhere to naltrexone maintenance for opioid dependence (16).

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March 13, 2018

TO: House Committee on Health and Human Services
Representative John Mizuno, Chair; Bertrand Kobayashi, Vice Chair
House Committee on Consumer Protection & Commerce
Representative Roy M. Takumi, Chair; Linda Ichiyama, Vice Chair

FROM: Teri Freitas Gorman

RE: Testimony-**SUPPORT SENATE BILL (SB) 2407 SD1**
RELATING TO MEDICAL CANNABIS

Dear Chairs Mizuno, and Takumi and Vice-Chairs Kobayashi and Ichiyama and Members of the HHS and CPC Committees:

I am Director of Community Relations & Patient Affairs for Maui Grown Therapies and a board member of the Hawaiʻi Educational Association for Licensed Therapeutic Healthcare, the trade association for all state-licensed dispensaries. Mahalo for the opportunity to testify in favor of SB 2407, HD1 that proposes to add opioid use and substance abuse disorders to the list of Hawaiʻi debilitating conditions that qualify for the use of medical cannabis.

Since opening on August 8, 2017, Maui Grown Therapies has assisted three patients to successfully overcome addiction to opiate medication through a well-planned program that slowly decreased opiate intake with medical cannabis therapy. We are currently working with other patients who have the same goal.

Chronic pain continues to be the most reported condition for use of medical cannabis within the state. Long-term use of opioids for pain relief is associated with a host of potential adverse side effects, including dependence and accidental overdose death. According to the Centers for Disease Control and Prevention, opioids were involved in 33,091 deaths in the nation including 169 in Hawaiʻi. Opioid overdose deaths have more than doubled in Hawaiʻi between 2000 and 2016, according to the death certificate database of the state Department of Health.

A 2013 FDA-approved trial assessing the impact of vaporized cannabis on neuropathic pain reported that even low doses of THC (1.29 percent) provided statistically significant reductions in pain intensity when compared to a placebo. Vaporized cannabis “significantly augments” the analgesic effects of opiates in patients with chronic pain, according to clinical trial data published online in 2011 in the scientific journal *Clinical Pharmacology & Therapeutics*. A study from the University of California, San Francisco led by Donald Abrams, MD, suggests chronic pain patients may experience more relief if cannabis is added to an opiates-only treatment regimen.

In 2014, the *Journal of American Medicine* reported that states with medical marijuana laws experienced a nearly 25 percent drop in deaths from opioid overdoses compared to states without those laws. There is reason to believe the synergistic interaction between cannabinoids and opioids may both treat pain and combat opioid addiction. We applaud the legislature for taking an important step to combat a growing opioid addiction problem in Hawaiʻi before it reaches the epidemic proportions seen on the continent.

Mahalo for your consideration,

Teri Freitas Gorman

Maui Grown Therapies • 44 Paʻa Street, Kahului, HI 96732
www.mauigrowntherapies.com

SB-2407-SD-1
Submitted on: 3/13/2018 8:19:11 AM
Testimony for HHS on 3/14/2018 8:40:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	OCC Legislative Priorities Committee, Democratic Party of Hawai'i	Support	No

Comments:

PRESENTATION OF
THE OAHU COUNTY
COMMITTEE ON LEGISLATIVE
PRIORITIES DEMOCRATIC PARTY OF
HAWAII

THE COMMITTEE ON HEALTH & HUMAN SERVICES

THE HOUSE OF REPRESENTATIVES

TWENTY-NINTH LEGISLATURE

REGULAR SESSION OF 2018

Wednesday, March 14, 2018

8:40 a.m.

Hawaii State Capitol, Conference Room 329

RE: **Testimony in Support** of **SB2407 SD1**, RELATING TO MEDICAL CANNABIS

To the Honorable John M. Mizuno, Chair; the Honorable Bertrand Kobayashi, Vice-Chair and the Members of the Committee on Health & Human Services:

Good morning, my name is Melodie Aduja. I serve as Chair of the Oahu County Committee ("OCC") Legislative Priorities Committee of the Democratic Party of Hawaii. Thank you for the opportunity to provide written testimony on **SB2407 SD1** relating to medical cannabis to treat opioid addiction to treat opioid addiction, substance abuse, and withdrawal symptoms from such treatment.

The OCC Legislative Priorities Committee is in favor of **SB2407 SD1** and supports its passage.

SB2407 SD1 Is in accord with the Platform of the Democratic Party of Hawai'i ("DPH"), 2016, as it allows the use of medical cannabis to treat opioid addiction, substance abuse, and withdrawal symptoms resulting from the treatment of those conditions.

The DPH Platform states that "[w]e support fair and equitable access to medical marijuana to be administered by the State of Hawaii's Department of Health. (Platform of the DPH, P. 7, Lines 386-387 (2016)).

We support legalization and regulation of marijuana and other cannabis derivatives. (Platform of the DPH, P. 8, Line 395 (2016)).

Given that **SB2407 SD1** allows the use of medical cannabis to treat opioid addiction, substance abuse, and withdrawal symptoms resulting from the treatment of those conditions, it is the position of the OCC Legislative Priorities Committee to support this measure.

Thank you very much for your kind consideration.

Sincerely yours,

/s/ Melodie Aduja
Melodie Aduja, Chair, OCC Legislative Priorities Committee
Email: legislativepriorities@gmail.com, Text/Tel.: (808) 258-8889

SB-2407-SD-1
Submitted on: 3/13/2018 12:47:29 AM
Testimony for HHS on 3/14/2018 8:40:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Wendy Gibson	Individual	Support	No

Comments:

Aloha Committee Chair, Vice Chair and Committee Members,

I am Wendy Gibson, a Cannabis Nurse (RN) and I support SB2407 for many reasons:

Many of the cardholding cannabis patients I have met have reported to me that they have either significantly decreased, or have entirely eliminated, their use of opiate medications through the use of marijuana/cannabis. One patient was able to have a morphine pain pump removed from his abdomen once he incorporated cannabis into his pain management regimen.

Numerous studies, published in peer-reviewed scientific journals, support the efficacy of cannabis in decreasing or eliminating opiate use in patients who have addiction or dependency issues. In Maine and California, at least one addiction treatment program is focused on using cannabis to help get people off of more harmful substances.

Cannabis Researcher, Dr. Donald Abrams, chief of the Hematology-Oncology Division at Zuckerberg San Francisco General Hospital, says **anything that makes a dent in an epidemic that kills 80 Americans every day is worth consideration—**especially since medical pot is proving in studies to be an effective treatment for pain. “If we could use cannabis, which is **less addictive and harmful** than opioids, to increase the effectiveness of pain treatment, I think it can make a difference during this epidemic of opioid abuse,” says Abrams who has investigated the effect of cannabis on pain for over a decade.

http://time.com/4419003/can-medical-marijuana-help-end-the-opioid-epidemic/

I agree with Dr. Abrams that it is at least worth a try. Please pass SB2407 towards this end.

Wendy Gibson PTA/RN

SB-2407-SD-1
Submitted on: 3/12/2018 2:47:55 PM
Testimony for HHS on 3/14/2018 8:40:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
ellen benton	Individual	Support	No

Comments:

SB-2407-SD-1
Submitted on: 3/13/2018 3:38:10 PM
Testimony for HHS on 3/14/2018 8:40:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
R. Kinslow	Individual	Support	No

Comments:

I support this measure as it will help patients deal with the addictive nature of opoids.

LATE

SB-2407-SD-1
Submitted on: 3/13/2018 4:57:55 PM
Testimony for HHS on 3/14/2018 8:40:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Thayne Taylor	Individual	Support	No

Comments:

Aloha Chair Mizuno, Vice Chair Kobayashi, and Committee members,

It is appalling that we as a "civilized" society allow the pharmaceutical companies to dump massive amounts of opioids into our community that causes billions of dollars in health care costs. Yet when there is medicine available to not only treat the individual's pain but get relief from opioid addiction that is non-addictive we turn a blind eye. Cannabis is that non-addictive medicine that does relieve an individuals pain and does help the individual get off the opioid addiction treadmill. I strongly encourage everyone to show some compassion and pass SB2407 SD1 to help our brothers and sisters who are dealing with debilitating pain each and every day and who by no choice of their own have become addicted to opioids.

Thayne Taylor

5350 Puulima Road, Kalaheo, HI 96741