

SB2407

Measure Title: RELATING TO MEDICAL CANNABIS.

Report Title: Medical Cannabis; Opioid Addiction; Substance Abuse

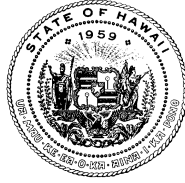
Description: Allows the use of medical cannabis to treat opioid addiction, substance abuse, and withdrawal symptoms resulting from the treatment of those conditions.

Companion:

Package: None

Current Referral: CPH

Introducer(s): ESPERO, NISHIHARA, RUDERMAN, S. Chang, Ihara



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
RELATED TO MEDICAL CANNABIS

SENATOR ROSALYN BAKER, CHAIR
SENATOR JILL TOKUDA, VICE-CHAIR
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Hearing Date: 2/13/18 Room Number: 229

1 **Fiscal Implications:** None determined

2 **Department Testimony:** This bill would amend §329-121, Hawaii Revised Statutes, to add
3 opioid addiction, substance abuse, or withdrawal symptoms resulting from the treatment of these
4 conditions as a debilitating medical condition qualifying for the medical use of cannabis. Section
5 11-160-7, Hawaii Administrative Rules, specifies a process whereby any physician or potentially
6 qualifying patient may petition the department to consider adding a new debilitating medical
7 condition qualifying for the medical use of cannabis. This process allows for gathering and
8 thoughtful review of medical evidence, as well as consideration of public input. Use of an
9 alternate process for adding new debilitating medical conditions detracts from this established
10 carefully thought out and vetted process.

11 The department is accepting petitions until February 19, 2018 for new qualifying conditions that
12 will be considered during a public hearing in 2018. The department is **opposed** to amending
13 §329-121, HRS, to add conditions and respectfully suggests that the petition process is the most
14 appropriate mechanism for considering any new qualifying conditions.

15 With regard to the specific conditions of opioid addiction or opioid use disorders (OUD) and
16 substance use disorders (SUD), or withdrawal: at this time, the department is **opposed** to
17 permitting medical cannabis for these conditions for the following reasons:

1 1) The addition of opioid addiction as a qualifying diagnosis moves the use of medical
2 cannabis for treatment of chronic pain into the realm of treating chronic behavioral health
3 illnesses and disorders (addiction) for which there is insufficient evidence at this time.
4 The use of cannabis for pain should be the current focus and not be confused with
5 addiction which is a primarily psychological/neurological disorder with
6 secondary/tertiary physical symptomology.

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

9 3) There are already well-established medication-assisted treatment interventions for the
10 treatment of opioid use disorder.

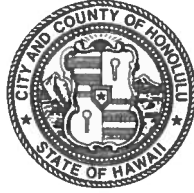
11 4) Neither the Substance Abuse and Mental Health Administration, the National Institutes
12 of Health nor the institutes it governs such as the National Institute of Drug Abuse, and
13 the National Institute of Mental Health, the FDA, nor the Centers for Disease Control and
14 Prevention have recommended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

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

22 Thank you for the opportunity to testify.

POLICE DEPARTMENT
CITY AND COUNTY OF HONOLULU

801 SOUTH BERETANIA STREET · HONOLULU, HAWAII 96813
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KIRK CALDWELL
MAYOR

SUSAN BALLARD
CHIEF

JOHN D. McCARTHY
JONATHAN GREMS
DEPUTY CHIEFS

OUR REFERENCE CT-TA

February 13, 2018

The Honorable Rosalyn H. Baker, Chair
and Members
Committee on Commerce, Consumer
Protection, and Health
State Senate
Hawaii State Capitol
415 South Beretania Street, Room 229
Honolulu, Hawaii 96813

Dear Chair Baker and Members:

SUBJECT: Senate Bill No. 2407, 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, Relating to Medical Cannabis.

This bill seeks to allow the medical use of cannabis for the treatment of opioid addiction, substance abuse, 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 so show the efficacy 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, Relating to Medical Cannabis.

Thank you for the opportunity to testify.

APPROVED:

Sincerely,


Susan Ballard
Chief of Police


Phillip Johnson, Captain
Narcotics/Vice Division

Serving and Protecting With Aloha

SB-2407

Submitted on: 2/12/2018 2:12:16 PM

Testimony for CPH on 2/13/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Victor K. Ramos	Maui Police Department	Oppose	No

Comments:

SB-2407

Submitted on: 2/12/2018 7:44:54 AM

Testimony for CPH on 2/13/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	OCC Legislative Priorities	Support	No

Comments:

**PRESENTATION OF THE
OAHU COUNTY COMMITTEE ON LEGISLATIVE PRIORITIES
DEMOCRATIC PARTY OF HAWAII
TO THE COMMITTEE ON CONSUMER PROTECTION AND
HEALTH**

THE SENATE

TWENTY-NINTH LEGISLATURE

REGULAR SESSION OF 2018

Tuesday, February 13, 2018

9:00 a.m.

Hawaii State Capitol, Conference Room 229

RE: Testimony in Support of SB 2407, RELATING TO MEDICAL CANNABIS

To the Honorable Rosalyn H. Baker, Chair; the Honorable Jill N. Tokuda, Vice-Chair and the Members of the Committee on Energy and Environmental Protection:

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 Senate Bill No.2407 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 Senate Bill No. 2407 and supports its passage.

Senate Bill No. 2407 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 Hawaii 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 Senate Bill No.2407 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, Tel.: (808) 258-8889



THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Jill N. Tokuda, Vice Chair
Members, Committee on Commerce, Consumer Protection, and Health

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

Date: February 12, 2018

Hrg: Senate Committee on Commerce, Consumer Protection, and Health Hearing; Tuesday,
February 13, 2018 at 9:00 a.m. in Room 329

Re: Comments on S.B. 2407, Relating to Health

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, Relating to Health. This measure amend definitions under the Hawaii Revised Statute sections 329 – 121, which relates to the prescription of cannabis.

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.

The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.



SB2407 Requires Medical Marijuana be used as Medications for Substance Use Disorder Treatment

HOUSE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH:

- Senator Rosalyn Baker, Chair; Senator Jill Tokuda, Vice Chair
- Tuesday, February 13th, 2018: 9:00 a.m.
- Conference Room 229

Hawaii Substance Abuse Coalition OPPOSES SB2407:

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 alcohol and drug treatment and prevention agencies.

Research for Medical Marijuana 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 Medical Marijuana 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.



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

TO: Senate Committee on Commerce, Consumer Protection and Public Health
FROM: Carl Bergquist, Executive Director
HEARING DATE: 13 February 2018, 9AM
RE: SB2407, RELATING TO MEDICAL CANNABIS; SUPPORT with AMENDMENTS

Dear Chair Baker, Vice Chair Tokuda, Committee Members:

The Drug Policy Forum of Hawai'i (DPFHI) **supports** the intent of adding “*opioid addiction, substance abuse, 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 recommendation of the Act 230 Legislative Oversight Working Group in December 2017 to add “opioid use disorder” (OUD) and “substance use disorder” (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.

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 is ample and highlighted in the attached 2017 fact sheet from the office of U.S. Representative Earl Blumenauer (OR- 3rd District)..

We do suggest **amending** the specific language of the bill to [the less stigmatizing terminology of “opioid use and substance use disorders or withdrawal symptoms resulting from the treatment of these conditions”](#). This would help dispel the notions that drug use is synonymous with abusive behavior, and it also moves us away from the “addict” or “abuser” labels for a person to one that recognizes them as individuals who happen to have a particular health problem.

Thank you for the opportunity to testify.

Physician Guide to Cannabis-Assisted Opioid Reduction

Prepared by Adrienne 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 chronic pain 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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Aloha Honorable Chairs and Members of the Hearing,

February 13, 2018

RE: SB 2407

I am Lisa Cook, Executive Director of Kū Aloha Ola Mau, the only State purchase of service provider for opioid specific treatment services in Hawai'i.

We strongly oppose the "requirement" to utilize marijuana or its components for treatment. Each person needs to be prescribed precisely what is medically recommended for their illness which can only be determined by an experienced and authorized physician according to federal regulations 42 CFR Part 291 governing methadone treatment programs who need to follow national accreditation standards.

Thank you very much for allowing us to submit testimony.

HAWAII EDUCATIONAL ASSOCIATION FOR LICENSED THERAPEUTIC HEALTHCARE

To: Senator Rosalyn Baker, Chair Consumer Protection and Health (CPH)
Senator Jill Tokua, Vice-Chair CPH
Members of the Senate Committee

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

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

Dear Chair Baker, Vice-Chair Tokuda, 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 to address opioid addition 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 addition. Opioid addicts 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.

SB-2407

Submitted on: 2/13/2018 7:30:03 AM

Testimony for CPH on 2/13/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Miles W. Tuttle	Kine Bottles	Support	No

Comments:

SB-2407

Submitted on: 2/9/2018 6:34:39 PM

Testimony for CPH on 2/13/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Andi Pawasarat-Losalio		Oppose	No

Comments:

I am a Hawaii State Certified Substance Abuse Counselor. I oppose this bill. I know there are many fears over the opioid abuse issue. However, actions taken to assist must be out of best practices and with substantial research. The federal agency Substance Abuse and Mental Health Services Administration does not list marijuana as suggested use to treatment of opioid disorder. Furthermore, the National Institute on Drug Abuse recently published an article titled "Marijuana use is associated with an increased risk of prescription opioid misuse and use disorders." More research must be done before considering taking a step like this. I oppose this bill. Thank you

SB-2407

Submitted on: 2/10/2018 8:05:29 PM

Testimony for CPH on 2/13/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Joseph A. Bobich		Support	No

Comments:

Dr. Myron Berney

SB2407 SUPPORT

USP Cannabis has been listed in the US Pharmacopeia as a safe, effective, legal and commonly prescribed medicine. For a variety of economic monopolistic non-medical reasons, Marijuana [not Cannabis] was made illegal in 1939 to promote various economic interests and to replace the end of Alcohol Prohibition with a new object for Law Enforcement to expand its budget. USP Cannabis was renamed as Marijuana to sneak the legislation past the AMA and other medical and healthcare experts who were never told that USP Cannabis was being banned. The illegalization of one of the more prescribed and effective medicines was pushed World Wide by the US Government.

The Government rebranded USP Cannabis as Marijuana and promoted it as a dangerous drug portraying it as a blend between Alcohol and Cocaine none of which is true. Marijuana does not share the any of the same or similar drug effects of Alcohol or Cocaine.

Marijuana is now known to mimic neurohormones and neurotransmitters naturally present in the brain and body. Anandamide, a natural present brain endocannabinoid is also found in Chocolate. Cannabis acts as an essential nutrient in the human body. It is not detoxified and excreted like a drug but stored and recycled through out the body and brain. The primary drug effect of Cannabis is as an Adaptogen, balancing cell, organ and body functions. Marijuana will assist in returning the body organs tissues and cells as well as the brain back to a normal functional state.

Tincture of Cannabis was commonly prescribed with Heroin HCL as a remedy for many diseases from coughs to menstrual pain. The addition of Cannabis to the opioid enhanced the therapeutic effect and **BLOCKED THE DEVELOPMENT OF DRUG DEPENDENCY** on Heroin HCL. Patients got better drug therapy without need increasingly higher doses of opioids avoiding “accidental” medical OD and deaths.

The Government is heavily invested in the fake news that Marijuana is a **GATEWAY DRUG**. Real world data in Colorado have demonstrated an immediate and drastic reduction in opioid use and opioid deaths following the **LEGALIZATION OF MARIJUANA**. In the **REAL WORLD**, statistics clearly demonstrate that Marijuana is the **OPPOSITE** of a gateway drug, reducing alcohol abuse, opiate abuse, meth and cocaine abuse while assisting in the treatment of almost all diseases. Not only assisting but actually replacing patent medicines with non-toxic herbal medicine resulting in better therapeutic action compared to the Big Pharma drug.

Drug Replacement with Medical Marijuana is not only medically effective but also cost effective. This has the potential of savings Millions of Dollars and thousands of lives right here in Hawaii.

In the real world the best science experiment [equivalent to a Stage 4 clinical study] Cannabis, Marijuana, has proven to have positive therapeutic result and positive social outcome when used to treat and prevent opioid addiction.

However, the cops can not afford to let go of the “gateway drug” lie. Since they really can’t find anything wrong with Marijuana, they say it causes people to take the really bad drugs, but the REAL-WORLD DATA shows they are wrong. Marijuana is an ANTI-GATEWAY drug.

Marijuana not only treats the opioid crisis, TO EVERYONE’S GREAT SURPRISE, MARIJUANA TREATS DEMENTIAL!!!!!! Bad for the Brain is dementia not Cannabis; Marijuana is a Polycrest able to treat many diseases. Early results on AUTISM are also promising.

The State should leave medicine and medical decisions up to the medically trained experts not limiting health care and wellness based upon Politics aimed a Drug Company and Alcohol Industry Profits. Fake news must be replaced by good medicine, if the State wants out of this financial medical crisis created by drug company lobbyists and the Alcohol Industry...we need to protect our cash flow not go bankrupt and not get the best care to maintain profiteering by the Drug and Alcohol Industries.

SB2407 SUPPORT

I also support amending the bill to not limit medicine and health care with a list of conditions approved for medical marijuana treatment. Under current FDA law, an approved medicine can be used “OFF LABEL” for conditions not listed or approved by the FDA.

I support Legalization and the least amount of Government restrictions. The protection in law for Tobacco and Alcohol should be applied to control Marijuana for Legalization and Public Safety. All other marijuana crimes are unjustified and harm society.

Legalization of Marijuana reduced violent crime in Colorado by double digits that is real public safety beyond anything that increased law enforcement can accomplish.

SB-2407

Submitted on: 2/12/2018 7:36:39 AM

Testimony for CPH on 2/13/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Marilyn Mick		Oppose	No

Comments:

- As the state tackles the opioid epidemic, we must work not only to find alternatives to treating pain, but also ways to help end addiction;
- medical cannabis can help in both these areas;
- the broad definition in this bill allows the health care professional and the patient to discuss this treatment option in a wide variety of related circumstances.

SB-2407

Submitted on: 2/12/2018 12:53:59 PM

Testimony for CPH on 2/13/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Barbara Barry		Oppose	No

Comments:

Legalize Cannabis for adult use.

SB-2407

Submitted on: 2/12/2018 7:23:50 PM

Testimony for CPH on 2/13/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
William Haning, MD		Oppose	Yes

Comments:

Testimony OPPOSING SB 2407:

Respected Members of the Committee:

Any of the commentary in my name below may be included in submissions from other individuals or organizations, in an effort to assure timely submission. If so, I apologize for any duplication.

SB 2407 seeks to amend Hawaii revised statute 329 – 121, definitions, which relate specifically to the prescription of cannabis (“marijuana”). The emendation is specifically to add opioid use disorders to the list of indications for prescription of cannabis. The added indications are described as, “opioid addiction, substance abuse, or withdrawal symptoms resulting from the treatment of these conditions.” For clarity, it should be noted that this language does not limit the emendation to opioid use disorders; and that “opioid addiction” and “substance abuse” are no longer part of the medical lexicon. While we may feel that we know what these terms mean, in a section on “definitions,” greater specificity is needed.

The implications of this amendment are as follows:

1. Cannabis may or even should be used in the management of opioid use disorder, whether in the withdrawal phase or at other points on the timeline of recovery.
2. Cannabis efficacy has been demonstrated in such treatment.
3. Cannabis is implicitly safe for use in the management of substance use disorders.

Contrary concerns:

1. None of these implications above has been demonstrated to be true.
2. While not stated, there is a higher moral purpose imputed by this bill coming before the Legislature, relief of suffering. While that purpose is commendable, its achievement must include procedures for validating both efficacy and safety. The history of medicine is replete with examples of raw plants (slippery elm, cinchona bark, foxglove, *papaver somniferum*) which contain therapeutically useful substances (aspirin, quinine, digitalis, morphine) but which are themselves toxic and inconsistent in content. A medication's dynamics, effects, safe therapeutic range and route of delivery, and adverse effects must be known before it is used. Otherwise it is unregulated research with an uninformed subject.
3. By acknowledging substance use disorders, and specifically opioid use disorders, as chronic or debilitating diseases does not automatically qualify them for management with cannabis. This is equally true of other chronic, disabling illnesses. The indications for treatment with a pharmaceutical agent are efficacy and demonstrated safety.
4. There is no body of evidence that compellingly supports the use of cannabis or its components in the management of opioid use disorders. The requirements of such research are: respect for persons; beneficence; and justice.
 1. In the absence of adequate studies supporting such use, and without any formal research proposals seeking justification, this legislative proposal constitutes uncontrolled and unregulated research in humans.
 2. Human subjects research must conform to The Common Rule, which addresses in detail the requirements for ethical research. The Common Rule provides guidance for the federal Health Resources and Services Administration (HRSA) in its determination of safe research practices.
 3. Finally, our foremost objection is this: Use of an unvalidated treatment approach will reliably derail those seeking care from receipt of appropriate and validated medications, based on our experience with many other such substitutions (in oncology, in behavioral health, others). Those with substance use disorders are particularly vulnerable to offers of a quick fix, particularly one with the possibility of euphoria. For opioid use disorders, these medications with known effectiveness include methadone, buprenorphine, naltrexone.

1. In separate submissions, the legislature has been encouraged to support research which determine both the safety and efficacy of the component chemicals within cannabis. That encouragement should be preserved even while declining to enact this bill.

Very respectfully,

W. F. Haning, III, MD, DFASAM, DFAPA

SB-2407

Submitted on: 2/12/2018 10:00:38 PM

Testimony for CPH on 2/13/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
gerald mckenna	hma/hmpa.hsam	Oppose	No

Comments: