



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I
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Testimony of the Department of Commerce and Consumer Affairs

Before the
House Committee on Judiciary & Hawaiian Affairs
and
House Committee on Agriculture & Food Systems

Tuesday, March 19, 2024
2:00 p.m.
Conference Room 329 & Via Videoconference

On the following measure:
S.B. 3335, S.D.2, H.D.1, RELATING TO CANNABIS.

Chair Nakashima, and Members of the Committees:

My name is Nadine Ando, and I am the Director of the Department of Commerce and Consumer Affairs (Department or DCCA). The Department offers comments on this bill.

The purposes of this bill are to: (1) establish the Hawai'i Cannabis and Hemp Authority and Cannabis and Hemp Control Board within the Department of Commerce and Consumer Affairs to regulate all aspects of the cannabis plant; (2) establish the Cannabis and Hemp Control Implementation Advisory Committee; (3) beginning January 1, 2026, legalizes the personal adult use of cannabis; (4) establish taxes for adult-use cannabis sales; (5) transfer the personnel and assets of the Department of Health and assets of the Department of Agriculture to the Hawai'i Cannabis and Hemp Authority; and (6) appropriate funds.

The Department acknowledges the complex nature of the cannabis issue, involving considerations related to public health, safety, and economic opportunities. The commitment to public health protections, including an extensive public health and education campaign, reflects a responsible approach to mitigate potential risks associated with cannabis use. The Department also supports the intent to establish a zero-tolerance policy toward distributing cannabis to individuals under the age of twenty-one and driving under the influence of cannabis.

The Department would like to underscore the significance of the clear separation of operations between the DCCA and the Hawai'i cannabis and hemp authority, as delineated in the proposed legislation. Part II, §A-11 (a) emphasizes that the Hawai'i cannabis and hemp authority is to be a public body corporate and politic within the Department for administrative purposes only. The legislation explicitly states that the DCCA shall not direct or exert authority over the day-to-day operations or functions of the authority. This clear separation ensures that the Hawai'i cannabis and hemp authority operates independently, fostering effective governance and decision-making in the field of cannabis regulation.

The Department would also like to address challenges faced by financial institutions nationwide, particularly in Hawai'i. It is important to note that financial institutions across the nation are not for or against cannabis sales (medical or adult use). Financial institutions have hesitated to open accounts due to the Anti-Money Laundering Act and the Bank Secrecy Act, which impose severe penalties on individual employees for aiding and abetting money laundering activities. Importantly, the proposed bill cannot address federal penalties for money laundering, a point discussed in detail with relevant authorities. Financial institutions nationwide do not take a stance on marijuana sales but emphasize the limited availability of banking services, with approximately 100 banks and credit unions providing such services across the country.

Thank you for the opportunity to offer comments on this bill.

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



JORDAN LOWE
DIRECTOR

MICHAEL VINCENT
Deputy Director
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Law Enforcement

SYLVIA LUKE
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KE KE'ENA

STATE OF HAWAII | KA MOKU'ĀINA O HAWAII
DEPARTMENT OF LAW ENFORCEMENT

Ka 'Oihana Ho'okō Kānāwai

715 South King Street
Honolulu, Hawaii 96813

TESTIMONY ON SENATE BILL 3335, SENATE DRAFT 2, HOUSE DRAFT 1
RELATING TO CANNABIS

Before the House Committee on Consumer Protection & Commerce

Tuesday, March 19, 2024; 2:00 p.m.

State Capitol Conference Room 329 Via Videoconference

Testifier: Jordan Lowe or Jared Redulla

Chair Nakashima, Vice Chair Sayama, and members of the Committee:

The Department of Law Enforcement (DLE) has **serious concerns** regarding Senate Bill (SB) 3335, Senate Draft 2 Related to Cannabis.

SB 3335 proposes to: 1) Establish the Hawai'i Cannabis Authority and Cannabis Control Board within the Department of Commerce and Consumer Affairs to regulate all aspects of the cannabis plant, 2) Beginning January 1, 2026, legalize the personal adult use of cannabis, 3) Establish taxes for adult-use cannabis sales, 4) Transfer the personnel and assets of the Department of Health and assets of Department of Agriculture to the Hawai'i Cannabis Authority, and 5) Appropriates funds.

Under Act 278 of the 2022 Session Laws of Hawaii, the Legislature acted to consolidate state law enforcement responsibilities into a single state department (i.e., the DLE) with goals of centralizing state law enforcement functions to increase public safety, improve decision making, promote accountability, streamline communication, decrease costs, reduce duplication of efforts, and provide uniform training and standards. Among the many responsibilities of the DLE arising from Act 278 is the paramount responsibility of the DLE to both increase and safeguard public safety through, just, transparent, unbiased, and responsive law enforcement. Consequently, as a law enforcement agency responsible for the protection of the public, the DLE has respectful, but serious concerns over the legalization of cannabis as proposed in SB 3335. The DLE is seriously concerned for several reasons.

First, the DLE is aware of the experiences of other states that have legalized cannabis systems and where there have been significant risks for the public's safety. One significant risk is the risk associated with driving and roadway safety in states that

have legalized cannabis systems. For example, in Colorado, the Rocky Mountain High Intensity Drug Trafficking Area (HIDTA) reported fatal car crashes that involved cannabis nearly doubled between 2013 to 2020 from 55 to 131. Moreover, one in four roadway deaths in Colorado was reported by the Colorado Division of Criminal Justice in 2020 as involving cannabis.

According to the Hawaii Department of Health, more than 100 people die in traffic related crashes each year in Hawaii. Traffic related deaths are the second leading cause of injury related death among 15- to 24-year-olds, and the fourth leading cause of death for all ages. The DLE is concerned and is seriously concerned about SB 3335 because based on the experience of Colorado, if cannabis were to be legalized in an adult use system for Hawaii, then it is highly probable that the rate of fatal car crashes and roadway deaths in Hawaii would very likely increase, especially amongst young drivers in Hawaii. An elevated risk of car crashes and roadway deaths increases the DLE's concern for public safety.

Second, the DLE is also concerned over the gains made in the illicit marketplaces (i.e., "the black market") of other states that have legalized cannabis systems. For example, the Oregon-Idaho HIDTA reported illicit cannabis plant seizures 17-times (17x) greater in 2021 (1,330,766 plants) versus 2020 (76,753) and 2018 (5260). Moreover, a 2019 study showed that 85-90 percent of California-produced cannabis was exported. These statistics are concerning to the DLE because in those states, the black market continues to flourish despite legalization. Moreover, according to a Smart Approaches to Marijuana publication titled, "Preventing Another Big Tobacco", "All legal states have failed to curtail the illicit market."

The black market for contraband continues to flourish in Hawaii. The Hawaii black market offers contraband including illicit drugs, firearms, stolen property, and fireworks. Despite law enforcement's continuing efforts to reduce these types of contraband in the local black market, seizures of contraband continue. The DLE is concerned because the experience of other states that have legal programs has shown that despite legalization, large seizures of illegal bulk cannabis continue in those states. If Hawaii were to legalize cannabis similarly, then Hawaii can expect large seizures of illegal black-market cannabis to compete with limited law enforcement resources which it must also dedicate towards confronting illicit drugs (e.g., fentanyl and methamphetamine), ghost guns, and fireworks. All these types of contraband are high enforcement priorities for the DLE and DLE's resources will be taxed severely if large amounts of illegal cannabis flood the black market.

Finally, the DLE is most concerned about a potential rise in violent crime that could result in Hawaii as the result of cannabis legalization. Last January, San Bernardino County authorities in California announced arrests in a recent mass murder case in which six men were murdered during a shootout in the San Bernardino desert.

According to a news report by NBC Los Angeles on 01-31-24, the San Bernardino Sheriff attributed the murders to a “dispute over marijuana” and said violent confrontations over illegal marijuana are not uncommon in San Bernardino County...”. In response to a question over “cartel” involvement in the murders, the Sheriff also said, “...we believe a lot of these things occurring may be related to much bigger things going on”, alluding that the murders might include organized crime or cartel involvement. Additionally, a California ABC-7 news report on 01-31-24 on the same San Bernardino murders described the murders as, “a direct consequence of illegal marijuana operations” and that the California black market “continues to thrive” even though “California voters legalized recreational marijuana in 2016, and the state has become the world's largest legal cannabis marketplace since then.”

Hawaii is not immune to violent crime related to cannabis. In the early 2000s there were two murders related to disputes within indoor cannabis grows that ultimately led to the dismemberment of at least one of the bodies of the victims involved. Additionally, there was a shooting death related to a cannabis grow on the Big Island during that timeframe as well. Moreover, the DLE is aware that illegal cannabis marketplaces continue to thrive in Hawaii despite Hawaii’s legitimate medical use and dispensary schemes. If cannabis becomes legalized for adult use in Hawaii as SB 3335 proposes, then the DLE fears that California’s experience with cannabis-related violent crime may establish a foothold in Hawaii and increase the risk of violence in the community.

Illustrative of the concerns we have with this bill are included in the following research:

The National Fraternal Order of Police stated that a joint study conducted by the University of Colorado, Johns Hopkins University, and Harvard Medical School about the impact of legalization in Colorado determined the following:

1. There is evidence of a persistent black market for marijuana which may increase the presence of Mexican drug cartels that are bringing in other drugs like heroin.
2. There are higher rates of traffic fatalities while driving under the influence of marijuana.
3. An increase in marijuana-related poisonings and hospital visits for children occurs.
4. There was no reduction in crime or significant increase in tax revenues.
5. Use of marijuana by children less than 17 years of age is rising faster than the national average and arrests of juveniles for marijuana-related offenses are up 5%.

The National Association of Assistant United States Attorneys noted that citizens in states that have legalized marijuana for medical use have seen the abuse of such laws:

1. Increased violence directed toward marijuana dispensary owners and employees.
2. Increased burglaries of marijuana dispensaries.
3. Lack of effort on the part of dispensary owners/ employees to control unlawful or nuisance behavior in and around the business or to comply with state laws designed to regulate medical marijuana use.
4. Increased loitering, noises, litter, and property damage, smoking of marijuana in public areas
5. Increased offenses involving driving while under the influence of marijuana.
6. An influx of criminal elements into the neighborhoods where dispensaries are located.
7. Marijuana distributors operating in school zones or close to schools or parks
8. Increased sales of marijuana to juveniles under the age of 18 or to customers who are young and do not have an illness or a serious medical condition.

The National Sheriffs Associations, the National District Attorneys Association, the National Narcotic Officers' Associations Coalition (NNOAC) have noted that states that legalized marijuana have been unable to control the black market for the drug.

The Oregon State Police reported that 70 percent of the marijuana transactions remain illegal, despite legalization laws. Marijuana is sold on the street in legalized states and exported in vast quantities to other, non-legalized jurisdictions.

In conclusion, the DLE is aware that the community's attitudes toward cannabis have evolved. However, the DLE is equally aware of the real-world examples of other states where state legalized cannabis programs have increased risks that affect the public's safety. Consequently, because of the increased risks associated with legalized cannabis programs described above, the DLE respectfully has serious concerns over the proposed contents of SB 3335.

While the Department has significant concerns with this proposal, should the legislature decide to move this forward, additional resources for law enforcement is a necessary component of this bill. Based on the experiences from other jurisdictions,

additional staff and resources for enforcement are critical features needed to offset the substantial predictable illegal activity that our community will see. To provide the DLE with tools to even attempt to enforce the law, the position number and appropriation amount in this bill should be at least \$2,000,000 for the enforcement unit and seventeen (17) DLE enforcement staff comprised of three (3) permanent supervisory positions, eleven (11) investigator or detective positions, and three (3) permanent administrative support positions.

JOSH GREEN M.D.
GOVERNOR

SYLVIA LUKE
LT. GOVERNOR



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GARY S. SUGANUMA
DIRECTOR

KRISTEN M.R. SAKAMOTO
DEPUTY DIRECTOR

**TESTIMONY OF
GARY S. SUGANUMA, DIRECTOR OF TAXATION**

TESTIMONY ON THE FOLLOWING MEASURE:

S.B. No. 3335, S.D. 2, H.D. 1, Relating to Cannabis.

BEFORE THE:

Senate Committee on Consumer Protection & Commerce

DATE: Tuesday, March 19, 2024

TIME: 2:00 p.m.

LOCATION: State Capitol, Room 329

Chair Nakashima, Vice-Chair Sayama, and Members of the Committee:

The Department of Taxation ("Department") offers the following comments regarding the tax provisions in S.B. 3335, S.D. 2, H.D. 1, which establishes the Hawai'i Hemp and Cannabis Authority and Hemp and Cannabis Control Board; establishes laws for the cultivation, manufacture, sale, and personal adult-use of cannabis; amends or repeals existing laws relating to cannabis, including hemp; establishes taxes for adult-use cannabis sales; legalizes the possession of certain amounts of cannabis for individuals 21 years of age and over by January 1, 2026; and transfers the personnel and assets of the Office of Medical Cannabis Control and Regulation from the Department of Health to the Hawai'i Hemp and Cannabis Authority.

Part III of the bill, beginning on page 194, creates a new chapter B in title 14, Hawaii Revised Statutes (HRS), entitled "Hawaii Cannabis Tax Law." Under proposed section B-2, persons engaged in the retail sale of cannabis, including retail sales of medical cannabis, must obtain a cannabis tax permit from the Department. Under proposed section B-3, retail sales of cannabis will be subject to a 14 percent tax on gross proceeds, and retail sales of medical cannabis subject to a 4 percent tax on gross sales.

Section 27 of the bill, beginning on page 256, amends section 237-24.3, HRS, to exempt amounts received from the sales of cannabis and medical cannabis from the Hawaii general excise tax.

All revenues collected under the Hawaii Cannabis Tax Law shall be distributed as follows: 50 percent to the Cannabis Regulation, Nuisance Abatement, and Law Enforcement Special Fund, and 50 percent to the Cannabis Social Equity, Public Health and Education, and Public Safety Special Fund.

Sections 60 and 61 of the bill, beginning on page 307, establish unspecified numbers of the following positions within the Department of Taxation:

1. Auditors;
2. Cashiers;
3. Special Enforcement Section Investigators;
4. Tax information technicians; and
5. Tax law change specialists.

The bill has a placeholder effective date of December 31, 2050 in section 80. However, Part III of the bill, including the Hawaii Cannabis Tax Law, has an effective date of January 1, 2026.

The Department notes that, should this measure be passed, the Department will need two auditors, one cashier, three special enforcement section investigators, two tax information technicians, and two tax law change specialists to implement and administer the tax law provisions.

The Department also requests, if the measure is passed with a functional date and with the specified number of positions necessary to enforce this measure, that the tax law provisions in part III and section 27 of the bill take effect no earlier than January 1, 2026. This would afford the Department sufficient time to make the necessary system and form changes and provide taxpayer education on the Hawaii Cannabis Tax Law.

Thank you for the opportunity to provide comments.

OFFICE OF INFORMATION PRACTICES

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To: House Committee on Consumer Protection & Commerce

From: Cheryl Kakazu Park, Director

Date: March 19, 2024, 2:00 p.m.
State Capitol, Conference Room 329

Re: Testimony on S.B. No. 3335, S.D. 1, H.D. 1
Relating to Cannabis

Thank you for the opportunity to submit testimony on this bill, which would create a Hawaii Hemp and Cannabis Authority overseen by a Hemp and Cannabis Board. The Office of Information Practices (OIP) takes no position on the substance of this bill, but **recommends deletion of a notice provision regarding special meetings of the Board because it is unnecessary and contrary to the Sunshine Law.**

Proposed subsection A-12(f), HRS, beginning at bill page 33 line 3, authorizes the Board's chairperson to call special meetings either with ten days' notice to each member, or without notice based on the agreement of and signed written waiver by all members. OIP notes that the Board meets the definition of a "board" subject to the Sunshine Law, part I of chapter 92, HRS, and as such it must give public notice of all its meetings as required under the Sunshine Law. If the Board's members waived the requirement for the chairperson to notify them of a special meeting, that would not waive or alter the Sunshine Law's notice requirements set out in section 92-7, HRS; the Board would still be required to give public notice of the special meeting under the Sunshine Law. Further, it is not clear what additional purpose

this bill's special meeting notice requirement serves given that the Sunshine Law already requires the Board to notify members and the public of every meeting, whether regular or special. Further, if Board members did communicate outside a meeting about whether a special meeting was needed and whether to waive notice in accordance with this provision, that communication could well result in a discussion of the Board's business outside a meeting in violation of the Sunshine Law. Since the provision for notice of special meetings appears superfluous to the Sunshine Law's existing notice requirement and could even lead to a Sunshine Law violation, **OIP recommends that this Committee delete the special meeting notice provision at bill page 33 lines 4-9, as follows:**

~~[Special meetings may be called by the chairperson at any time by giving notice thereof to each member present in the State at least ten days before the date of the special meeting; provided that notice shall not be required if all members present in the State agree and sign a written waiver of the notice.]~~

Thank you for considering OIP's testimony and suggested amendment.

JOSH GREEN, M.D.
Governor

SYLVIA LUKE
Lt. Governor



SHARON HURD
Chairperson, Board of Agriculture

DEXTER KISHIDA
Deputy to the Chairperson

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TESTIMONY OF SHARON HURD
CHAIRPERSON, BOARD OF AGRICULTURE

BEFORE THE HOUSE
COMMITTEE ON CONSUMER PROTECTION & COMMERCE

TUESDAY, MARCH 19, 2024
2:00 PM
CONFERENCE ROOM 329 & VIDEOCONFERENCE

SENATE BILL NO. 3335 SD2 HD1
RELATING TO CANNABIS

Chair Nakashima, Vice Chair Sayama, and Members of the Committee:

Thank you for the opportunity to testify on SB 3335 SD2 HD1. This bill establishes the Hawaii Cannabis and Hemp Authority and Cannabis and Hemp Control Board within the Department of Commerce and Consumer Affairs to regulate all aspects of the cannabis plant. Establishes the Cannabis and Hemp Control Implementation Advisory Committee. Beginning January 1, 2026, legalizes the personal adult use of cannabis. Establishes taxes for adult-use cannabis and medical use cannabis sales. Transfers the personnel and assets of the Department of Health and assets of the Department of Agriculture relating to cannabis to the Hawaii Cannabis and Hemp Authority. Appropriates funds.

The Hawaii Department of Agriculture (HDOA) strongly supports the "one-plant" approach provided for in SB 3335 SD2 HD1. The HDOA also supports the inclusion of the provisions based on Act 263, Session Laws of Hawaii 2023 and the Agriculture Improvement Act of 2018, informally known as 2018 Farm Bill, within the new Hawaii Cannabis and Hemp Authority, as those were included in response to concerns raised by the Hawaii Hemp Farmers Association. These provisions are intended to provide legal support to the hemp farmers and the hemp industry in Hawaii, particularly those in Section Part VIII.

HDOA supports the inclusion of provisions requiring hemp growers in Hawaii to comply with the USDA regulations regarding hemp production licensing in Section A-132 of SB 3335 SD2 HD1, and requiring compliance with the hemp cultivation buffer zones in Section A-132(b). This action ensures that no redundant regulations are imposed on the hemp farmers and clarifies that the USDA regulates hemp cultivation in Hawaii.

HDOA supports the language in SB 3335 SD2 HD1, which makes clear that industrial hemp will not be regulated like cannabinoid hemp. The bill clearly differentiates industrial hemp from cannabis, as one of the main concerns of hemp growers is preventing industrial hemp, which is not a Schedule I substance under the Controlled Substances Act, from being lumped in with cannabis. In this bill, it is not.

The HDOA believes that this bill provides substantial protection for hemp farmers and will support the hemp industry into the future, should the Legislature choose to legalize cannabis.

Thank you for the opportunity to testify on this measure.



UNIVERSITY OF HAWAII SYSTEM

‘ŌNAEHANA KULANUI O HAWAII

Legislative Testimony

Hō'ike Mana'o I Mua O Ka 'Aha'ōlelo

Testimony Presented Before the
House Committee on Consumer Protection & Commerce
March 19, 2024 at 2:00 p.m.

By

Kalbert K. Young

Vice President for Budget and Finance/Chief Financial Officer
University of Hawai'i System

SB 3335 SD2 HD1 – RELATING TO CANNABIS

Chair Nakashima, Vice Chair Sayama, and Members of the Committee:

Thank you for the opportunity to present testimony today. The University of Hawai'i (UH) **objects to any provisions in SB 3335 SD2 HD1** that would mandate the UH to allow and permit the use of controlled substances within UH facilities in close proximity and/or exposure to university students, patrons, and visitors who are under legal age to do so. There are sections of SB 3335 SD2 HD1 that are completely inappropriate for students and personnel of the UH. Additionally, SB 3335 SD2 HD1 is inconsistent or in conflict with established statutes and UH policies:

Page 28, lines 5-9:

“accordance with this chapter, but shall allow the medical use or personal adult use of cannabis by a college or university faculty member or student while faculty member or student is within faculty or student housing;”

Page 76, line 20 through page 77, line 2:

“in accordance with this chapter, but shall allow medical use of cannabis by a college or university faculty member or student while the faculty member or student is within faculty or student housing;”

Page 87, lines 9-12:

“(c) No school shall refuse to enroll or otherwise penalize, and no landlord shall refuse to lease property to or otherwise penalize, a person solely for the person's personal adult use of cannabis under this part,”

The provisions in SB 3335 SD2 HD1 that would require the UH to permit practices for unfettered use of controlled and regulated substances on UH property is illogical. For example, the UH has established policies and state statutes that prohibit or restrict smoking on campuses. Chapter 304A-122, Hawai'i Revised Statutes (HRS), explicitly prohibits the UH from allowing smoking or tobacco use on UH premises. There are also

UH policies (Board of Regent Policy 11.202) that limit and restrict – to the point of prohibition – the sale or consumption of alcoholic liquor on campuses. The UH also has policies (Executive Policy 11.201) restricting the use of illegal drugs and discouraging substance abuse by university personnel and students on university campuses in compliance with the US Drug-Free Schools and Communities Act Amendments of 1989, and the Drug Free Workplace Act of 1988. Compliance with both of these federal acts are requirements for the UH's continued receipt of federal funding.

It is illogical that SB 3335 SD2 HD1 should require the UH to allow unfettered use of a controlled substance like cannabis, when other statutes expressly – even require – governance over other controlled, but legal, substances. Additionally, the UH has policies and practices in place to limit such uses on campuses, because not all UH staff, students, or patrons are of legal age to partake in such activities, and such use is inappropriate at an educational institution.

The UH objects and opposes any provision of SB 3335 SD2 HD1 that would mandate the UH permit and allow inappropriate activity and use of a controlled substance that is inconsistent to the UH's educational mission. The UH would oppose any further amendments that would further deprive the UH from setting its own policies toward regulating use and activities on UH campuses.

Thank you for this opportunity to testify.



STATE OF HAWAII
DEPARTMENT OF EDUCATION
KA 'OIHANA HO'ONA'AUAO
P.O. BOX 2360
HONOLULU, HAWAII 96804

Date: 03/19/2024

Time: 02:00 PM

Location: 329 VIA VIDEOCONFERENCE

Committee: House Consumer Protection &
Commerce

Department: Education

Person Testifying: Keith T. Hayashi, Superintendent of Education

Title of Bill: SB 3335, SD2, HD1 RELATING TO CANNABIS.

Purpose of Bill: Establishes the Hawaii Cannabis and Hemp Authority and Cannabis and Hemp Control Board within the Department of Commerce and Consumer Affairs to regulate all aspects of the cannabis plant. Establishes the Cannabis and Hemp Control Implementation Advisory Committee. Beginning January 1, 2026, legalizes the personal adult use of cannabis. Establishes taxes for adult-use cannabis and medical use cannabis sales. Transfers the personnel and assets of the Department of Health and assets of the Department of Agriculture relating to cannabis to the Hawaii Cannabis and Hemp Authority. Appropriates funds. Effective 12/31/2050. (HD1)

Department's Position:

The Hawaii State Department of Education (Department) respectfully provides comments on SB 3335, SD2, HD1, and wishes to register its strong concerns with the potential impacts this bill could have.

The Department has strong concerns regarding the negative impacts on youth resulting from the legalization of recreational cannabis for adults 21 and over, including unintended costs associated with increased accessibility and acceptance of cannabis use. Our comments focus on key concerns based on cited research, and summarizing the findings regarding the multifaceted costs, both fiscal and educational to the Department.

Legalizing adult recreational cannabis raises fears about youth access and acceptability. Research in the American Journal of Preventive Medicine (2020) links nonmedical cannabis legalization to increased cannabis and alcohol use among youth, potentially normalizing cannabis and lowering perceived risks, resulting in higher usage.

Higher usage leads to increased negative impact which are of utmost concern to the Department. According to research from the National Institute on Drug Abuse (NIDA, 2021), cannabis impairs brain development in adolescents and young adults under 25. The adolescent brain undergoes critical development until the mid 20s and cannabis use may harm cognition, memory, learning, and attention, all key skills for academic success and overall well-being. In addition, longitudinal study findings by Tarter, et al. (2006) suggest a link between early and frequent cannabis use and lower educational attainment, hence jeopardizing future careers and financial prospects.

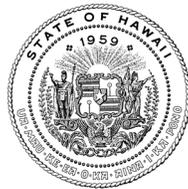
Moreover, the National Academies of Sciences, Engineering, and Medicine (2017) associates cannabis use with heightened anxiety, depression, and mental health issues in youths, raising concerns about potential long-term effects on overall life satisfaction. Finally, research in the American Journal of Public Health by Williams et al. (2020) indicates that cannabis legalization may widen racial disparities in cannabis arrests, negatively impacting minority communities and perpetuating cycles of disadvantage.

Therefore, if Hawaii legalizes adult recreational cannabis use, it must also invest in prevention and education initiatives. In order to mitigate negative impacts on our youth, the Department would need additional funding for prevention programs teaching the harm associated with cannabis use; expanded school counseling and mental health support; and comprehensive training to help educators identify signs of use and its impact on academic performance.

Another noteworthy concern is under certain circumstances, students may legally attend school up to 22 years of age. Therefore, the legalization of recreational cannabis for adults 21 and over conflicts with the Zero Tolerance Policy outlined in §302A-1134.6 and Hawaii Administrative Rules (HAR) Chapter 19 which are designed to maintain drug-free schools and ensure the welfare of all students, contributing to a safe and secure educational environment. Therefore, it is critical to consider the broader implications of SB 3335, SD2, HD1 on school policies and student health, recommending a reevaluation of the bill in light of existing educational regulations and the zero-tolerance stance towards drugs in educational settings.

In conclusion, while legalization offers potential economic benefits, youth impacts and costs would be sizable and demand careful consideration. We must take steps to prevent unintended consequences of more permissive cannabis policies. Further, it is crucial to consider the broader societal costs associated with the harm to the youth of Hawaii and the conflict this measure has with current laws.

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



JOSH GREEN, M.D.
GOVERNOR

SYLVIA LUKE
LIEUTENANT GOVERNOR

LUIS P. SALAVERIA
DIRECTOR

SABRINA NASIR
DEPUTY DIRECTOR

EMPLOYEES' RETIREMENT SYSTEM
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
OFFICE OF THE PUBLIC DEFENDER

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WRITTEN ONLY

TESTIMONY BY LUIS P. SALAVERIA
DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE
TO THE HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE
ON
SENATE BILL NO. 3335, S.D. 2, H.D. 1

**March 19, 2024
2:00 p.m.
Room 329 and Videoconference**

RELATING TO CANNABIS

The Department of Budget and Finance (B&F) offers comments on this bill.

Senate Bill (S.B.) No. 3335, S.D. 2, H.D. 1, intends the following: 1) establishes the Hawai'i Cannabis and Hemp Authority (HCHA), Cannabis and Hemp Control Board, and Cannabis and Hemp Control Implementation Advisory Committee, all administratively attached to the Department of Commerce and Consumer Affairs (DCCA); 2) legalizes the sale and possession of cannabis for non-medical adult use beginning January 1, 2026; 3) establishes the Cannabis Regulation, Nuisance Abatement, and Law Enforcement Special Fund (CRSF) to be administered and expended by HCHA, the Department of the Attorney General (AG), and the Department of Law Enforcement (LAW); 4) establishes the Cannabis Social Equity, Public Health and Education, and Public Safety Special Fund (CSESF) to be administered by HCHA; 5) establishes the Hawai'i Hemp Grant Program and other grant programs in HCHA; 6) requires the Department of Taxation (TAX), starting January 1, 2026, to administer a cannabis tax permit and collect 14% of the gross proceeds of sales from cannabis, excluding medical cannabis, and 4% of the gross

proceeds of sales of medical cannabis, excluding wholesale, with allocations of 50% of revenues to each of the CRSF and CSESF; 7) specifies that the standard general excise tax (GET) shall not apply to the retail or wholesale sale of cannabis and medical cannabis; 8) transfers all appropriations, property, and other interests held by various agencies to HCHA; 9) transfers all unexpended and unencumbered balances of various hemp and cannabis-related special funds with 50% allocations to each of the CRSF and CSESF; and 10) amends or repeals various parts of the HRS and other Acts pertaining to cannabis.

Furthermore, this bill makes blank appropriations to DCCA's HCCA, TAX, AG, and LAW for unspecified amounts of FTE positions, general funds, and special fund ceiling to administer the various intents of this bill. It should be further noted that Section 72 provides an extended lapse date of June 30, 2026, for all appropriations.

As a matter of general policy, B&F does not support the creation of any special fund which does not meet the requirements of Section 37-52.3, HRS. Special funds should:

- 1) serve a need as demonstrated by the purpose, scope of work and an explanation why the program cannot be implemented successfully under the general fund appropriation process;
- 2) reflect a clear nexus between the benefits sought and charges made upon the users or beneficiaries or a clear link between the program and the sources of revenue;
- 3) provide an appropriate means of financing for the program or activity; and
- 4) demonstrate the capacity to be financially self-sustaining. Regarding S.B. No. 3335, S.D. 2, H.D. 1, it is difficult to determine whether the proposed CRSF and CSESF will be self-sustaining.

Furthermore, B&F recommends the transfer of appropriations, positions, and other assets from the Department of Agriculture (DOA) and Department of Health (DOH) to DCCA's HCHA, currently set for the bill's defective date of December 31, 2050, be

effective no earlier than July 1, 2025, to allow B&F sufficient time to consult with the affected agencies and facilitate the transfer.

Additionally, B&F highly recommends the details of the budget transfer be specified in the budget worksheets and facilitated through the budget act, rather than in separate legislation, to avoid any ambiguity or misunderstanding in the budget details to be transferred.

Finally, B&F notes this bill will generate estimated tax revenues of \$4,400,000 for FY 26 and \$17,000,000 for FY 27, to be allocated at 50% each to the CRSF and the CSESF, based on TAX's projections. However, it is noted that the exemption of cannabis sales from GET will result in a general fund revenue loss of \$1,000,000 for FY 26 and \$2,500,000 in FY 27 and other "sin" taxes usually allocate a large portion of their revenues to the general fund to support the State's overall operations.

B&F defers to DOA, AG, DCCA, DOH, LAW, and TAX on the programmatic merits of this bill.

Thank you for your consideration of our comments.



STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
1010 RICHARDS STREET, Room 122
HONOLULU, HAWAII 96813
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543
March 19, 2024

The Honorable Representative Mark M. Nakashima, Chair
House Committee on Consumer Protection & Commerce
The Thirty-Second Legislature
State Capitol
State of Hawai'i
Honolulu, Hawai'i 96813

Dear Representative Nakashima, and Committee Members:

SUBJECT: SB3335 SD2 HD1 RELATING TO CANNABIS.

The Hawaii State Council on Developmental Disabilities offers the following **comments on SB3335 SD2 HD1**, which establishes the Hawai'i Cannabis and Hemp Authority and Cannabis and Hemp Control Board within the Department of Commerce and Consumer Affairs to regulate all aspects of the cannabis plant. Establishes the Cannabis and Hemp Control Implementation Advisory Committee. Beginning January 1, 2026, legalizes the personal adult use of cannabis. Establishes taxes for adult-use cannabis and medical use cannabis sales. Transfers the personnel and assets of the Department of Health and assets of the Department of Agriculture relating to cannabis to the Hawai'i Cannabis and Hemp Authority. Appropriates funds. Effective 12/31/2050. (HD1)

While we recognize the potential benefits of regulated cannabis use, particularly for medical purposes, we have significant concerns regarding the recreational use of cannabis, specifically in relation to the flavoring of THC vape pens. Research indicates that the flavoring of vapes increases their appeal to adolescents, as it masks the taste of chemicals in the liquid¹. This increased appeal may lead to a rise in the recreational use of THC vape pens among youth, including individuals with developmental disabilities (DD). The enticing flavors and easy accessibility of flavored THC vape pens may inadvertently target individuals with DD, potentially exacerbating their vulnerability to substance use disorders and other negative health outcomes.

It is crucial to consider the potential negative impacts of increased recreational cannabis use on individuals with DD, including compromised cognitive function, impaired judgment, and heightened risk of addiction². Additionally, the availability of flavored THC vape pens may further entrench the recreational use of cannabis among this population, undermining efforts to promote their overall well-being and quality of life.

[1] Children's Hospital Boston. (n.d.). Vaping: How to keep children safe. Retrieved from <https://answers.childrenshospital.org/vaping-keep-children-safe/>

[2] National Center for Biotechnology Information. (2015). Cannabis: Uses, effects, and safety. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4318349/>

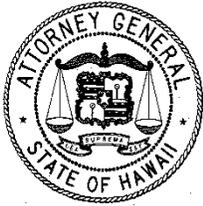
Honorable David A. Tarnes, Chair
SB335-SD2 COMMENTS
Page 2

We urge careful consideration of measures to mitigate the accessibility and attractiveness of flavored THC vape pens for recreational purposes.

Thank you for the opportunity to submit **comments on SB3335 SD2 HD1**.

Sincerely,

Daintry Bartoldus
Executive Administrator



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
KA 'OIHANA O KA LOIO KUHINA
THIRTY-SECOND LEGISLATURE, 2024**

ON THE FOLLOWING MEASURE:

S.B. NO. 3335, S.D. 2, H.D. 1, RELATING TO CANNABIS.

BEFORE THE:

HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

DATE: Tuesday, March 19, 2024 **TIME:** 2:00 p.m.

LOCATION: State Capitol, Room 329 and Videoconference

TESTIFIER(S): Anne E. Lopez, Attorney General,
Dave Day, Special Assistant to the Attorney General, or
Andrew Goff, Deputy Attorney General

Chair Nakashima and Members of the Committee:

The Department of the Attorney General (Department) offers the following comments on this bill. The Department's full position on cannabis legislation is set forth in the *Report Regarding the Final Draft Bill Entitled "Relating to Cannabis,"* (Report) prepared by the Department of the Attorney General, dated January 5, 2024, which is attached hereto. If the Legislature chooses to legalize adult-use cannabis, legislation should be balanced and moderate, with a focus on protecting public health and public safety to the greatest extent possible.

The purpose of this bill is to create a comprehensive regulatory framework for all aspects of cannabis, including medical cannabis, adult-use cannabis, and hemp by: (1) establishing the Hawaii Cannabis and Hemp Authority (HCHA), Cannabis and Hemp Control Board, and Cannabis and Hemp Control Implementation Advisory Committee within the Department of Commerce and Consumer Affairs; (2) establishing laws for the cultivation, manufacture, sale, and personal use of adult-use cannabis; (3) amending or repealing certain existing laws relating to cannabis, including hemp; (4) establishing taxes for adult-use cannabis sales; (5) legalizing the possession of certain amounts of adult-use cannabis for individuals twenty-one years of age and over beginning January 1, 2026; and (6) transferring the personnel and assets of the Department of Health and assets of the Department of Agriculture to the HCHA, among other things.

We note initially that this bill contains blanked-out appropriations. If the Legislature decides to legalize cannabis, it is essential that funds be appropriated to enable the timely implementation of a substantial regulatory program and for law enforcement, nuisance abatement, and a public-education campaign prior to legalization, among other things.

The Department also has comments regarding several changes made in House Draft 1 of the bill.

First, on page 28, lines 5-9, House Draft 1 states that a college or university “shall allow the medical use or personal adult use of cannabis by a college or university faculty member or student while faculty member or student is within faculty or student housing [.]” Similar provisions appear in the sections of the bill that authorize the use of cannabis for medical purposes, on page 76, line 20, through page 77, line 2, and the personal adult use of cannabis, on page 92, lines 2-5. This would effectively prohibit a college or university from having a “no smoking” policy, or a policy prohibiting substance use, in any dormitory, student housing, or faculty housing. Just as significantly, these provisions could jeopardize college or university federal funding: after consulting with the University of Hawai‘i, we understand that these provisions could undermine institutional compliance with federal acts, including the U.S. Drug-Free Schools and Communities Act Amendments of 1989 and the Drug Free Workplace Act of 1988, which are requirements for the University’s continued receipt of federal funding. We strongly recommend deleting these provisions.

Second, on page 87, lines 9-16, House Draft 1 states “[n]o school shall refuse to enroll or otherwise penalize, and no landlord shall refuse to lease property to or otherwise penalize, a person solely for the person's personal adult use of cannabis under this part, unless failing to do so would cause the school or landlord to lose a monetary or licensing-related benefit under federal law or regulation; provided that the person strictly complied with the requirements of this part.” This would effectively prohibit landlords or universities from having a “no smoking” policy, or a policy prohibiting substance use. This provision also conflicts with another provision of the bill that states “a landlord shall not prohibit the possession of cannabis or the consumption

of cannabis that is not inhaled,” subject to certain restrictions. Page 28, line 15, through page 29, line 10.

We therefore recommend deleting the proposed section A-51(c) on page 87, lines 9-16. If the legislature’s intent is to keep the current provision from the medical cannabis statute found in section 329-125.5(a), HRS, that can be accomplished by inserting the following new subsection A-41(h) after page 69, line 21, of the bill:

(h) No school shall refuse to enroll or otherwise penalize, and no landlord shall refuse to lease property to or otherwise penalize, a person solely for the person's status as a medical cannabis patient or caregiver under this chapter, unless failing to do so would cause the school or landlord to lose a monetary or licensing-related benefit under federal law or regulation; provided that the medical cannabis patient or caregiver strictly complies with the requirements of this chapter; provided further that the medical cannabis patient or caregiver shall present a medical cannabis registry card and photo identification, upon request by the school or landlord, to ensure that the medical cannabis patient or caregiver is validly registered with the authority pursuant to this chapter.

Third, House Draft 1 deleted a provision that gave health-care providers the discretion to assess a person’s cannabis use and evaluate the risk of an adverse outcome for a potential procedure or treatment. The provision was replaced with wording that a person’s cannabis use “shall not . . . otherwise disqualify a person from medical care.” Page 87, line 17, through page 88, line 2. This encroaches upon a health-care provider’s discretion to act in the best interest of a patient. We recommend amending the bill to restore the wording found in Senate Draft 2, which does not interfere with a health care provider’s discretion, by deleting the proposed section A-51(d) on page 87, line 17, through page 88, line 2, and replacing it with the following:

(d) The use of adult-use cannabis alone shall not disqualify a person from any needed medical procedure or treatment, including organ and tissue transplants, unless in the judgment of the health care provider the use of cannabis increases the risk for an adverse outcome from the procedure or treatment.

Fourth, House Draft 1 removed a section in Senate Draft 2 that required all adult-use cannabis to be transported in a sealed container, not visible to the public, and prohibited the cannabis from being removed or used in a public place or in a vehicle. However, the bill contains a provision in the medical cannabis section that would subject

medical cannabis patients to these restrictions. Not only do these provisions make sense from a public-safety perspective, but removing these restrictions from everyone over twenty-one years of age except medical cannabis patients would cause confusion and be difficult to enforce. We recommend reinserting the following provision at page 89, line 3:

(g) All adult-use cannabis shall be transported in a sealed container, shall not be visible to the public, and shall not be removed from its sealed container or consumed or used in any way while in a public place or vehicle.

Fifth, House Bill 1 added an exception to the newly created open container provision that would allow for open containers of cannabis to be transported in a moving vehicle as long as they are concealed on a passenger or stored in the trunk, luggage compartment, or console or similar location “out of reach of the driver.” See page 210, lines 1-9. Open container laws are important because they keep our streets safer from impaired drivers. House Bill 1, however, would make enforcement of the open container law difficult, as a driver can just pass any open cannabis container, joint, or pipe, to their passenger or otherwise move it out of reach after a traffic stop, but before the officer reaches the car. We therefore recommend amending the proposed section 291- (b) on page 210, lines 1-9, to read:

(b) This section shall not apply to marijuana, marijuana concentrate, or a bottle, can, package, wrapper, smoking device, cartridge, or other receptacle containing any marijuana or marijuana concentrate that is stored in a trunk, luggage compartment, or similar location.

Sixth, House Draft 1 removed selling or bartering any cannabis to a minor from the existing prohibition in the penal code, section 712-1249.5, HRS. See page 282, lines 3-4. As noted in the Report, one of the Department’s top priorities is protecting children from the dangers of cannabis. See Report, page 14. We have grave concerns regarding the impact that cannabis has on the developing brains of young people, especially minors, and commercial distribution of marijuana to children should carry serious consequences to pose a strong deterrent. For these reasons, we recommend keeping the sale or barter of marijuana to a minor as a class B felony and removing

amendments to section 712-1249.5(1) in section 41 of the bill, located on page 281, line 7, through page 282, line 4.

Finally, the Department notes that the bill condenses three separate special funds established in the original bill, the cannabis regulation special fund, cannabis nuisance abatement special fund, and cannabis law enforcement special fund, into one special fund: the cannabis regulation, nuisance abatement, and law enforcement special fund. See page 52, line 10, through page 54, line 2. We note that this special fund would be administered and expended by three separate agencies: the HCHA, the Department of the Attorney General, and the Department of Law Enforcement. See page 52, line 11, through page 53, line 5. Appropriation accounts are usually housed in the accounting system under one department. Having multiple departments administer the special fund would call into question which department is responsible for oversight and maintenance of the account. It will also make allocating money in the special fund more difficult and require very careful appropriation wording to be used in the future. For easier administration, we recommend keeping three separate special funds rather than establishing a single special fund to be administered by three agencies.

Thank you for the opportunity to provide comments.

**REPORT REGARDING THE FINAL DRAFT
BILL ENTITLED “RELATING TO
CANNABIS,” PREPARED BY THE
DEPARTMENT OF THE ATTORNEY
GENERAL**

Prepared for and respectfully submitted to

Senator Joy A. San Buenaventura
Chair, Senate Committee on Health and Human Services

Senator Jarrett Keohokalole
Chair, Senate Committee on Commerce and Consumer Protection

Representative David A. Tarnas
Chair, House Committee on Judiciary and Hawaiian Affairs

Friday, January 5, 2024

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I. EXECUTIVE SUMMARY

Historically, the Department of the Attorney General (“Department”) has opposed legislative efforts to legalize adult-use cannabis without offering substantial constructive comments or feedback to improve the bill. This may have been a reasonable position to take when the chances that any one of the prior bills would become law were slim. But as it has become apparent that passage of a cannabis-legalization bill has become much more likely in recent years, we believe that it would be irresponsible—both from a legal standpoint and as a matter of commonsense—for the Department to refrain from weighing in on how a transition to legalization could best protect the public welfare.

The Attorney General performs many roles in our system of government. Among them, the Attorney General is the chief legal officer and the chief law enforcement officer in the State of Hawai‘i. The Attorney General both prosecutes crimes and gives advice and counsel to public officials in matters connected with their public duties. Because of the Attorney General’s different roles, questions concerning bills that would legalize and regulate adult-use cannabis can be difficult to answer. From a legal perspective, cannabis remains illegal under federal law and is listed as a Schedule I substance under the Controlled Substances Act, which means that a legalization regime is always subject to very substantial risks. From a law-enforcement perspective, the legalization of cannabis raises concerns—from the potential proliferation of black-market activity parallel to the legal market, to the difficulty of ascertaining whether someone is driving while high, to the very real health impacts that may arise from cannabis use, especially by our youth. From these perspectives alone, the Attorney General cannot support a bill legalizing adult-use cannabis, irrespective of how well-crafted the bill may be.

Viewing the Attorney General’s roles together, however, we believe that the Legislature must be provided with comprehensive legal guidance in the drafting process because the legal and law-enforcement problems that could arise from the passage of a bill are very real and very serious. Mere unproductive naysaying and refusing to assist is something that the Department cannot indulge in. To do so will possibly result in laws in which law-enforcement and public-health concerns are unaddressed. That is a luxury that the Department of the Attorney General cannot afford.

The Department of the Attorney General, therefore, has taken its duty to advise the Legislature with the utmost gravity. Hundreds of hours of research, drafting, and consultation have gone into producing the four documents provided to you today: (1) this Report; (2) a final draft bill entitled

“Relating to Cannabis,” in both PDF and Word formats; (3) a table of contents for the final draft bill; and (4) a redline showing the changes made between the draft bill circulated to you on November 9, 2023, and the final draft bill, including annotations.

This Report is intended to provide context to the Department’s work in creating the final draft bill, the choices that the Department made in including or excluding certain provisions, and the Department’s ultimate position on the final draft bill. The Report will proceed in four parts.

First, this Report will detail the Department’s work in 2023 in researching and drafting the final draft bill.

Second, this Report will give a high-level overview of just some of the inherent problems posed by any legislation legalizing cannabis. No effort to legalize adult-use cannabis, however carefully planned and well intentioned, will be without problems and serious risks to public safety and public health. It is important for the Legislature to consider these risks for the purposes of determining whether a bill should be passed at all, but also to understand how the final draft bill attempts to mitigate these risks.

Third, this Report will detail what the Department considers to be the “six pillars”—the most important elements—of the final draft bill:

- (A) The enacting of the Hawai‘i Cannabis Law, which is a legal safe harbor from state criminal prosecution concerning activities relating to cannabis for those who strictly comply with its provisions;
- (B) The creation of a robust, independent body—the Hawai‘i Cannabis Authority (“Authority”)—with the power to regulate all aspects of the cannabis plant (whether medical cannabis, adult-use cannabis, or hemp) in accordance with the Hawai‘i Cannabis Law;
- (C) The continuing role of law enforcement agencies in addressing illegal cannabis operations not acting in accordance with the Hawai‘i Cannabis Law, which pose threats to public order, public health, and those business operators who choose to operate in the legal market;
- (D) A vibrant, well-funded social-equity program to be implemented by the Authority with the intent to bring greater economic

opportunity to disadvantaged regions of our state and to help transition formerly illicit operators into the legal market;

- (E) A delayed effective date of eighteen months for the legalization of adult-use cannabis and the first legal retail sales to allow the Authority, law enforcement, licensees, and the public to prepare; and
- (F) The implementation of extensive, well-funded public-health protections, including public-education campaigns to inform the public about the new laws and the continuing risks to public health—especially to children—posed by cannabis and financial assistance for public-health services such as addiction and substance abuse treatment.

Fourth, the Report states the Department’s position: that the Department *does not support* the legalization of adult-use cannabis but *will not oppose* the passage of the final draft bill, as it may be amended, so long as provisions intended to protect public safety and public health remain in the bill and provisions unacceptable to the Department are not inserted, as set forth in Section V of this Report.

* * *

The Department believes that the final draft bill is well drafted and researched, reasonable, balanced, and keenly focused on protecting the public welfare. But no matter how sound a legal framework might seem in theory, the success or failure of a statewide cannabis legalization program is almost entirely a function of how it is implemented. Because of the problems associated with cannabis legalization for which there are no perfect solutions and the numerous variables associated with implementation, the Department does not warrant that legalization will be a “success” or will not be beset with major issues, even if the final draft bill were to be adopted without amendment. The Department can at most state that the proposed legislation represents our best judgment about how to promote a legal market, minimize risks of societal harm, mitigate damage that does come to pass, avoid liability, and provide workable tools and substantial resources for law enforcement and public-health officials to promote the public welfare.

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II. THE DEPARTMENT’S WORK ON THE FINAL DRAFT BILL

A. The Attorney General and the Department

Under the Hawai‘i Constitution, the Attorney General is the chief legal officer and chief law enforcement officer for the state and bears “the ultimate responsibility for enforcing penal laws of statewide application.”¹ The Attorney General is the head of the Department of the Attorney General, which is one of the principle executive departments of the state.²

The Attorney General and her Department perform a broad array of functions. Some of these functions involve the enforcement of laws—among other things, the Attorney General and the Department prosecute those who violate the laws of the state;³ conduct civil, administrative, and criminal investigations;⁴ and enforce drug-nuisance-abatement laws.⁵

The Attorney General also plays a very different role: she is the lawyer for the state and its public officials. As is relevant here, the Attorney General

shall, without charge, at all times when called upon, give advice and counsel to . . . public officers, in all matters connected with their public duties, and otherwise aid and assist them in every way requisite to enable them to perform their duties faithfully.⁶

The different roles of the Attorney General and the Department are sometimes in tension with one another. Advising the Legislature on the issue of legalizing adult-use cannabis is an example of such a time.

B. Why the Department Prepared the Final Draft Bill

Since Colorado and Washington became the first two states to legalize recreational adult-use cannabis in 2012, it is undeniable that our sister states are trending toward state-law legalization of adult-use cannabis. As of the date of this Report, 24 states plus the District of Columbia have enacted laws regulating adult-use cannabis.⁷ Less than two months ago, on November 7,

¹ Haw. const. art. V, § 6; *Amemiya v. Sapienza*, 63 Haw. 424, 427, 629 P.2d 1126, 1127, 1129 (1981); *Marsland v. First Hawaiian Bank*, 70 Haw. 126, 130, 764 P.2d 1228, 1230 (1988).

² HRS § 26-7.

³ HRS § 28-2.

⁴ HRS § 28-2.5.

⁵ HRS § 28-131.

⁶ HRS § 28-4.

⁷ National Conference of State Legislatures, *Report: State Medical Cannabis Laws*, available at <https://www.ncsl.org/health/state-medical-cannabis-laws> (last accessed Jan. 4, 2024).

2023, the Ohio electorate voted “yes” to legalize adult-use cannabis by a percentage of 57.19% to 42.81%.⁸

The story does not appear to be so different in Hawai‘i. A July 2022 Honolulu Star-Advertiser poll of 800 registered Hawai‘i voters answered the question “Do you support or oppose the legalization of recreational marijuana to generate tax revenue for the state?” as follows: 58% in support, 34% in opposition, and 8% undecided, with a margin of error of plus or minus 3.5 percentage points.⁹ The poll showed virtually identical support across each of the four major counties: City and County of Honolulu (58% support), County of Maui (56% support), County of Kaua‘i (56% support), and the County of Hawai‘i (59% support).¹⁰

Legislatively, in 2023, S.B. 669, S.D.2, a bill that would legalize adult-use cannabis, passed out of the Senate on third reading with a vote of 22 ayes, 7 ayes with reservations, and 3 noes.¹¹

Given that the odds of legislation legalizing adult-use cannabis becoming law within the next several years appear to have risen significantly, the grave legal and societal problems that could arise if such legislation became law, and the Department’s substantive concerns with previous legalization bills, Attorney General Anne Lopez decided that the Department needed to work on draft legislation with the intent of embedding provisions intended to protect the public welfare *into the very structure of the legislation*.

By working on this draft, the Department is not “supporting” the legislative policy of legalizing adult-use cannabis. Instead, the Department is recognizing that our state could legalize adult-use cannabis—like approximately half the states in the nation—even if the Department “opposed” the legislation and refused to assist the Legislature. This would be to the public’s detriment.

⁸ Ballotpedia, *Ohio Issue 2, Marijuana Legalization Initiative (2023)*, available at [https://ballotpedia.org/Ohio_Issue_2,_Marijuana_Legalization_Initiative_\(2023\)](https://ballotpedia.org/Ohio_Issue_2,_Marijuana_Legalization_Initiative_(2023)) (last accessed Jan. 4, 2024).

⁹ Ashley Mizuno, *Hawaii voters support legalizing recreational cannabis, but split on legalizing gambling*, Honolulu Star-Advertiser (July 25, 2022), available at <https://www.staradvertiser.com/2022/07/25/hawaii-news/hawaii-voters-support-legalizing-recreational-cannabis-but-split-on-legalizing-gambling/> (last accessed Jan. 4, 2024).

¹⁰ *Id.*

¹¹ Hawai‘i State Legislature, SB 669 SD2 Relating to Cannabis, available at https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&billnumber=669&year=2024 (last accessed Jan. 4, 2024).

C. The Department’s Drafting Process

Beginning in May 2023 and continuing through October 2023, Special Assistant to the Attorney General Dave Day and a working group of deputy attorneys general and public servants from a variety of subject-matter divisions in the Department—Criminal Justice Division, Labor Division, Crime Prevention and Justice Assistance Division, Health Division, Commerce and Economic Development Division, Tax and Charities Division, and deputy attorneys general who have the Department of Public Safety and the Department of Law Enforcement (“DLE”) as clients—met to discuss what legislation legalizing adult-use cannabis might look like, challenges that could arise, possible solution to those challenges, necessary research, communications with other subject-matter divisions and agencies, the progress of drafting, and concrete proposals for the bill. In June 2023, the working group visited several licensed cannabis facilities on O‘ahu with officials from the Department of Health (“DOH”).

Formal drafting of the bill began in July 2023. The drafting team—Special Assistant Day, Deputy Attorney General Andrew Goff of the Health Division, and Deputy Attorney General Kotoba Kanazawa of the Legislative Division—worked with the larger departmental working group and other divisions within the Department, including the Tobacco Enforcement Unit and the Hawai‘i Criminal Justice Data Center. The drafting team also worked closely with Michele Nakata, Chief of the Office of Medical Cannabis Control and Regulation (“OMCCR”), a division of DOH, who provided invaluable insight into cannabis policy and regulation and frequently acted as a liaison with government regulators in our sister states.

During the initial drafting process, the drafting team consulted with, among others, state legislators, DOH and OMCCR, the Department of Commerce and Consumer Affairs (“DCCA”), the Department of Taxation, Banking Commissioner Iris Ikeda, and DLE. The drafting team had online meetings with cannabis regulators and state attorneys from the states of Alaska, Washington, Oregon, California, Colorado, Maryland, New York, and Massachusetts to discuss their experiences and thoughts on what works and what does not. The drafting team also met with policy experts, including the Cannabis Regulators Association (“CANNRA”),¹² the Parabola Center for Law and Policy,¹³ and Dr. Gary Kirkilas.¹⁴

¹² Cannabis Regulators Association Home Page, <https://www.cann-ra.org/>.

¹³ Parabola Center Home Page, <https://www.parabolacenter.com/>.

¹⁴ Dr. Gary Kirkilas Home Page, <https://drgarykirkilas.com/>.

In June 2023, Special Assistant Day attended the External Stakeholder Meeting of CANNRA in Annapolis, Maryland, where he spoke with regulators from at least a dozen states, along with licensees, health officials, and social-equity advocates about their experiences in the regulated-cannabis space and their thoughts about the Department’s conceptualization of the draft bill.

In August 2023, Special Assistant Day led an information-gathering site visit to the Massachusetts Cannabis Control Commission (“MCCC”) for the purpose of learning about the successes, challenges, costs, best practices, recommendations, and lessons learned since Massachusetts legalized adult-use cannabis. In attendance from Hawai‘i were Senator Joy San Buenaventura, Senator Jarrett Keohokalole, Representative David Tarnas, Department of Health Deputy Director for Health Resources Debbie Kim Morikawa, OMCCR Chief Michele Nakata, Special Assistant Day, and Deputy Attorney General Andrew Goff. In Massachusetts, the group met with the MCCC’s commissioners; the executive director, chief operating officer, chief financial and accounting officer, and associate general counsel; the MCCC’s licensing, social-equity, testing, and investigation teams; the head of the MCCC’s research initiative; local and state law enforcement officials; and Massachusetts Representative Daniel M. Donahue, who is the Chair of the Joint Committee on Cannabis Policy in the Massachusetts Legislature.

On August 29, 2023, members of the drafting team attended an event highlighting dangers of legalizing cannabis presented by the Honolulu Department of the Prosecuting Attorney entitled “Keep Hawaii, Hawaii: Impacts of Legalizing Marijuana.”

In October 2023, a draft of the cannabis bill was circulated to the heads of all principal departments, along with supervisors for every division in the Department, for comment and input.

On November 9, 2023, the Department circulated what will be referred to in this Report as the November 9, 2023 draft bill, entitled “Relating to Cannabis,” to Senator Joy San Buenaventura, Senator Jarrett Keohokalole, and Representative David Tarnas. Subsequently, the Department circulated the November 9, 2023 draft bill to police chiefs and prosecutors statewide and to the principals of the current licensed medical-cannabis dispensaries in the state. The November 9, 2023 draft bill found its way into the media and became publicly available online. The Department provided the November 9, 2023 draft bill to anyone who asked for a copy.

The Department has received comments from the following entities and individuals regarding the November 9, 2023 draft bill:

- Representative Tarnas provided substantial positive and constructive feedback on the November 9, 2023 draft bill, along with points of suggested revision. He emphasized that these points were his personal views and did not speak for the House of Representatives as a whole. Attorney General Lopez and members of the drafting team met with Representative Tarnas and his Legislative Attorney Sean Aronson to discuss his feedback. Many changes based upon Representative Tarnas’s comments have been incorporated into the final draft bill.
- County of Kaua‘i Prosecuting Attorney Rebecca V. Like presented feedback and comments on the November 9, 2023 draft bill.¹⁵
- The Executive Director of the Hawai‘i High Intensity Drug Trafficking Area Gary Yabuta stated his disagreement with a marijuana legalization model based upon Massachusetts.
- Karen O’Keefe, Director of State Policies, of the Marijuana Policy Project provided feedback. Some of Director O’Keefe’s points were addressed in Representative Tarnas’s feedback. The Department agreed with Director O’Keefe’s proposal that more money be allocated to social equity and community reinvestment, including a larger portion of the tax revenue; the Department, therefore, increased recommended seed funding for social-equity licensing from \$5 million to \$10 million, and increased the percentage of tax revenue going to social-equity licensing from 20% to 25%. *See Redline Draft at pp. 264, 325.*
- The MCCC provided feedback regarding Massachusetts’s program, stating that (1) adult-use cannabis legalization has diminished the unregulated markets and cannabis criminal-justice encounters, but that Black/Hispanic populations are still disproportionately impacted by cannabis violations despite similar use rates with other racial cohorts; and (2) preliminary research has found that youth-cannabis use has not increased after the implementation of Massachusetts’s cannabis-legalization legislation, but that public-health monitoring should assess and proactively prevent more severe adverse effects,

¹⁵ In December 2023, former Kaua‘i County Prosecuting Attorney Justin Kollar penned an editorial in the Honolulu Star-Advertiser in support of legalizing adult-use cannabis. Justin Kollar, *Column: Legal adult-use cannabis boosts safety*, Honolulu Star-Advertiser (Dec. 12, 2023), available at <https://www.staradvertiser.com/2023/12/12/editorial/island-voices/column-legal-adult-use-cannabis-boosts-safety/> (last accessed Jan. 4, 2024).

such as increased cannabis-use disorders, unintentional ingestion, and mental health disorders, which some studies have identified as emerging issues. In December 2023, the drafting team met with a number of MCCC officials to discuss the November 9, 2023 draft bill. Among other things, MCCC officials strongly advised that the DLE law-enforcement unit (*see* section IV.C.1, *infra*) should remain a key component of the bill.

- The Hawai‘i Hemp Farms Association (“HHFA”) provided substantial feedback on the bill and stated that it opposed the bill for a number of reasons, including if references to hemp remained in the bill. The Department also received 19 emails stating similar concerns. Members of the drafting team met with HHFA President Gail Byrne Baber and Vice President Grant Overton to discuss the bill. Based upon these discussions, the Department has made a number of changes to the hemp sections of the bill intended to address many of HHFA’s concerns, as exhibited in the redline bill (*see* section IV.B.2, *infra*).
- Clifton Otto, M.D., of Akamai Cannabis Consulting, provided comments recommending that the bill should be amended to provide a legal safe harbor from federal prosecution. The Department respectfully cannot accept this recommendation because it is black-letter law that states have no power to pass legislation overriding federal law or attempting to control federal law-enforcement activities. Only the United States Congress can legislate on the federal level.
- The Hawai‘i Cannabis Industry Association (HICIA) stated that it supports the November 9, 2023 draft bill, but provided some comments. Members of the drafting team met with T.Y. Cheng, Chairman of HICIA, to discuss its concerns.
- Tan Yan Chen, Executive Director of Cure O‘ahu, provided substantial constructive feedback on the bill. Among other things, Ms. Chen expressed concerns that the 18-month delayed effective date for legalization (*see* Final Draft Bill at p. 329, § 86) may not be sufficient to get the Authority up and running in time.

The redline draft presented to you today includes the changes made to the November 9, 2023 draft bill, many based upon the comments received, along with annotations of key points. The clean version of the bill will be referred to as the “final draft bill” in this report.

III. THE INHERENT PROBLEMS POSED WHEN CONSIDERING ANY LEGISLATION LEGALIZING CANNABIS

When considering legislation to legalize adult-use cannabis at the state level, many serious legal concerns and consequences arise from one very significant point: that cannabis remains illegal under federal law. Furthermore, there are many state and local law-enforcement concerns to consider arising from state-law cannabis legalization, and experiences from our sister states show that there are no easy, surefire solutions to these problems, if solutions exist at all. These include the continuation or growth in the illicit market, which competes with the legal market; driving while high; and problems relating to public health, particularly with respect to children.

We anticipate that during the legislative process, many different concerns will be raised. The Department, however, wishes to address just some of these here to demonstrate the gravity of a decision to enact any legislation legalizing adult-use cannabis, including if such legislation is the final draft bill we present to you today.

A. Illegality Under Federal Law

Under federal law, cannabis is a Schedule I drug under the Controlled Substances Act, meaning that, for federal purposes, it has “a high potential for abuse” and “has no currently accepted medical use in treatment in the United States,” and that “[t]here is a lack of accepted safety for use of the drug . . . under medical supervision.”¹⁶ Because of its illegality, federal law prohibits a myriad of activities concerning cannabis, including possession, creation, and distribution.¹⁷ In other words, in a state that has legalized cannabis, under federal law, a state licensed cannabis dispensary in full compliance with state law and regulations could theoretically still be subject to federal criminal prosecution.

Beyond the criminal penalties associated with violations of the Controlled Substances Act, the Department would like to focus on two aspects of federal illegality that would impact a cannabis-legalization regime in Hawai‘i: the questions of financial institutions and inter-island transportation.

Every single state we spoke to noted that the lack of banking and financial services willing to work with the cannabis industry is a major hurdle to the success of the legal market. Because banks and financial

¹⁶ 21 U.S.C. § 812(b)(1) & Schedule I (c)(10).

¹⁷ See 21 U.S.C. §§ 841, 844.

institutions are federally regulated, many believe that doing business with the cannabis industry is an unacceptable risk.

“Even in states where cannabis is legal, financial institutions that do not want to work with marijuana businesses consistently deny and shut down cannabis business bank accounts. This causes chaos across the state-legalized cannabis industry, primarily in those states without banks and credit unions willing to work within the confines of [federal guidance].”¹⁸ Alaska, for example, noted that there was only one institution that serviced the cannabis industry in the largest state by land area in the nation – a credit union in Fairbanks, which requires an airplane to reach from Anchorage.¹⁹

Mentioning the credit union in Fairbanks dovetails with the second issue: federally regulated transportation and transportation in areas of federal jurisdiction. As the only insular state in the United States, Hawai‘i will face legal problems regarding transportation that many other states do not have because transporting cannabis between islands will involve legal risk for the transporter under federal law. This includes the potential need to bring samples to other islands for testing purposes, if every island does not have a testing facility.

Discussions with Alaska and Massachusetts, both of which have inhabited island territories, stated the difficulties, but Massachusetts noted that with respect to Martha’s Vineyard, which has a seasonal population, the MCCC promulgated special self-testing regulations for the islands—an imperfect solution to just one of the problems associated with federally regulated transportation. Because Hawai‘i is a chain of islands, Hawai‘i will have problems with transportation that no other state has faced and are impossible to predict with any degree of precision should adult-use cannabis be legalized.

B. The Illicit Market

After legalization, the illicit, unregulated market will not disappear. Every state we spoke with noted that the illicit market continues to pose a threat to the legal market by undercutting the legal market in prices, a public-health danger because cannabis sold on the illicit market is not tested,

¹⁸ Hilary V. Bricket, *Navigating the Hazy Status of Marijuana Banking*, Business Law Today 1, 2 (Aug. 2017).

¹⁹ While the Draft Final Bill includes a provision on banking, see Final Draft Bill § A-92, p. 170, the problems with banking in the cannabis industry ultimately require a federal solution.

and a public-safety concern because of organized crime. In some states that have legalized cannabis, the illicit market has flourished.²⁰ In California, for example, in 2019, in the year after cannabis became legal, illicit cannabis smuggling arrests at LAX airport increased by 166%.²¹

Many provisions of the final draft bill are designed to combat the illicit cannabis market: the emphasis on the continuing role of law enforcement, no cannabis crimes are repealed, a competitive 10% tax rate on cannabis retail sales, the establishment of mission-driven cannabis law-enforcement and public-nuisance units, and a well-funded social-equity licensing program intended to help bring operators in the illicit market into the legal one are just some examples. But all of this together, along with the continuing roles of counties in enforcing the law, will not be a panacea to eliminate the illicit market and the law-enforcement concerns inherent in it.

C. Driving While High

There is no question that using cannabis can impair driving. The Centers for Disease Control and Prevention (“CDC”) cautions that cannabis affects areas of the brain that control your body’s movements, balance, coordination, memory, and judgment and its use can impair important skills required for safe driving by slowing reaction time and ability to make decisions, impairing coordination, and distorting perception.²²

As early as 2014, researchers at the National Institute of Health concluded that “[e]pidemiologic data show that the risk of involvement in a motor vehicle accident increases approximately 2-fold after smoking” and “[e]vidence suggests recent smoking and/or blood THC concentrations 2-5 ng/mL are associated with substantial driving impairment, particularly in occasional smokers.”²³

²⁰ See Joseph Detrano, Rutgers Center of Alcohol and Substance Use Studies, *available at* <https://alcoholstudies.rutgers.edu/cannabis-black-market-thrives-despite-legalization/> (last accessed Jan. 4, 2024).

²¹ Joseph Serna, *Pot smuggling arrests at LAX have surged 166% since marijuana legalization*, Los Angeles Times (May 12, 2019), *available at* <https://www.latimes.com/local/lanow/la-me-lax-marijuana-trafficking-california-airports-20190512-story.html> (last accessed Jan. 4, 2024).

²²Centers for Disease Control and Prevention, *Marijuana Use and Driving: What You Need to Know* (October 2021), *available at* <https://www.cdc.gov/marijuana/factsheets/pdf/MarijuanaFactSheets-Driving-508compliant.pdf> (last accessed Jan. 4, 2024).

²³ Rebecca L. Hartman & Marilyn A. Huestis, *Cannabis Effects on Driving Skills*, 59 *Clinical Chemistry*, Issue 3 (Mar. 1, 2013), *available at* <https://academic.oup.com/clinchem/article/59/3/478/5621997> (last accessed Jan. 4, 2024).

Statistics collected by the Rocky Mountain High Intensity Drug Trafficking Area Investigative Support Center illustrated a large increase in traffic fatalities in Colorado involving cannabis from the time it was legalized, from 2013 to 2020.²⁴ The statistics showed that since recreational cannabis was legalized in 2013:

- Traffic deaths when drivers tested positive for cannabis increased 138% (55 in 2013 compared with 131 in 2020) while all Colorado traffic deaths increased 29%.
- Since recreational cannabis was legalized, the percentage of all Colorado traffic deaths involving drivers who tested positive for marijuana increased from 11% in 2013 to 20% in 2020.²⁵

In 2020, of the 120 drivers involved in fatal wrecks in Colorado who tested positive for cannabis use, 117 were found to have delta-9 THC in their blood.²⁶ “This would indicate use within hours according to [Colorado] data.”²⁷ Of the drivers found to have delta-9 THC in their blood, “69% were over 5 nanograms per milliliter[.]”²⁸

In Washington, the AAA Foundation for Traffic Safety published a study entitled “Cannabis Use Among Drivers in Fatal Crashes in Washington State Before and After Legalization” that analyzed fatal crashes from 2008 to 2017 to determine the impact of the legalization of recreational cannabis.²⁹ The study found that, prior to cannabis legalization, an average of 8.8% of all drivers in fatal crashes statewide each year were THC-positive.³⁰ After legalization became effective, this increased to an average of 18.0%.³¹ The highest level was reached in 2017, the last year studied, with 21.4% of drivers involved in a fatal crash testing positive for THC.³²

If cannabis is legalized in Hawai‘i, and even if the Department’s recommendations regarding high driving and open containers are adopted

²⁴ Rocky Mountain High Intensity Drug Trafficking Area Investigative Support Center, *The Legalization of Marijuana in Colorado: The Impact*, Volume 8 (Sept. 2021), available at <https://www.dfaf.org/wp-content/uploads/2021/09/RMHIDTA-Marijuana-Report-2021.pdf> (last accessed Jan. 4, 2024).

²⁵ *Id.*, pp. 2, 8.

²⁶ *Id.*, p. 8.

²⁷ *Id.* (emphasis in original).

²⁸ *See, id.*

²⁹ Tefft, B.C. & Arnold, L.S., *Cannabis Use Among Drivers in Fatal Crashes in Washington State Before and After Legalization* (Jan. 2020), available at https://aaafoundation.org/wp-content/uploads/2020/01/19-0637_AAAFTS-WA-State-Cannabis-Use-Among-Drivers-in-Fatal-Crashes_r4.pdf (last accessed Jan. 4, 2024).

³⁰ *Id.*, p. 3.

³¹ *Id.*

³² *Id.*, p. 4, figure 1.

(see section IV.C.2, *infra*), it is reasonable to anticipate an increase in traffic accidents and fatalities involving cannabis-impaired drivers, as well as an increase in the raw number of traffic fatalities.

D. Public Health and the Protection of Children

The public servants at the Department of the Attorney General are not medical professionals, nor do we claim to be. But as law-enforcement officials, one of our top priorities is to look out for the public welfare of children. Through our discussions with the Department of Health, we have grave concerns regarding the impact that cannabis (particularly the more potent cannabis products available today) has on the developing brains of young people and the public safety and social costs that inevitably follow.

It is sometimes said that cannabis is a “harmless drug” and causes no damage to a person’s health. Every public-health official we spoke with rejected that assertion.

With respect to children, the CDC has stated that cannabis use among teens, who have actively developing brains, causes harm to the brain itself, with negative effects including difficulty with thinking and problem-solving, problems with memory and learning, reduced coordination, difficulty maintaining attention, and problems with their school and social life.³³ Another study noted that “[t]he potential association of cannabis use with adolescent development represents an increasingly relevant public health issue, particularly given evidence of increased problematic cannabis use among adolescents in areas where recreational cannabis use has been legalized.”³⁴ Calls to poison control centers about children 5 and under consuming edible cannabis products rose from 207 in 2017 to 3,054 in 2021, a

³³ Centers for Disease Control and Prevention, *Marijuana and Public Health, Health Effects: Teens*, available at <https://www.cdc.gov/marijuana/health-effects/teens.html> (last accessed Jan. 4, 2024).

³⁴ Matthew. D. Albaugh, Ph.D, et al., *Association of Cannabis Use During Adolescence with Neurodevelopment*, JAMA Psychiatry (June 16, 2021), available at https://www.thenmi.org/wp-content/uploads/2021/07/jamapsychiatry_albaugh_Cannabis_Neurodevelopment.pdf (last accessed Jan. 4, 2024); see also Claire McCarthy, M.D., *Secondhand marijuana smoke and kids*, Harvard Health Publishing (June 5, 2018), available at <https://www.health.harvard.edu/blog/secondhand-marijuana-smoke-and-kids-2018060514012> (last accessed Jan. 4, 2024) (exposure to cannabis second-hand smoke may have permanent effects on executive function, memory, and IQ).

1,375% increase.³⁵

The Department is deeply concerned about the negative health effects of cannabis on the young people of Hawai‘i and how legalization of cannabis in the state could exacerbate their risk of exposure to cannabis.

IV. THE SIX PILLARS OF THE FINAL DRAFT BILL

The Department has stated some of our major concerns with respect to cannabis legalization in general. The Department’s final draft bill was created with these concerns in mind—to allow our elected legislators who wish to proceed down the path of legalizing adult-use cannabis to give serious consideration to a bill that is intended to proactively address these concerns in a meaningful way, created by a team of excellent attorneys and public servants, in consultation with stakeholders in Hawai‘i and other states’ regulators. To do this, the Department implanted public-safety and public-health protections into the structure of the legislation.

In the Department’s opinion, the most important aspect of any cannabis-legalization regime is the transition period: the time between the passage of the bill and the date cannabis becomes legal with first-day sales from licensed cannabis businesses. The transition must be orderly, and the success or failure of the transition period is a function of whether or not law enforcement is acting vigorously to investigate and prosecute illegal cannabis offenses during the transition period and the readiness of law enforcement, regulators, licensees, and the public at large for the day when cannabis possession becomes legal for adults over 21 years of age and licensed dispensaries begin making their first sales.

While the final draft bill is obviously quite long, it utilizes six primary legislative “pillars” that provide the legislative structure for the whole. Each “pillar” is designed to address issues associated with the transition to a legal market and its continued success.

A. The Hawai‘i Cannabis Law

The final draft bill proposes the enactment of the Hawai‘i Cannabis Law—a legal safe harbor from state criminal prosecution concerning activities relating to cannabis for those who strictly comply with its provisions.

³⁵ Berkeley Lovelace, Jr., *Reports of young children accidentally eating marijuana edibles soar*, NBC News (Jan. 4, 2023), available at <https://www.nbcnews.com/health/health-news/reports-young-children-accidentally-eating-marijuana-edibles-soar-rcna63501> (last accessed Jan. 4, 2024).

It is common knowledge that illicit-market cannabis possession, cultivation, and distribution are prevalent in Hawai‘i even though these acts remain illegal outside of the medical-cannabis program. In turn, it is self-evident that one of the primary goals of legalizing the cannabis market through a regulatory regime is to encourage people to abandon the illicit market and to join the legal market.

Some states’ legislative efforts have intentionally or inadvertently sidelined or even denigrated law enforcement and the essential role it has played and must continue to play in combating criminal and illicit-market activity. The sidelining of the role of law enforcement can manifest itself in legislation through the repeal of criminal laws concerning cannabis. The denigration of the role of law enforcement can manifest itself with legislative language that is critical of historical law-enforcement practices in enforcing then-existing laws or that rewards those with criminal convictions with monetary grants. This only serves to disincentivize law enforcement from investigating and prosecuting cannabis crimes and illicit-market activity in the future, which will cause harm to the public interest and the legal cannabis market.

The final draft bill proposes a positive, forward-looking path. Here, in the final draft bill, strict compliance with the Hawai‘i Cannabis Law is the only path to legal cannabis operations and activities. Criminal laws concerning cannabis remain largely intact and in some instances are made more robust, particularly with respect to the sale of cannabis to children. Because unlicensed cannabis operations and activities will remain illegal and because we envision real consequences for violating cannabis laws (see section IV.C, *infra*), the final draft bill will help promote an orderly transition to a legal market, will incentivize those who wish to participate in the cannabis industry to enter the legal market, and will benefit those who are playing by the rules by punishing those operators who are not.

Another aspect of the Hawai‘i Cannabis Law to emphasize is balancing the policy goals of the Legislature, the necessity of regulation to protect the public welfare, and the imperative to help foster a legal market that can be competitive with the illicit market. To balance these considerations, the Department used moderation and reasonableness as touchstones. When a provision in the bill would cause licensees to bear a high cost for minimal societal benefit, we have generally excluded that provision to allow the regulated market to be competitive, which in turn curtails the illicit market.

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B. The Hawai‘i Cannabis Authority

The final draft bill creates a robust, independent body—the Hawai‘i Cannabis Authority (the “Authority”)—with the power to regulate all aspects of the cannabis plant (whether medical cannabis, adult-use cannabis, or hemp) in accordance with the Hawai‘i Cannabis Law. The Authority’s structure itself is modeled largely on the Massachusetts Cannabis Control Commission. It is governed by an executive board of five members appointed by the Governor and subject to Senate confirmation: (1) the chair, who shall have a professional background in public health, mental health, substance use treatment, or toxicology; (2) a vice chair who shall have a professional background in public safety or law enforcement; (3) one member who shall have professional experience in corporate management or a professional background in finance; (4) one member who shall have professional experience in oversight or industry management, including commodities, production, or distribution in a regulated industry; and (5) one member who shall have a professional background in legal, policy, or social justice issues related to a regulated industry.³⁶ The board is supported by an executive director with enumerated powers.³⁷

1. State Modeling of Regulatory Authority

In modeling the Hawai‘i Cannabis Authority, the Department looked at a variety of jurisdictions for the purpose of constructing a legislative framework and agency that appeared to work best. In drafting the Hawai‘i Cannabis Law and creating a new agency, the Authority, the Department pulled provisions from a number of jurisdictions that we felt were strong and would work in a cannabis-legalization bill focused on the public welfare. In the final draft bill, statutory provisions based upon laws and regulations from all over the country can be found.

The Department found, however, that Massachusetts and its regulatory agency, the Massachusetts Cannabis Control Commission, provided a good starting point from which to base a general legislative structure. Among the things that struck us as important are its independence from other state and local agencies, a well-structured and professional organization, a commission comprised of members with diverse backgrounds including public safety and public health, a strong executive direct and executive team, a mission-driven licensing paradigm that works

³⁶ See Final Draft Bill § A-7, pp. 28–29.

³⁷ See *id.*, § A-9, pp. 34–40.

with licensees to remain in compliance, a strong enforcement team working to ensure compliance with laws and regulations, and open lines of communication with state and local law enforcement, along with a belief that law enforcement continues to play a crucial role in safeguarding the public welfare. We also note something that made the MCCC stand out in our eyes: a high level of pride in their work, a belief in their mission, and good morale among the officers and staff.

The Department, therefore, utilized Massachusetts as a base model from which to begin its work. Having such a base model will allow Hawai‘i to use Massachusetts’ experiences and regulations efficiently, provide a reference point for those in the industry, and stand the Authority up faster—and speed in execution is *very* important (*see* section IV.E, *infra*)—by adapting a regulatory framework grounded in an existing comprehensive regulatory regime to Hawaii’s unique cannabis landscape.

That is not say that we adopted Massachusetts’s laws and regulations wholesale. Far from it. The Department has taken the concepts we believe have worked in Massachusetts, borrowed concepts from other states, and created new provisions that we believe will improve upon what other states have done to date. We also recognize that every program has had its share of challenges and problems that have necessitated shifts in philosophies or changes to laws. It is important that a cannabis program remains flexible, especially in its nascent stages, to adapt as data becomes more available, technologies continue to develop, and regulations become more standardized across the nation.

2. Regulating the Plant: The Question of Hemp

One of the crucial aspects of the final draft bill is the uniform regulation of all aspects of the cannabis plant. This includes having the Authority regulate hemp. Cannabis and hemp are the same plant, with many of the same chemical compounds, known as cannabinoids. The term “hemp” refers to a cannabis plant that has a low concentration of a specific cannabinoid, delta-9 tetrahydrocannabinol (delta-9 THC). Delta-9 THC is the most prevalent (but not only) cannabinoid that gets people high. There are also cannabinoids that are not intoxicating, such as cannabidiol (“CBD”).

While hemp was initially legalized on a federal level to allow for industrial products, such as cloth, paper, and hempcrete, the past few years have seen a rise in hemp-derived cannabinoid products. Some of these products, such as CBD products, are not considered psychoactive and are marketed as helpful to treat post-traumatic stress disorder, nausea, anxiety,

or epilepsy.³⁸ More concerning are products containing intoxicating cannabinoids such as delta-8 THC, delta-9 THC, delta-10 THC, and THC acetate (THC-O).³⁹ These cannabinoids are created by treating hemp-derived CBD with acids or solvents that may leave residue on the final product. The U.S. Food & Drug Administration (“FDA”) and CDC have both issued warnings regarding delta-8 THC products containing unsafe chemicals.⁴⁰ The FDA has stated:

Some manufacturers may use potentially unsafe household chemicals to make delta-8 THC through this chemical synthesis process. Additional chemicals may be used to change the color of the final product. The final delta-8 THC product may have potentially harmful by-products (contaminants) due to the chemicals used in the process, and there is uncertainty with respect to other potential contaminants that may be present or produced depending on the composition of the starting raw material. If consumed or inhaled, these chemicals, including some used to make (synthesize) delta-8 THC and the by-products created during synthesis, can be harmful.⁴¹

If adult-use cannabis were to become legal, two of the biggest barriers to a successful legal cannabis market are gaps in regulation that could cause harm to the public welfare and the potential proliferation of illicit cannabis that would cause harm to the legal market. Hemp, as currently regulated, would constitute such a gap in regulation and would make it more difficult for law enforcement and regulators to combat the illicit cannabis market.

Law enforcement is unable to readily distinguish hemp flower, leaves, and seeds from the same components of illegal cannabis. The only certain way to distinguish between hemp and cannabis plants is through chemical testing to determine how much THC is in the plant.⁴² State law enforcement and cannabis and hemp regulators must be equipped with the resources and mission to properly regulate hemp if cannabis is legalized.

³⁸ Hemp-Derived Cannabinoids—Cannabidiol, Cannabis Law Deskbook § 25:7 (2023-2024 ed.).

³⁹ Hemp-Derived Cannabinoids—Delta-8 THC and other cannabinoids, Cannabis Law Deskbook § 25:10 (2023-2024 ed.).

⁴⁰ See CDC, *Increases in Availability of Cannabis Products Containing Delta-8 THC and Reported Cases of Adverse Events* (Sep. 14, 2021), available at <https://emergency.cdc.gov/han/2021/han00451.asp> (last accessed Jan. 4, 2024); FDA, *5 Things to Know about Delta-8 Tetrahydrocannabinol – Delta-8 THC*, available at <https://www.fda.gov/consumers/consumer-updates/5-things-know-about-delta-8-tetrahydrocannabinol-delta-8-thc> (last accessed, Jan. 4, 2024).

⁴¹ See FDA, *supra* n.40.

⁴² See CANNRA, *Cannabinoid Hemp: An Overview*, available at <https://www.cann-ra.org/white-papers-and-factsheets> (last accessed, Jan. 4, 2024).

Including hemp in this bill ensures that one agency is tasked with overseeing the various and complex aspects of how federal and state law regulate cannabis. Currently in Hawai‘i, hemp cultivation is regulated by the United States Department of Agriculture (“USDA”), post-harvest transportation of hemp is regulated by the Hawai‘i Department of Agriculture (“DOA”), and hemp processing and products are regulated by DOH. This patchwork regulatory scheme leads to gaps in regulation and enforcement, and confusion among the agencies, industry, and consumers over what is legal. Having hemp included in one state agency that has the proper expertise is essential to ensuring a uniform approach to the cannabis plant, cannabinoids, and cannabis and hemp products.

If adult-use cannabis is to become legal in Hawai‘i, it is the Department’s position that because of its unique legal status, the cannabis plant—whether adult-use or medical cannabis or hemp—must have a single state regulator, the Authority. Regulators from other states we spoke to agreed with this approach, noting difficulties that hemp posed in their states where hemp is regulated by other agencies. The Department will oppose any cannabis legalization bill that does not centralize state regulatory authority over all aspects of the cannabis plant in the same regulator.

The Department is sensitive to the concerns raised by the HHFA. After careful consideration, and with a better understanding of HHFA’s concerns, the final draft bill has been amended to include more regulations favorable to the hemp industry, while still shifting overall jurisdiction over hemp to the Authority.⁴³

The intent of the final draft bill is to keep much of the current hemp regulatory structure in place, while bringing state regulations under the umbrella of the Authority. The cultivation of hemp is still regulated by the USDA.⁴⁴ The HHFA raised concerns that state regulations would encroach upon the USDA authority and lead to duplicative regulatory burdens. To allay those concerns, we included provisions based on Act 263 of 2023, requiring hemp cultivators to comply with all USDA regulations⁴⁵ and ensuring that the state regulations will not duplicate USDA regulations for hemp cultivation.⁴⁶

However, the USDA hemp cultivation program only covers cultivation of hemp up to harvesting the plant. Currently, there are no federal

⁴³ See Redline Draft at pp. 150–157.

⁴⁴ See *id.* §§ A-42(b), -80, pp. 92, 151.

⁴⁵ See *id.* § A-80(a), (b), p. 151–52.

⁴⁶ *Id.* § A-80(e), p. 153.

regulations specifically for hemp processing or the sale of a hemp cannabinoid product, as the FDA has concluded that the existing regulatory framework for foods or dietary supplements cannot adequately manage many of the risks associated with CBD and other cannabinoid products.⁴⁷ Therefore, it is imperative that the state regulatory framework includes hemp processing and the sale of hemp products.⁴⁸

After harvest, the state must regulate the processing of hemp into a product. This is a law enforcement concern, as extracting hemp cannabinoids can result in a concentrated delta-9 THC product that would no longer be considered hemp under the federal definition. The final draft bill requires a license for hemp processing to ensure hemp products created in the state use good manufacturing practices and meet testing requirements, so a consumer knows what is in the product and that the product is safe to consume.⁴⁹

Equally important is regulating the sale of hemp products in the state to ensure public safety and public health concerns presented by intoxicating hemp-derived cannabinoid products. There should be, at minimum, age restrictions and testing requirements for these products. It makes little sense to require stringent testing and age restrictions for the use of cannabis when a youth can purchase an intoxicating cannabinoid product, created with unclear manufacturing practices, that could contain harmful contaminants.

For these reasons, the final draft bill allows the Authority to create a restricted cannabinoid product list for specific products deemed harmful to public health or public safety.⁵⁰ Hemp-derived cannabinoid products on the list would require a permit to sell or be prohibited to sell.⁵¹ Fees, eligibility

⁴⁷ Janet Woodcock, M.D., *FDA Concludes that Existing Regulatory Frameworks for Foods and Supplements are Not Appropriate for Cannabidiol, Will Work with Congress on a New Way Forward*, available at <https://www.fda.gov/news-events/press-announcements/fda-concludes-existing-regulatory-frameworks-foods-and-supplements-are-not-appropriate-cannabidiol> (last accessed Jan. 4, 2024).

⁴⁸ While some advocates argue that any regulation of hemp products in the state is preempted by the 2018 Farm Act, the U.S. District Court for the District of Hawai‘i has held that regulating hemp products is not preempted, stating: “The 2018 Farm Act does not require the State of Hawai‘i to allow Plaintiff to sell and/or distribute its hemp products and, therefore, that portion of HAR 11-37 does not conflict with the 2018 Farm Act’s express preemption clause.” *Duke’s Invs. LLC v. Char*, Civ. No. 22-00385 LEK-RT, 2022 WL 17128976, at *8 (D. Haw. Nov. 22, 2022); *see also Duke’s Invs., LLC v. Char*, Civ. No. 22-00385 JAO-RT, 2023 WL 3166729, at *13 (D. Haw. Apr. 28, 2023) (the “2018 Farm Act explicitly provides that it does not preempt states from creating laws that regulate hemp more stringently.” (internal quotation marks omitted)).

⁴⁹ *See* Redline Draft § A-81, p. 155.

⁵⁰ *See Id.* § A-79(a), p. 150.

⁵¹ *See Id.* § A-78(b)(4), p. 149.

criteria, and other restrictions, including restricting sales to consumers over the age of 21, can be developed by rules.

The final draft bill contains several other changes to address the concerns of the HHFA. *First*, the final draft bill allows for a crude hemp extract product that may be sold to another hemp processor and has specific testing requirements.⁵² *Second*, the final draft bill is clear that a restricted cannabinoid product derived from hemp is not considered cannabis, while maintaining the Authority’s ability to limit or prohibit the sale of products that are considered dangerous to public health or public safety.⁵³ *Third*, the final draft bill clarifies that industrial hemp is not considered a hemp product, does not need a license to process, and is not subject to the same regulations as a hemp product, including testing, packaging, and labeling.⁵⁴ *Fourth*, included in the final draft bill is a provision adapted from Act 263 of 2023, that allows hemp to be processed by certain methods within an agricultural building or structure, as defined by HRS § 46-88.⁵⁵ We believe that this is a reasonable approach that takes the concerns of the hemp industry into account while also addressing the Department’s primary concern regarding hemp: uniform regulation of the cannabis plant.

C. Promotion of the Continuing Role of Law Enforcement and Prosecutors

The final draft bill promotes the continuing role of law enforcement and prosecutors in addressing illegal cannabis operations not acting in accordance with the Hawai‘i Cannabis Law, which pose threats to public order, public health, and those who choose to operate in the legal market. Here, the Department will focus on two aspects of the final draft bill: (1) criminal and civil law enforcement and (2) new provisions governing driving while high and open containers.

1. Criminal and Civil Enforcement

This draft bill acknowledges the role that law enforcement has played in the past in promoting the rule of law by asking law enforcement to play the same role moving forward. To enforce cannabis criminal laws, the Department of the Attorney General is proposing the creation of a Cannabis Enforcement Unit within DLE: a mission-driven unit tasked with investigating and enforcing cannabis criminal laws throughout the state in

⁵² See *Id.* §§ A-52(b)(4), -82(b), pp. 111, 156.

⁵³ See *Id.* §§ A-3 (definition of “cannabis”), A-79, pp. 10, 150–51.

⁵⁴ See *Id.* §§ A-81, -82, pp. 155–57.

⁵⁵ See *Id.* § A-81(d), p.155.

coordination with the Authority.⁵⁶ After discussing law-enforcement concerns with Representative Tarnas, the final draft bill was revised to provide that the Cannabis Enforcement Unit will focus on serious crimes involving cannabis, including distribution to minors, organized crime, and crimes involving violence or the use of firearms.⁵⁷ The draft bill also explicitly provides that nothing diminishes the authority or responsibility of county law enforcement officers and prosecutors to enforce and prosecute cannabis crimes.⁵⁸

Based upon the discussion with Representative Tarnas, the Department is now proposing the expansion of a drug-nuisance-abatement unit at the Department, which is already established, to tackle cannabis offenses with civil, rather than criminal, enforcement means.⁵⁹ The Attorney General can bring civil lawsuits to abate a nuisance caused by the manufacturing or distribution of drugs in violation of the penal code, HRS § 712, part IV. A court can quickly issue a temporary writ of injunction upon filing of a verified complaint or affidavit that would show a nuisance exists.⁶⁰

Finally, based upon the discussion with Representative Tarnas and comments received from Kaua‘i Prosecuting Attorney Like, the Department is proposing the creation of a public safety grant program for the purposes of providing grants to state and county agencies and private entities to assist with public-safety and law-enforcement resources relating to cannabis.⁶¹ Such grants could be used to train law-enforcement officers in drug-recognition techniques and mental-health first aid and to support crisis-intervention services, mental-health programs, and homeless outreach.⁶²

Through both criminal and civil enforcement mechanisms, legal force can be brought against illicit operators who are acting illegally and cause harm to the legal market. Through comprehensive law enforcement, illegal operators may be induced to attempt to enter the legal market.

⁵⁶ Final Draft Bill § A-18, pp. 53–55.

⁵⁷ *Id.* § A-18(a), pp. 52–53. Multiple officials at the MCCC stated that a mission-driven law-enforcement unit at the state level would be invaluable to combating the illicit market.

⁵⁸ Final Draft Bill § A-19, pp. 55–56.

⁵⁹ HRS § 28-131.

⁶⁰ HRS § 712-1272.

⁶¹ Final Draft Bill § A-90, p. 164.

⁶² *Id.* § A-90(b), pp. 164–66.

2. Driving While High and Open Containers

Detecting and effectively curtailing driving while impaired by cannabis has proven to be perhaps the single most difficult question to answer during the Department's drafting process. As discussed in section III.C., *supra.*, cannabis legalization has been shown to lead to an increase in traffic accidents and fatalities involving cannabis-impaired drivers, as well as an increase in the raw number of traffic fatalities. Therefore, it is imperative that if cannabis is to be legalized, the law must provide mechanisms for discouraging and controlling driving while high that can be used by law enforcement and effectively allow prosecutors to secure convictions.

Just as with drunk driving, driving while high must be condemned and viewed as inherently wrong. The intent of the final draft bill is to treat cannabis the same as the current laws regarding alcohol. To that effect, part IV of the final draft bill would prohibit the consumption of cannabis or possessing an open container of cannabis in vehicles and driving while under the influence of cannabis and would impose the same penalties for the analogous crimes involving alcohol.⁶³

The Department believes that two things are imperative: (1) that those under 21 years of age be subject to a zero tolerance legal standard of no THC in the body, unless that individual is a registered medical-cannabis patient, and (2) that those over the age of 21 and medical-cannabis patients under the age of 21 be subject to a set numerical standard of THC in the body that establishes intoxication as a matter of law, similar to the 0.08% blood alcohol content ("BAC") standard for drunk driving.

First, it is the Department's position that for those under the age of 21 are not registered medical-cannabis patients, the standard for driving under the influence of cannabis should be the same as for drunk driving—zero. There are good reasons for this: those under the age of 21, whose brains are still developing, should not be consuming cannabis products at all, for the reasons set forth in section III.D, *supra.*, unless they hold a valid medical-cannabis card. Further, unquestionably, under the Hawai'i Cannabis Law, those under 21 who are not medical cannabis patients are legally prohibited from possessing or consuming cannabis. Through the Authority's public-education campaigns, the public, including those under 21 years of age, will be informed about what is and is not allowed under the Hawai'i Cannabis Law. *See* section IV.F, *infra.*

⁶³ *See* Final Draft Bill Part IV, pp. 194–219; *Compare with, e.g.*, HRS §§ 291-3.1 (consuming or possessing intoxicating liquor while operating a motor vehicle or moped); -3.2 (consuming or possessing intoxicating liquor while a passenger in a motor vehicle); § 291E-61 (operating a vehicle under the influence of an intoxicant).

The final draft bill provides that it is unlawful for any person under the age of 21 to operate any vehicle with a measurable amount of THC.⁶⁴ This is the same standard applied to those under the age of 21 with a measurable amount of alcohol.⁶⁵ Statutes prohibiting driving with any THC in the system have routinely been upheld by courts in our sister states. *See, e.g., People v. Fate*, 636 N.E.2d 549, 551 (Ill. 1994) (upholding statute imposing absolute bar against driving vehicles following ingestion of any cannabis, without regard to physical impairment, as reasonable exercise of police power); *State v. Phillips*, 873 P.2d 706, 710 (Ariz. Ct. App. 1994) (“We believe that the legislature was reasonable in determining that there is no level of illicit drug use which can be acceptably combined with driving a vehicle; the established potential for lethal consequences is too great.”); *People v. Turner*, No. 347551, 2020 WL 1963977 (Mich. Ct. App. Apr. 23, 2020) (upholding statute that prohibiting driving with any amount of Schedule I controlled substance in body, noting that “under rational-basis review, perfection is ‘neither possible nor necessary’” (citation omitted)).

The final draft bill includes a per se limit of tetrahydrocannabinol (THC) a person over 21 or a person under 21 with a medical-cannabis card can have in their system while driving—it is illegal to drive with THC at a concentration of five or more nanograms per milliliter of blood. Once a driver is shown to have reached or surpassed this legal limit, that person will be considered impaired by law.

In setting this per se limit, we acknowledge that testing for cannabis impairment is inherently difficult due to the limitations of current technology. Unlike alcohol, THC and its metabolites can remain in a person’s system for a considerable amount of time after the initial effects of cannabis use have worn off. For that reason, we chose not to incorporate a zero-tolerance approach as the mere presence of THC or its metabolites may not be a reliable indication of impairment.

But legislating in this area does not require perfect science or unimpeachable facts. Five other states, Illinois, Montana, Nevada, Ohio and Washington, currently have per se limits for THC.⁶⁶ The legal level of THC

⁶⁴ Final Draft Bill, Section 9 at pp. 199–205. Again, the exception is if the person under 21 is a medical cannabis patient. *Id.* at p. 200.

⁶⁵ HRS § 291E-64(a) (“It shall be unlawful for any person under the age of twenty-one years to operate any vehicle with a measurable amount of alcohol.”).

⁶⁶ We note that Colorado allows a reasonable inference of impairment if a driver exceeds the specified THC level of 5 ng/mL. Colo. Rev. Stat. § 42-4-1301(6)(A)(IV). The Department

in these states ranges between 2 nanograms per milliliter (ng/ml) of blood and 5 ng/mL. Such per se statutory limits have been upheld against challenges in our sister states. *See, e.g., State v. Jensen*, 477 P.3d 335 (Mont. 2020) (upholding statute prohibiting driving with THC level, excluding metabolites, of 5 ng/mL in the blood and adopting trial court language with approval that “[t]he legislature has the responsibility to pass laws that provide for the general welfare notwithstanding the absence of a perfect measuring method”); *Williams v. State*, 50 P.3d 1116 (Nev. 2002) (upholding per se standard of 2 ng/mL of marijuana or 5 ng/mL of marijuana metabolite); *Garfinkel v. Second Jud. Dist. Ct. of State ex rel. Cnty. of Wahsoe*, No. 57028, 2010 WL 5275797 (Nev. Dec. 13, 2010) (rejecting claim that standard of 5 ng/mL of marijuana metabolite in blood lacked rational basis); *State v. Doane*, 152 N.E.3d 956 (Ohio Ct. App. 2020) (upholding per se marijuana metabolite statute). “While THC blood levels do not correlate to impairment in the same way that the 0.08 BAC correlates to alcohol impairment, THC levels above 5.00 ng/mL do appear to indicate recent consumption in most people (including chronic users), and recent consumption is linked to impairment.”⁶⁷

There is no perfect solution regarding driving while impaired by cannabis. The Department remains committed to the approach we believe will best ensure safe roadways. However, it bears reiterating that we are willing to work with the Legislature on alternative solutions that fit within our parameters in Section V, *infra*, including the bodily fluid to be tested, if they can be shown to be enforceable and effective deterrents to driving under the influence of cannabis.

D. The Social Equity Program

The final draft bill provides for a vibrant, well-funded social equity program to be implemented by the Authority with the intent to bring greater economic opportunity to disadvantaged regions of our state and to help transition formerly illicit operators into the legal market. “Social equity” licensing has been a hallmark of adult-use cannabis programs nationwide. We believe that a strong social equity licensing program, focused on providing economic opportunity to disproportionately impacted areas, is sound law-enforcement policy if the decision is made to legalize cannabis.

believes that providing for a reasonable inference of impairment will have minimal value in obtaining convictions where the burden of proof is beyond a reasonable doubt and rejects this as an alternative.

⁶⁷ *State v. Fraser*, 509 P.3d 282, 290 (Wash. 2022) (en banc); *see also* Section III.C, *supra*.

1. Social Equity Licensing

The final draft bill provides a social equity program for those who live in “disproportionately impacted areas,” which are “historically disadvantaged communities, areas of persistent poverty, and medically underserved communities[.]”⁶⁸ These are, not coincidentally, areas of high crime and low economic opportunities.

If it is the Legislature’s decision to legalize cannabis and open a new market, the economic benefits should flow not simply to the privileged few but to those in areas of high crime and persistent poverty.⁶⁹ It also provides a perhaps once-in-a-generation opportunity to promote genuine respect for the rule of law among individuals for whom such messages have not yet resonated because, in their minds, they have yet to tangibly experience its value for themselves.

We agree with the Report of the Dual Use Cannabis Task Force to the Thirty Fourth Legislature (2023) where it spoke of “equity in the market”: “Social equity applicants can face high barriers to market entry, given complicated and burdensome regulations, and having no guidance or support to operate in an extremely challenging regulated environment.”⁷⁰ Because bringing formerly illicit operators into the legal market is a self-evident goal of legalizing adult-use cannabis, a social equity program that provides the resources for success in the legal market is necessary to accomplish this goal.

This final draft bill provides such a program, with a position of Chief Equity Officer, who provides grants and technical assistance to qualifying social equity applicants.⁷¹ The final draft bill creates the cannabis social equity special fund to administer the social-equity program, and calls for initial seed funding of \$10 million, which doubles the initial \$5 million called

⁶⁸ Final Draft Bill §§ A-3 (definition of “disproportionately impacted area”), A-83, at pp. 15, 150.

⁶⁹ We note here that the bill provides residency requirements for licensees. See Final Draft Bill § A-43(b)(2), p. 89. While such residency requirements are frequently suspect, in *Brinkmeyer v. Washington State Liquor & Cannabis Bd.*, No. C20-5661 BHS, 2023 WL 1798173 (W.D. Wash. Feb. 7, 2023), *appeal dismissed*, 2023 WL 3884102 (9th Cir. 2023), the U.S. District Court for the District of Washington upheld a license residence requirement from a Dormant Commerce Clause and Privileges and Immunities Clause challenges, holding that those constitutional doctrines did not apply to federally illegal markets. The law regarding how federal constitutional provisions apply to federally illegal markets is very unclear at this time and a residency restriction involves legal risk. We are happy to discuss the merits of this provision with you and the Legislature.

⁷⁰ Report of the Dual Use Cannabis Task Force to the Thirty Fourth Legislature at p.14, available at <https://health.hawaii.gov/opppd/files/2022/12/Act-169-SLH-2022-Dual-Use-of-Cannabis-Task-Force-FINAL-REPORT.pdf>.

⁷¹ Final Draft Bill § A-6(c), p. 27.

for in the November 9, 2023 draft bill, and similarly increases the percentage of tax revenues going to social-equity licensing from 20% to 25%, based upon comments received from Director Karen O’Keefe of the Marijuana Policy Project.⁷²

The social-equity program can give grants to social-equity applicants to help them enter the legal market, as well as to community organizations for the purpose of developing and implementing nonprofit projects addressing community needs in disproportionately impacted areas, including housing and child-care programs.⁷³

2. A Forthcoming Report to the Legislature on Expungement

The Department is aware that the issue of expungement of low-level cannabis crimes and the sealing of court records is an important issue to many people and advocacy groups. While the Department does not oppose expungement as a concept, we believe decisions on expungement should be made after adult-use cannabis is legalized, a mechanism for expungement is identified that will enable expedient processing, and resources are made available to implement the mechanism correctly.

With respect to the issue of expungement and the sealing of court records relating to low-level cannabis offenses, the final draft bill calls for the Executive Director of the Authority, in consultation with the Department and the Judiciary to submit a report no later than 20 days prior to the regular session of 2027 regarding the advisability of expunging or sealing low-level criminal offenses related to cannabis, a recommendation regarding which offenses and records should be expunged or sealed, if any, and the best mechanism for expunging and sealing records without causing undue burden on the Judiciary, the Department, or any other agency.⁷⁴

We have two concerns with expungement of records, particularly with respect to calls for so-called “automatic” expungement: (1) executing “automatic” expungement, which we interpret to mean that expungement would happen immediately and no application would be required, is impossible; and (2) the Department believes that the expungement of cannabis convictions prior to the legalization of cannabis itself undermines a lawful transition to the legal cannabis market.

⁷² Redline Bill § A-13 at pp. 51–52; Section 27, p. 262; and Section 69 at p. 323.

⁷³ Final Draft Bill § A-84, pp. 150–54.

⁷⁴ *Id.* § A-27(b), pp. 64–65.

First, the current mechanism for expungement in statute does not allow for “automatic” expungement or sealing of a criminal record. The Hawai‘i Criminal Justice Data Center (“HCJDC”) is a division of the Department of the Attorney General and is responsible for the statewide criminal history record information system (CJIS-Hawaii) and for processing expungement orders pursuant to HRS § 831-3.2. To expunge records relating to any offense, every single record must be examined manually. HCJDC receives approximately 114 applications for expungement per month and there is currently only one staff member capable of processing expungement requests.

As of January 2, 2024, there are over 50,000 arrests with a charge code of HRS § 712-1249, Promoting a Detrimental Drug in the Third Degree, which the Department considers to be the most minor criminal offense for cannabis. There are over 10,000 convictions for the same offense, and a court order would be required to expunge these convictions under existing law.⁷⁵ The expungement process is not automatic: it is time and resource intensive. If the Legislature decides to implement an expungement program, it must be an application-driven process.

Updating information-technology resources can assist with searching and filtering through data; however, every file will still need to be reviewed by a person at some point. It is likely that the process will also require the courts, prosecutors, or law-enforcement agencies to review their own files.

Finally, if the legislature decides to implement an expungement program that is not initiated by application, it is recommended that the process not require a certificate of expungement. The current expungement process requires a certificate of expungement, along with the expunged arrest record, mugshot, and fingerprints associated with the arrest or conviction, to be mailed to the individual qualifying for an expungement. If an application is not required, confirming an individual’s mailing address can be incredibly difficult or impossible. Mailing this type of sensitive information to an unconfirmed address would be reckless. This is why any expungement process is application driven, and the Department opposes legislation calling for “automatic” expungement at this time.

Second, it is the Department’s position that any decision regarding expungement should occur after adult-use cannabis is legalized and retail sales begin to assess both the advisability and scope of any expungement or sealing of court records. This is based upon two primary principles—the first, already discussed at length, is to promote the role that law-enforcement will continue to play after a cannabis-legalization bill passes into law and

⁷⁵ HRS § 706-622.5.

particularly during the transition period to a legal adult-use market. To expunge records prior to the date that conduct previously illegal under Hawai‘i law becomes legal undermines the public perception of a lawful transition to legalization. It could reasonably create a perception that cannabis crimes, whenever committed, will not be prosecuted because they will one day be expunged. To immediately expunge any cannabis crimes at this stage, prior to the effective date of legalization and before facts on the ground are known, is a position the Department opposes.

Representative Tarnas has heard our position on this matter and has called for the Department to work towards finding effective solutions to the issues of expungement and the sealing of records. Should a cannabis-legalization bill pass into law, the Department will begin efforts in 2025, in consultation with the Authority and the Judiciary, to examine these issues and assist in efforts to address the Legislature’s policy objectives.

E. Delayed Effective Date for the Legalization of Adult-Use Cannabis to January 1, 2026

The final draft bill contains a delayed effective date of eighteen months from the date the bill is signed into law—January 1, 2026—for the legalization of adult-use cannabis and the first legal retail sales to allow the Authority, law enforcement, licensees, and the public to prepare.⁷⁶

Regarding the length of the transition period, there is a diversity of opinion on what the best practice is. We have spoken to individuals who have called for legalization and legal retail sales on the day the bill is signed into law, and those who have noted the need for an extended transition period of many years.

We are persuaded, however, that the optimal transition period is 18 months from the date the bill is signed into law. This was approximately the transition period given to the Massachusetts Cannabis Control Commission, which opined that this provided sufficient time to adopt interim rules, staff and equip the Commission, accept social-equity applications and other licensing applications, allow all licensees to ramp up production to meet demand, educate the public about what is and is not allowed under the cannabis law and about the health risks associated with cannabis use, and put as much in order as possible prior to the first dispensaries opening their doors. It will also allow the Legislature to consider amendments to improve the legislation based upon the experience of government actors prior to legalization. While the Department would welcome a longer transition period, an 18-month transition period is acceptable to the Department,

⁷⁶ See Final Draft Bill Section 84, p. 315.

although it will require the Authority and other responsible government actors to act with the utmost speed.

We are also persuaded that legalizing cannabis prematurely when existing legal dispensaries are not able to meet demand, and regulators and law enforcement are not yet prepared, is the most clearcut road to failure for the program as a whole—it will cause the illicit market to proliferate to meet demand, destroy any sense of an orderly transition to legality, and promote a lawless “anything goes” mentality among the people of the state. It will also harm the social equity program before it has a chance to prove its value because by the time social equity licensees can open their doors, the pre-existing licensees may already have cornered the legal market.

F. Public Health Protections and Public Education Campaigns

The final draft bill implements extensive, well-funded public health protections, including mandatory public-education campaigns to inform the public about the new laws and the continuing risks to public health—especially to children—posed by cannabis and financial assistance for public health services such as addiction and substance abuse treatment.

The draft bill creates a public health and education special fund for education and substance abuse prevention and calls for initial seed money of \$5 million.⁷⁷ Part of this money shall be used on a comprehensive public health and education campaign regarding the legalization of cannabis and the impact of cannabis use on public health and public safety to begin no later than July 1, 2025 (i.e., six months prior to the date cannabis becomes legal pursuant to the terms of the Hawai‘i Cannabis Law).⁷⁸ This initial public health and education campaign is critical to the transition to legalization: to ensuring that the public is aware of the public-health risks associated with cannabis to all people, best practices for keeping cannabis out of the hands of children, information about what is and is not permitted under the Hawai‘i Cannabis Law, the dangers of driving while high and its consequences, and the potential penalties for not adhering to the law, among other things.

The draft bill also creates a cannabis public health and education grant program to assist substance-abuse programs and youth services, including for the creation or maintenance of youth recreational centers and services for housing.⁷⁹ Youth recreational centers may not only improve neighborhoods, but will also provide healthy recreational options for children.

⁷⁷ Final Draft Bill §§ A-14, A-87–89, Section 71, pp. , 49–50, 158–64, 311.

⁷⁸ *Id.* § A-87, p. 158.

⁷⁹ Final Draft Bill § A-88(b), pp. 159–62.

Substance-abuse treatment may include services for housing, residential treatment, out-patient treatment, counseling, and other related services.

The Hawai‘i Cannabis Law also provides substantial statutory protections for public health to ensure that cannabis sold in the legal market is safe and is not being pedaled to children. This includes mandatory laboratory testing for all products sold in the legal market, which includes testing for contaminants, pesticides, and potency—the purity of the product is one of the main selling points of the legal market, and adequate testing of cannabis must be a priority.⁸⁰ It also includes labeling requirements so that consumers are informed about what they are purchasing.⁸¹ Finally, there are substantial statutory advertising, marketing, and packaging provision intended to protect children.⁸²

V. THE DEPARTMENT’S POSITION ON THE FINAL DRAFT BILL

During the legislative session, any given testimony is generally categorized in one of three groups: testimony in support, testimony in opposition, and neutral comments. Despite the substantial work put into the final draft bill, the Department does *not support* the passage of the legalization of adult-use cannabis. But the Department will not *oppose* the passage of a bill, and will remain neutral on the question of its passage, so long as the bill contains the key elements identified in this section and does not include provisions antithetical to these elements, as it may be amended through the legislative process.

For the reasons set forth in Section III of this Report, including that cannabis remains illegal under federal law, is listed as a Schedule I substance under the Controlled Substance Act, and the public-safety and public-health concerns inherent in cannabis legalization, the Attorney General, as the chief legal officer and chief law enforcement officer of the State of Hawai‘i, cannot and does not support the passage of any bill that legalizes cannabis.

The Department of the Attorney General, however, will not oppose the final draft bill in its current form. That being said, the Department

⁸⁰ Final Draft Bill § A-52, pp. 104–06. The Department notes that under the Final Draft Bill, the Authority is responsible for adopting rules on product standards, including THC potency limits and limits on servings per package. *Id.* § A-55(a), p.109. The Department is deeply concerned about high-potency cannabis as a health risk, particularly with respect to children, but understands that complex potency regulations may be appropriate to service, for example, certain medical conditions. The Department, however, would support a legislative ceiling on cannabis-product potency that is in the interest of protecting public health.

⁸¹ Final Draft Bill § A-54, pp. 108–09.

⁸² Final Draft Bill §§ A-53, A-56, pp. 106–08, 110–13.

understands and fully respects the Legislature’s authority to make amendments to this bill, and it will not oppose the bill simply because it contains amendments.

While the Department cannot foresee every conceivable amendment to the bill, the Department initially notes that the Department will oppose any cannabis legalization bill that is not substantially based upon the final draft bill in structure and substance (i.e., the Department will oppose a cannabis-legalization bill primarily drafted by others). The Department further states that it will oppose any bill that does not include the following key elements:

- (1) The Hawai‘i Cannabis Law must provide a legal safe harbor from state and county criminal prosecution concerning activities relating to cannabis for those who strictly comply with the provisions of the Hawai‘i Cannabis Law.
- (2) The governing regulatory authority (i.e., the Hawai‘i Cannabis Authority) must be an independent, administratively attached agency that has regulatory authority over all aspects of the cannabis plant, which includes adult-use cannabis, medical cannabis, and hemp.
- (3) A statement that it is the intent of the Legislature to ensure that state and county law enforcement agencies work closely with the governing regulatory authority and vigorously investigate and prosecute illegal cannabis activities that fall outside of Hawai‘i Cannabis Law’s safe harbor protections and the statutory provision regarding county law enforcement and prosecution in § A-19.
- (4) A cannabis enforcement unit established within DLE (*see* §§ A-17 & -18) and funded by a portion of tax revenue.
- (5) Funding for statewide cannabis nuisance abatement from a portion of tax revenue (*see* § A-16).
- (6) A mandate that the governing regulatory authority make the protection of public health and public safety its highest priority.
- (7) Provisions and penalties regarding open containers of cannabis in cars and driving under the influence of cannabis must approximate those for open containers of alcohol and driving while drunk. This includes those found in part IV of the bill, and must include zero tolerance for driving under the influence

of cannabis for those under the age of 21 (except for those with a medical card) and an enforceable per se THC limit for those 21 and over (or those under 21 who hold a medical-cannabis card).

- (8) Substantial public health, education, and legal provisions regarding the prevention and treatment of the use of cannabis by those under the age of 21, including restrictions on packaging, marketing, and advertising relating to children.
- (9) A delayed effective date for the legalization of adult-use cannabis of January 1, 2026, at the earliest.
- (10) Funding for a substantial public-education campaign to be implemented prior to the legalization of adult-use cannabis.

The Department will oppose any bill that contains any of the following provisions:

- (1) A provision mandating the immediate or “automatic” expungement of cannabis crimes or sealing of court records. Notwithstanding this, and as set forth in Section IV.D.2, *supra*, the Department does not oppose expungement as a concept. Instead, decisions on expungement should be made after adult-use cannabis is legalized, the social impacts of legalization are clearer, and the mechanism to be used is determined to be both functionally possible and effective.
- (2) A provision allowing for the consideration of past convictions for cannabis crimes as a positive factor, or of constitutionally suspect classifications (i.e., race, sex) as factors, in licensing or decision-making. The Department believes that a focus on “disproportionately impacted areas,” as that term is defined in § A-3, will effectuate the goals of social-equity licensing without raising legal or law-enforcement concerns.
- (3) A provision that would prevent parole or probation from being revoked for the use of cannabis.
- (4) A provision that would prevent law enforcement from utilizing the odor of cannabis for any lawful purpose.

To reiterate, we cannot anticipate every possible amendment. To the extent that we have objections to specific amendments, the Department will endeavor to work with the Legislature to find a mutually acceptable solution.

VI. CONCLUDING REMARKS OF THE ATTORNEY GENERAL

The final draft bill presented to you today is not “the Department of the Attorney General’s cannabis bill.” It is the work product of attorneys at the Department of the Attorney General and reflects the Department’s judgment about how to mitigate as many of the serious risks to the public welfare as possible if the Legislature decides to legalize adult-use cannabis. Our work product is now in your hands—for you and your colleagues at the Legislature to use, modify, or disregard in your judgment as legislators.

Should this bill or a version of this bill be introduced at the legislative session, the Department of the Attorney General will participate as it normally does and will testify in accordance with the positions set forth in Section V, *supra*. But our involvement with any such bills will be deeper than that if you wish, and we will be available to work with you on amendments during the legislative session.

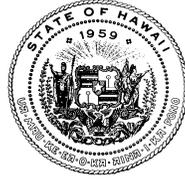
While the Department does not support the legalization of adult-use cannabis, I am proud of what we have presented here today. This is a reasonable, moderate bill that sought to balance a myriad of interests with significant known and unknown risks. It is the creation of highly skilled public servants. I would like to thank all of the personnel in the Department who participated in this laborious, time-intensive process. I would like to particularly thank Deputy Attorney General Andrew Goff, Deputy Attorney General Kotoba Kanazawa, and my Special Assistant Dave Day for their tireless efforts over the past year.

The Legislature represents the democratic will of the people of Hawai‘i. One of the Department of the Attorney General’s main priorities under my administration has been to improve the Department’s working relationship with the Legislature. This work demonstrates our true dedication to this prerogative.



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**Testimony COMMENTING on SB3335-SD2-HD1
RELATING TO CANNABIS**

REPRESENTATIVE MARK M. NAKASHIMA, CHAIR
HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

Hearing Date: 03/19/2024

Room Number: 329

1 **Fiscal Implications:** Significant. The Department of Health (“Department”) requests that this
2 measure be considered as a vehicle to provide this needed funding so long as it does not supplant
3 the priorities and requests outlined in the Governor's executive budget request.

4 **Department Position:** The Department offers comments regarding SB3335 SD1 which
5 proposes to legalize cannabis for non-medical, adult-use.

6 **Department Testimony:**

7 **PART I**

8 Legalizing adult use of cannabis should be expected to have a negative impact on the health of
9 the public. Whereas cannabis can provide a medical benefit for certain medical conditions,
10 patients can access this through the medical cannabis program. Recreational use is therefore not
11 a program to provide medical benefit and would only add harm. Despite the strong regulatory
12 requirements proposed by SB3335 SD1, the DOH remains highly concerned about the public
13 health and environmental impacts that increased accessibility of cannabis and opening of an
14 adult use marketplace will bring. As reported by the Act 169 Dual Use of Cannabis Task Force,
15 Public Health and Safety Working Group¹, there are a wide range of public health and safety
16 concerns associated with cannabis use and exposure. Charts depicting Hawaii-specific data are
17 attached to the Department's testimony.

1 Charts depicting Hawaii-specific data are attached to the Department's testimony in response to
2 frequently asked questions:

- 3 1. Figure 1a. 24% of young adults, aged 18-24 years, reported using cannabis in 2022.
- 4 2. Figure 1b. In 2022, trends for smoking cannabis decreased to 60% while vaping
5 increased to 16% for methods for use.
- 6 3. Figure 1c. There is community variations for cannabis use with higher use rates by
7 neighbor island counties, with communities that have lower income levels.
- 8 4. Figure 2. Native Hawaiian students reported the highest use of marijuana in the past 30-
9 days.
- 10 5. Figure3. Students reported the ability to access alcohol, marijuana, tobacco/vape, and
11 other drugs through various means.

12 **Mental Health and Substance Use:** Mental health, substance use, and youth suicide are critical
13 priorities of the DOH. There is substantial evidence that adolescents and young adults who use
14 cannabis daily or near-daily are more likely than non-users to develop future psychotic disorders
15 such as schizophrenia and for daily or near-daily adult users to be diagnosed with a psychotic
16 disorder such as schizophrenia.^{2,3,4,5,6,7,8,9,10,11,12,13} There is also substantial evidence that
17 adolescent and young adult cannabis users are more likely than non-users to increase their use
18 and to develop cannabis use disorder and that increases in cannabis use frequency is generally
19 associated with progression to developing cannabis use disorder.^{14,15,16,17,18,19,20,21,22}
20 Additionally, there is moderate evidence that adolescents and young adults who use cannabis are
21 more likely than non-users to have suicidal thoughts or attempt suicide, and have an increased
22 incidence of suicide completion.^{23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39}

23 **Fetus and Newborn Exposures:** Fetus and newborn exposure to cannabis is an increasingly
24 growing concern. National estimates show that between 3 to 7% of pregnant women report using
25 cannabis while pregnant.^{40,41} Biological evidence shows that tetrahydrocannabinol (THC), the

1 primary intoxicating compound in cannabis is passed through the placenta of women who use
2 cannabis during pregnancy and that the fetus absorbs and metabolizes the THC.^{42,43,44,45,46}
3 Despite this, cannabis use among pregnant women has continued to increase amidst the
4 perceived lack of risk from the increasing acceptance and accessibility of
5 cannabis.^{47,48,49,50,51,52,53,54,55,56} Biological evidence also shows that THC is present in the breast
6 milk of women who use cannabis and that infants who drink breast milk containing THC absorb
7 and metabolize the THC.^{57,58,59,60,61} There is substantial evidence of association between
8 maternal cannabis smoking and lower birth weight of offspring^{62,63} and moderate evidence that
9 maternal use of cannabis during pregnancy is associated with decreased academic ability,
10 attention problems, reduced cognitive function, and decreased IQ scores in exposed
11 offspring.^{64,65,66,67,68,69,70,71,72,73,74,75,76,77}

12 **Environmental Concerns:** According to an October 2020 report by the Denver Environmental
13 Health Cannabis Sustainability Work Group, cultivation of cannabis has had significant impacts
14 on consumption of energy and water, generation of solid waste, effluent discharge, greenhouse
15 gas emissions, land use, nuisance odor control, and, indoor air quality.^{78,79} Also in October 2020,
16 the National Cannabis Industry Association issued "Environmental Sustainability in the
17 Cannabis Industry: Impacts, Best Management Practices, and Policy Considerations,"
18 highlighting the impacts of the industry on land and soil health, water use, energy consumption,
19 air quality, and waste.⁸⁰ In addition, the Cannabis Regulators Association (CANNRA) has
20 provided guidance regarding the need for state and local environmental regulatory agencies to
21 engage and work with cannabis businesses in determining and quantifying environmental
22 impacts, and best ways to achieve compliance regarding energy use, waste management, air
23 quality, and water quality.⁸¹ Finally, CANNRA has also provided guidance regarding nuisance
24 odor compliance, which have been and continue to be, an ongoing source of complaints for
25 private residence cultivation, and should be expected to increase with adult use legalization.⁸²

26 **Youth and Young Adults:** Although proposed legalized adult use will be restricted to those
27 aged 21 and older, the human brain continues to develop into the mid-20s and remains
28 vulnerable to the effects of addictive substances.^{83,84} Various research on youth and young adults

1 show associations between e-cigarette use and cannabis use,^{85,86,87,88} and a systematic review and
2 meta-analysis of existing studies showed the odds of youth using cannabis were 3.5 times higher
3 if they vaped.⁸⁹ Flavor increases the likelihood that youth will try the vaping product, whether it
4 contains nicotine or cannabis.^{90,91} Protecting young adults legally allowed to use cannabis but
5 still very vulnerable to its detrimental effects will not work with age restrictions alone. Also,
6 although the use of child-resistant packaging reduces unintentional pediatric poisonings from a
7 wide range of products,^{92,93,94} these still rely on the user to properly employ and maintain the
8 packaging. A recent retrospective analysis of National Poison Data System data for pediatric
9 exposures to edible cannabis products in children younger than age 6 years found an increase of
10 1,375% from 2017-2021 with a significant increase in both ICU and non-ICU admissions.⁹⁵
11 Toxic pediatric exposures continue to be reported.⁹⁶ In addition to packaging requirements,
12 restriction of advertising and marketing practices remain critical to preventing appeal to youth as
13 well as preventing the encouragement of increased consumption and targeting of marginalized
14 communities as practiced by the tobacco industry.^{97,98} There is substantial evidence that more
15 unintentional exposures for children occur in states with increased legal access to cannabis and
16 these exposures can lead to significant clinical effects requiring medical
17 attention.^{99,100,101,102,103,104,105,106,107,108}

18 **Smoking, E-Cigarettes, and Vaping:** Smoked and vaped forms of hemp and cannabis should
19 be prohibited. There is substantial evidence that cannabis smoke contains many of the same
20 cancer-causing chemicals as tobacco smoke^{109,110,111,112,113} and while many flavorings and
21 additives used in e-cigarette or vaped products may be safe for oral ingestion, few, if any have
22 been demonstrated as safe for inhalation. This was highlighted by the outbreak of e-cigarette, or
23 vaping, product use-associated lung injury (EVALI), which caused 2,807 hospitalized cases
24 among all 50 states, the District of Columbia, and two U.S. territories and 68 confirmed
25 deaths.¹¹⁴ EVALI cases rapidly declined after vitamin E acetate, a common dietary supplement
26 that is generally recognized as safe ("GRAS") by the U.S. Food and Drug Administration as a
27 food additive, was removed from products.

1 **Intoxicating Hemp Products:** The DOH greatly appreciates the inclusion of regulatory
2 oversight of hemp-derived cannabinoid products under the Hawaii Cannabis Authority.
3 Cannabinoids are cannabinoids, regardless of whether they are derived from cannabis or hemp
4 plants, or synthesized, and some have psychoactive or intoxicating properties.¹¹⁵ The 2018 Farm
5 Bill's focus on the concentration of delta-9 THC as defining legal hemp and hemp products has
6 created a loophole through which consumers, including children, can walk into convenience
7 stores and gas stations, or shop online and purchase products that have the same psychoactive or
8 intoxicating effects as cannabis. There are a number of these "hemp synthesized intoxicants
9 (HSIs)," the most common being Delta-8 THC and Delta-10 THC. Proponents of HSIs assert
10 that the Farm Bill did not prohibit the chemicals in hemp from being converted into psychoactive
11 compounds. However, opponents of HSIs argue that the Farm Bill legalized hemp as an
12 agricultural commodity and did not intend for the chemicals in hemp to be converted into
13 intoxicating compounds. In October 2023, Virginia's restriction of HSIs was upheld by a federal
14 court, and Attorneys General in Nebraska, California, and Connecticut have filed lawsuits or
15 enforcement actions against HSI manufacturers and sellers, citing health and safety risks to
16 consumers.^{116,117,118} And on December 5, 2023, the U.S. Food and Drug Administration (FDA)
17 issued a warning letter¹¹⁹ to a manufacturer of food products, including gummies, that contain
18 Delta-8 THC. In its warning letter, FDA noted that: "1) Delta-8 THC products have not been
19 evaluated or approved by FDA for safe use and may be marketed in ways that put the public
20 health at risk; 2) FDA has received adverse event reports involving Delta-8 THC containing
21 products; 3) Delta-8 THC has psychoactive and intoxicating effects; 4) FDA is concerned about
22 the processes used to create the concentrations of Delta-8 THC claimed in the marketplace; and
23 5) FDA is concerned about Delta-8 THC products that may be consumed by children, as some
24 packaging and labeling may appeal to children."

25 **Regulatory Standards:** The DOH appreciates requirements for laboratory standards and testing,
26 packaging and labeling, products standards, and advertising and marketing controls. The DOH
27 also greatly appreciates the substantive appropriations for the Public Health and Education
28 Special Fund for cannabis testing. Cannabis testing capability and capacity will be critical to

1 oversight of private commercial testing laboratories and investigations of adverse consumer
2 events. Together, these provisions will help to ensure that cannabinoid-containing products
3 intended for human consumption and use meet the same consumer protection standards as non-
4 cannabinoid-containing products. In other words, other than the effect of the cannabinoid
5 content, a hemp-derived gummie and a cannabis-derived gummie should be as safe to consume
6 as a commercial candy gummie. These requirements will help to protect the public, especially
7 youth, from unintended intoxication, over-toxication, deceptive and misleading claims, and
8 unsafe products. The DOH also appreciates the maintenance of key existing medical use
9 provisions, the limitations against any use of cannabis that endangers the health or well-being of
10 another person, especially the use at any place open to the public, including smoking or vaping
11 cannabis in public as prohibited by chapter 328J, and the use of cannabis by anyone under
12 twenty-one years of age.

13 While DOH appreciates the inclusion of a "Public health and education special fund" for
14 education and substance abuse prevention and treatment, which includes educating the public
15 about cannabis use and laws, preventing and treating substance abuse among youth, and
16 controlling and treating substance abuse; this is not expected to eliminate the harms. Based on
17 what has been experienced with tobacco products, despite laws prohibiting purchase and
18 educational campaigns, use increased among youth. Efforts have been unsuccessful to date and
19 continue to be underway to protect our youth by banning flavored products. Despite best efforts
20 to implement a legal adult cannabis use program as responsibly and safely as possible, there will
21 be harm to the public health, especially for newborns, youth, and young adults.

22 PART II

23 The DOH Office of Medical Cannabis Control and Regulation (DOH-OMCCR) agrees with the
24 DOH comments about the harms to the health of the public that adult use legalization will bring,
25 and provides comments as a resource to the legislature should the legislature choose to pass this
26 measure.

1 **One Plant, One Regulatory Agency:** The DOH-OMCCR strongly supports the "one plant, one
2 regulatory agency" approach that SB3335 SD1 contemplates by placing medical use, adult use,
3 and hemp cannabinoid processing and products under the Hawaii Cannabis Authority ("HCA").
4 As a founding member of the Cannabis Regulatory Association ("CANNRA," [https://www.cann-
6 ra.org/](https://www.cann-
5 ra.org/)), the DOH-OMCCR has had the opportunity to learn from the experience of other states
7 implementing medical use and transitioning to adult use – having multiple regulatory agencies
8 has been a common, recurring challenge. As a result, more states are either starting as one
9 regulatory agency or transitioning to one agency, especially with regard to hemp cannabinoid
10 products. Currently, of CANNRA's 44 member states and the District of Columbia, 11 regulate
11 hemp cannabinoid products under the same agency as cannabis¹²⁰, and an additional four states
12 have pending legislation or have authorized the cannabis agency to regulate hemp cannabinoid
13 products.¹²¹ Hawaii is one of the 11 states where hemp cannabinoid products are regulated by the
14 same agency as cannabis—i.e., the DOH-OMCCR. States where there is not a single regulatory
15 agency often speak about the serious challenges associated with gaps in, and inconsistent,
16 regulations and the resulting uncertainty for the industry and consumers.

16 In following this trend, it is important to emphasize that SB3335 SD1 does not propose to
17 regulate hemp cultivation or industrial hemp products under the HCA, only hemp processing and
18 manufacturing of hemp cannabinoid products that are intended for human consumption and use.
19 This approach will help to ensure that all cannabinoid-containing products, whether derived from
20 cannabis or hemp, will meet the same basic good manufacturing practices of non-infused,
21 commercially available counterparts.

22 **Law Enforcement Role:** The DOH-OMCCR supports the continuing role of law enforcement
23 as proposed by SB3335 SD1. Cannabis remains illegal under federal law. Notwithstanding,
24 chapter 329, part IX, Hawaii Revised Statutes, provides a safe harbor from state criminal
25 prosecution for medical use to those operating within the scope of Hawaii's laws. As the state's
26 regulator for medical use cannabis, DOH-OMCCR values and relies on the support of the state
27 Narcotics Enforcement Division and county police in addressing non-compliance. The DOH-
28 OMCCR also strongly supports increasing the state's cannabis-related nuisance abatement

1 capacity by authorizing and supporting the Department of the Attorney General in civil
2 enforcement of violations of law. Adult-use legalization will not eliminate the illicit market or
3 bad actors. As experienced by other states, these will persist in parallel to the legal, regulated
4 market. A well-funded and defined law enforcement mission to prevent illicit activities and assist
5 the HCA will help to ensure the viability of the legal market and assure the public safety.

6 **Social Equity Program:** Increasingly, the promotion of social and economic equity in the
7 cannabis industry and through revenue generated by the cannabis industry has become a central
8 mission of states' programs. Acknowledging that equity can only be achieved through the
9 elimination of barriers that prevent the full participation of some groups,¹²² seventeen of
10 CANNRA's member states maintain equity programs ranging from specific license types to
11 grants and access to capital, technical assistance, community reinvestment, and business
12 incubator or mentorship programs for disproportionately impacted or disadvantaged
13 communities, people with past cannabis-related convictions, farmers, women-, veteran-, and
14 minority-owned businesses, legacy operators, etc. As such, DOH-OMCCR appreciates SB3555's
15 intent to address inequalities by bringing economic opportunity to disadvantaged regions of
16 Hawaii and transition illicit operators to the legal market through a robust social equity grant and
17 fee waiver program.

18 **Delayed Effective Date:** The DOH-OMCCR strongly supports delaying of the effective date for
19 legalized adult use and the opening of the marketplace for a minimum of eighteen (18) months
20 and exemption of certain procurements from requirements under chapter 103D. Adequate time
21 will be needed to establish the HCA and the Cannabis Control Board, adopt Hawaii
22 Administrative Rules, transfer personnel and assets from the Department of Health to the HCA,
23 convert existing and license new businesses, and other myriad aspects of standing up a new
24 agency. Many processes in the state system move slowly and are often constrained by limited
25 resources within the program itself. For example, the reorganization to establish DOH-OMCCR
26 from the Patient Registry and Dispensary Licensing programs was initiated in June 2018 and not
27 recognized until July 2019. Documents to establish the new DOH-OMCCR administrative
28 positions created by the reorganization were submitted in April 2019 and the first positions

1 became available for recruitment September 2019. Even with interim rulemaking authority,
2 limited amendments to administrative rules take at least 4 to 6 months to complete. These
3 limitations are not unique to Hawaii, and other states have reported timelines of 6 months to
4 more than 2 years from the effective date of adult-use to accepting new license applications and
5 an additional 6 to 24 months before issuing licenses. The delayed effective date and flexibility to
6 contract for services to effect the needed changes will be critical to operationalizing an adult-use
7 regime.

8 **Public Health Protections:** The DOH-OMCCR concurs with the compelling public health
9 impact concerns that the Department of Health has regarding adult use legalization. The
10 intoxicating and impairing qualities of cannabis, manufactured cannabis products, and certain
11 hemp-cannabinoid products, has increased, and new and evolving forms and modes of
12 consumption continuously appear. As such, the DOH-OMCCR strongly supports the extensive,
13 well-funded public health protections embedded in SB3335 SD1 and the clear charge to the
14 Cannabis Control Board that "the protection of public health and safety shall be the highest
15 priorities for the board..., and that wherever protection of public health and safety is inconsistent
16 with other interests..., the protection of public health and safety shall be paramount."

17 Protection of youth and young adults will be especially important as problem use in these
18 populations will required significant, long-term investments by the state. Although the rates of
19 consumption among youth do not appear to be increasing in states that have transitioned to adult-
20 use, increasing intensity of use, i.e., more frequent use and/or higher THC use, has been a
21 concerning observed trend. According to the Colorado Retail Marijuana Public Health Advisory
22 Committee, "Adolescents and young adults who use marijuana are more likely to experience
23 psychotic symptoms as adults (such as hallucinations, paranoia, and delusional beliefs), future
24 psychotic disorders (such as schizophrenia) and suicidal thoughts or attempting suicide.
25 Evidence shows that adolescents who use marijuana are more likely to not graduate high school
26 or attain a college degree, can become addicted to marijuana, and that treatment for marijuana
27 addiction can decrease use and dependence." In addition that, "Children born to mothers who
28 used marijuana during pregnancy are more likely to be born small for gestational age, experience

1 attention problems and reduced cognitive function in childhood, and have decreased academic
2 ability, including reduced IQ scores."

3 Implementation of a robust public health and education campaign to inform the public about the
4 new laws and the health risks, as well as preparing for increased demand for addiction and
5 substance use treatment services needs to begin before adult-use becomes effective and
6 continuously maintained to be assure the protection of the public health.

7 **Offered Amendments:** None.

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

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Figure 1a. Adults who used marijuana or cannabis on one or more of the past 30 days by age, Hawaii State 2020, 2021, 2022

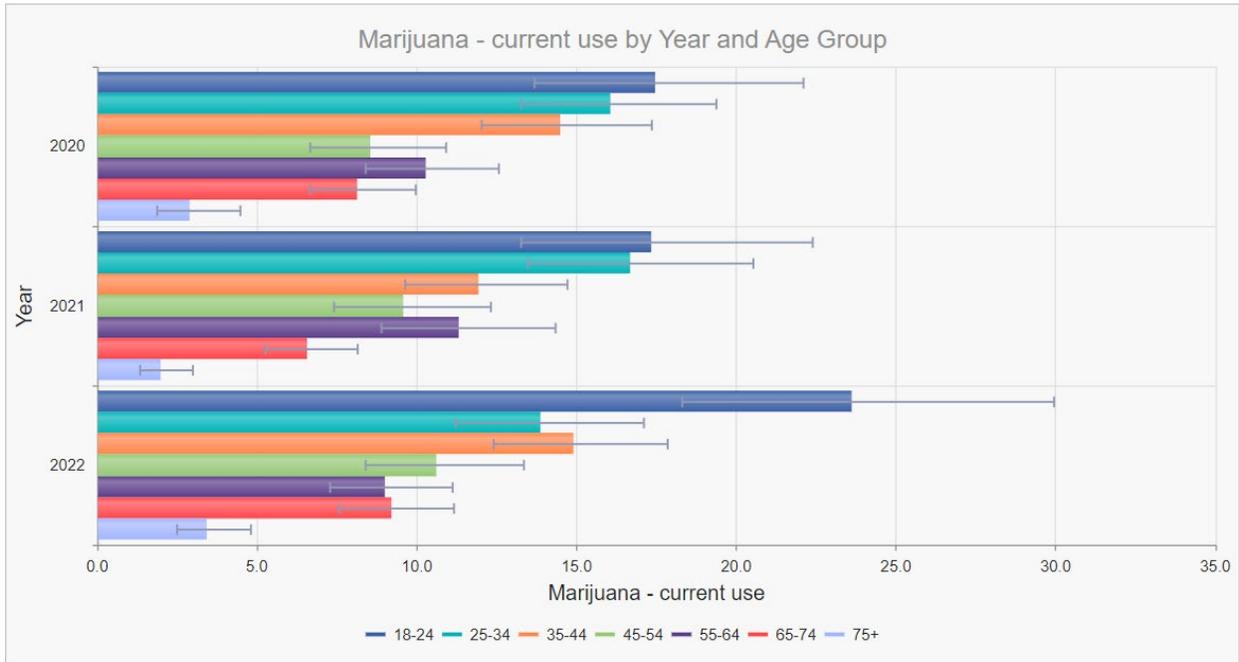


Figure 1b. Method of marijuana or cannabis use, Hawaii State 2020, 2021, 2022

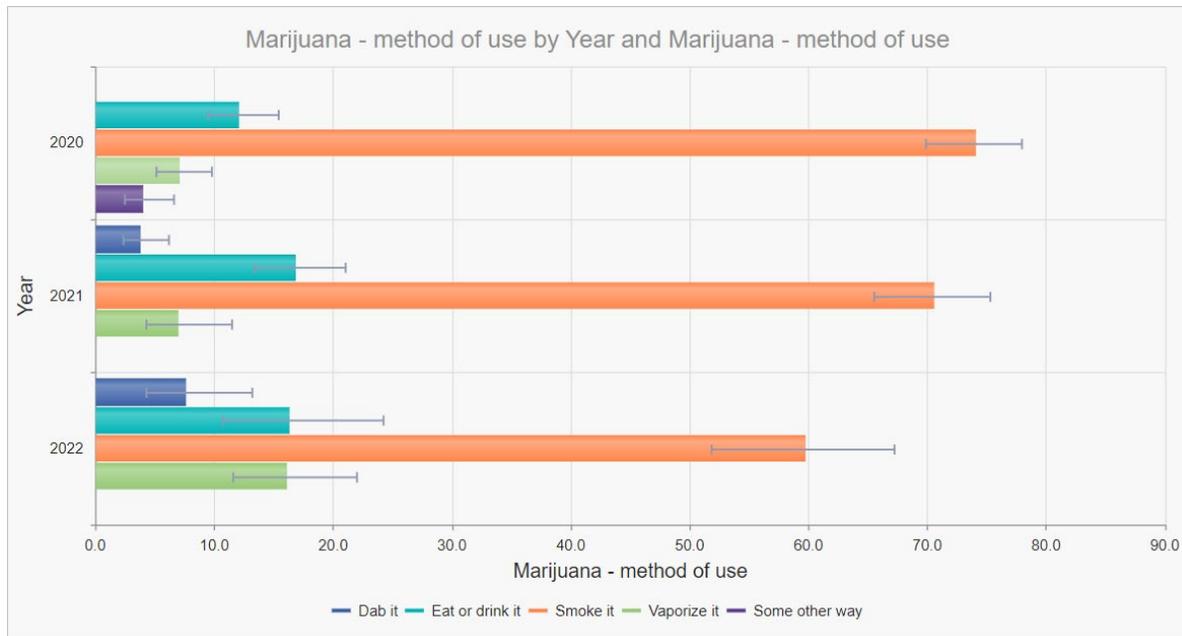
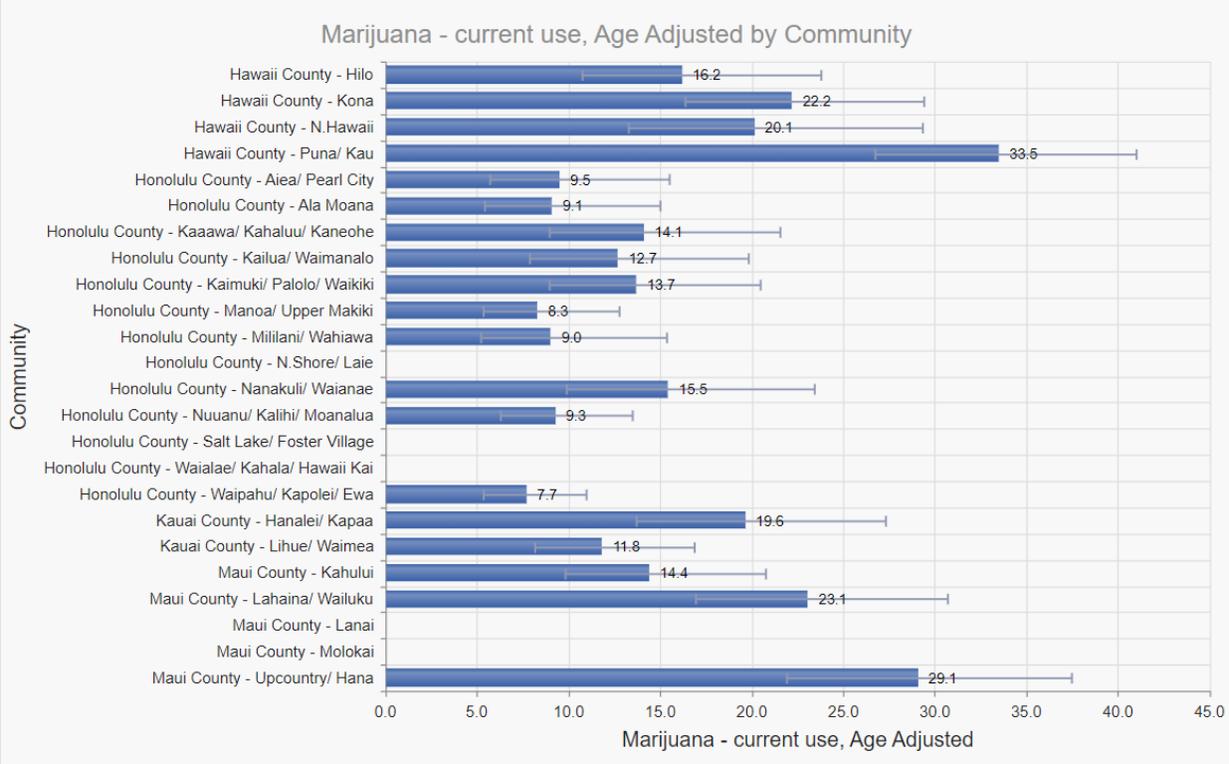
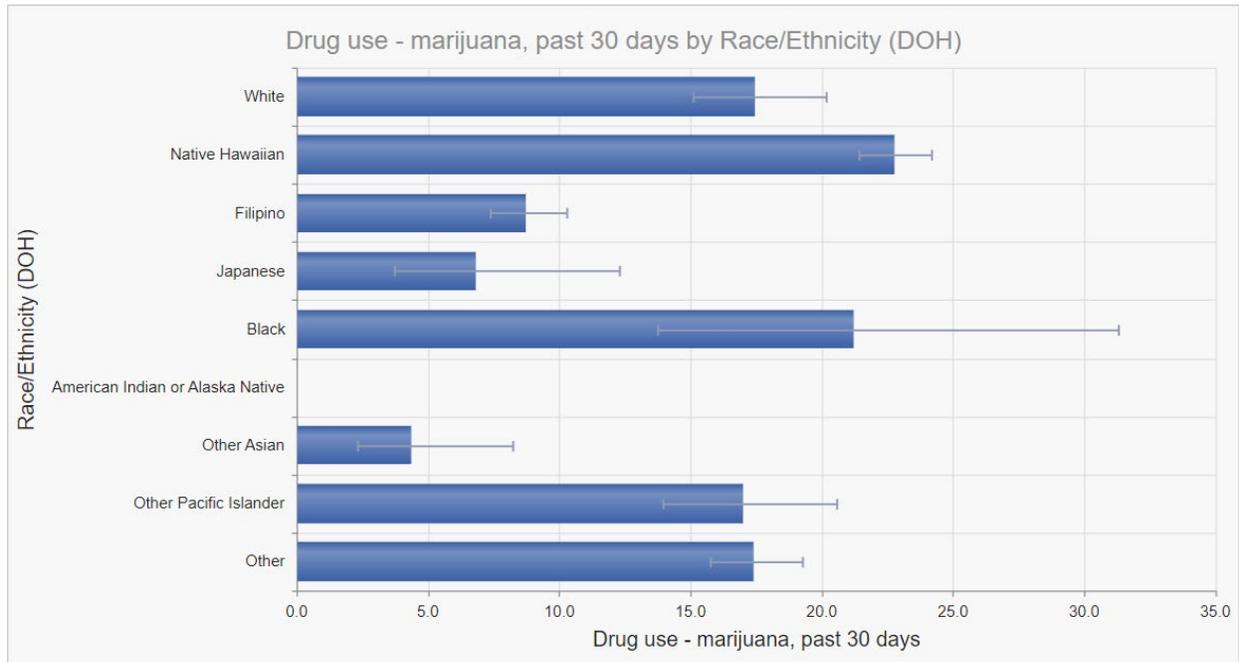


Figure 1c. Adults who used marijuana or cannabis on one or more of the past 30 days by community, Hawaii State 2022



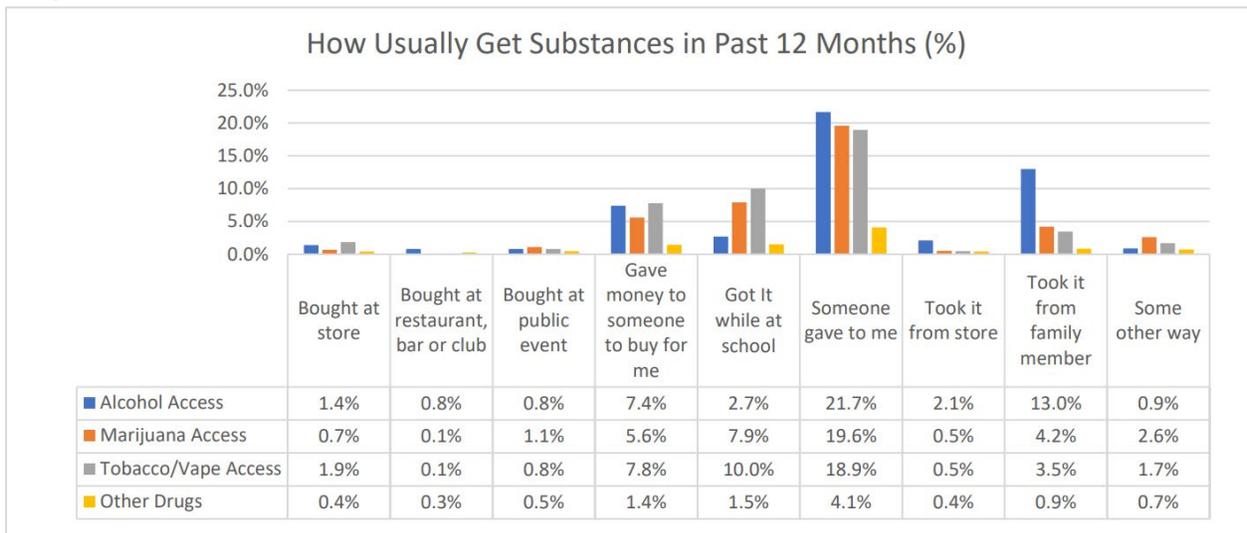
Source (Figures 1a, 1b, 1c): Behavioral Risk Factor Surveillance System, <https://hhdw.org/data-sources/behavioral-risk-factor-surveillance-system/>

Figure 2. Students who used marijuana one or more times in the past 30 days by race/ethnicity, Hawaii State 2017, 2019, and 2021 combined



Source: Youth Risk Behavior Survey <https://hhdw.org/data-sources/youth-risk-behavior-survey/>

Figure 3. Percent of students reporting accessing alcohol, marijuana, tobacco/vape products or other drugs through various means* in the past 12 months among youth grades 8th, 10th, 12th, Hawaii State 2019–2020



*“Some Other Way” for marijuana access: common responses included getting it from a dealer, growing it, or stealing it. Source: Hawaii Student Alcohol, Tobacco, and Other Drug Use Survey (ATOD), <https://health.hawaii.gov/wp-content/uploads/2022/01/2019-2020-Hawaii-ATOD-Survey-Statewide-Comprehensive-Report.pdf>

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LATE

Statement of
BRENN A H. HASHIMOTO
Director, Department of Human Resources Development

Before the
HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE
Tuesday, March 19, 2024
2:00 p.m.
State Capitol, Conference Room 329

In consideration of
SB 3335, SD2, HD1, RELATING TO CANNABIS

Chair Nakashima, Vice-Chair Sayama, and the members of the committee:

The Department of Human Resources Development (DHRD) appreciates the intent of SB 3335, SD2, HD1, which among many other things, legalizes the personal adult use of cannabis beginning January 1, 2026. DHRD offers the following comments on this measure as to the effect on state departments and public employees:

As drafted, this measure may pose health and safety concerns if employees are allowed to possess cannabis in the workplace. As such, should this measure advance, we recommend the following amendments to ensure application and enforcement consistent with our current collective bargaining agreements and Executive Orders:

- To address cannabis at State worksites, DHRD recommends language be inserted in Part III, §A-45, subsection (2) on page 75, line 16, read as follows.

(2) The manufacture, distribution, dispensation, possession, or medical use of cannabis:

- For clarification, we also suggest adding the following language to Part IV, §A-51, (f), on page 88, to address employees excluded from collective bargaining:

(f) Except as provided in this chapter, the State and any of its political subdivisions shall not impose any discipline upon an employee or deny an

employee any benefit or entitlement for conduct permitted under this chapter or for the presence of cannabinoids or cannabinoid metabolites in the urine, blood, saliva, breath, hair, or other tissue or fluid or a person who is at least twenty-one years of age, unless the failure to do so would cause the State or any of its political subdivisions to lose a monetary or licensing-related benefit under a contract or federal law, or otherwise violate federal law. This subsection shall not be construed to prohibit the State or any of its political subdivisions from conducting drug testing and using the results of those tests for the discipline of an employee if the testing is done to comply with federal requirements or in accordance with the applicable collective bargaining agreement or Executive Order.

- To again address cannabis at State worksites, we also recommend Part IV, §A-53, subsection (2) on page 91, line 3, be amended to read as follows.
 - (2) Any manufacture, distribution, dispensation, possession, or use of cannabis:

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

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March 18, 2024

S.B. NO. 3335, S.D. 2, H.D. 1: RELATING TO CANNABIS

House Committee on Consumer Protection and Commerce
Hearing: March 19, 2024 at 2:00 p.m.



Chair Mark M. Nakashima
Vice Chair Jackson D. Sakayama
Honorable Committee Members:

The Office of the Public Defender (OPD) **supports**¹ this bill which legalizes the possession of certain amounts of cannabis for persons who are at least twenty-one years old beginning January 1, 2026.

The majority of Hawai'i residents support the legalization of cannabis.² In fact a Pew Research Center study found that 88% of U.S. adults say either that marijuana should be legal for medical and recreational use (59%) or that it should be legal for medical use only(30%).³ Only one in ten adults say marijuana should not be legal at all.⁴ In recognition of the nationwide trend to legalize

¹ To clarify, the OPD supports this bill so long as it does not adversely impact priorities identified in the Executive Supplemental Budget Request for FY2025.

² Mizuo, A., "Hawaii voters support legalization recreational cannabis, but split on legalizing gambling," *Honolulu Star Advertiser*, July 25, 2022.
<https://www.staradvertiser.com/2022/07/25/hawaii-news/hawaii-voters-support-legalizing-recreational-cannabis-but-split-on-legalizing-gambling/>

³ Schaeffer, K., "7 facts about Americans and marijuana," *Pew Research Center*, April 13, 2023.
<https://www.pewresearch.org/short-reads/2023/04/13/facts-about-marijuana/>

⁴ *Id.*

marijuana⁵, the Legislature has legalized the use of medical marijuana, provided for the expungement of prior marijuana convictions in certain instances and decriminalized the possession of three grams or less of marijuana⁶. However, purchase and possession of marijuana for recreational use is still illegal and within the purview and control of the illicit market – this must change.

Legalizing the recreational use of marijuana under the provisions of this bill will allow the sale and possession of marijuana to not only be safely regulated but also make the legally obtained funds from sale and taxation of marijuana purchases a source of revenue for the state. Currently, there is no regulation of the illicit market of marijuana. There is no regulation of the quality or quantity of the products which are being sold. By legalizing and regulating marijuana, authorities will actually know who is selling it, where it is being sold, when and to whom. Recreational marijuana and its medical counterpart will be sold by legitimate, taxpaying businesses instead of illicit sellers who avoid regulation and taxation. Unlike the illicit sale of marijuana where purchasers have no guarantees as to the quality, potency or purity of the product, legal businesses will be required to test their products and adhere to strict labeling and packing requirements to ensure that marijuana is identifiable and that consumers know what they are getting.

Government resources should not be wasted arresting and prosecuting marijuana consumers. Unlike dangerous, illicit drugs like cocaine or crystal methamphetamine, marijuana has proven medical and health benefits and can be used safely. The FDA has recommended rescheduling marijuana from a Schedule I drug to a Schedule III drug because it meets three criteria: a lower potential for abuse, a currently accepted medical use treatment in the U.S. and a risk of low or moderate physical dependence in people who abuse it.⁷ There has never been a confirmed cannabis overdose death.⁸ The Legislature’s legalization of medical marijuana and

⁵ Twenty-four states and the District of Columbia have passed laws allowing for the personal possession and consumption of marijuana by adults. See *NORML*, Legalization. <https://norml.org/laws/legalization/>

⁶ See HRS § 712-1249.

⁷ Dillinger, K., “Marijuana meets criteria for reclassification as lower-risk drug, FDA scientific review finds,” *CNN Health*, January 12, 2024.

<https://www.cnn.com/2024/01/12/health/marijuana-rescheduling-fda-review/index.html#:~:text=The%20members%20of%20the%20FDA%27s,risk%20of%20low%20or%20moderate> Dillinger’s article refers to a letter from the Assistant Secretary for Health to the Administrator of the DEA, dated August 29, 2023, which recommends reclassification of marijuana from Schedule I to Schedule III. <https://www.dropbox.com/scl/fi/pw3rfs9gm6lg80ij9tja6/2023-01171-Supplemental-Release-1.pdf?rlkey=v5atj0tcnhxhnszyzcvvt&dl=0>

⁸ *Department of Justice/Drug Enforcement Administration, Drug Fact Sheet – Marijuana/Cannabis*. https://www.dea.gov/sites/default/files/2020-06/Marijuana-Cannabis-2020_0.pdf

decriminalization of the possession of three grams or less of marijuana recognize the benefits of marijuana and that the possession of certain amounts of marijuana should not be a criminal offense. The vast majority of marijuana-related arrests were for possession only.⁹ A significant concern is that enforcement of cannabis prohibition laws disproportionately impacts communities of color.¹⁰ Spending taxpayer dollars to enforce such laws is simply a waste of resources that can be better spent focusing on more serious offenses.

Contrary to the claims of opponents of this bill, the sky will not fall if we legalize marijuana. Legalization of marijuana is not a problematic, dangerous path that will lead to increased crime and societal costs. What is problematic is the misguided attempt to continue to criminalize recreational marijuana use in disregard of all the legitimate valid arguments which support legalization.¹¹

Thank you for the opportunity to comment on S.B. NO. 3335, S.D. 2, H.D. 1.

⁹ Dorbian, I., “Weed Arrests Were Nearly A Quarter Million Last Year, Per FBI Data,” *Forbes*, October 19, 2023. <https://www.forbes.com/sites/irisdorbian/2023/10/19/weed-arrests-were-nearly-a-quarter-million-last-year-per-fbi-data/?sh=2c38ae9bd872>

¹⁰ See *Marijuana Policy Project, Effective Arguments for Regulating and Taxing Marijuana*. <https://www.mpp.org/issues/legalization/effective-arguments-for-regulating-and-taxing-marijuana/>

¹¹ The article cited in footnote 10, supra, sets forth numerous arguments in favor of legalization and rebuttals of the claims of opponents of legalization.

**DEPARTMENT OF THE PROSECUTING ATTORNEY
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**THE HONORABLE MARK NAKASHIMA, CHAIR
HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE
Thirty-Second State Legislature
Regular Session of 2024
State of Hawai'i**

March 19, 2024

RE: S.B. 3335, SD2 HD1; RELATING TO CANNABIS.

Chair Nakashima, Vice Chair Sayama, and members of the Committee on Consumer Protection and Commerce, the Department of the Prosecuting Attorney of the City and County of Honolulu (“Department”) submits the following testimony in **strong opposition** to S.B. 3335, SD2 HD1.

My name is Steve Alm, and I am the Prosecutor of the City and County of Honolulu.

The bill seeks to spend tens of millions of taxpayer dollars (estimated to be **\$38.75 million** based on the original bill’s submission by the Department of the Attorney General)—money desperately needed elsewhere—to establish the Hawaii cannabis authority and the cannabis control board within the Department of Commerce and Consumer Affairs to regulate all aspects of the cannabis plant; legalize the possession of certain amounts of cannabis for individuals twenty-one years of age and over as of January 1, 2026; and establishes taxes for adult-use cannabis sales.

To begin with, some may believe legalizing commercial marijuana nationwide is a foregone conclusion. However, according to Smart Approaches to Marijuana (SAM), of the 20 states considering legalizing commercial marijuana last year, only three approved legislation. The majority, 17, did not. That is 85% of the states that considered legalizing commercial marijuana saying, “No!”

This is not Reefer Madness. That movie released in 1936 capitalized on the fear of the effects of marijuana. No one disputes that the potency of marijuana today is not the marijuana of 1936 or of the recent past. The “experiment” of legalizing marijuana has already been done. We need only look at other states (e.g. Colorado with ten years of legalization) to see what awaits us if we take the consequential step of legalizing commercial marijuana. No state has ever

implemented marijuana legalization without risks and costs (offsetting the anticipated revenue). Do we really want to gamble on mere thoughts that Hawai'i would be any different?

We already know that Hawai'i's Department of Health (DOH) spends an exorbitant amount on tobacco prevention and control for youths (message development, cessation interventions, Quitline, etc). In fact, their 2024 budget request for this purpose amounted to \$7,526,818 million: \$812,231 from DOH, and \$6,714,586 from the Tobacco Control Trust Fund. This bill recognizes that youths will be impacted and will therefore fund the same education and prevention messaging. Whereas tobacco cessation does not require outpatient or inpatient treatment, marijuana addiction will, and is Hawai'i prepared to accept these additional costs?

Other factors need to be considered that have not factored into the cost—financial, environmental, social, and quality of life—of implementing this bill.

First, marijuana legalization would seriously impact Hawaii's economic well-being. Tourism, Hawaii's No. 1 industry, would be negatively affected. Leaders in the Japanese visitor industry, including Tetsuya (Ted) Kubo, President and CEO of Japan Travel Bureau (JTB) Hawaii, have warned that if we legalize marijuana, Japanese tourists will stop coming to Hawai'i. Hawai'i has yet to recover economically from the impacts of Covid-19.

Second, the marijuana of today is not the marijuana of yesteryear, when it had 3% THC. Marijuana today has 20 – 40% THC with concentrates over 90%. It is a different drug entirely and will result in more addiction.

Third, there will be more marijuana usage. In 1992, 17.5 million Americans used marijuana. In 2021, that number had risen to 52.5 million. Problems with marijuana use will be exacerbated many times over.

Fourth, opening up State-approved marijuana stores will not eliminate the black market that has operated for decades. With more marijuana users overall, the black market will increase. And the black market is always cheaper. That means more illegal marijuana grows and increased violence associated with criminals robbing them and the violent efforts to protect them. There will also be robberies of the cash-only marijuana stores.

Fifth, given that the black market will increase, there will be a greater chance of accidental use of fentanyl-laced marijuana.

Sixth, there will be an increase in fatal car collisions. In the Rocky Mountain area in 2013, 14.8% of drivers involved in traffic fatalities tested positive for marijuana. That number increased to 24.3% in 2020. That means we will see nearly twice as many victims and twice as many manslaughter and negligent homicide cases. In addition, 48.8% of teenage drivers who use marijuana reported driving under the influence. Currently, HPD has no way to test for marijuana in impaired drivers.

Seventh, there will be an increase in mental health problems (including schizophrenia) and more hospital and emergency department admissions.

Eighth, there will be negative environmental impacts with increased marijuana cultivations including energy use, pesticide use, air pollution, land cover change, water pollution and water use (each adult marijuana plant uses 6 gallons of water per day).

Ninth, what kind of message will we be sending to our young people when we put a societal stamp of approval on using marijuana? That will give our keiki permission to use marijuana. Thirty percent of marijuana users have some form of marijuana use disorder. Use before the age of 18 increases the likelihood of marijuana use disorder by seven fold. We should be protecting our keiki's brains when they are most vulnerable, before the age of 25. While this may not have been as critical when marijuana had 3% THC, it is now a much more serious concern with today's much stronger marijuana.

Tenth, regardless of the type of regulatory system you establish or how much money you spend doing so, the fact remains that you would be legalizing for mass consumption a now very powerful drug. Labeling it "adult-use" or spending money on Public Service Announcements to try to deter our keiki from smoking marijuana is naïve at best, and in any case ineffective. We need only look at alcohol, tobacco, and vaping to see how unsuccessful society has been at restricting use to adults.

Eleventh, finally, and perhaps most importantly, the folks from Colorado, where there are now more commercial marijuana stores (1,038) than Starbucks and McDonald's combined (712), have warned us that legalizing marijuana would change the character of Hawai'i forever. Let's not do that. Let's keep Hawai'i, Hawai'i and say no to legalizing commercial marijuana.

Thank you for this opportunity to testify on S.B. 3335, SD2 HD1.

RICHARD T. BISSEN, JR.
Mayor

ANDREW H. MARTIN
Prosecuting Attorney

SHELLY C. MIYASHIRO
First Deputy Prosecuting Attorney



DEPARTMENT OF THE PROSECUTING ATTORNEY
COUNTY OF MAUI
150 SOUTH HIGH STREET
WAILUKU, MAUI, HAWAII 96793
PHONE (808) 270-7777 • FAX (808) 270-7625

TESTIMONY ON
S.B. 3335 SD2 HD1
RELATING TO CANNABIS

March 18, 2024

The Honorable Mark M. Nakashima
Chair
The Honorable Jackson D. Sayama
Vice Chair
and Members of the Committee on Consumer Protection and Commerce

Chair Nakashima, Vice Chair Sayama, and Members of the Committee:

The Department of the Prosecuting Attorney, County of Maui respectfully submits the following comments **in opposition to S.B. 3335 SD2 HD1**, Relating to Cannabis, and requests that the measure be deferred. This measure amends significant portions of the H.R.S. to implement the legalization and regulation of non-medicinal cannabis and cannabis products.

We understand that the intent of this measure is to provide a lawful, orderly transition to the sale of adult-use cannabis and cannabis products. However, our unique role as prosecutors also requires us to ensure the integrity of the criminal justice system and preserve public safety. This measure raises the following concerns in that regard:

1. Federal law currently designates cannabis as a Schedule I controlled substance, meaning that it generally cannot be manufactured, distributed, dispensed or possessed. The proposed amendments to the H.R.S. will not alter that status, meaning that Hawai'i citizens who are involved in this industry will be in violation of federal law. Moreover, the current illegality of cannabis under federal law makes it harder for cannabis businesses to use traditional financial institutions, as noted by the Department of the Attorney General on page 11 of their report to the Legislature on this measure. It also makes those businesses more vulnerable to theft, robbery, money laundering and other crimes due to their increased reliance on cash transactions.

2. Hawai'i has a significant lack of support services for both mental health and substance abuse issues. Legalization of recreational cannabis will not fix that problem, and will in fact

make it worse by making an existing intoxicant not only widely available, but heavily advertised. Furthermore, our county has spent decades trying to reduce the tragic consequences of crimes like DUI and drug-related violence and property crimes. Legalizing a psychoactive substance like cannabis for recreational use, even with built-in provisions addressing cannabis-related offenses, nullifies that work.

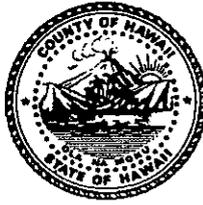
3. While State and County employees are competent, diligent and hard-working, we believe that the measure's proposed timeframe to create an effective state-wide regulatory scheme for an entirely new industry based upon the manufacturing and sale of a psychoactive substance for consumption by the general public is unrealistic.

In addition to the above concerns, we share the previously-submitted concerns of, *inter alia*, the Department of Law Enforcement, the Department of Health, the Department of the Attorney General, the Department of Human Resources Development, the Hawaii Paroling Authority, the Office of Collective Bargaining, the Department of Education, all County police departments, and the Department of the Prosecuting Attorney for the City and County of Honolulu regarding the potential negative effects of cannabis legalization.

For these reasons, the Department of the Prosecuting Attorney, County of Maui **opposes the passage of S.B. 3335 SD2 HD1 and requests that the measure be deferred.** Please feel free to contact our office at (808) 270-7777 if you have any questions or inquiries.

Thank you very much for the opportunity to provide testimony on this bill.

Mitchell D. Roth
Mayor



Benjamin T. Moszkowicz
Police Chief

Reed K. Mahuna
Deputy Police Chief

County of Hawai'i

POLICE DEPARTMENT

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March 18, 2024

Representative Mark M. Nakashima
Committee on Consumer Protection and Commerce
Chairperson and Committee Members
Hawai'i State Capitol, Room 329
415 South Beretania Street
Honolulu, Hawai'i 96813

Dear Chairperson Nakashima:

RE: SENATE BILL (SB) 3335, SD2, HD1, RELATING TO CANNABIS
HEARING DATE: MARCH 19, 2024
TIME: 2:00 PM

The Hawai'i Police Department **STRONGLY OPPOSES** SB 3335, SD2, HD1, which establishes the Hawai'i Cannabis Authority and Cannabis Control Board within the Department of Commerce and Consumer Affairs to regulate all aspects of the cannabis plant; establishes the Cannabis Control Implementation Advisory Committee; beginning January 1, 2026, legalizes the personal adult use of cannabis; establishes taxes for adult-use cannabis sales; transfers the personnel and assets of the Department of Health and assets of the Department of Agriculture to the Hawai'i Cannabis Authority; declares that the general fund expenditure ceiling is exceeded; makes appropriations.

The legalization of marijuana for adult personal use is not in the best interest of our state and the passage of this bill will negatively affect many aspects of our society. It will create an undue burden on our law enforcement and first responder agencies as there will be increases in drug overdoses, emergency room visits, hospitalizations, and impaired driving on our roadways which will result in serious traffic-related injuries including fatalities. Relaxing the marijuana laws and legalizing marijuana in any quantity sends the message that recreational marijuana use in Hawai'i is acceptable, it's harmless, and tolerable, and contributes to the misconception that there are no dangers associated with marijuana use. In addition to conveying the message that marijuana is harmless, legalizing marijuana for adult personal use purposes, will make marijuana more easily accessible by our youth, the same youth that we, as parents, teachers, and law enforcement, teach to "**say no to drugs**" because drugs are unequivocally bad for them. What kind of mixed message would we be sending to our young impressionable youth if we allow the legalization of marijuana? Will we now have to change our teachings to "**say no to drugs, except marijuana?**"

Although several states have legalized marijuana, data has shown that marijuana legalization has had negative consequences. Summarized below, available data from states that have legalized marijuana show sharp increases in marijuana-related emergency room visits and/or hospitalizations and clear and convincing evidence that marijuana consumption has proven to be a contributing factor in countless instances in which individuals have experienced fatal; consequences:

In Colorado, traffic fatalities have increased over 51% since 2013 (Colorado Department of Transportation, 2023). The rise in statewide traffic fatalities has coincided with a rise in instances of traffic fatalities where the drivers have tested positive for THC. The number of traffic fatalities involving drivers who tested positive for marijuana in Colorado rose from 55 deaths in 2013 to 131 deaths in 2020. In 2020, 20.1% of all traffic fatalities in Colorado involved a driver who tested positive for marijuana. ¹

In Michigan among those fatal crashes where cannabis was tested the proportion of tests that were positive for cannabinoids more than tripled over 13 years from 6.7% in 2004 to 23.4% in 2017. ²

In Washington State, a recent report released by AAA found that the number of drivers who tested positive for marijuana after a fatal crash doubled after the legalization of marijuana there. ³

In Colorado, there was a reported 148% increase in marijuana-related hospitalizations per 100,000 people since the legalization of marijuana. ⁴

The Colorado Department of Public Safety reported a 586% increase in calls to poison control for marijuana-related incidences in children age 0-5. ⁵

Nationally there were 2,473 in-home THC exposures involving children under 12 years old in 2020. This is up from 598 exposures in 2018 and represents a 313.5% increase in just three years!. ⁶

A study by Kamer in 2020 estimated that an additional 6,800 excess fatal crashes would occur each year if marijuana were legalized nationwide. ⁷

Among many other inclusions, this bill seeks to add a new section to part II, Chapter 291E of the Hawaii Revised Statutes, which seeks to address the refusal to submit to testing for a measurable amount of THC. It goes on to state, "if the person is a medical cannabis patient, THC at a concentration of ten or more nanograms per milliliter of blood, the arresting law enforcement officers shall submit an affidavit to a district court judge, in turn, upon receipt of the affidavit, the district judge shall hold a hearing within 20 days."

The ultimate goal of a per se law is to identify a specific cannabinoid concentration that directly corresponds to an unsafe level of impairment. Based on current available scientific data, impairing effects of THC on driving performance and crash risk is not clear or uniform. An additionally complicated factor in enforcing impaired driving after consuming cannabis is the

time between peak THC concentration in bodily fluids and subjective impairment. Generally, peak THC blood (plasma) concentrations occur five to eight minutes after smoking cannabis and decrease rapidly over time.⁸ However, impairment begins about five minutes after inhalation, with maximum impairment occurring approximately 20 minutes after the peak blood THC concentration.⁹ This means that low THC concentrations do not necessarily exclude impairment, and THC concentrations measured following a crash or traffic stop may be low because of delays in blood collection. In addition, a tolerant THC user may not exhibit signs of impairment, even though they are above an arbitrary per-se limit.

Hawai'i Police Department officers receive specialized and standardized training that gives them the skills necessary to recognize impaired vehicle operators who pose a danger to others on the roadways. The standard testing processes can assist the officer in determining if an individual's impairment is caused by alcohol. If alcohol is ruled out, either as a non-contributing factor or the level of displayed impairment is greater than the level of the blood alcohol concentration, further testing can be conducted by certified officers, who have completed a three-week in-depth, specialized and standardized Drug Recognition Expert (DRE) training, which gives them the knowledge and skills needed to determine if an individual's impairment is caused by alcohol and/or drugs. This requires a series of advanced testing procedures in which the DRE will make a professional determination if the individual is too impaired to operate a motor vehicle safely. The results of a urine or blood test serve as confirmation of impairment levels. Although the officers have received specialized training to recognize impairment in the different categories of drugs, the training does not allow an officer to distinguish a level of impairment that differs amongst medical cannabis patients, as is being proposed in this bill.

This bill identifies mandatory independent laboratory testing of cannabis and other related products and an appropriation of \$5,000,000.00 to establish a cannabis testing facility. However, there is no mention of funding for the establishment of a state laboratory which would require funding, a location for the laboratory to operate, and operational and administrative staff to conduct the testing of samples for investigative purposes. Currently, law enforcement agencies are required to send blood samples to laboratories on the mainland for testing. If this bill were passed, the quantity of testing conducted, along with the related expenses, would increase dramatically and without additional funding, the capabilities of the current system would be greatly exceeded.

The medical marijuana program, governed by specific rules and procedures, is already in place for those individuals deemed by physicians to need medicinal marijuana to improve upon their quality of life. The program restricts availability to those who need it for medical purposes and the availability of marijuana should remain restricted to those who need it for medical reasons.

In summary, the evidence is clear. The risks are far too great and are not worth any potential reward and it is for these reasons, that we urge this committee **not to approve** this legislation.

REPRESENTATIVE MARK M. NAKASHIMA
COMMITTEE ON CONSUMER PROTECTION AND COMMERCE
RE: SENATE BILL (SB) 3335, SD2, HD1, RELATING TO CANNABIS
MARCH 18, 2024
PAGE 4 OF 5

Thank you for allowing the Hawai'i Police Department to provide comments relating to Senate Bill 3335.

Sincerely,


BENJAMIN T. MOSZKOWICZ
POLICE CHIEF

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2. University of Michigan Injury Prevention Center. (2022). Impact of Recreational Cannabis Legalization in Michigan: A Baseline Report. https://thenmi.org/reports/2020_IPC_Cannabis_Report_Michigan.pdf
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5. Colorado Department of Public Health & Environment. (2021). Healthy Kids Colorado Survey Dashboard. <https://cdphe.colorado.gov/healthy-kids-colorado-survey-dashboard>
6. Russo, M. (2021). I-Team: NYC Area Pediatricians See Sharp Rise in Kids Ingesting Marijuana Edibles. In NBC New York. <https://www.nbcnewyork.com/investigations/i-teampediatricians-see-sharp-rise-in-kids-ingestingmarijuana-edibles-at-toxic-levels/3175893/>
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9. Grotenhermen F. Pharmacokinetics and pharmacodynamics of cannabinoids. *Clin Pharmacokinet.* 2003;42(4):327-60. doi: 10.2165/00003088-200342040-00003. PMID: 12648025.

LATE *Testimony submitted late may not be considered by the Committee for decision making purposes.

POLICE DEPARTMENT
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ARTHUR J. LOGAN
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KAHU MAKA'I

KEITH K. HORIKAWA
RADE K. VANIC
DEPUTY CHIEFS
HOPE LUNA NUI MAKA'I

OUR REFERENCE ML-HR

March 19, 2024

LATE

The Honorable Mark M. Nakashima, Chair
and Members
Committee on Consumer Protection
and Commerce
House of Representatives
415 South Beretania Street, Room 329
Honolulu, Hawaii 96813

Dear Chair Nakashima and Members:

SUBJECT: Senate Bill No. 3335, S.D.2, H.D.1, Relating to Cannabis

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

The HPD opposes Senate Bill No. 3335, S.D.2, H.D.1, Relating to Cannabis.

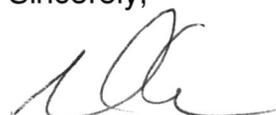
The HPD opposes legislation that seeks to legalize the possession and use of recreational cannabis due to the Federal Schedule of Controlled Substances listing marijuana as a Schedule I controlled substance. The HPD is concerned that increasing the availability of marijuana in the state will have a negative impact on public safety. Some areas of concern include the likelihood of an increased number of impaired drivers and the product's diversion. The passage of this bill would lead to the increased availability of marijuana, which will make it easier for everyone to access, including juveniles.

The HPD urges you to oppose Senate Bill No. 3335, S.D.2, H.D.1, Relating to Cannabis. Thank you for the opportunity to testify.

APPROVED:

Sincerely,


Arthur J. Logan
Chief of Police


Mike Lambert
Narcotics/Vice Division



DEREK S.K. KAWAKAMI, MAYOR
REIKO MATSUYAMA, MANAGING DIRECTOR

POLICE DEPARTMENT COUNTY OF KAUAI



TODD G. RAYBUCK, CHIEF OF POLICE

LATE

Testimony of Todd G. Raybuck
Chief of Police
Kauai Police Department

Before the
Committee on Consumer Protection & Commerce
March 19, 2024, 2:00 PM
Conference Room 329 & via Videoconference

In consideration of
Senate Bill 3335 S.D. 2, HD1
Relating to Cannabis

Honorable CPC Chair Nakashima, Honorable CPC Vice-Chair Sayama, and Committee Members:

The Kaua'i Police Department (KPD) **strongly opposes** Senate Bill 3335 S.D. 2 Relating Cannabis.

Previous legislative action has already “legalized” adult use of cannabis by decriminalizing up to 3 grams of personal use of the drug. Passage of Senate Bill 3335 S.D. 1 will create a commercialized cannabis industry resulting in the expansion of marijuana use, increased criminal activity, increased illegal marijuana grow operations that will pollute and damage state and private lands and waterways, and increased danger on our roadways by drugged drivers thereby negatively affecting our quality of life and impacting public safety.

State sanctioned commercial marijuana sales do not decrease illegal markets instead, criminal drug markets and associated crimes flourish. In California an audit found nearly 3,000 illegal marijuana businesses dwarfing the legal marijuana trade in that state.¹ In other jurisdictions with commercialized marijuana operations, police departments have been forced to create costly marijuana only task forces to respond to the explosion of the marijuana black market. Successfully investigating illegal marijuana grow operations is often described as trying to find a needle in a stack of needles.

In states with legal commercialized cannabis sales, marijuana drug trafficking organizations have increased and are linked to international drug cartels unleashing horrible crimes on the communities where they exist. In January, an armed turf war over the illicit marijuana trade in California resulted in the mass murder of 6 individuals.² Other states with commercialized marijuana operations have also seen murders and human trafficking related to the illicit marijuana trade. Illegal marijuana drug

¹ Nearly 3,000 illegal marijuana businesses found in California audit, dwarfing legal trade, <https://www.latimes.com/california/story/2019-09-11/california-marijuana-black-market-dwarfs-legal-pot-industry>

² Massacre Leads to Grim Toll of Illegal Pot Violence, <https://shorturl.at/xINX4>



traffickers in California and Oregon have been tied to transnational drug cartels with ties to human trafficking.³

States with a commercialized cannabis industry have attracted the attention of the Chinese government. Recently, a bi-partisan group of more than 50 members of Congress sent a letter to the U.S. attorney general warning that Chinese government is now engaging in the illicit marijuana trade in the US. Officials in Maine, Oregon, Oklahoma, and California have identified Chinese links to the purchase of hundreds of properties being used for large-scale illicit marijuana operations producing billions of dollars in drug revenue being sent back to mainland China.⁴

The commercialization of cannabis has caused increases in crime in communities. I observed first-hand how crime flourished behind the cover of marijuana legalization when Nevada legalized the possession and commercial sales of marijuana in 2017. Homicides related to an altercation over drugs increased twenty-one percent (21%) in 2017 compared to 2016. And marijuana was the cause of the altercation in fifty-three percent (53%) of those homicides. Fifty-eight percent (58%) of all drug-related murders in 2017 involved marijuana.⁵

After the commercialization of marijuana in Nevada, illegal marijuana delivery services, black market marijuana grows, drug related robberies, and violent crime targeting unsuspecting tourists and marijuana customers increased. Nevada is not alone, other states with commercialized marijuana schemes have seen similar increases in drug related crimes.⁶

The commercialization of marijuana will lead to increased seizures and illegal shipments of the drug out of Hawaii and place additional burdens on our police departments that we cannot absorb. Illicit marijuana seizures by Las Vegas Metropolitan Police Department increased 111% and the seizure of THC edibles increased 455% in 2017 compared to 2016. Seventy-two percent (72%) of the drug parcels seized in 2017 by Las Vegas police contained marijuana with at least ten percent (10%) of the marijuana being traced back to legal purchases from dispensaries and production facilities.

The commercialization and expansion of marijuana use increases motor vehicle deaths. A recent study found marijuana related traffic fatalities increased in states with legalized marijuana markets. On average, recreational marijuana markets across seven states were associated with a ten percent (10%) increase in motor vehicle accidents. Four of the seven states saw significant increases, Colorado (16%), Oregon (22%), Alaska (20%), and California (14%) (University of Illinois Chicago, 3/28/2023).⁷

Increased THC levels in cannabis causes significant health risks⁸ for its users that would negatively affect our state's already fragile health care system and increase the need for treatment for addiction

³ 'Blood Cannabis' Cartel-backed pot grows linked to human trafficking, inhumane working conditions, <https://shorturl.at/jowJW>

⁴ China's Growing Illegal Pot Industry in the U.S. Should Spark Action, <https://shorturl.at/asGW7>

⁵ Exposing Marijuana Harms at New Jersey's Black Caucus Meeting, <https://shorturl.at/qwyFU>

⁶ Impact of recreational marijuana legalization on crime: Evidence from Oregon, <https://shorturl.at/hmnuA>

⁷ Legal cannabis markets linked to increased motor vehicle deaths, <https://shorturl.at/dsW19>

⁸ Not Your Grandmother's Marijuana: Rising THC Concentrations in Cannabis Can Pose Devastating Health Risks, <https://medicine.yale.edu/news-article/not-your-grandmothers-marijuana-rising-the-concentrations-in-cannabis-can-pose-devastating-health-risks/>

and adverse mental health conditions.⁹ Marijuana was recently described by an elected state official as a “sedative that at its worst gives people the munchies and makes them sleepy.” In fact, marijuana is a powerful, psychoactive, hallucinogenic, drug. THC is the mind-altering drug within the cannabis plant. The marijuana of the 60s through the 80’s averaged 5-10% THC content and the intoxicating effects were much different than it is today. Today’s average marijuana THC content is 25% - 30% and it is commonly available in concentrations of 90+% THC.

The commercialization of cannabis in Hawaii will decrease quality of life in public spaces and open the door for the proliferation of neighborhood marijuana stores. The commercialization of marijuana has led to the normalization and proliferation of illegal public marijuana consumption negatively impacting the quality of life in parks and public spaces. Inescapable green clouds of marijuana smoke hover across the Las Vegas Strip, downtown Denver, San Francisco, Portland, and Seattle. In Colorado, the number of legal marijuana dispensaries far outnumber the combined number of McDonald’s and Starbucks stores. As of February 2024 – 508 Starbucks, 204 McDonalds = 712 total compared to Medical Marijuana Stores – 349, Recreational Marijuana Stores – 689 = 1,038 Total.

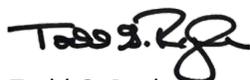
The increase in gun violence and the expansion of our gun laws in Hawaii have given many residents grave concerns, legal marijuana will add more. In states that have legalized marijuana, lawsuits and laws have granted daily marijuana users the right to carry firearms in conflict with federal law. In New Jersey, one police union is suing a police chief for terminating officers that were found to be using marijuana in violation of federal law and department policy.¹⁰ At least two of the terminated officers have been reinstated.¹¹

Police officers are tasked with making critical life-and-death decisions often with very little time. **Allowing police officers and first responders to use marijuana daily before coming to work is not a risk we should take.**

It is for these reasons the Kaua’i Police Department (KPD) **strongly opposes** Senate Bill 3335 H.D. 2 Relating Cannabis.

Thank you for your time and consideration.

Sincerely,



Todd G. Raybuck
Chief of Police
Kaua’i Police Department

⁹ The Problem with the Current High Potency THC Marijuana from the Perspective of an Addiction Psychiatrist, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6312155/>

¹⁰ New Jersey’s Fight for Police Potheads, <https://www.wsj.com/articles/new-jerseys-fight-for-police-potheads-5a7e2a47>

¹¹ New Jersey cops are winning fight to use cannabis while off duty, A state panel has ordered a cop reinstated after she was fired for using cannabis, <https://shorturl.at/iPV02>





RICHARD T. BISSEN, JR.
MAYOR

POLICE DEPARTMENT

COUNTY OF MAUI

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JOHN PELLETIER
CHIEF OF POLICE

WADE M. MAEDA
DEPUTY CHIEF OF POLICE

March 18, 2024

Honorable Mark M. Nakashima, Chair
Honorable Jackson D. Sayama, Vice Chair
Committee on Consumer Protection & Commerce
Hawaii State Capitol, Room 329
415 South Beretania Street
Honolulu, HI 96813

LATE

SUBJECT: RELATING TO CANNABIS

Dear Chair Nakashima, Vice Chair Sayama, and Committee Members:

The Maui Police Department **strongly opposes** SB 3335 SD2 HD1, RELATING TO CANNABIS.

The decriminalization of marijuana in Hawaii will create more issues that outweigh any perceived benefits. In states such as Colorado where recreational marijuana use was legalized, they reported an increase in crime to include a rise in driving under the influence of marijuana arrests and fatal traffic accidents. This bill as written proposes to raise the threshold of THC levels in blood to be considered legally impaired in Hawaii which would encourage dangerous behavior. States such as Oregon have already rolled back part of their decriminalization law to allow for more enforcement and are considering repealing the law in its entirety in response to an increase in crime, homelessness, and public health issues.

Making marijuana more accessible will have a negative impact on public health as well. Again, states that have legalized marijuana reported an increase in the need for social services due to overdoses, mental health issues, traffic fatalities, and other health issues. Public testimony was already given on how living in states that have legalized recreational marijuana use have created second hand marijuana smoke inhalation hazards in public affecting our most vulnerable youth population. Testimony was also given on how marijuana use led to addiction as well as harder drug use and criminal behavior that essentially has ruined lives.

The wide spread use of marijuana will lead to a need for increased enforcement which will be an added burden on our law enforcement agencies. For example, the detection of impaired driving by marijuana users requires very specialized training and certification of police officers. All four county police departments as well as the prosecuting attorneys for the County of Maui and City & County of Honolulu and the Department of Law Enforcement and Hawaii Paroling Authority have expressed their opposition to the legalization of marijuana use.

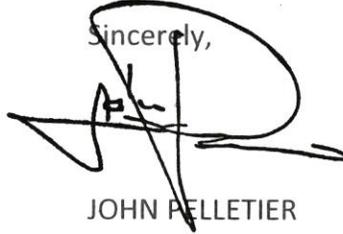
March 18, 2024

Page 2

Marijuana is still considered a Schedule I controlled substance on the federal level, in which Hawaii will be in violation of with the legalization of marijuana. This will create issues which include the state's inability to generate any anticipated income based on marijuana sales.

For the foregoing reasons, the Maui Police Department **strongly opposes** this bill. MPD thanks you for the opportunity to testify. Feel free to contact Assistant Chief Gregg Okamoto at (808) 244-6415 or by email at Gregg.Okamoto@mpd.net if you have any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read 'John Pelletier', is written over a horizontal line. The signature is stylized and somewhat illegible.

JOHN PELLETIER
Chief of Police



**Hawaii
Legislative
Council
Members**

Rep. Mark M. Nakashima, Chair
Rep. Jackson D. Sayama, Vice-Chair
Committee on Consumer Protection & Commerce

Tuesday, March 19, 2024
2:00 PM, Room 329

RE: **SB3335 SD2 HD1** Cannabis Legalization - **Support ONLY w/Amendments**

Dear Chair Nakashima, Vice Chair Sayama & Committee Members,

The Chamber of Sustainable Commerce represents over 100 small businesses across the State that strive for a triple bottom line: people, planet and prosperity; we know Hawaii can strengthen its economy without hurting workers, consumers, communities or the environment. **We would support SB3335 SD2 HD1 only with the following amendments:**

- All the proposed changes contained within the testimony submitted by the Hawaii Alliance for Cannabis Reform that will ensure a regulatory system with robust social equity and expungement provisions.
- Ensure cannabis cultivation subsidizes the high costs of growing food in Hawaii by issuing commercial grow permits for non-medical cannabis first to farmers who are already growing produce for local consumption: for example, if an acre of non-medical cannabis results in \$1M profit a year, the farmer can use those profits to underwrite the costs of labor, land and water to grow produce for local consumption on 9 acres of land. As more grow permits are issued maintain the requisite ratio of cannabis to produce for local consumption.
- Allow local produce farmers, with permits to grow non-medical cannabis, to build and cite small, non-permanent dwellings for farmers close to their crops, including on state ag land; these non-permanent dwellings should have hygienically maintained toilets and potable water in appropriate proximity.
- Allow non-commercial "care growers", individuals and cooperatives, to continue growing cannabis for patients who do not have the ability to grow their own medicine and allow them to be reimbursed for related expenditures.

We agree with the statements made by Governor Green on Hawaii News Now on February 6, 2024:

"I don't think the sky would fall, honestly, if marijuana were legalized. . . . I also have some thoughts that marijuana might blunt the effect, if you will, of people on these heavy drugs, these horrible drugs. . . . People are far less violent. They are much hungrier, but they—aside from the snacking and stealing Cheetos—will probably do less harm."

Joell Edwards
Wainiha Country
Market
Hanalei

Russell Ruderman
Island Naturals
Hilo/Kona

Dr. Andrew Johnson
Niko Niko Family
Dentistry
Honolulu

Robert H. Pahia
Hawaii Taro Farm
Wailuku

Maile Meyer
Na Mea Hawaii
Honolulu

Tina Wildberger
Kihei Ice
Kihei

L. Malu Shizue Miki
Abundant Life
Natural Foods
Hilo

Kim Coco Iwamoto
Enlightened Energy
Honolulu

Chamber of
Sustainable
Commerce
P.O. Box 22394
Honolulu, HI
96823



Submitted Online: Saturday, March 16, 2024

TO: House Committee on Consumer Protection & Commerce
Representative Mark Nakashima, Chair
Representative Jackson Sayama, Vice Chair

FROM: Eva Andrade, President

RE: Opposition to SB3335 SD 2 HD 1 Relating to Cannabis

Hawaii Family Forum is a non-profit, pro-family education organization committed to preserving and strengthening families in Hawaii. As such, we have serious concerns about this bill and its ultimate ramifications on the wider community – especially concerning our keiki. Although we leave the discussion as to the regulatory functions and applicability of its passage to the experts, establishing legal recreational marijuana is a serious and dangerous policy change for our community. In fact, over 420 people have signed our petition opposing legalization in Hawaii.ⁱ

Marijuana use will increase, not decrease with legalization. According to Jonathan P. Caulkins, “The Real Dangers of Marijuana,” (2019) “[o]ne could speculate that legalization might make marijuana abuse and dependence less common, because generally healthy people will start to use occasionally, and that influx could dilute the proportion who abuse or are dependent. But one could just as easily speculate that legalization will bring more marketing, more potent products (like "dabs"), or products that are more pleasant to use (like "vaping" pens), any of which could increase the risk that experimenting could progress to problematic use. This is all speculation, of course. But what can be said empirically is that, within the context of aggregate use in the United States at this time, the best available data suggest that marijuana creates abuse and dependence at higher rates than alcohol.”ⁱⁱ

Fix Hawaii’s Vaping Epidemic first. Despite the legislature's diligent efforts to address the vaping epidemic, significant challenges remain. The high rates of youth in Hawai'i engaging with illegal substances, despite stricter regulations, raise critical concerns. It prompts us to question the effectiveness of these measures and whether marijuana will also attract their attention and usage. Marijuana concentrates are already being used in vaping devices and even the DEA has recognizedⁱⁱⁱ that the marijuana used in vaping contains a higher concentration. Because marijuana is a performance-degrading drug, school-aged keiki who access it will most certainly be put at a disadvantage.

Edible marijuana products will detrimentally affect our keiki. The use of edible products is another way that our youth could access marijuana and that will be a huge unintended consequence regardless of packaging requirements. According to Smart Approaches to Marijuana^{iv}, youth drug use has risen in every state that has legalized recreational marijuana.^v The American Academy of Pediatrics has reported that “[t]here has been a consistent increase in pediatric edible cannabis exposures over the past 5 years, with the potential for significant toxicity.”^{vi}

Legalization harms children’s safety and emotional well-being. The legalization of commercial marijuana will significantly influence our keiki’s perception of its consumption. Family dynamics play a crucial role, acting as both safeguards and potential risks in the context of adolescent substance use. There are numerous accounts of young people accessing illegal substances through adults within their familial circles. Often, these adults facilitate easy access to marijuana ostensibly acquired for "medicinal" purposes. The shift towards legalizing recreational marijuana is likely to exacerbate this issue, further complicating the landscape of substance access and use among adolescents. By legalizing recreational marijuana, we are implicitly communicating to our youth that its use is not associated with significant risks. This action may convey a perception of safety and acceptability regarding its consumption, potentially influencing young people's attitudes towards its dangers.

Marijuana will impair judgment, motor function, and reaction time. Studies have found a direct relationship between blood THC concentration and impaired driving abilities. According to the Conference of National State Legislatures, "[t]esting for drug impairment is problematic due to the limitations of drug-detecting technology and the lack of an agreed-upon limit to determine impairment. The nationally recognized level of impairment for drunken driving is .08 g/mL blood alcohol concentration. But there is no similar national standard for drugged driving.”^{vii}

In conclusion, the path towards the legalization of marijuana overlooks critical concerns that demand our immediate attention. Foremost among these is the undeniable reality that legalization will lead to an increase in marijuana use rather than a decrease. This fact alone should prompt us to address the vaping epidemic as a prerequisite to any discussion of legalization. Moreover, the availability of edible marijuana products poses a significant risk to our keiki, threatening not only their safety but also their emotional well-being. The potential impairment of judgment, motor function, and reaction time that comes with marijuana use further underscores the need for a cautious and considered approach to this issue. It is imperative that we prioritize the health and safety of our community, especially our children, above the rush towards legalization.

ⁱ <https://www.hawaiifamilyforum.org/hawaii-community-against-legalized-marijuana/> [as of 3/16/24]

ⁱⁱ Caulkins, J. P. (n.d.). *The Real Dangers of Marijuana*. National Affairs. Retrieved February 10, 2023, from <https://www.nationalaffairs.com/publications/detail/the-real-dangers-of-marijuana>

ⁱⁱⁱ (2019, May 8). *Vaping and Marijuana Concentrates*. DEA.gov. Retrieved February 10, 2023, from https://www.dea.gov/sites/default/files/2019-10/VapingMarijuana_Brochure_2019_508.pdf

^{iv} Smart Approaches to Marijuana (n.d.). *2020 Impact Report*. Learnaboutsam.org. Retrieved February 13, 2023, from <https://learnaboutsam.org/wp-content/uploads/2020/12/2020-Impact-Report1.pdf>

^v (n.d.). *SAM Frequently Asked Questions*. SAM Smart Approaches to Marijuana. Retrieved February 10, 2023, from <https://learnaboutsam.org/faq/#sam19>

^{vi} <https://publications.aap.org/pediatrics/article/151/2/e2022057761/190427/Pediatric-Edible-Cannabis-Exposures-and-Acute?autologincheck=redirected> [accessed 02/04/24]

^{vii} National Conference of State Legislators (2022, November 11). *Drugged Driving | Marijuana-Impaired Driving*. NCSL. Retrieved February 10, 2023, from <https://www.ncsl.org/transportation/drugged-driving-marijuana-impaired-driving>



To: Rep. Mark M. Nakashima, Chair
Rep. Jackson D. Sayama, Vice Chair

Members of the Consumer Protection & Commerce Committee

From: Jaclyn Moore, Pharm.D., Co-Founder & CEO Big Island Grown Dispensaries

Re: **Testimony in Support of SENATE BILL (SB)3335 SD2 HD1 RELATING TO CANNABIS**

Establishes the Hawai'i Cannabis Authority and Cannabis Control Board within the Department of Commerce and Consumer Affairs to regulate all aspects of the cannabis plant. Beginning January 1, 2026, legalizes the personal adult use of cannabis. Establishes taxes for adult-use cannabis sales. Transfers the personnel and assets of the Department of Health and assets Department of Agriculture to the Hawai'i Cannabis Authority. Appropriates funds.

Aloha Chair Nakashima, Vice Chair Sayama, and Members of the Committee,

My name is Jaclyn Moore, co-founder and CEO of Big Island Grown, one of the state's eight medical cannabis dispensary licensees based in Pepe'ekeo.

We stand in strong support of SB3335, SD2 HD1.

At its core, this measure seeks to regulate Hawaii's cannabis industry, establish safeguards for the community through strong enforcement, and establish a new 14% tax on adult-use sales of cannabis to generate revenue for the state.

As we know, cannabis use has been prevalent in Hawaii for decades, but it has been dominated by unregulated/illicit sales. For too long, this issue has been ignored. We laud the efforts of the legislature and the administration to finally tackle this issue head on.

At the same time, we are sensitive to the cost considerations that should be factored in considering this measure. To this point, we offer the following information:

- **\$39.2M Year One - Projected Tax Revenue:** *Within the first year under this measure, the state is projected to generate more than \$39 million in tax revenue from GET, the new 14% cannabis tax, as well as corporate and income tax from the industry.*
- **\$109.7M Year Four – Projected Tax Revenue:** *By year four, the industry has the potential to generate more than \$109.7 million in tax revenue annually for the state.*
- **Reduce Up-Front Costs:** Massachusetts, Maryland, New Mexico and many other states launched their adult-use cannabis programs with less than \$10M. Thereafter, funding for social programs, enhanced enforcement and other initiatives were funded after tax revenue was generated. Hawaii should take a similar approach especially given SB3335 was modeled after the policies from these other states.
- **Utilize Existing Resources to Eliminate Need for an Appropriation:** Unlike many other states, Hawaii has existing regulatory resources and experience that can be utilized to effectively launch an adult-

Lau Ola LLC, dba Big Island Grown Dispensaries
HILO WAIMEA KONA



use cannabis program. SB3335 transfers the Office of Medical Cannabis Control and Regulation (OMCCR) from the Department of Health to the new cannabis Authority. With 17 staff, \$3-4M in operating budget, another \$2M in revenue from patient registry and medical cannabis license fees, and \$2.5M in GET revenue, leveraging the resources of OMCCR is a logical and easy way to implement adult-use legislation. In addition, another \$2.5M would be available almost immediately under SB3335 as current medical cannabis licensees would be required to pay a conversion fee for their operations.

Given these considerations, I strongly urge the committees to pass SB3335 to address Hawaii's unregulated/illicit cannabis market, regulate legal adult use, and generate substantial revenue for the state to overcome the severe budget shortfall stemming from the wildfire response. **Most importantly all this is possible without the need for further appropriations.**

Thank you for the opportunity to testify,

Jaclyn Moore, Pharm.D.



Hawaii Cannabis Industry Association
Testimony
IN SUPPORT
SB3335, SD2, HD1 Relating to Cannabis
Hawaii State House of Representatives
Consumer Protection & Commerce Committee

Aloha Chair Nakashima, and Vice-Chair Sayama,

Mahalo for the opportunity to testify in SUPPORT of SB3335, SD2, HD1 Relating to Cannabis.

The Hawaii Cannabis Industry Association (HICIA) supports SB3335, SD2 HD1 as it would establish a strong regulatory model for the sale of cannabis to discourage current illegal market activity and safeguard the public while also generating substantial tax revenue for the State at a time when it is needed most.

In addition, the measure would consolidate various entities within Hawaii's cannabis industry including our members, the medical cannabis dispensary licensees, under a single regulatory umbrella. Under this regulatory model, greater efficiencies in government oversight can be achieved and redundancy can be avoided.

KEY FACTS ABOUT SB3335, SD2, HD1

1) Substantial Tax Revenue Potential

HICIA has conducted a fiscal analysis of the measure and Hawaii's potential adult cannabis market under this bill.

We expect during the **first year of sales**, this measure would generate approximately ***\$36.29 million in new tax revenue*** to the State through Income Taxes, and the new 14% Cannabis Excise Tax.

Upon full market maturity when additional new retail, cultivation and production licenses are issued, we expect ***\$82.8 million annually in new State tax revenue*** would be generated (Income Taxes, and the new 14% Cannabis Excise Tax).

2) Avoids Up-Front Appropriations (Transfer of Office of Medical Cannabis Control and Regulation)

SB3335, SD2, HD1 transfers staff, resources, and funding of the OMCCR to the new cannabis Authority. This approach enables cannabis sales to begin utilizing existing State resources and avoids the need for up-front appropriations. Additional programs such as social equity and new law enforcement resources can then be funded through the expected \$36.29 million of new State tax revenue within the first year.

Breakdown of existing OMCCR resources and funding:

- a. 17 full-time employees
- b. \$3-4M annual operating budget appropriation
- c. \$2M in annual revenue from licensing fees and patient registration fees (special funds)
- d. \$2.5M in annual GET revenue from medical cannabis sales

HICIA also notes that last year, OMCCR increased the cost of licensing fees for existing medical cannabis dispensaries by roughly 300% in anticipation of having to regulate legal adult-use sales. This is a clear affirmation of the potential to launch initial sales while generating tax revenue to fund expanded programs in the near future.

CONCLUSION

SB3335 SD2, HD1 is one of the few measures proposed this session with the potential to generate new revenue for the state without imposing additional tax burdens on residents and existing businesses. In addition, the measure would finally establish regulatory oversight and greater public safety for the sale and use of cannabis.

We strongly urge the committees to pass this measure to effectively regulate the cannabis industry, enforce against the illegal market, safeguard the public, and generate much needed new tax revenue.

Mahalo,

TY Cheng
Chairman, Hawaii Cannabis Industry Association

SB-3335-HD-1

Submitted on: 3/16/2024 9:15:22 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Cindy R Ajimine	One Impact Hawaii	Oppose	Written Testimony Only

Comments:

Please vote NO to SB3335. Passage would NOT be good for our state despite the \$\$\$ generated & all the amendments being made to try to make it work. The \$\$ isn't worth it & should not be the driving force.

Respectfully asking you to be VERY COURAGEOUS & STAND for our people & against the push to be another "progressive" state. Residents are already leaving in droves & we are losing our island way of living. So sad & this is NOT the way to bring them back or create long-lasting, positive revenue. On the contrary. Other states are dealing with issues that have worsened their "culture" & increased costs in other areas after legalization. Same issues with alcohol, tobacco, & vaping & more will rear its ugly head.

For the sake of our children & generations to come, please vote NO.

Respectfully, A 3rd generation Hawaii resident.



SB3335 SD2 Legalize Cannabis

COMMITTEE ON CONSUMER PROTECTION &
COMMERCE

Rep. Mark M. Nakashima, Chair

Rep. Jackson D. Sayama, Vice Chair

Wednesday Mar 13, 2024, 2:00 Room 325

Hawaii Substance Abuse Coalition Opposes SB335 SD2 with Recommendations:

ALOHA 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 for substance use disorder and co-occurring mental health disorder treatment, prevention agencies and recovery-oriented services.

Hundreds of youth are flooding our emergency rooms with psychotic experiences due to high potency cannabis. Thousands of kids – over 75% presenting for treatment, are doing so because of problems with marijuana.

We are not ready yet.

**For the sake of our kids, more needs to be
done to protect our youth through
informational campaigns.**

Recommendations:

Parents need to be more informed about youth's marijuana use so they can have an impactful discussion per Dr. Volkow, the foremost authority on drug addiction:¹

Amend to add:

¹ National Institute of Drug Abuse: Director Dr. Volkow: A Message to Parents. August 25, 2021.
<https://nida.nih.gov/videos/dr-nora-volkow-message-to-parents>

PART X: PUBLIC HEALTH AND EDUCATION

SA-151 Public health and education campaign:

No later than ~~July 1, 2025~~, January 1, 2025, the authority shall develop and implement a comprehensive public health and education campaign regarding the legalization of cannabis and the impact of cannabis use on public health and safety, including the health risks associated with cannabis and ways to protect children. Those risks to children include at least:

- (1) **Better communications are needed between teenagers and parents** to prevent impaired brain development that affects kid's learning ability as they transition into adulthood.
- (2) **Youth's use is disrupting the neuro architecture** of youth's more vulnerable brain in a way that can jeopardize, not just youth's cognitive abilities, but their emotions and ultimately their likelihood of succeeding, including the risk of becoming addicted or developing mental illnesses.
- (3) **Warnings about rapid rise in youth vaping marijuana**, which has a higher purity and much worse adverse effects.
- (4) **Legalization is leading to changes in perception** that the use of marijuana is not harmful that may lead some people that otherwise wouldn't consume marijuana to consume it.
- (5) **Recognize that what may be okay for an adult may not be okay at all for an adolescent.**

The public health and education campaign shall also include education to the public about the Hawaii cannabis law, including the potential risks associated with patronizing unlicensed dispensary locations, or otherwise procuring cannabis through persons not authorized by the authority.

More Recommendations:

SA-83 (b) labeling

(8) If the product is medical cannabis, the statement "For medical use only"; and

(9) The following statement in bold print, including capitalization: "This product has not been analyzed or approved by the FDA. There is limited information on the side effects of using this product, and there may be associated health risks. Cannabis use during pregnancy and breast-feeding may pose potential harms. It is against the law to drive when under the influence of this product. KEEP THIS PRODUCT AWAY FROM CHILDREN; **and**

(10) "Cannabis' intoxicating effects may be delayed up to 2 hours. Consumption of cannabis can cause impairments in judgement or coordination, please use caution. Cannabis overuse can lead to dependence and eventual addiction and may increase mental disorders such as depression anxiety, amotivational syndrome, and schizophrenia."

CDC warns how marijuana adversely impacts the youth by impairing brain development for decades because their brain is still in the development phase. Impaired are thinking, memory and learning as well as links to depression and social anxiety.²

Marijuana is the second most widely used intoxicant in adolescence, and teens who engage in heavy marijuana use often show disadvantages in neurocognitive performance, macrostructural and microstructural brain development, and alterations in brain functioning.³

HSAC urges the legislators to first pass an informational campaign to protect our youth as well as discuss the aspects of legalization for adults, which are not as harmful as it is to youth but should have adult health disclaimers.

² Centers for Disease Control and prevention: Marijuana and Youth: The Impact of Marijuana Use on Teen Health and Wellbeing. 2022 <https://www.cdc.gov/marijuana/featured-topics/marijuana-youth.html#:~:text=Marijuana%20use%20beginning%20in%20teen,and%20social%20anxiety%20in%20adults>.

³NIH: National Library of Medicine: Jacobus J, Tapert SF. Effects of cannabis on the adolescent brain. *Curr Pharm Des.* 2014;20(13):2186-93. doi: 10.2174/13816128113199990426. PMID: 23829363; PMCID: PMC3930618 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3930618/>

More Recommendations:

SA-3 Definitions: Debilitating medical condition means: (2) ~~post-traumatic stress disorder.~~ (Remove PTSD). Now that science is doing "valid" Clinical Trials, marijuana yields mixed results resulting in cautions concerning its efficacy.⁴

SA-5 Limitations: (5) (B) add to end of paragraph and substance use disorder treatment.

SA-45 Limitation: (2): add to end (H) and abstinent-based substance use disorder adult or adolescent residential treatment. Treatment services are treating cannabis addiction in group sessions.

SA-53 Limitation (2): add to end (H) and abstinent-based substance use disorder residential treatment. Treatment services are treating cannabis addiction in group sessions.

SA-85 Advertising (12) (c,) amend to add what is highlighted: No person shall place or maintain, or cause to be placed or maintained, any sign or other advertisement for a business or product related to cannabis, in any form or through any medium whatsoever, within **seven hundred fifty feet of the real property comprising of a school, public park, or public housing project or complex or substance use disorder residential treatment center.**

HSAC applauds the legislature for ensuring language is in this bill to protect our kids given its danger in use for under-developed brains.

⁴ NIH (National Institute of Health): National Library of Medicine: Journal of Psychiatry and Neuroscience: Abizaid A, Merali Z, Anisman H. Cannabis: A potential efficacious intervention for PTSD or simply snake oil? J Psychiatry Neurosci. 2019 Mar 1;44(2):75-78. doi: 10.1503/jpn.190021. PMID: 30810022; PMCID: PMC6397040. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6397040/#:~:text=Unfortunately%2C%20the%20available%20data%20showing,to%20cautions%20concerning%20its%20efficacy.>

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

I oppose SB3335.

The Massachusetts cannabis regulatory framework, the first state to develop a Social Equity program, has failed in its endeavors. A pattern emerges in cannabis legislation where those who create the regulations do not seek **counsel from the industry** they intend to regulate. They seek counsel from regulators who congratulate themselves on their successes but hide the dysfunction, drama, low morale, and inefficiency of the policies they enforce until the legislature must return to revise bills. The wasted tax dollars implementing Massachusetts rules that neither protect the public nor reduce the black market are uncountable.

The cannabis industry in Hawaii can be developed into a people-first [program], and the legacy market is experienced and responsive to supply and demand. Bill SB3335 is responding to the wishes of the Hawaii Attorney General and law enforcement agencies, who have failed to reduce the unregulated industry year after year. The fact that legislators, Dept of Health, and the attorney general embark on this legalization mission (a trip to Massachusetts) and have no cannabis industry experience is the failure of this bill. This is clear because the state right next door, Maine, has the best program in the state to date. Maine medical/adult use policy has been repeated over and over, and professionals brought in to provide testimony but once again ignored by the Dept of Health. The DOH continues to be complacent about these matters, resulting in legislators not having valued information when deciding statutes.

The bill outlines its potential failings but does not address why the policies have failed; “Legalization is also not a panacea for eliminating the illicit market in cannabis, as the experience of other states is that the illegal market continues to exist in parallel to the legal, regulated market.

Massachusetts has failed to eliminate the black market because it has over-burdensome regulations that don't consider the natural consequence of creating a high bar to licensure. The small businesses, legacy growers, and sellers who cannot acquire the 1.5-million-dollar war chest to open a facility will continue to supply consumers who do not want to pay the high prices of indebted companies. This is the law of supply and demand. Making it more challenging to open will make the Attorney General sleep better. Still, it will only bolster the black market and drain law-enforcement dollars better suited to the opiate epidemic and stop drunk drivers.

The Massachusetts Cannabis Control Commission has skilled inspectors who are instrumental in industry compliance but look to the turnover rate of the Commissioners themselves for evidence that their role is unnecessary and dysfunctional. No member of the original commission remains, and none have had first-hand experience in the industry- as inspectors, licensing agents, or industry workers. Because they are separated from the industry and hand-tied in chipping away at bloated bureaucracy, the black market continues, the regulated market favors Big Marijuana and local ‘ma and pa’ businesses fail. I encourage you to look to regulatory models in Vermont and Maine, where industry profits stay local, black markets are squelched out by the plethora of local, small businesses, and Big Marijuana has little incentive to suck profits to their distant shareholders. Additionally, seeking to understand how an industry is regulated by learning only from other regulators who created rules based on zero experience with how a cultivator might scale up a farm or how consumers prefer to acquire products also bolsters the black market. Seek out testimony from caregivers and consumers in Hawaii and other states. If you want to perpetuate the disconnect between governments and the cannabis industry and support the black market, make

the bar to entry high. If you are ready to acknowledge that cannabis is as ubiquitous but less harmful than alcohol, then look to your alcohol regulations and create an industry where diversity and local profits are the norm.

I also recommend that the state review SB2619, "The Hawaii Medical Use of Cannabis Act of 2024." which has been hand-delivered to many legislators but did not receive a hearing. The state must reinvent its medical cannabis program with fair regulations. The current dispensary system is a monopoly and has failed the medical patients of Hawaii. The state making the dispensaries an uncontrolled for-profit model has allowed the owners of these dispensaries to charge unfair prices and force those who cannot afford medicine to be without or go to the black market.

I would suggest you start over with legalization talks and involve the people of Hawaii, whether for or against legalization, who need to have their voices heard. It's clear from these meetings that you are dividing the people of Hawaii.

Thank you,

Jason Hanley

Care Waialua



**TESTIMONY FROM THE DEMOCRATIC PARTY OF HAWAII
HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE**

MARCH 19, 2024

SB 3335, SD2, HD1, RELATING TO CANNABIS

POSITION: SUPPORT

The Democratic Party of Hawai'i **supports** SB 3335, SD2, HD1, relating to cannabis. In 2016, delegates to the Democratic Party of Hawai'i's state convention passed a resolution (EDU 2016-05) supporting the legalization of adult-use recreational cannabis to generate revenue for public services, such as education.

It is high time that Hawai'i stopped criminalizing people for ingesting a plant. While cannabis remains illegal under federal law, where it is classified as a Schedule I substance, the facts about cannabis consumption are clear. To begin, cannabis has a lower organic toxicity and addictive risk than alcohol, along with fewer correlating incidents of influence-related accidents and violence. More than half of all traffic fatalities in Hawai'i involve alcohol, yet no one seriously discusses the possibility of prohibition because of path dependence. In other words, alcohol is ingrained in our culture in a way that cannabis consumption is not, despite the former being more dangerous, statistically speaking, than the latter.

Similarly, cannabis abuse and dependence afflicts approximately 1.7 percent of the U.S. population, while alcohol abuse afflicts roughly 7.5 percent—over four times as many individuals. Cannabis is also not

conclusively linked to an increase in violent behavior. Rather, reports supposedly linking cannabis to violent crimes typically rely on information gathered by the Office of National Drug Control Policy, which, in turn, relies on source material that a) does not account for drug-trafficking and dispositional or psychological disorders; and b) fails to account for levels of deviancy (increased usage beyond average consumption rates). A starker statistical correlation exists between increased alcohol consumption and violent crime, including child and intimate partner abuse, yet, again, no one is introducing, much less considering the merits of, limiting the personal consumption of alcohol.

Additionally, only 30 percent of frequent (every other day or more) cannabis users report symptoms suggesting dependence, in contrast to nearly 70 percent for nicotine and 88 percent for harder drugs, like cocaine, calling into question legal opinions asserting that cannabis and hard drugs can be readily correlated to one another. If we do not criminalize overconsumption of the more dangerous drug of alcohol, in and of itself, why, once more, do we unduly criminalize cannabis consumption, particularly in small amounts?

Legalizing recreational cannabis is an issue of restorative justice.

As the visitor industry reaps record profits and supports expanding the local prison-industrial complex, people of Native Hawaiian ancestry, who comprise approximately 25 percent of the state's population, suffer the pangs of a biased criminal in-justice system. Approximately 39 percent of incarcerated detainees are Hawaiian, according to a comprehensive study by the Office of Hawaiian Affairs, with the proportionality gap being even greater for Hawaiian women, who comprise 19.8 percent of the state's female population, but 44 percent of the state's female inmate population. Researchers also found that, on average, Hawaiians receive longer sentences, more parole revocations, and, importantly for this measure, harsher drug-related punishments than other ethnic groups, including for cannabis possession.

Legalizing recreational cannabis could generate at least \$81.7 million in tax revenue annually for our state according to a study published by the Hawai'i Cannabis Industry Association and would produce substantial additional criminal justice savings that could be spent delivering a quality public education to our keiki, building 21st Century school facilities, and disrupting the school-to-prison pipeline. Even a more conservative \$50

million revenue estimate produced by the Hawai'i Department of Taxation is enough to "stand up" a local cannabis industry. Many states have established well-regulated recreational cannabis industries for less than \$5 million.

As we struggle to fix our state's overcrowded prisons, we must enact systemic solutions that promote social justice and help to alleviate Hawai'i's mass incarceration problem. If implemented sensibly, cannabis legalization could lead to the most comprehensive mass expungement program ever seen on our shores, with people who have been incarcerated for cannabis infractions having their criminal records expunged and being released from the legal constraints that have unjustly impeded their ability to attain financial security and, in many cases, stolen their basic freedom.

Social equity must form the heart of any forward-thinking cannabis legalization program. Our society's most marginalized people should be first in line to participate in the cannabis industry that we are seeking to grow. Agricultural and business practices should be based on regenerative, sustainable, and indigenous cultivation methods to ensure that cannabis operations uplift the needs and values of Hawai'i residents, not the profits of multistate corporations. **This cannot happen, however, if we fail to pass legalization at the state level before federal lawmakers take action to nationalize legalization, at which point industrial multistate operators will have the ability to dominate our local industry and push local cannabis farmers out of the marketplace.** We must legalize cannabis in a manner that is responsible and equitable for our island home.

Mahalo nui loa,

Kris Coffield

Co-Chair, Legislative Committee

(808) 679-7454

kriscoffield@gmail.com

Abby Simmons

Co-Chair, Legislative Committee

(808) 352-6818

abbyalana808@gmail.com



Testimony Opposing SB3335 SD2 HD1 - Relating to Cannabis

Hearing on Wednesday, March 19, 2024, at 2:00 pm

Conference Room 329, Hawaii State Capitol

To: Committee on Consumer Protection & Commerce
Rep Mark M Nakashima, Chair
Rep Jackson D Sayama, Vice Chair

Fr: Alan Shinn
Hawaii SAM
1130 N. Nimitz Hwy, Suite A259
Honolulu, Hawaii 96817

Thank you for the opportunity to provide testimony to your committee in opposition to SB 3335 SD2 HD1 – Relating to Cannabis, which legalizes the personal adult use of cannabis beginning January 1, 2026. In addition, it establishes the Hawaii Hemp & Cannabis Authority and Hemp & Cannabis Control Board to regulate all aspects of cannabis, establishes taxes for adult use and medical use cannabis sales, makes appropriations, among other things.

The bill gives too much authority to the HCC Control Board, modeled after the Massachusetts CCB. That state's CCB is proving to be dysfunctional and overly influenced by the marijuana industry. SB3335 SD2 HD1 makes it illegal for persons under 21 years old to purchase or use marijuana, prohibits advertising, and requires warning labels on THC products. However, the bill does not go far enough to protect vulnerable populations. The commercialization of the drug will make it an attractive commodity and lead to increased use by young people as it has in other states like Colorado and Oregon. The increased use of high potency commercially produced THC drugs are medically and scientifically associated with IQ loss, depression, suicide, psychosis, and schizophrenia, among other impairments.

While there are other safeguards and protections that could be enacted, it is strongly recommended that the legislature impose strict THC potency caps. This is in addition to the warning labels on THC products and a statewide educational campaign to make sure our youth and their families are aware of the dangers of using this drug. Our Hawaii lawmakers should be proactive and heed lessons learned from other states with commercialized marijuana by enacting THC potency caps as part of the overall strategy to reduce risk and harm to vulnerable populations, like our youth and young adults.

Please vote NO on SB 3335 SD2 HD1- Relating to Cannabis.

**SAM Hawaii is an affiliate of Smart Approaches to Marijuana (SAM), a national alliance of organizations and individuals dedicated to a health-first approach to marijuana policy. SAM seeks a middle road between incarceration and legalization. Our commonsense, third-way approach to marijuana policy is based on reputable science and sound principles of public health and saf*



SB 3335, HD 1: Support with Amendments

Testimony before the Hawai'i House Committee on Consumer Protection & Commerce

March 18, 2024

David L. Nathan, MD, DFAPA

Co-founder and Past President, Doctors for Drug Policy Reform

Clinical Associate Professor of Psychiatry, Rutgers Robert Wood Johnson Medical School

Distinguished Fellow, American Psychiatric Association

Aloha Chair Nakashima, Vice Chair Sayama, and distinguished members of the Consumer Protection & Commerce Committee,

I am a board-certified psychiatrist, educator, and co-founder and past president of Doctors for Drug Policy Reform. D4DPR is the international voice of physicians working to establish evidence-based drug policies in the United States and abroad.

D4DPR's Platform of cannabis regulations promotes a core set of principles based on public health and social justice. One key priority is the proper labeling of cannabis products, which, as the final endpoint of numerous regulatory processes, is a linchpin for successful evidence-based cannabis regulation. While there are a number of standards and best practices in labeling that I could discuss, today I would like to focus on an amendment to SB 3335 that would bring Hawai'i into compliance with a widely accepted consensus standard for a truly universal cannabis product symbol.

The International Intoxicating Cannabis Product Symbol (or IICPS) is a harmonized, universal cannabis product symbol that was developed and approved as consensus standard [ASTM D8441](#) by ASTM International through a unanimous vote of over 200 professionals and experts from the public and private sectors. I have **attached** an infographic that describes the IICPS in detail.

Since its introduction in 2022, the IICPS has already been incorporated into the universal symbol of four U.S. states: Montana, South Dakota, New Jersey, and Vermont. Several other states are currently considering its adoption.

I have **attached** a letter signed by 22 stakeholder organizations supporting the adoption of the IICPS by all authorities having jurisdiction in the United States and abroad. As you will see, the IICPS is vigorously endorsed by all major cannabis stakeholders — industry trade groups, physicians, patients, consumers, and advocacy organizations.

The federal National Technology Transfer and Advancement Act (NTTAA) mandates government use of consensus standards whenever possible. That means the IICPS is poised to become the national cannabis product symbol when cannabis is legalized at the federal level. Thus, Hawai'i would be wise to use such a symbol from Day 1 of a well-regulated cannabis market.

The adoption of the IICPS might seem like a no-brainer, and we certainly think it is. Unfortunately, several states (most recently New York) have designed their own bespoke and ironically named “universal” cannabis product symbols, which create confusion for consumers and will doubtless need to be abandoned as soon as cannabis is federally regulated.

That is why, on behalf of the hundreds of physicians active in D4DPR, I urge you to amend SB 3335 §A-83 (b) (1) with language that broadly empowers the Aloha State to adopt “**A universal cannabinoid product symbol that has been approved as a consensus standard issued by a nationally recognized consensus standard organization.**”

This language has already been included among the recommended amendments submitted by the Hawai'i Alliance for Cannabis Regulation, of which D4DPR is a proud member.

I'll be happy to answer your questions about this or other aspects of labeling, and I thank you for your time.

Respectfully submitted,



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Attachments:

1. Doctors for Drug Policy Reform: *What is the International Intoxicating Cannabinoid Product Symbol (IICPS)?*
2. Doctors for Cannabis Regulation (now Doctors for Drug Policy Reform): “*Stakeholder Organizations Support Universal Adoption of the International Intoxicating Cannabinoid Product Symbol (IICPS)*”, August 2023



What is the International Intoxicating Cannabinoid Product Symbol (IICPS)?

1 Combines familiar graphical elements into a symbol available free of charge



2 Colors are key



Yellow outline added when used on dark backgrounds

3 Simple design clear when embossed on edibles or printed at reduced sizes



Approved as an international consensus standard: **ASTM D8441**

4 Regulators can require text to be printed below or adjacent to the symbol



Q: Why isn't "THC" included **inside** the IICPS?

- A. Graphical symbols are better for children and adults who may lack specific literacy, culture, or education
- B. THC isn't the only intoxicating cannabinoid (e.g., HHC)
- C. International standards prohibit alphanumeric characters inside safety symbols
- D. The IICPS stays the same when text needs to be revised
- E. All of the above

6 Endorsed by a coalition of drug policy, clinician, patient, regulator, and industry organizations



7

Already in use on products and packages around the United States of America



STAKEHOLDER ORGANIZATIONS SUPPORT UNIVERSAL ADOPTION OF THE INTERNATIONAL INTOXICATING CANNABINOID PRODUCT SYMBOL (IICPS)

To cannabis regulators in the United States and around the world:

We, the undersigned organizations representing public health, social justice, patient, consumer, and industry advocacy groups, wish to declare our strong support for the adoption of the International Intoxicating Cannabinoid Product Symbol (IICPS) by all authorities having jurisdiction (AHJs) in the United States and abroad. The IICPS is defined by the international consensus standard ASTM D8441.^{1,2}



Figure 1: The IICPS for light and dark backgrounds, printed on a Montana package, and embossed on a Vermont edible

The importance of a standardized, universal cannabis product symbol

To prevent accidental ingestion by adults and (especially) children, cannabis product packages should bear a symbol that enables people of all ages and backgrounds to identify intoxicating cannabinoids with a quick glance at a product package. To facilitate recognition and promote future interstate commerce, a well-designed cannabis product symbol should be harmonized across regional, state, and national borders, transcending language and culture.

A truly universal cannabis product symbol is a simple and highly visible indicator of whether cannabis regulators are employing best practices to protect public health and safety.

Consensus standards for safety signs

The IICPS is based upon existing consensus standards, which are technical specifications issued by standards development organizations like NIST, UL, ASTM, and ISO. They are developed in an open environment to ensure public safety and promote best practices through collaboration by professionals from both the public and private sectors.

Recognizing the importance of well-designed industry standards, the National Technology Transfer and Advancement Act of 1995 (NTTAA) requires the U.S. federal government to adopt available consensus

¹ ASTM D8441/D8441M, Standard Specification for International Symbol for Identifying Consumer Products Containing Intoxicating Cannabinoids. ASTM International: Approved February 25, 2022. https://www.astm.org/d8441_d8441m-22.html

² Wikipedia. "ASTM D8441/D8441M," Accessed April 27, 2023. https://en.wikipedia.org/wiki/ASTM_D8441/D8441M

Despite the ubiquity of ISO 3864 safety signs, no state regulatory body utilized that international standard until Montana adopted the IICPS in late 2021. Prior to this, individual U.S. states created their own bespoke and ironically named “universal” symbols. See **Figure 3** for a comparison of cannabis product symbols.

Development of the IICPS and ASTM D8441

The International Intoxicating Cannabinoid Product Symbol (IICPS) was developed through collaboration between Doctors for Cannabis Regulation (DFCR) and ASTM International.⁹

When designing a truly universal cannabis product symbol, the creators met and exceeded the requirements of safety sign standards, satisfying a strict set of criteria:

- Communicate a simple public health message: “Caution with Cannabis”
- Use the simplest possible design to fit within the allotted space, so that everyone – especially the visually impaired – will immediately ascertain the meaning of the symbol
- Incorporate symbology that transcends age, language, culture, literacy, knowledge of the Latin alphabet, and specialized knowledge about cannabis
- Accommodate the addition of optional text below or next to the symbol to comply with existing consensus standards and meet the needs of authorities having jurisdiction
- Limit printing/packaging costs by using only two colors (inclusive of black and white)
- Avoid package inventory waste by reducing the chance that the symbol would need to be replaced as a result of future changes in science or public policy
- Facilitate recognition at reduced sizes and low resolution, which is critical for printing on small packages and printing or embossing directly onto the surface of intoxicating cannabis products
- Permit use of the symbol free of charge by all legalized jurisdictions in the United States

The IICPS was approved as a standalone consensus standard by ASTM International’s Committee D37 on Cannabis.¹⁰ It passed by a unanimous vote of over 200 members on its first ballot in early 2022. As the first cannabis labeling consensus standard in the world, it now bears the official designation of ASTM D8441.

As specified by ISO 3864 and ASTM D8441, the IICPS is designed to accommodate alphanumeric or special characters below or next to the symbol for supplemental information. This allows for use of an unchanging, universal symbol while meeting the varying needs of authorities having jurisdiction in the United States and around the world. It also obviates any perceived need for the inclusion of letters, numbers, or special characters inside the symbol itself.

Montana was the first U.S. state to adopt the IICPS in late 2021.¹¹ Since then, New Jersey,¹² Vermont,¹³ and South Dakota¹⁴ have incorporated the IICPS design into their state symbols. Other states, including Alaska,¹⁵ are considering adoption of the IICPS. See **Figure 4** for examples of the IICPS in current usage.

⁹ Doctors for Cannabis Regulation. “Universal Cannabis Symbol.” DFCR website. Accessed April 27, 2023.

<https://www.dfcr.org/universal-cannabis-symbol>

¹⁰ ASTM International. “New Standard Provides International Symbol for Intoxicating Cannabinoids.” ASTM International News Release, March 15, 2022. <https://newsroom.astm.org/new-standard-provides-international-symbol-intoxicating-cannabinoids>

¹¹ Montana Department of Revenue, General Labeling Requirements, accessed April 27, 2023.

<https://mtrevenue.gov/cannabis/labeling-and-packaging/>

¹² New Jersey Cannabis Regulatory Commission, Business Resources, accessed April 27, 2023.

<https://www.nj.gov/cannabis/businesses/resources/>

¹³ Vermont Cannabis Control Board, Rule 2: Regulation of Cannabis Establishments, November

2021. <https://ccb.vermont.gov/sites/ccb/files/2021-11/Proposed%20Rule%20-%20-%20Regulation%20of%20Cannabis%20Establishments.pdf>

¹⁴ Medical Cannabis in South Dakota: Standard Cannabis Product Symbol, accessed April 27, 2023.

<https://medcannabis.sd.gov/Establishments/Symbol.aspx>

¹⁵ Helms, Rick & Sawyer, Jane. “Summary of the Special Working Group on Drinkables.” *State of Alaska, Alcohol & Marijuana Control Office*. January 13, 2022. <https://www.commerce.alaska.gov/web/Portals/9/pub/MCB/Minutes/2022/01.19/Tab5.pdf?>

Symbol design	Authorities having jurisdiction (AHJs) using the symbol	Shape of outline (conventional meaning)	Emphasized color (conventional meaning)	Number of colors (including white)	Graphical element (cannabis leaf)	Large graphical element for the visually impaired	Text excluded from interior of symbol	ISO & ANSI compliant
	IICPS: MT, NJ, SD, & VT	Triangle (warning)	Yellow (caution)	2	Yes	Yes	Yes	Yes
	AR	None	None	2	No	No	No	No
	AZ, CO, FL, & OH	Diamond (none)	Red (prohibition)	2	No	No	No	No
	CA	Triangle (warning)	None	2	Yes	No	No	No
	CT, MA, ME, & RI	Triangle (warning)	Red (prohibition)	3	Yes	Yes	Yes	No
	MD	Triangle (warning)	Red (prohibition)	2	Yes	No	No	No
	MI	Inverted triangle (none)	Green (safe condition)	2	Yes	Yes	No	No
	NM	Diamond (none)	Red (prohibition)	2	No	No	No	No
	NV	Triangle (warning)	None	2	No	No	No	No
	NY	Square (none)	Yellow, red (caution, prohibition)	4	Yes	No	No	No
	OK	Rectangle (none)	Red (prohibition)	3	Yes	No	No	No
	OR	Rectangle (none)	Red (prohibition)	3	Yes	Yes	No	No
	WA	Diamond (none)	Yellow, green (caution, safe condition)	4	Yes	Yes	No	No
	Canada	Octagon (stop)	Red (prohibition)	3	Yes	Yes	No	No

Figure 3: Comparison of cannabis product symbols in use, May 2023. Green indicates desirable attributes (according to international consensus standards), while red indicates undesirable attributes. Multiple consensus standards dictate that the shape of a safety sign urging caution should be a warning triangle. The emphasized color of a symbol should be consistent with existing conventions, in which red denotes prohibition, yellow denotes caution, and green denotes a safe condition. The ideal number of colors in a safety symbol is two (and white is considered a color in this context), as more colors unnecessarily increase the cost of packaging. Standard safety signs contain only graphical elements within their borders, not text or punctuation. Only large design elements should be included. Finally, safety signs should be compliant with ISO and ANSI consensus standards, as described in the text.

In early 2023, the National Transportation Safety Board (NTSB) issued a report on driving under the influence of cannabis and other drugs, in which they referenced the IICPS as an existing consensus standard.¹⁶ To the best of our knowledge, this is the first time a cannabis product symbol has been recognized by a U.S. federal agency.

As part of its ongoing commitment to public health and safety through the effective regulation of cannabis, DFCR commits to making these designs available in multiple file formats for use by regulators in all U.S. states, U.S. territories, and the U.S. federal government at no cost, royalty-free, and without restriction, in perpetuity.



Figure 4: IICPS on actual product packages and embossed on lozenges

Conclusion

We endorse the IICPS to promote public health and safety by differentiating products containing intoxicating cannabis from other products. It serves disadvantaged communities by ensuring correct identification by people of any age, culture, literacy level, or education by following the international convention of using graphical elements rather than alphanumeric characters in the design. Finally, it empowers every authority having jurisdiction (AHJ) to add supplemental text in a way that meets their constituents' needs. AHJs can easily change supplemental text in the future without needing to modify the symbol itself.

We, the undersigned organizations, urge all cannabis regulatory bodies worldwide to adopt the IICPS as a mandated “universal symbol” to be printed on all intoxicating cannabis product packages. This action will demonstrate regulators’ commitment to public health and safety, standardized labeling, and existing consensus standards, with the prescience and flexibility to anticipate future changes in the nascent regulated cannabis industry.

Respectfully,

[See Signatories on following pages]

¹⁶ National Transportation Safety Board. “Alcohol, Other Drug, and Multiple Drug Use Among Drivers.” *Safety Research Report SRR 22-02*. December 13, 2022. p. 66. <https://www.ntsb.gov/safety/safety-studies/Documents/SRR2202.pdf>

Signatories to Open Letter from Stakeholder Organizations Supporting Adoption of the ICPS

 Americans for Safe Access
safeaccessnow.org



atach.org

 **ACHEM**
Association for Cannabis Health Equity and Medicine

achemed.org



crc-coalition.org

 **CLERGY FOR A NEW DRUG POLICY**
newdrugpolicy.org

 Council For Federal Cannabis Regulation
uscfcrr.org

dfcr.org  **Doctors for Cannabis Regulation**

 gacc.io
Global Alliance for Cannabis Commerce

We are the Drug Policy Alliance.

 Immigrant Defense Project
immdefense.org

 **ICANNA**
International Institute for Cannabinoids
www.institut-icanna.com/en/
drugpolicy.org

JustLeadershipUSA
jlusa.org  **JLUSA™**

The **JUSTÜS** Foundation

 We Change Laws
MPP
We Change Lives
mpp.org

 **MINORITIES FOR MEDICAL MARIJUANA**

 justus.foundation

minorities4medicalmarijuana.org



thecannabisindustry.org

 **NORML®**

National Organization for the Reform of Marijuana Laws
Norml.org

 **Parabola Center**
parabolacenter.com

 **SOCIETY OF CANNABIS CLINICIANS®**
www.cannabisclinicians.org

 **ssdp** Students for Sensible Drug Policy
ssdp.org

 **UNLOC INC.**
Unified Legacy Operators Council
unlocnow.org

 **VETERANS CANNABIS COALITION**
EQUAL ACCESS WITHOUT STIGMA
veteranscannacoalition.org

**Signatories to Open Letter from Stakeholder Organizations
Supporting Adoption of the IICPS**
(Alphabetical list)

Americans for Safe Access (ASA, safeaccessnow.org)
American Trade Association for Cannabis and Hemp (ATACH, atach.org)
Association for Cannabis Health Equity and Medicine (ACHEM, achemed.org)
Cannabis Regulators of Color Coalition (CRCC, crc-coalition.org)
Clergy for a New Drug Policy (CNDP, newdrugpolicy.org)
Council for Federal Cannabis Regulation (CFCR, uscfcfcr.org)
Doctors for Cannabis Regulation (DFCR, dfcr.org)
Drug Policy Alliance (DPA, drugpolicy.org)
Global Alliance for Cannabis Commerce (GACC, gacc.io)
Immigrant Defense Project (IDP, immdefense.org)
International Institute for Cannabinoids (ICANNA, www.institut-icanna.com/en/)
JustLeadershipUSA (JLUSA, jlusa.org)
JUSTÜS Foundation (justus.foundation)
Marijuana Policy Project (MPP, mpp.org)
Minorities for Medical Marijuana (M4MM, minorities4medicalmarijuana.org)
National Cannabis Industry Association (NCIA, thecannabisindustry.org)
National Organization for the Reform of Marijuana Laws (NORML, norml.org)
Parabola Center for Law and Policy (parabolacenter.com)
Society of Cannabis Clinicians (SCC, www.cannabisclinicians.org)
Students for Sensible Drug Policy (SSDP, ssdp.org)
Unified Legacy Operators Council (UNLOC INC., unlocnow.org)
Veterans Cannabis Coalition (VCC, veteranscannacoalition.org)

PLEASE EMAIL MEDIA INQUIRIES TO: LABELING@DFCR.ORG



March 18, 2024

SB 3335, HD 1 — Support With Amendments

Re: In support of SB 3335, HD 1 and suggesting amendments

Aloha Chair Nakashima, Vice Chair Sayama, and distinguished members of the Consumer Protection & Commerce Committee.

My name is Karen O'Keefe. I am the director of state policies for the Marijuana Policy Project (MPP), the largest cannabis policy reform organization in the nation. I am an attorney who has worked on cannabis policy at MPP since 2003. MPP has played a leading role in most of the major cannabis policy reforms over the past two decades, including 15 adult-use legalization laws. For the past year, I have had the pleasure of working with a coalition of Hawai'i advocates as part of the Hawai'i Alliance for Cannabis Reform (HACR).

I am writing to urge you to adopt the amendments requested by HACR and then pass a SB 3335, HD 2. Cannabis prohibition has been a harmful failure that derails thousands of lives and puts cannabis consumers, communities, and those involved in cannabis production and sales at risk. Lab testing, potency labeling, worker protections, point-of-sale education, and environmental standards are only possible in the context of legalization and regulation.

I. Hawai'i should legalize and regulate cannabis for adults.

Fifty-eight percent of Hawai'i voters support the legalization and regulation of cannabis¹, and for good reason. While cannabis is not risk-free, it is safer than alcohol,² tobacco,³ and many medications.⁴ Adults should not be penalized for using a less harmful substance.

¹ Pacific Resource Partnership's Winter 2023 Report https://7858660.fs1.hubspotusercontent-na1.net/hubfs/7858660/PRP_Hawaii_Perspectives_Winter_2023%20PDF.pdf?utm_campaign=Hawaii%20Perspectives&utm_medium=email&_hsmi=294974838&_hsenc=p2ANqtz--VF5MB0LczyAwh7wjFn8VnyGiaFevxGDsRI9sFPMxgXiFK1HZgFaCCh92muSNJggAkEPDgdLC6UoSvTTMIJ9IfL4PuBQ&utm_content=294974838&utm_source=hs_automation

² See: <https://www.mpp.org/special/marijuana-is-safer/> The chronic health effects of alcohol are responsible for more than 80,000 U.S. deaths per year, while cannabis has not been shown to increase all-cause mortality. (CDC, Annual Average for United States 2015-2019 Alcohol-Attributable Deaths Due to Excessive Alcohol Use, Muhuri PK, Gfroerer JC. Mortality associated with illegal drug use among adults in the United States. American Journal of Drug and Alcohol Abuse. 2011;37(3):155-164

³ Tobacco is responsible for more than 480,000 U.S. deaths per year, while cannabis is not known to increase all-cause mortality and has not been shown to cause lung cancer. "Health Effects of Cigarette Smoking," Centers for Disease Control and Prevention; Muhuri PK, Gfroerer JC. Mortality associated with illegal drug use among adults in the United States. American Journal of Drug and Alcohol Abuse. 2011;37(3):155-164

⁴ While prescription opiates cause 15,000 deaths per year, suspected cases of fatal cannabis overdoses are vanishingly rare. "Drug Overdose Death Rates," National Institute on Drug Abuse, accessed Feb. 11, 2024.

While the CDC reports more than 117,000 Americans die from the chronic health impacts of alcohol each year,⁵ cannabis has not been shown to cause any increase in all-cause mortality.⁶ Suspected cases of fatal overdoses from cannabis are vanishingly rare, while alcohol poisoning causes 2,600 U.S. deaths per year.⁷

Meanwhile, over 16,000 Americans die each year from fatal overdoses on prescription opioids.⁸ Even the longtime use of over-the-counter NSAIDs causes serious harm to organs.⁹

Many kapuna are hesitant to go to a medical cannabis specialist, and register with the state — at a cost of hundreds of dollars to simply try cannabis for pain or insomnia. But for many seniors in states where cannabis is legal for adults, it provides relief and allows them to reduce or eliminate their use of more harmful medications. In Colorado post-legalization, the number of adults 65 and older using cannabis has tripled.¹⁰

Legalization allows adults to use cannabis as an over-the-counter medicine, without the cost and other burdens involved in the medical cannabis program.

While cannabis is not entirely without risk, potential harms to adults are best dealt with by honest education and public health regulations, not the heavy hand of prohibition.

II. Marijuana prohibition has failed. Control is only possible with legalization and regulation.

Like our country's "Noble Experiment" with alcohol prohibition a century ago, cannabis prohibition has been a harmful failure. It tears apart families, stigmatizes individuals with life-altering criminal records, and results in hundreds of traumatic arrests every year. Cannabis prohibition also drives sales underground, putting everyone involved at risk. On the illicit market, buyers and sellers alike are vulnerable to robbery and violent attacks. In an underground economy, workers face exploitation and abuse.

⁵ "Alcohol and Public Health: Alcohol-Related Disease Impact (ARDI)," Centers for Disease Control and Prevention. (accessed March 10, 2024.)

⁶ "The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research," The National Academies of Sciences, Engineering, and Medicine, January 2017. ("There is no or insufficient evidence to support or refute a statistical association between cannabis use and: All-cause mortality (self-reported cannabis use)")

⁷ "Alcohol and Public Health: Alcohol-Related Disease Impact (ARDI)," Centers for Disease Control and Prevention.

⁸ "Prescription Opioid Overdose Death Maps," Centers for Disease Control and Prevention, accessed March 10, 2024.

⁹ Bindu S, Mazumder S, Bandyopadhyay U. Non-steroidal anti-inflammatory drugs (NSAIDs) and organ damage: A current perspective. *Biochem Pharmacol.* 2020 Oct;180:114147. doi: 10.1016/j.bcp.2020.114147. Epub 2020 Jul 10. PMID: 32653589; PMCID: PMC7347500. ("[Data from multiple placebo-controlled trials and meta-analyses studies alarmingly signify the adverse effects of NSAIDs in gastrointestinal, cardiovascular, hepatic, renal, cerebral and pulmonary complications.]")

¹⁰ "Impacts of Marijuana Legalization in Colorado," Colorado Division of Criminal Justice, July 2021, p. 91.

To what end?

Despite more than eight decades of cannabis prohibition, half of Americans have used cannabis.¹¹ Those whose lives were derailed by arrests and criminal records are arbitrary at best. Worse, the data shows who is arrested and prosecuted is marked by racial disparities.¹²

Legalization dramatically reduces the number of arrests and convictions.¹³

More than half of Americans already live in the 24 states¹⁴ and three U.S. territories where cannabis is legal. The first of these laws have been in effect for over a decade, and support has increased, not decreased.¹⁵ That's because voters see the sky hasn't fallen.

III. SB 3335 will add numerous health and safety protections that do not exist on the illicit market.

Only legalization allows for control.

Unregulated cannabis is often contaminated with hazardous heavy metals, pesticides that are unsafe for human consumption, and even hard drugs.¹⁶ SB 3335 requires lab testing, potency labels, and child-proof packaging that is nonexistent on the illicit market.

In addition, in the wake of the 2018 federal FARM Bill, synthetic hemp-derived cannabinoids have proliferated, which are far more dangerous than cannabis itself.¹⁷ SB 3335 would legalize and strictly regulate the safer alternative.

While some illegal cannabis is grown at home by harmless neighbors who cherish the plant, much of the cannabis consumed in Hawai'i now comes from illicit operators in California.¹⁸ There is no incentive for an illegal operator to comply with environmental or labor laws. Cannabis produced illegally in California often involves environmental degradation,

¹¹ Justin McCarthy, "Fully Half of Americans Have Tried Marijuana," Gallup, August 10, 2023.

¹² American Civil Liberties Union (ACLU), "A Tale of Two Countries: Racially Targeted Arrests in the Era of Marijuana Reform," 2020. Available at <https://ucr.fbi.gov/crime-in-the-u.s/2019/crime-in-the-u.s.-2019/topic-pages/persons-arrested>.

¹³ See: "Impacts of Marijuana Legalization in Colorado," Colorado Department of Public Safety Division of Criminal Justice Office of Research and Statistics July 2021; Gunadi C, Shi Y. Association of Recreational Cannabis Legalization With Cannabis Possession Arrest Rates in the US. *JAMA Netw Open*. 2022 Dec 1;5(12):e2244922. doi: 10.1001/jamanetworkopen.2022.44922. PMID: 36469319; PMID: PMC9855298.

¹⁴ "Most Americans now live in a legal marijuana state – and most have at least one dispensary in their county," Pew Research Center, Feb. 29, 2024.

¹⁵ For citations, see: <https://www.mpp.org/issues/legalization/polls-show-overwhelming-support-for-legalizing-cannabis/>

¹⁶ See: Ashley Southall, "What's in New York's Illicit Cannabis: Germs, Toxins and Metals," *New York Times*, Dec. 1, 2022.

¹⁷ See: Liz Scherer, "Buyer Beware: Delta-8 is the 'Russian Roulette' of Cannabis" WebMd.

¹⁸ See: <https://health.hawaii.gov/medicalcannabis/files/2022/08/CANNABIS-TAX-PIG-REPORT-FINAL.pdf>

including in formerly pristine wildlife areas and dumping of hazardous waste.¹⁹ There have been reports of forced labor, sexual exploitation, violence, and wage theft on illicit cannabis grows in California.²⁰

On the illegal market, disputes cannot be solved in court. Just as alcohol prohibition created the mafia in the U.S.,²¹ marijuana prohibition creates a lucrative market for organized crime.²²

Moving cannabis operations aboveboard allows for regulatory control to protect health, safety, communities, workers, and the environment.

SB 3335 includes the following regulations, none of which exist on the illicit market:

- Restricting adult-use cannabis packaging to black lettering on a background of a singular, solid color approved by the authority with no pictures or graphics. (§A-82)
- Packaging must be opaque and certified child-resistant and resealable. (§A-82)
- Prohibiting packaging that imitates or resembles any existing branded consumer products, including foods and beverages, that do not contain cannabis. (§A-82)
- Prohibiting edibles that resemble candy or other products marketed to children. (§A-84)
- Labels must contain a universal symbol to indicate the product has cannabis, results from lab testing from an independent lab, a warning of potential harm and to keep away from minors. (§A-83)
- Lab testing must include tests for “cannabinoid profiles and biological and chemical contaminants, including terpenoids, pesticides, plant growth regulators, metals, microbiological contaminants, mycotoxins, and residual solvents.” (§A-111)
- Mandating security measures, including cameras, restricted entry areas, and seed-to-sale tracking. (§A-16)
- Health and safety standards, including standards regarding sanitation, health inspections, and restricting pesticides. (§A-16)
- Requiring liability insurance. (§A-16)
- Prohibiting anyone under 21 from entering a cannabis retailer, unless they are a registered medical patient. (§A-16)
- Safety requirements for cannabis extractions. (§A-16)
- Energy and environmental standards. (§A-16)

¹⁹ See: "Illegal pot farms on public land create environmental hazard," *Associated Press*, Nov 17, 2019

²⁰ "Trafficking victims endured 'horrible conditions' in US illegal drug operation," *The Guardian*, July 28, 2023; Shoshana Walter, "In secretive marijuana industry, whispers of abuse and trafficking," *Reveal: The Center for Investigative Reporting*, September 8, 2016.

²¹ <https://prohibition.themobmuseum.org/the-history/the-rise-of-organized-crime/the-mob-during-prohibition/> ("Prohibition practically created organized crime in America. It provided members of small-time street gangs with the greatest opportunity ever — feeding the need of Americans coast to coast to drink beer, wine and hard liquor on the sly.")

²² Sebastian Rotella and Kirsten Berg, and Garrett Yalch and Clifton Adcock, "Gangsters, Money and Murder: How Chinese Organized Crime Is Dominating America's Illegal Marijuana Market," *ProPublica and the Frontier*, March 14, 2024.

IV. Many prohibitionists' claims are untethered to reality.

Opponents have made several claims that are not backed up by the data. In reality:

- **SB 3335 is only for adults; teen cannabis use has dropped in post-legalization states.**

Many opponents' claims are premised on the idea that youth cannabis use will increase post-legalization. This assumption is contrary to the data from 10 years of legalization in states across the U.S.

In all U.S. states and territories, legalization only applies to adults 21 and older.

A decade of before-and-after data has shown that adolescents' marijuana use has not increased in legal states.²³ As National Institute on Drug Abuse Director Nora Volkow testified at a March 23, 2022, Senate Health, Education, Labor, & Pensions Committee hearing, "in the United States, legalization by some states of marijuana has not been associated with an increase in adolescents' marijuana use."

Since Director Volkow's Senate testimony, more recent CDC data came out showing teen use has *decreased* in almost all legal states.²⁴

In addition to teens use of cannabis dropping, teens' access to cannabis has dropped as states legalized. On the eve of the first states legalizing cannabis — in 2011 — Monitoring the Future reported 82.2% of American 12th graders had fairly easy or very easy access to cannabis.²⁵ For the first time in its 40-year history, the figure dropped below 80% in 2015. Now there are 24 legal states, and the most recent data found far fewer 12th graders have fairly easy or very easy access — 72.7% in 2023.

Even larger drops occurred among the other two surveyed grades — 68.4% of American 10th graders reported fairly easy or very easy access to cannabis in 2011, while only 47.5% did in 2023.²⁶ Among eighth graders, the drop was from 37.9% having fairly easy or very easy access to cannabis in 2011 to 25.8% reporting easy access in 2023.²⁷

When cannabis is illegal, school kids have easy access to cannabis because those selling cannabis have no incentive to check ID.

²³ See: Anderson, Mark D., et al. "Association of Marijuana Legalization With Marijuana Use Among US High School Students, 1993-2019", September 2021.

²⁴ Available at: <https://nccd.cdc.gov/youthonline/App/Default.aspx>

²⁵ <https://monitoringthefuture.org/wp-content/uploads/2023/12/mtf2023table9.pdf>

²⁶ <https://monitoringthefuture.org/wp-content/uploads/2023/12/mtf2023table8.pdf>

²⁷ <https://monitoringthefuture.org/wp-content/uploads/2023/12/mtf2023table7.pdf>

Under prohibition, students are often the ones selling marijuana. Before any state had legal adult-use cannabis sales, in 2012, a survey by the National Center on Addiction and Substance Abuse at Columbia University reported that 40% of high schoolers report knowing a student who sells marijuana at school — while under 1% know a peer who sells alcohol.

Of course, that cannabis all originated on the illicit market, where it is often contaminated by heavy metals and pesticides that are safe only on bushes and trees – not in an inhaled or ingested plant.

As long as marijuana remains illegal, there will always be teens who get involved in selling it and end up with felony convictions that ruin their ability to get an education, housing, or a good job. Thoughtful regulation moves sales aboveboard, so only adults sell marijuana to other adults in safe, regulated businesses.

- **There has not been an increase in psychosis in legal states.**

There may be some mental health risks related to cannabis use, particularly for those predisposed to psychiatric disorders.²⁸ However, *legalization* does not appear to have any negative impact. Research shows that “compared with no legalization policy, states with legalization policies experienced no statistically significant increase in rates of psychosis-related diagnoses or prescribed antipsychotics.”²⁹

Education, product labeling, and sensible regulations³⁰ — not handcuffs, jail cells, and driving cannabis underground — are the most compassionate and effective ways to address cannabis’ risks. Patients are much more likely to have an honest conversation with their physicians in the context of legalization, which allows medical providers the opportunity to counsel patients.

- **Tourism from Japan is up post-legalization. And most tourism to Hawai’i is from jurisdictions with legal cannabis.**

Honolulu prosecutor Steve Alm claimed “Japanese tourists will stop coming to Hawaii. Full stop.”³¹ This is not rooted in any data and is in fact contrary to the data.

²⁸ <https://www.cnn.com/2024/02/08/opinions/marijuana-cannabis-psychosis-nathan-grinspoon>

²⁹ Elser H, Humphreys K, Kiang MV, et al. State Cannabis Legalization and Psychosis-Related Health Care Utilization. *JAMA Netw Open.* 2023;6(1):e2252689. doi:10.1001/jamanetworkopen.2022.52689

³⁰ Some prohibitionists have pointed to a California woman sentenced to community service after killing her boyfriend, who had pressed her to take a second hits from a three-foot bong — despite the product saying it was for experienced users only and his roommate having had an . That product originated from an illicit delivery service, not the legal market and it may have included a novel intoxicating cannabinoids. See: Brenna Ehrlich, "The Murky Story Behind the Woman Who Stabbed Her Date to Death While High," *Rolling Stone*, January 31, 2024;

³¹ <https://www.staradvertiser.com/2023/10/08/editorial/island-voices/column-legalizing-marijuana-will-cause-harm/>

Visit California data shows trips from Japan went *up*, not down, post-legalization.³² There were 537,000 visits from Japan to California in 2015, the year before legalization. That increased to 555,000 in 2019. (Beginning in 2020, tourism crashed due to COVID.)

Moreover, the vast majority of tourism to Hawai'i is from the U.S. mainland — where cannabis legalization has 70% support³³ — or Canada — where it is legal nationwide. Seventeen percent of Americans use cannabis.³⁴

Would most people who enjoy a nightcap choose to vacation in a dry county?

In December 2023, Hawai'i hosted 67,405 tourists from Japan, who spent \$106 million. In comparison, Hawai'i hosted 424,305 tourists from the U.S. West (where cannabis is legal) in December who spent \$850.6 million — eight times as much. The 55,927 Canadian tourists who visited Hawai'i in December spent \$149.2 million.³⁵

- **Fatal crashes are down in legalization states.**

There have been contradictory studies on whether legalization *correlates* (which is very different from causation) with increased crashes. Recent trends unrelated to cannabis have been cited as increasing the risk on the road³⁶ — fewer people bucking up, more speeding, motor vehicles becoming taller and heavier,³⁷ and COVID habits involving riskier driving that have continued.³⁸

If you examine before-and-after data of *all* the FARS data in legalization states comparing pre-legalization data to 2019 data (immediately pre-COVID), you will see a decrease (as a whole) in road fatalities post-legalization.³⁹

Public education about the dangers of impaired drivers and more training for drug recognition experts (DRE) are the sounder approach to road safety than banning cannabis for adults. SB 3555 provides for grant funding for DRE training. Training is important to detect and successfully prosecute drivers impaired by *anything*: there is only a breathalyzer for alcohol, not impairing prescription drugs, over-the-counter drugs, or illegal drugs.

³² Available at <https://industry.visitcalifornia.com/research/travel-forecast> (international market forecasts, unhide columns C-L)

³³ Lydia Saad, "Grassroots Support for Legalizing Marijuana Hits Record 70%," Gallup, November 8, 2023.

³⁴ "What Percentage of Americans Smoke Marijuana?" Gallup, Feb. 5, 2024.

³⁵ <https://www.hawaii-tourism-authority.org/media/12259/december-2023-visitor-statistics-1-30-24.pdf>

³⁶ Michael Wayland, "More people are dying on U.S. roads, even as cars get safer. Here's why it's a tough problem to solve," CNBC, May 22, 2022

³⁷ Joel Rose, "Taller cars and trucks are more dangerous for pedestrians, according to crash data," NPR, November 14, 2023.

³⁸ David Saric "Driving habits post pandemic are 'getting more dangerous,'" Insurance Business Magazine, May 18, 2023.

³⁹ <https://www.nhtsa.gov/research-data/fatality-analysis-reporting-system-fars>

- **Legalization dramatically shrinks the illicit market intra-state.**

Some opponents claim the illicit market will increase post-legalization. That's nonsense.

While the illicit market does not disappear overnight after legalization, in states with sensible regulatory systems and tax rates, within a few years of legal sales, most sales to intra-state consumers shift to the legal market.⁴⁰ To the extent illegal activity persists, it is largely due to demand from states with prohibition — whose non-medical cannabis demand will always be met by illicit activity somewhere.

Most consumers prefer legal cannabis.

A survey of cannabis consumers found a mere 6% of those living in legal states bought cannabis from dealers.⁴¹ Even of those living in prohibition states — without medical or adult-use legalization — 29% reported buying cannabis from brick-and-mortar stores. In Illinois, the state tracks sales to residents vs. non-residents, and 25% of sales in 2023 were to non-residents.⁴² This dropped significantly after neighboring Missouri legalized.

California has seen more illegal cannabis activity than most other legal states. Reasons for its unique challenges include its huge and unregulated medical cannabis cultivation market prior to legalization, which involved a lot of “grey market” cannabis; very high tax rates (though they were reduced later); local opt-outs of retail sales and adult-use delivery, creating large pockets of prohibition; California's status as a longtime exporter of cannabis; and that it decriminalized illegal sales as part of legalization.

Those factors would not be true in Hawai'i — which is also composed of islands that are thousands of miles from the mainland, making large-scale export more challenging.

Even Colorado, the first-ever state with legal cannabis sales, close to the center of the country, post-legalization, cannabis arrests and illegal activity decrease, as an ever smaller percentage of consumers go to the illicit or grey market. Policy decisions like tax rates, allowing local bans on sales, and onerous regulations can cause a slower decrease.

IV. Concluding Thoughts

⁴⁰ The Colorado Marijuana Enforcement Division's Market Size Demand for Marijuana in Colorado Market 2017 Update reported that, “Colorado's preexisting illicit marijuana market for residents and visitors has been fully absorbed into the regulated market.”

⁴¹ “The Normalization of Cannabis: Product and sourcing choices,” New Frontier.
<https://newfrontierdata.com/cannabis-insights/the-normalization-of-cannabis-product-and-sourcing-choices/>

⁴² <https://www.illinoispolicy.org/illinois-out-of-state-cannabis-sales-drop-to-2-year-low/>

Please pass SB 3335 with amendments. Cannabis legalization increases freedom, generates economic activity and tax revenues, allows for health and safety protections, and reduces hypocrisy. It is time for Hawai'i's cannabis policy to join the 21st century.

Please don't hesitate to reach out if you would like any more background information.

Mahalo for your time and consideration,

A handwritten signature in black ink that reads "Karen O'Keefe". The signature is written in a cursive style with a large, stylized 'K' and 'O'.

Karen O'Keefe
Director of State Policies
202-905-2012
kokeefe@mpp.org



March 19, 2024

To: Members of the House Committee on Consumer Protection and Commerce

RE: Support SB 3335 SD 2 (Cannabis regulation)

From: Paul Armentano, Deputy Director – National Organization for the Reform of Marijuana Laws (NORML): Washington, DC (paul@norml.org)

Distinguished members of the Committee:

I have worked professionally in the field of marijuana policy for 30 years, and I am currently the Deputy Director of NORML – the National Organization for the Reform of Marijuana Laws, a nationwide advocacy organization based in Washington, DC that represents the interests of responsible adult cannabis consumers.¹

During my professional career, I have authored several books on the topic of cannabis, health, and public safety and my writing is featured in over two dozen academic anthologies. In 2022, I was the lead witness before Congress at the hearing “Developments in State Cannabis Laws and Bipartisan Cannabis Reforms at the Federal Level,”² which was convened by the House Committee on Oversight and Reform, Subcommittee on Civil Rights and Civil Liberties.

I am providing testimony today in support of Senate Bill 3335 SD 2, which regulates the production, use, and sale of cannabis for those age 21 and older.

Some opponents of this bill have expressed concerns that it will expand the illicit cannabis market in Hawaii. This criticism is unfounded. Legalization neither creates nor normalizes the cannabis market. This market is already prevalent in Hawaii. But under a policy of criminal prohibition, this market remains underground and those involved in it remain unaccountable. They don’t pay taxes, they don’t check IDs, and they don’t test the purity of their product. Disputes that arise in the illicit marketplace are not adjudicated in courts of law.

By contrast, under a legally regulated system, cannabis products are available from licensed manufacturers at retail stores. Cannabis is cultivated and products are manufactured in accordance with good manufacturing practices. Products are lab tested and labeled accordingly – ensuring that consumers have access to products of verified purity and potency.

¹ <https://norml.org/about-norml/staff/>

²

<https://oversightdemocrats.house.gov/legislation/hearings/developments-in-state-cannabis-laws-and-bipartisan-cannabis-reforms-at-the>



Twenty-four states³ have now enacted legislation regulating the adult-use cannabis market. None of these states have repealed or even rolled back their laws, and public support for these policies has never been higher.⁴ That is because these policies are largely working as politicians and voters intended and they are preferable to prohibition.

After a century of failed policies and canna-bigotry, Hawaiians are ready for a policy change – one that legalizes, regulates, and educates. The establishment of a pragmatic regulatory framework allowing for the legal, licensed commercial production and retail sale of cannabis to adults best reduces the risks associated with its use or abuse.

That said, there is language in SB 3335 SD 2 that I believe must be either amended or repealed. Specifically, provisions in this bill establish an arbitrary, unscientific THC *per se* blood limit of 10 ng/mL for operators of motor vehicles. The enactment of this language would criminalize a significant percentage of Hawaiians, particularly state-authorized medical cannabis patients, absent any evidence of impaired psychomotor performance.

I have written extensively on this issue in the peer-reviewed literature, and I have concluded that these proposed thresholds are not evidence-based.⁵ I am not alone in reaching this conclusion. **Experts like the National Highway Traffic Safety Administration and AAA acknowledge that the sole presence of THC in blood, particularly at the low levels proposed in this bill, is an inconsistent and inappropriate indicator of psychomotor impairment in cannabis consuming subjects.**

States NHTSA: "It is difficult to establish a relationship between a person's THC blood or plasma concentration and performance impairing effects. ... **It is inadvisable to try and predict effects based on blood THC concentrations alone, and currently impossible to predict specific effects based on THC-COOH (metabolite) concentrations.**"⁶

AAA agrees, opining, "**There is no evidence from the data collected, particularly from the subjects assessed through the DRE exam, that any objective threshold exists that established impairment, based on THC concentrations.**"⁷

³ <https://norml.org/laws/legalization/>

⁴ <https://news.gallup.com/poll/514007/grassroots-support-legalizing-marijuana-hits-record.aspx>

⁵ Armentano. Should *per se* limits be imposed for cannabis? Equating cannabinoid blood concentrations with actual driver impairment: Practical limitations and concerns. *Humboldt Journal of Social Relations*: 35: 45-55 <https://digitalcommons.humboldt.edu/hjsr/vol1/iss35/5/>

⁶ NHTSA. Drugs and Human Performance Fact Sheet: Cannabis/Marijuana https://www.wsp.wa.gov/breathtest/docs/webdms/DRE_Forms/Publications/drug/Human_Performance_Drug_Fact_Sheets-NHTSA.pdf

⁷ AAA. *An Evaluation of Data from Drivers Arrested for Driving Under the Influence in Relation to Per Se Limits for Cannabis*. May 2016.



Most recently, investigators affiliated with the University of California, San Diego conducted the largest human trial to date assessing the potential relationship between THC blood levels and driving performance. They concluded: “In the largest trial to date involving experienced users smoking cannabis, there was no correlation between THC (and related metabolites/cannabinoids) in blood, OF [oral fluid], or breath and driving performance. ... **The complete lack of a relationship between the concentration of the centrally active component of cannabis in blood, OF, and breath is strong evidence against the use of *per se* laws for cannabis.**”⁸

This is because THC is fat soluble and, therefore, it may be present in a person’s blood at low levels for several days following cannabis use.⁹ This detection period extends well beyond any reasonable period of impairment. More habitual cannabis consumers, such as patients who consume cannabis products daily for symptom control, may possess residual THC levels in their blood for as long as a week at a time. Consequently, the imposition and enforcement of this strict liability standard risks inadvertently and inappropriately arresting, prosecuting, and convicting unimpaired persons who pose no threat to public safety.

For these reasons, I urge the members of this committee to advance SB 3335 in a manner that repeals these *per se* provisions.

###

AUTHOR’S NOTE: *Paul Armentano has nearly three decades of professional experience in cannabis policy. He is the Deputy Director of NORML – The National Organization for the Reform of Marijuana Laws – the nation’s oldest and only consumer-oriented cannabis reform advocacy organization.*

His writing on cannabis and cannabis policy has appeared in over 1,000 publications, scholarly and/or peer-reviewed journals, and in over two dozen textbooks and anthologies. Mr. Armentano is the co-author of the book Marijuana is Safer: So Why Are We Driving People to Drink? (2009, 2013: Chelsea Green), which has been licensed and translated internationally. He is also the author of the book Clinical Applications for Cannabis and Cannabinoids (2021: National Organization for the Reform of Marijuana Laws), which summarizes over 450 peer-reviewed studies specific to the safety and efficacy of cannabis among different patient populations.

<https://aaafoundation.org/wp-content/uploads/2017/12/EvaluationOfDriversInRelationToPerSeReport.pdf>

⁸ Fitzgerald et al. 2023. Driving under the influence of cannabis: impact of combining toxicology testing with field sobriety tests. *Clinical Chemistry* 69: 724-733.

<https://academic.oup.com/clinchem/article/69/7/724/7179849>

⁹ Odell et al. 2015. Residual cannabis levels in blood, urine and oral fluid following heavy cannabis use. *Forensic Science International*: 173-180. <https://pubmed.ncbi.nlm.nih.gov/25698515/>



Mr. Armentano works closely with politicians and regulators to draft and enact cannabis policy reforms, and he is a frequently sought-after speaker on the topic at legal and academic seminars.

Mr. Armentano was the principal investigator for defense counsel in the federal case U.S. v Schweder et al., one of the first legal cases in decades to challenge the constitutionality of cannabis as a Schedule I controlled substance. He was also an expert in the successful Canadian constitutional challenge, Allard v Canada, which preserved qualified patients' right to grow cannabis at home.

He is the recipient of the 2013 Alfred R. Lindesmith Award for Achievement in the Field of Scholarship and the 2019 Al Horn Memorial Award in appreciation of advancing the cause of justice.

TESTIMONY
HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE
SB3335_SD2_HD1 RELATING TO CANNABIS
March 19, 2024, at 2:00 PM
State Capitol Conference Room 329 via Videoconference

Chair Nakashima, Vice-Chair Sayama, and Committee Members

I support the use of medical cannabis. However, I do NOT support the use of recreational cannabis.

The Hawaii Federation of Republican Women stand in STRONG OPPOSITION to SB3335_SD2_HD1 for the following reasons:

Danger to the Community. SB3335_SD2_HD1 states: "Under federal 17 law non hemp cannabis is an illegal drug and is classified as a ~ 2024—0673 SB HMSO S.B. NO. ~ schedule I controlled substance under the Uniform Controlled Substances Act."...: "In addition, there are practical difficulties in identifying individuals who may be impaired by cannabis while driving, including the lack of a cannabis analogue for a breathalyzer for alcohol."

- The prevalence of marijuana or marijuana-in-combination identified by Colorado State Patrol officers as the impairing substance in a DUI increased from 12% of all DUIs in 2014 to 31% in 2020. The prevalence of citations reported as marijuana-alone increased from 6.3% in 2014 to 8.7% in 2020, while marijuana-in-combination with alcohol or other drugs increased from 5.7% of citations in 2014 to 22.7% in 2020.
- The number of traffic fatalities where a driver tested positive** for any cannabinoid (Delta 9 or any other metabolite) increased 140%, from 55 in 2013 to 132 in 2019.

Health and Wellness.

- There was a significant rate increase of marijuana-related emergency department visits during the era of medical commercialization. The increase in visits continued after 2014 but that increase was reversed in 2019.
- The number of calls to poison control mentioning human marijuana exposure increased over the past 10 years. There were 41 calls in 2006 and 276 in 2019.

Source: <https://dcj.colorado.gov/news-article/colorado-division-of-criminal-justice-publishes-report-on-impacts-of-marijuana>

I encourage you to think about the decisions that you make today that will have an impact on our families and future generations to come. Please vote NO on SB3335_SD2_HD1.

Thank you for the opportunity to testify.

Respectfully Submitted,
Jamie Detwiler. President
Hawaii Federation of Republican Women

SB-3335-HD-1

Submitted on: 3/18/2024 8:37:20 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Colton Neves	Love Sandwich, LLC	Support	Written Testimony Only

Comments:

Aloha,

my name is Colton Kekoa Neves and I own a business headquartered in Honolulu. I'm testifying on SB3335 SD2 HD1. Please ensure SB 3335 SD2 HD1 prioritizes racial justice by fostering equity in licensing by providing that existing Hawai'i farmers are second in line-after medical licenses for cultivation licensing, and increasing the number of social equity licensees. Cannabis legalization rooted in racial justice also means including an amendment that removes the excessive funding allocations to law enforcement and instead increases funding to social equity and community services. To be clear, this is about empowerment, for a community that we all hold dear.

Sold to the public in the name of public safety, Hawai'i's cannabis laws needlessly ensnare hundreds of people -- disproportionately Native Hawaiian adults and youth -- in its criminal justice system every year. And what do we get from that? More people plucked from the public system without any recourse to enter. A glut on the prisons. Holes in families.

These arrests are not just an unnecessary burden on residents and the judicial system, but also negatively affect access to employment, housing, and child custody, among others, for the person arrested. These collateral harms can last for decades, even after someone has served their time or paid any required fines.

It is past time to end Hawai'i's unnecessary and harmful war on cannabis.

Mahalo for your time and consideration.

Date: 3/17/2024

To: Representative Mark Nakashima, Chair Committee on Consumer Protection & Commerce

Dear Chair Nakashima, Vice-Chair Sayama, and Members of the Committee:

My name is Jeff Hong I am the CEO of Techmana LLC. Techmana is a Hawai'i based software development and cybersecurity company. I testify in **strong support of SB3335 SD2 HD1** I have seen the detrimental effects on the failed war on drugs in general and cannabis in particular. I have additional professional perspectives as Board Chair of Hawaiian Ethos, a medical cannabis licensee, and as Chair of the Honolulu Liquor Commission. I testify only in a personal capacity.

Working in the technology industry, I have had colleagues removed from employment or afraid to apply for employment because of their cannabis use. This policy makes us less competitive with jurisdictions that have eliminated the criminalization of cannabis.

The expungement provision of this bill are vital to addressing the harms of our failed past policies. Under our current liquor laws HRS 281-45, a felony disqualifies an applicant from ownership in any business that serves alcohol; boat, store, bar, club, or restaurant. This prevents a significant slice of our citizens from creating small businesses in our hospitality focused economy. In previous testimony (HB1595), the law enforcement community raised objections to the complexity and cost to implement a state-initiated expungement process. Our State's current IT systems are inadequate to automate the process and the criminal records are inadequately encoded for automation. The revenue raised by this bill provide an opportunity to fund upgrading our antiquated systems across the criminal justice system and provide relief to those affected.

Last Friday, Vice-President Harris called our current marijuana policy "absurd" and "patently unfair". From our own history [of prohibition in Hawaii](#), demonizing alcohol did not result

in relief of “poverty, sickness, hunger, misery, and unhappiness”. Prohibition was unpopular and unenforceable with over 70% voting against it in a 1910 election but was forced onto Hawaii by the “Dries”. We need to learn the lesson from a century ago that prohibition of cannabis, like alcohol, is a failure.

Part of our thriving hospitality industry is due to a sensible regulatory scheme of post prohibition alcohol. Our growing spirits industry from craft lilikoi brews, rum, and okolehao provide opportunities to diversify our economy with world-class products. Cannabis can be part of this diversification. We need to regulate these products through the commercial code rather than the criminal code. HRS 218-45 and the supporting County Rules of the Liquor Commission span over 130 pages. It has taken decades of constant tuning of liquor laws to balance minimizing the harms of alcohol while allowing people to choose to drink.

This bill is far from perfect, but it is a good start to remove the harms caused by cannabis prohibition and to start a new local industry.

Mahalo for the opportunity to testify.

Sincerely,

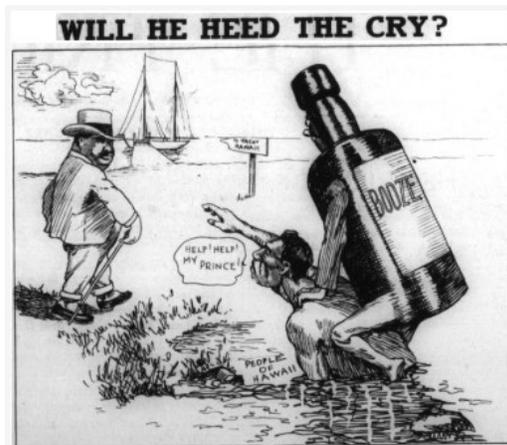
Jeffrey Hong

The Great War – Aloha to Alcohol, Aloha to War

... the Anti-Saloon League of Hawaii was formed in 1901, the same year Elks Lodge 616 opened. News reports drove home the wages of drink: “The cause of most of the stabbing affrays, murders and assaults can be readily traced to liquor...”; “Mr. H..., broken down by drink shot himself leaving debts and a large family”; “demented by long drunkenness, [the man] using a hatchet, nearly kills Ben Foster, cook at Makiki Fire station, and severely wounds 3 other men, 1 of whom shoots down the maniac.”

The movement to save humanity by eradicating liquor grew nationally. Women’s Christian Temperance Union and the Lincoln-Lee Legion joined the Anti-Saloon League of America waging battle against demon rum. Popular songs (“Father dear Father come home with me now”) and tearful stories repeated the message - liquor harmed the poor, women, and children.

In 1915, Hawaii’s Anti-Saloon League hired a full-time “Superintendent” and expanded their campaign. In 1916, the Superintendent moved to Washington, working full-time for federal imposition of prohibition in Hawaii. The League labored long, searching for a legal “gothcha” to allow imposition of prohibition on the Territory by Congressional or Presidential action.



Hawaii's people call out to Kuhio to save them from Booze (Help! Help! My Prince) The Friend, Feb 1918

Officially, Prince Jonah Kuhio Kalaniana'ole, Hawaii's elected representative in Congress, backed 'home rule.' Washington should not dictate laws for the Territory, but allow Hawaii to decide most issues. Facing voter opposition, Territorial legislators repeatedly failed to enact prohibition. Dry advocates were skilled publicists and politicians. They defined the issue as war time Americanism vs. Kaiserism, then pummeled Kuhio with a barrage of criticism no politician could ignore. In a familiar political reality, many voters opposed prohibition, but Kuhio's financial

supporters (and newspapers) wanted it. Cornered, Rep. Kalaniana'ole became a supporter in Congress for federally imposed prohibition.

After much political pushing and shoving, March 1918, Pres. Woodrow Wilson signed a bill prohibiting liquor in Hawaii, effective August 20, 1918. Hawaii public and private food service operations including Elks 616 went dry. 'Dries' were **sure relief of "poverty, sickness, hunger, misery, and unhappiness"** would result. **Unsurprisingly, those results were not forthcoming.** The blind piggers began to work even more energetically. Early in 1919, the disillusioned Dries formed the Prohibition Law Enforcement League to "make Hawaii an outpost of American civilization."

<https://www.theirownmemorial.org/index.php/hawaii-wwi-centennial-articles/1183-the-great-war-aloha-to-alcohol-aloha-to-war.html>

ESTABLISHED 1882. NO. 4651. 10 PAGES—HONOLULU, TERRITORY OF HAWAII, WEDNESDAY, JULY 27, 1910—

VICTORY OVER WOOLLEYISM

REPUBLICANS OF OHIO

PROHIBITIONISTS LOSE ALL ISLANDS

BY OVERWHELMING MAJORITY

IT'S ALL OVER NOW BUT THE SMILE

Woolley Attends Sad Crow-Fest Up Salt Creek

It's all over but the felicitations and hand-shakes. Honolulu has certainly developed an army of "guerrillas of evil and stinkiness" whose numbers have swelled the most sanguine supporter of a continuance of the present laws of the Territory.

Just think of it! 3901 voters on the island of Oahu had the temerity to brave the avenging thunder of a Thurston and the artless wiles of a Woolley and cast their ballot against the blight of prohibition.

Oahu liased up a little over four to one in favor of the existing form of regulation.

Over on the big island of Hawaii, the prohibitionists failed to carry a

UNOFFICIAL ISLAND RETURNS

The annihilation of the prohibitionists is increasing, if that be possible. In its overwhelming effect as later reports are being received from the other islands. Not one precinct did the followers of Woolley carry on Hawaii and the partial returns also indicate this to be a fact on Maui, the Lanai precinct in which there is a registration at large.

	NO	YES
OAHU	3901	960
HAWAII	1433	524
MAUI AND MOLOKAI	1395	458
KAUAI	554	243
	<u>7283</u>	<u>2185</u>

CROWDS CHEER BULLETIN RETURNS

Quick and Complete Story of Woolley Defeat

Defeat, absolute and unqualified, for the cause of Woolley and Thurston was quickly shown last evening to the Honolulu public, a crowd of hundreds gathering in front of the Bulletin office and watching the returns as they were rapidly placed upon a large board. The returns given to the public by the Bulletin were the first and only returns that were posted in Honolulu.

With the returns being received from all precincts of Oahu, showing the overwhelming war of public sentiment in Hawaii against Thurston and his platform, the Advertiser, in characteristic fashion, failed to show the returns that it had promised, but in place of that which the people expected threw a collection of mov-

COLUMB Republican day, Warrenated for 4 proprietor not allied sented by t In his see dced the t publican a and recom of Presiden

28000 OUI

CHICAGO eight thous Trades Un strike thru Chicago 24 some unde the elevato

HIGH LO

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[It's absurd and unfair that marijuana is treated more seriously than fentanyl under federal law-Vice President Kamala Harris](https://www.cnn.com/2024/03/15/politics/harris-marijuana-roundtable/index.htm)

<https://www.cnn.com/2024/03/15/politics/harris-marijuana-roundtable/index.htm>



HAWAII' ALLIANCE FOR CANNABIS REFORM

Tuesday, March 19, 2024

Senate Bill 3335 SD2 HD1 Relating to Cannabis Testifying in Support, asking for amendments

Aloha Chair Nakashima, Vice Chair Sayama, and Members of the Committee:

The Hawai'i Alliance for Cannabis Reform supports SB3335 SD2 HD1, which establishes the Hawaii Cannabis and Hemp Authority within the Department of Commerce and Consumer Affairs to regulate all aspects of the cannabis plant. It also establishes the Cannabis and Hemp Control Implementation Advisory Committee. Beginning January 1, 2026, the bill legalizes the personal adult use of cannabis and establishes taxes for adult-use cannabis and medical use cannabis sales. The bill transfers the personnel and assets of the Department of Health and assets of the Department of Agriculture relating to cannabis to the Hawaii Cannabis and Hemp Authority and appropriates funds.

Cannabis prohibition has done a tremendous amount of harm — tearing families apart, marking tens of thousands of Hawai'i residents with criminal records that derail lives, and risking the health and safety of those buying and selling cannabis on the illicit market. We embrace legalization as a way to stop inflicting those harms, contribute to a diversified economy, and create an alternative approach rooted in equity and reparative justice.

We heartily support protecting health and safety as part of legalization. However, the Attorney General office-drafted bill's singular focus resulted in an approach that is overly focused on law enforcement and re-criminalization. While SD 2 and HD 1 have made significant improvements from the as-introduced bill, we urge a greater focus on reinvesting in communities, justice, and building an equitable and inclusive industry. We also urge the committee to avoiding ramping up law enforcement, criminalizing innocuous behavior, and eroding existing patient rights. We also believe it is crucial to the success of the program that the lead regulators support their mission — legalizing and regulating cannabis for adults' use.

Member Organizations

Marijuana Policy Project • ACLU of Hawai'i • Drug Policy Forum of Hawai'i • Council for Native Hawaiian Advancement • Last Prisoner Project • Doctors for Drug Policy Reform • Hawai'i Innocence Project • Chamber of Sustainable Commerce • Cannabis Education Hawai'i

Here are recommended amendments to SB 3335, HD 1 to foster justice and equity:

- 1. Removing the Unscientific Per se DUI Provision.** Remove — or at least revise — the outrageous and unscientific per se “driving under the influence” limit of 10 nanograms per milliliter of THC for adults and any trace amount for those under 21 who are not registered patients. Due to significant variations among individuals in THC levels at times of impairment, particularly between regular consumers and novice users, this will criminalize patients and other sober drivers long after impairment wears off. As a draft report by the National Highway Traffic Safety Administration (NHTSA) dated February 2024 explained, “Several states have determined legal per se definitions of cannabis impairment, but relatively little research supports their relationship to crash ... Unlike the research consensus that establishes a clear correlation between [blood alcohol content] and crash risk, drug concentration in blood does not correlate to driving impairment.”¹ Rather than criminalizing sober drivers, Hawai’i should invest in more DRE and ARIDE-trained officers. It should also have a robust public education campaign on the dangers and illegality of impaired driving.

Recommended language: Delete HD 1’s Sections 7-17. Include funding for DRE training, plus public education on the dangers and illegality of impaired driving.

If the legislature is unwilling to remove the unscientific threshold entirely, the 10 ng/mL standard should also be applied to those under 21 instead of zero tolerance, the per se standard should be changed to a “rebuttable presumption.” Doing so flips the burden of proof for those testing at 10 ng/mL, but it would at least give patients and other consumers who drive long after impairment wears off a fighting chance.

Rebuttable presumption option. Delete HD 1’s Sections 7-17, but add:

Section 291E-3, Hawaii Revised Statutes, is amended by adding subsection (e) to read as follows:

“(e) In any criminal prosecution for a violation of section 291E-61 or 291E-61.5 or in any proceeding under part III a THC at a concentration of ten or more nanograms per milliliter of blood within three hours after the time of the alleged violation as shown by chemical analysis or other approved analytical techniques of the person’s blood shall be competent evidence that the person was under the influence of an intoxicant at the time of the alleged violation.”

If the per se standard is not removed, we strongly urge a least:

- (1) confirming the effective date to legalization’s effective date, January 1, 2026;
- (2) mandating annual reporting on the number of people prosecuted under it and convicted, and
- (3) a report assessing the approach and alternatives by 2026.

¹ See: <https://www.marijuanamoment.net/federal-agency-says-theres-little-research-supporting-marijuana-driving-impairment-tests-based-on-thc-concentration/>

- 2. Fostering Equity in Licensing:** To strengthen its commitment to a just and equitable industry, SB 3335 should provide that existing Hawai'i farmers are second in line — after medical licensees — for cultivation licensing. It should also require the issuance of a significant number of social equity licenses in the first licensing round. There should also be a clear and more rapid timeline for licensing. Based on extrapolations from a market demand study in Maryland and the small cultivation canopy limit in the bill, there should be at least 100 growers, 60 manufacturers, and 60 retail stores. At least half of each should be reserved for social equity applicants and/or small farmers.

Add the following new section to HD 1, and make conforming changes as needed to rulemaking.

- (a) No later than 12 months after the effective date of this chapter, the authority shall license medical cannabis dispensaries that apply and qualify for licensure as a cannabis processor, a cannabis cultivator, and a retail cannabis store at each pre-existing, licensed medical cannabis location.
- (b) No later than 12 months after the effective date of this chapter, the authority shall make available applications for cannabis cultivator businesses.
- (c) No later than 18 months after the effective date of this chapter, the authority shall make available applications for cannabis store and processor businesses.
- (d) Each license shall be granted, issued a conditional approval, or denied within 120 days of its submission.
- (e) No later than 16 months after the effective date of this chapter, the authority shall issue no fewer than 50 cannabis cultivator licenses to farmers in Hawai'i.
- (f) No later than 24 months after the effective date of this chapter, the authority shall issue no fewer than the following number of licenses:
 - (1) 30 retail cannabis store licenses, at least 15 of which must be issued to social equity applicants;
 - (2) 50 additional cannabis cultivator licenses, at least 25 of which must be issued to social equity applicants; and
 - (3) 60 cannabis processor licenses, at least 30 of which must be issued to social equity applicants.
- (g) Applicants may apply for conditional approval if they have not purchased or leased the property where their cannabis business would be located. If the applicant is otherwise qualified for licensure, the authority shall provide conditional approval. Once the applicant provides the authority with a completed, supplemental application that includes the premises, the authority shall approve or reject the final application within 45 days.
- (h) No later than 48 months after the effective date of this chapter, and at least every year thereafter, the authority shall consider whether to increase the number of licenses of each type issued, with goals of avoiding an oversupply, avoiding an undersupply, providing reasonable prices and accessibility, and promoting small businesses, social equity operators, and individuals' transition from the legacy market to the regulated market.
- (i) The authority shall re-open the application period at least once every year if the number of outstanding licenses fall.

- 3. Reallocating funding to focus on equity and justice.** Reduce or remove the excessive allocations to law enforcement. Increase allocations to social equity and community reinvestment to at least 50% of the excise tax, and provide funding for the general fund.

SB 3335's several distinct funds were combined into two funds, with each getting 50% of the excise tax revenue. The social equity fund was combined with public education and public safety grants, allowing for the possibility that little or no funding will make it to equity. Non-equity funds (which include cannabis enforcement) should not be commingled with equity funds, which allows for funding to be siphoned off from reparative justice. In addition, a significant amount of revenue should be reserved for the general fund to address the state's needs.

§A-18, replace with:

Cannabis social equity special fund; established. (a) There shall be created in the treasury of the State the cannabis social equity special fund to be administered and expended by the authority.

(b) The moneys in the cannabis social equity special fund shall be used, subject to appropriation, for the implementation and administration of the social equity program as provided in part IX.

(c) The following shall be deposited into the cannabis social equity special fund:

(1) The tax collected pursuant to section §B-7;

(2) Appropriations made by the legislature to the special fund;

(3) Interest earned or accrued on moneys in the special fund; and

(4) Contributions, grants, endowments, or gifts in cash or otherwise from any source, including licensed businesses.

(d) Moneys on balance in the cannabis social equity special fund at the close of each fiscal year shall remain in the special fund and shall not lapse to the credit of the general fund.

§B-7 Disposition of revenues. The tax collected pursuant to this chapter shall be paid into the state treasury as a state realization to be kept and accounted for as provided by law; provided that revenues collected under this chapter shall be distributed in the following priority:

(1) ~~Forty-five [Fifty]~~ per cent of the tax collected shall be deposited into the general fund; ~~[cannabis regulation, nuisance abatement, and law enforcement special fund established by section A-18; and]~~

(2) Fifty per cent of the tax collected shall be deposited into the cannabis social equity ~~[-public health and education, and public safety]~~ special fund established by section A-19;

(3) two and a half percent for grants to train and certify state and county law enforcement officers as drug recognition experts for detecting, identifying, and apprehending individuals operating a vehicle under the influence of an intoxicant or otherwise impaired; and

(4) two and a half percent for a public education campaign on the dangers of impaired driving.

- 4. Law Enforcement Staffing Largesse.** As introduced, SB 3335 created a total of 25 new cannabis law enforcement and positions between the DLE and AG. These have been

blanked out as TBD. Legalization should *reduce* the amount of cannabis-related law enforcement by moving most cannabis-related conduct to the legal market, not increase it. Other states have not included this degree of increase in cannabis-related law enforcement as part of legalization.

Strike sections 58, 59, 61, and 62.

- 5. Safe Storage.** Revise the requirement that cannabis must always be stored in a sealed child-resistant container with “original labels.” This applies even to kupuna who live alone with no minors in the household. The language should be revised to allow more flexibility as long as cannabis is stored away from minors — for example, in a jar inside a medical lock box.

Suggested Language:

§A-51 (b) All adult-use cannabis shall be stored in a manner that is [~~sealed child-resistant and resealable packaging with original labels and~~] not easily accessible to any person under the age of twenty-one.]

- 6. Removing the Erosion of Patients’ Protections Regarding Cannabis in Parked Cars and Medical Care.**

Under existing law, patients may not use medical cannabis in a moving vehicle, but there is no prohibition on using it in a parked vehicle. This is vital to patients’ independence and health because medical cannabis is not allowed at many locations, including some schools, nursing homes, hospitals, and housing units (including HUD-housing). This medical freedom should be restored.

Also under current law, patients cannot be disqualified from medical care, including organ transplants, for medical cannabis. SB 3335 adds an exception to the existing protection (found in § 329-125.5), which swallows the rule. It allows a provider to deny necessary care if they think it increases the risk of an adverse outcome, even if their judgement is not the scientific consensus, and even if the patient would still be better off with the procedure. This needs to revert to the language in current law.

§ A-41 (e) All cannabis shall be transported in a sealed container, shall not be visible to the public, and shall not be removed from its sealed container or consumed or used in any way while in a public place or in a moving vehicle.

(f) [~~The medical use of cannabis alone shall not disqualify a person from any needed medical procedure or treatment, including organ and tissue transplants, unless in the judgment of the health care provider the use of cannabis increases the risk for a bad outcome from the procedure or treatment.~~] For the purposes of medical care, including organ transplants, a registered qualifying patient's use of cannabis in compliance with this part shall be considered the equivalent of the use of any other medication under the direction of a physician and shall not constitute the use of an illicit substance or otherwise disqualify a registered qualifying patient from medical care.

7. **Cannabis Authority Composition.** Anti-corruption language and language to ensure regulators are not opposed to their mission should be added, mirroring the similar liquor statute — HRS 281-11. In addition, law enforcement and former law enforcement should not be on the board if there is a board. The advisory board should also be fleshed out to ensure a variety of stakeholder voices.

§A-11 Hawaii cannabis and hemp authority; established.

...

(d) No person shall be a member of the board or shall serve as executive director, chief financial officer, chief equity officer, general counsel, chief public health and environmental officer, chief technology officer, and chief compliance officer who:

(1) is or becomes engaged, or is directly or indirectly interested in any business for the manufacture or sale of cannabis;

(2) advocates or is or becomes a member of, or is identified or connected with, any organization or association which advocates prohibition, or

(3) is an elected officer of the state or county government or who presents oneself as a candidate for election to any public office during the term of the person's appointment hereunder.

This provision shall be enforced by the Executive Director and board of the Authority by the removal of the disqualified member whenever such disqualifications shall appear.

§A-14 Cannabis control implementation advisory committee; members; organization. (a) There shall be established the cannabis control implementation advisory committee that shall advise and assist the board in developing or revising proposed laws and rules to carry out and effectuate the purposes of this chapter. The cannabis control implementation advisory committee shall be placed within the department of commerce and consumer affairs for administrative purposes only.

(b) The cannabis control implementation advisory committee shall consist of fifteen members, with five members to be appointed by each the governor, the Senate president, and the speaker. Members of the board must support the mission of legalizing and regulating cannabis. Members shall include: one expert in public health; one physician who is knowledgeable about the risks and benefits of cannabis; at least one registered medical cannabis patient; at least one individual who represents cannabis consumers; four individuals with backgrounds in the cannabis industry, at least one of whom has a background in each cannabis cultivation, cannabis retailing, cannabis product manufacturing, and cannabis testing, and at least two of whom qualify as social equity applicants; at least one individual with background in civil rights advocacy; at least one individual with background security; one individual with expertise in environmental sustainability; one attorney with experience in cannabis policy or providing legal services related to cannabis; and an attorney designated by the office of the Attorney General to advise the taskforce.

...

8. Clarifying the language around the universal symbol.

Although many states require a “universal” symbol on cannabis products, there are over a dozen different symbols in use that are used in only one or a few states. To reduce the patchwork approach and ensure the symbol follows best practices and international consensus standards, we recommend:

§A-83 (b) The board shall adopt rules to establish labeling requirements for cannabis and hemp; provided that labeling on each cannabis package shall, at a minimum, contain:

(1) A universal ~~[symbol prescribed by the authority that indicates that the package contains cannabis]~~ **cannabinoid product symbol that has been approved as a consensus standard issued by a nationally recognized consensus standard organization, which should be required for all cannabis and hemp products containing more than 0.3% intoxicating cannabinoids.**

9. **Ensuring Prompt Implementation.** It would be advisable to impose reasonably swift deadlines on the authority to accept applications and issue licenses. Several other states have been able to move quickly, enabling them to promptly benefit from new tax revenue and the benefits of legal regulation. For example, Maryland, Nevada, and Oregon all had legal sales begin less than six months after their laws’ passage. See #2 for possible language and timing.

Mahalo for considering our input to ensure legalization is rooted in justice and equity. Not an overly punitive approach that ramps up law enforcement.

ACLU of Hawai‘i
Carrie Ann Shirota
Policy Director

Drug Policy Forum of Hawai‘i
Nikos Leverenz
President

Marijuana Policy Project
Karen O’Keefe
Director of State Policies

On behalf of the entire Hawai‘i Coalition for Cannabis Reform

“Guarding Hawaii’s Wellbeing: Why Legalizing Recreational Marijuana Poses a Threat”
Gerald Busch MD MPH, President, Hawaii Psychiatric Medical Association

According to the Substance Abuse and Mental Health Administration, last year 175,000 people age 12 and up smoked marijuana in our state. That is 14.5% of the population. Is it really necessary to change the law for this small portion of the population, so the rest of us can be randomly assaulted with clouds of cannabis smoke while otherwise breathing our wonderful fresh air?

Reasons given for relaxing our law regulating marijuana include a “failed war on drugs” and “public safety.” The conception of a “war on drugs” originated in 1971, over 50 years ago. By 1998, Office of National Drug Control Policy Director General Barry McCaffrey, a seasoned combat veteran, recognized that regulating the availability of drugs of abuse in our country was not a war in any sense, but did depend on enforcement of drug laws, prevention strategies, and drug treatment. Last week, the state of Oregon began to revoke its decriminalization of drugs policy, due to the emergence of rampant drug use. There has been no “war on drugs” or “failed war on drugs” for many many years.

What about public safety being improved by legalizing recreational marijuana? This improves safety about as much as throwing a few bars of soap onto the floor of your shower. There is plenty of evidence from states that have legalized recreational marijuana to show it is not safe by any means. The number of emergency room visits of children ages 0 to 8 years old shot up during the first year after legalization in Colorado. Not that these kids were using marijuana. They would eat cannabis gummies that parents left around while too stoned to pay attention. Kids are not the only ones who will suffer. A number of studies indicate that the traffic fatalities increased by 111% in accidents involving cannabis in states following legalization of recreational marijuana.

Marijuana is not a harmless substance. Despite popular misconceptions, research consistently demonstrates the adverse health effects associated with its use. Regular marijuana use has been linked to cognitive impairment, mental health disorders such as psychosis and schizophrenia, respiratory issues, and impaired driving. Legalization would lead to commercial availability and accessibility of marijuana, potentially exacerbating these health risks, particularly among vulnerable populations such as adolescents.

Furthermore, legalizing marijuana sends the wrong message about substance use, particularly to our youth. By normalizing marijuana consumption, we risk undermining efforts to prevent drug abuse and promote healthy lifestyles. The last thing we need is to create a culture where using mind-altering substances is viewed as socially acceptable or even desirable.

Legalization also raises concerns about the commercialization and marketing of marijuana products. Just as we've seen with tobacco and alcohol, the marijuana industry would undoubtedly employ aggressive marketing tactics to promote its products and maximize profits.

This could lead to increased consumption, particularly among those who are most susceptible to advertising, such as young adults and individuals with substance use disorders.

What about the economic benefits of marijuana legalization? Certainly, with such a minority of our population involved in the use of marijuana, the economics must be the attraction to our legislators considering this policy change. While proponents argue that legalization would generate substantial tax revenue and create jobs, the reality is more complex. Legalization would also come with significant costs, including the need for regulation, enforcement, public health initiatives, and addressing the societal impacts of increased marijuana use. It's unclear whether the potential economic gains would outweigh these expenses in the long run. As the state of Colorado has increased tax on cannabis to obtain additional revenue, illegal trafficking has increased.

Finally, we must consider the unique cultural and environmental significance of Hawaii. Legalizing marijuana could have profound implications for our island communities, from altering the social fabric to potentially disrupting delicate ecosystems if large-scale cultivation were to take hold. We must carefully weigh these considerations against the potential benefits of legalization.

In conclusion, while the debate over marijuana legalization is complex, Hawaii should take a hard look at this. We must prioritize public health and safety above short-term economic gains and carefully consider the potential consequences for our communities, the aina, and future generations.



Cultivation Sector Consulting, LLC

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TO: Rep. Mark M. Nakashima, Chair

Rep. Jackson D. Sayama, Vice Chair

Committee on Consumer Protection & Commerce

FR: Jennifer Martin, Member/Manager
Cultivation Sector Consulting, LLC

RE: SB3335, SD2, HD1 RELATING TO CANNABIS.

DATE: Tuesday March 19, 2024

TIME: 2:00 VIA VIDEOCONFERENCE; Conference Room 329

Chair Nakashima, Vice Chair Sayama and members of the Committee Consumer Protection & Commerce;

My name is Jennifer Martin, member and manager of Cultivation Sector Consulting, LLC. I have been active in the cannabis industry since 1996 and have been a consultant in Hawai'i, operating locally and internationally as a cannabis licensing, compliance and operations expert since 2017.

Cultivation Sector Consulting **SUPPORTS** SB3335, SD2 HD1, which establishes the Hawai'i Cannabis Authority and Cannabis Control Board within the Department of Commerce and Consumer Affairs to regulate all aspects of the cannabis plant.

As part of my testimony I wish to address two primary issues:

- A. Keep Provisions Related to Persons Convicted of a Felony: SUPPORT FOR AMENDED LANGUAGE IN SB3335, SD2, HD1. The original version of SB3335 initially prohibited any persons convicted of a felony from:
- Applying for a license (§A-72 Applicant criteria);
 - Serving as an officer, director, manager or general partner of a business entity applying for a license (§A-72(c)(1); and
 - Working for a licensed business (§A-79(f) Licensed business operations).

We concur with the Senate in amending the measure to include a 10-year look back period which will enable persons convicted of a felony to fully participate in economic and civic activities, including potential opportunities provided by the legalization of cannabis.

Cultivation Sector respectfully submits background information to your Committees, including research, data and conclusions supporting the 10-year look-back period. In particular, we are attaching (1) a study by the Reason Foundation from 2018, which evaluated every state's recreational licensing prohibitions related to felonies; and (2) a summary of the Bureau of Justice Statistics Report, published May 2018,



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which analyzed the recidivism rate of prisoners from 2012-2017, showing that the vast majority of recidivism occurs in the first 3 years after the first offense, with less and less occurring over a 9-year period. Overall, these studies demonstrate that the felony provisions in Senate Draft 2 should be maintained.

B. Overall Support for the Legalization of Recreational Cannabis

Cultivation Sector Consulting **STRONGLY SUPPORTS** the legalization of recreational cannabis. We are sympathetic to concerns about potential negative and unforeseen consequences that could arise as a result of cannabis legalization in Hawaii. Public safety is a high priority for any community, and rightly so.

The objections being expressed in hearings to date, however, are not based on sound evidence. For example, although it is true that cannabis is more potent now than it was in the 70s and 80s, that increase in potency does not have any concrete impact on public safety or addiction. The reason for this is that cannabis users, just like alcohol users, will consume the amount of a substance that it takes in order to feel the intensity of effect they are seeking. With less potent cannabis, higher consumption levels are required to feel any effect. With more potent cannabis, only modest consumption levels are required to experience an effect. In the end, the result is the same in terms of intoxication. Today's cannabis users are generally too young to have experienced the lower potency cannabis from 40-50 years ago, so they are not likely to be surprised by the dosage difference, and thus accidentally over-consume.

In relation to alcohol or illegal cannabis, legal cannabis labeling is more detailed and supportive of consumer safety, listing the specific THC/potency levels in a package or serving. We know from experience in other legal cannabis states and through scientific research that a single dose of cannabis for a low-tolerance user is approximately 5mg, increasing to 10mg for more regular users. With this information and proper testing and labeling, overconsumption is less likely than ever.

Legal cannabis is far safer than illegal cannabis because it is not allowed to be grown using pesticides or toxic agricultural inputs. It is also not allowed to be sold if it contains live mold, yeast or bacteria. Therefore, by legalizing it, we can ensure that users will not accidentally consume harmful microorganisms, chemicals or heavy metals that could be dangerous to their health.

Many of the concerns expressed in previous hearings on this bill were oriented around addiction/recovery concerns—that legalizing cannabis would lead to higher rates of addiction. Quite to the contrary, cannabis is a harm reduction option that can help addicts reduce their dependence on alcohol (which is known to cause belligerent, dangerous behavior) and unregulated opiates.

In a study from the journal *Addiction*, entitled *Effects of Cannabis Use on Alcohol Consumption in a Sample of Treatment-engaged Heavy Drinkers in Colorado*, written in January 2021, researchers concluded, “Across the sample (n = 96), individuals drank approximately 29% fewer drinks [95% confidence interval (CI) = 18-39%, P < 0.001] and were 2.06 times (95% CI = 1.37-3.08, P < 0.001) less likely to have a binge-drinking episode on days that cannabis was used compared with days that cannabis was not used.” <https://pubmed.ncbi.nlm.nih.gov/33464670/>



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Cannabis use also reduces opioid dependence. A study from the International Journal of Drug Policy, from September 2023, entitled *Cannabis Use to Manage Opioid Cravings Among People Who Use Unregulated Opioids During a Drug Toxicity Crisis*, concluded, "...findings indicate that cannabis use to manage opioid cravings is a prevalent motivation for cannabis use among people who use unregulated opioids, and is associated with self-assessed reductions in opioid use during periods of cannabis use. Increasing the accessibility of cannabis products for therapeutic use may be a useful supplementary strategy to mitigate exposure to unregulated opioids and associated harm during the ongoing drug toxicity crisis." <https://www.sciencedirect.com/science/article/abs/pii/S0955395923001603?via%3Dihub>

Road safety is another common cause of concern expressed by those who oppose cannabis legalization. From the Journal of Alcohol and Drug Dependence, from December 2021 in a study entitled *Canada's Cannabis Legalization and Drivers' Traffic-injury Presentations to Emergency Departments in Ontario and Alberta, 2015-2019*, researchers concluded "Utilizing provincial emergency department (ED) records (April 1, 2015-December 31, 2019) from Alberta and Ontario, Canada, we employed Seasonal Autoregressive Integrated Moving Average (SARIMA) models to assess associations between Canada's cannabis legalization (via the Cannabis Act implemented on October 17, 2018) and weekly provincial counts of ICD-10-CA-defined traffic-injury ED presentations....Implementation of the Cannabis Act was not associated with evidence of significant post-legalization changes in traffic-injury ED visits in Ontario or Alberta among all drivers or youth drivers, in particular." <https://www.sciencedirect.com/science/article/abs/pii/S0376871621005032>

In summary, we urge your committees to: 1) keep the felony provisions in SB3335, SD2, HD1; and 2) urge the passage of the overall measure to provide a regulatory framework for the legalization of recreational cannabis.

Thank you for your consideration and for the opportunity to testify on this matter.

Sincerely,

Jennifer Martin

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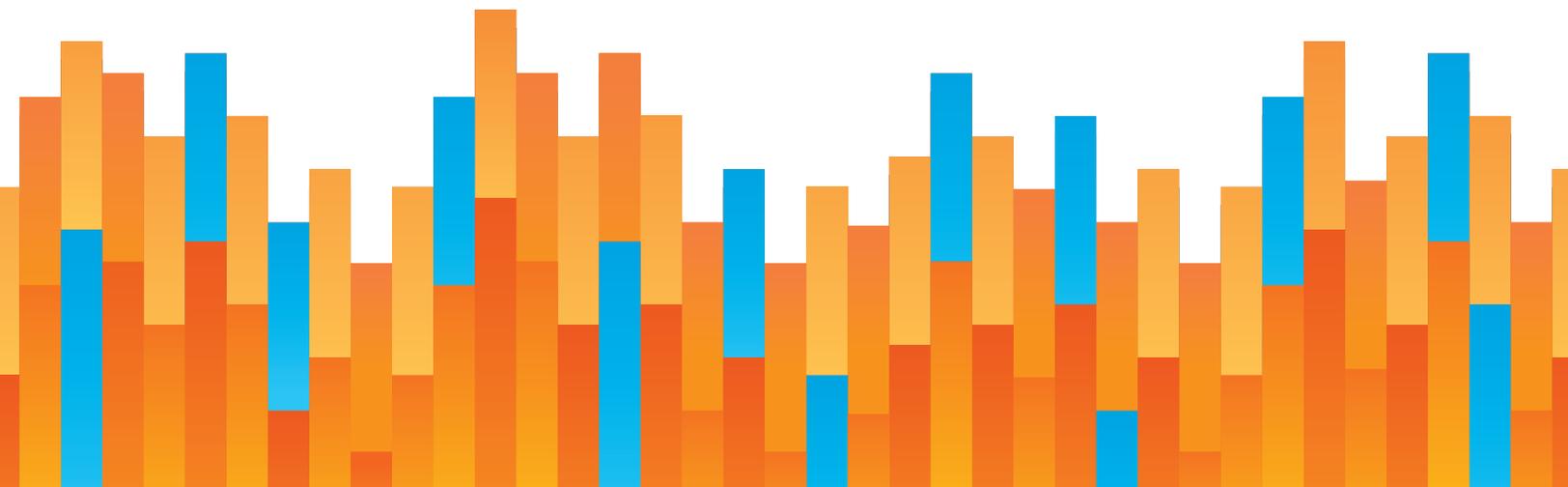
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Attachment 1

* See *yellow highlights* on p.4, 5, 6, 7, 17 & 18 for quick review.

CRIMINAL CONVICTION RESTRICTIONS FOR MARIJUANA LICENSING

by Allie Howell
September 2018





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PART 1

JUSTIFICATIONS FOR LICENSE RESTRICTIONS

Both medical and recreational marijuana businesses require a state-issued license. In many states, working in the industry as a budtender, medical caregiver, or cashier also requires a permit. Some state licensing authorities have prohibitions on those with certain criminal convictions from working in the industry. In other states, “good moral character” clauses give licensing authorities the ability to reject an applicant based on criminal history.

Criminal conviction restrictions are an attempt to use past behavior to predict public safety risks in the future. In most industries, these restrictions are defended as necessary for consumer safety. In the legal marijuana industry, consumer safety concerns are coupled with a desire for the industry to comply with the Cole Memo. The Cole Memo was issued in 2013 by then-Deputy Attorney General James Cole in response to legalization in Washington and Colorado. The memo lays out the following key enforcement priorities for marijuana:

1. Preventing the distribution of marijuana to minors
2. Preventing revenue from the sale of marijuana from going to criminal enterprises, gangs, and cartels
3. Preventing the diversion of marijuana from states where it is legal under state law in some form to other states

4. Preventing state-authorized marijuana activity from being used as a cover or pretext for the trafficking of other illegal drugs or other illegal activity
5. Preventing violence and the use of firearms in the cultivation and distribution of marijuana
6. Preventing drugged driving and the exacerbation of other adverse public health consequences associated with marijuana use
7. Preventing the growing of marijuana on public lands and the attendant public safety and environmental dangers posed by marijuana production on public lands
8. Preventing marijuana possession or use on federal property

The memo expects that legal states implement “strong and effective regulatory and enforcement systems” because “[i]f state enforcement efforts are not sufficiently robust to protect against the harms set forth above, the federal government may seek to challenge the regulatory structure itself in addition to continuing to bring individual enforcement actions, including criminal prosecutions, focused on those harms.”¹ States that voted to legalize marijuana under the Cole Memo worked to meet its objectives. In Washington, for example, regulatory decisions made by the Liquor and Cannabis Board were “made with the Cole Memo in mind.”²

Restrictions on licensure for convicted criminals is justified because, according to regulators and law enforcement, it reduces the likelihood that the legal industry will be used for criminal enterprises by so-called bad actors.³ As summarized by Ken Corney, President of the California Police Chiefs Association, marijuana regulations have “strong protections against black market activity. A key component of these protections—and

¹ Cole, James M. “Memorandum for all United States Attorneys.” U.S. Department of Justice Office of the Deputy Attorney General. Aug. 29, 2013.

<https://www.justice.gov/iso/opa/resources/3052013829132756857467.pdf>

² “Executive Summary.” *Washington State Liquor and Cannabis Board*.

<https://lcb.wa.gov/sites/default/files/publications/WSLCB%20Home%20Grows%20Study%20Report%20FINAL.PDF>

³ Garofoli, John. “Medical Marijuana Law Could Ban Pot Felons from Industry.” *San Francisco Chronicle*. Sept. 16, 2015. <https://www.sfchronicle.com/business/article/Medical-marijuana-law-could-ban-pot-felons-from-6509874.php>

consistent with laws for other state licenses—is permitting the state to deny a business license to a person with a felony conviction if there is a public safety concern.”⁴



Restrictions on licensure for convicted criminals is justified because, according to regulators and law enforcement, it reduces the likelihood that the legal industry will be used for criminal enterprises by so-called bad actors.



Since Attorney General Jeff Sessions has rescinded the Cole Memo, there is concern that states must be even more careful to maintain a safe, legal market that doesn't impose externalities on the community.⁵ In Massachusetts, Cannabis Control Commissioner Britte McBride cited Sessions' policy as reason to automatically disqualify license applicants with trafficking convictions for drugs other than marijuana: “[W]e no longer have the relative safety of the Cole Memorandum. We are dealing in a world where unwanted federal attention could lead to undermining the industry we're working really hard to establish. I think it is common sense to understand that the engagement of individuals with convictions for dangerous drug crimes could potentially bring the exact unwanted attention I think we're trying hard to avoid.”⁶

⁴ McGreevy, Patrick. “New Law Could Put Some Medical Marijuana Dispensaries Out of Business.” *Los Angeles Times*. May 13, 2016. <http://www.latimes.com/politics/la-pol-sac-pot-dispensary-felon-owners-20160513-story.html>

⁵ Sessions III, Jefferson B. “Memorandum for all United States Attorneys.” *U.S. Department of Justice Office of the Attorney General*. Jan. 4, 2018. <https://www.justice.gov/opa/press-release/file/1022196/download>

⁶ State House News Service. “Drug Trafficking Conviction Would Bar Employment in Legal Pot Industry.” *Worcester Business Journal*. March 1, 2018. <http://www.wbjournal.com/article/20180301/NEWS01/180309999/drug-trafficking-conviction-would-bar-employment-in-legal-pot-industry>

PART 2

COSTS OF CRIMINAL CONVICTION LICENSE RESTRICTIONS

When evaluating any regulation, one should consider if the supposed benefits outweigh any unintended consequences. For criminal conviction restrictions, one must consider whether the potential reduction in crime in the legal marijuana market is beneficial enough to make it worth the reduction in employment opportunities.

Researchers estimate that 8% of the U.S. population has felony convictions and 33% of the African American male population has a felony conviction. California, Massachusetts and Washington were three of the top five states for African Americans convicted of felonies.⁷ While good data on how this impacts marijuana business ownership is lacking, there have been numerous complaints that these restrictions disproportionately keep minorities out of the legal marijuana industry.

Further, broad restrictions undermine the legal market by forcing some to stay in the black market, as summarized by a Blue Ribbon Commission report on marijuana regulations for California: “If a strategy of legalization is to bring current participants in the illicit market

⁷ Flurry, Alan. “Study Estimates U.S. Population With Felony Convictions.” *UGA Today*. Oct. 1, 2017. <https://news.uga.edu/total-us-population-with-felony-convictions/>

who are willing to comply with regulations into the legal market, then categorical exclusions of people who have in the past or are currently in the illicit market would be counterproductive, leaving many to continue working in the illicit market. Such categorical exclusions would also exacerbate racial disparities given past disparities in marijuana enforcement. For these reasons, categorical exclusions that are too broad, and that overly rely on past convictions as predictors of future behavior, should not be considered.”⁸



California’s early medical marijuana market provides some evidence of how much market reduction criminal conviction restrictions may cause.



California’s early medical marijuana market provides some evidence of how much market reduction criminal conviction restrictions may cause. The industry did not require state licenses until 2018, but California was the first state to legalize medical marijuana. As a result, Casey O’Neill, board chairman of the California Growers Association estimated that in 2016, 25–30% of the group’s 500 members had felony drug convictions.⁹ Given that the black market continued to thrive during this period, it seems likely that these people were trying to move out of illegal markets and into legal ones.¹⁰

There is also evidence that burdensome occupational licensing for convicted criminals makes recidivism more likely. A study conducted by the Center for the Study of Economic Liberty at Arizona State University examined the relationship between occupational licensing laws and new crime recidivism rates (new crime recidivism does not include technical violations such as a parole violation). States with the highest occupational licensing burdens, including prohibitions on ex-prisoners receiving licenses, saw an increase in three-year new crime recidivism of 9.4% between 1997 and 2007. This is in

⁸ Newsom, Gavin, Keith Humphreys, and Abdi Soltani. “Pathways Report: Policy Options for Regulating Marijuana in California.” *Blue Ribbon Commission on Marijuana Policy*. July 22, 2015. <https://www.safeandsmartpolicy.org/wp-content/uploads/2015/07/BRCPathwaysReport.pdf>

⁹ McGreevy, Patrick. “New Law Could Put Some Medical Marijuana Dispensaries Out of Business.”

¹⁰ Yackowicz, Will. “Legal Cannabis Entrepreneurs Get a Rude Awakening: A Thriving Black Market.” *Inc.* Jan. 4, 2018. <https://www.inc.com/will-yakowicz/california-recreational-marijuana-and-black-market.html>

comparison to a 2.6% average increase in survey states and a 4.2% decrease in states with the lowest occupational licensing burden.¹¹

“

States with the highest occupational licensing burdens, including prohibitions on ex-prisoners receiving licenses, saw an increase in three-year new crime recidivism of 9.4% between 1997 and 2007.

”

¹¹ Slivinski, Stephen. “Turning Shackles into Bootstraps.” *Center for the Study of Economic Liberty at Arizona State University*. Nov. 7, 2016. <https://research.wpcarey.asu.edu/economic-liberty/wp-content/uploads/2016/11/CSEL-Policy-Report-2016-01-Turning-Shackles-into-Bootstraps.pdf>

PART 3

SUMMARY OF CRIMINAL CONVICTION RESTRICTIONS BY STATE

For recreational marijuana, all states restrict who will be issued a marijuana business license based on criminal conviction history. Some states only look at recent criminal history, such as the 10-year look-back period for completed sentences in Nevada and Washington. All states but California and Washington prevent people with certain criminal convictions from even being employed in marijuana establishments. The following state-by-state descriptions look only at criminal conviction restrictions for the initial license application. Restrictions may be more stringent for renewal applications. There may be other restrictions related to criminal behavior in each state, such as a good moral character clause, that are not discussed.

3.1

ALASKA¹²**Business Owner Restrictions**

Establishments may not be licensed to owners, officers, or agents with a felony conviction in the last five years or those still on parole for felony convictions. Also banned are those who have sold alcohol without a license or to someone under 21, those with certain misdemeanors within the last five years, and people with certain class A misdemeanors for marijuana within the last two years.

Employee Restrictions

Marijuana handler permits are required for licensees, employees, and agents of a marijuana establishment to be on the licensed premises. Those with felonies within the last five years, certain class A misdemeanors within the last two, and those on parole for a felony or under indictment for a disqualifying offense are not eligible.

3.2

CALIFORNIA¹³**Business Owner Restrictions**

License may be denied for convictions “substantially related to the qualifications, functions, or duties of the business.” Controlled substance convictions that are not substantially related and for which the sentence and probation are completed cannot be the sole reason for license denial.

Employee Restrictions

None

¹² Alaska Administrative Code. 3 AAC Chapter 306.
<https://www.commerce.alaska.gov/web/Portals/9/pub/MCB/StatutesAndRegulations/MarijuanaRegulations.pdf>; Alaska Statutes. Chapter 17.38. The Regulation of Marijuana.
<https://www.commerce.alaska.gov/web/Portals/9/pub/MCB/StatutesAndRegulations/AS17.38.pdf>; “Marijuana Handler Permit Notice of Upcoming Changes.” *Alcohol and Marijuana Control Office*.
<https://www.commerce.alaska.gov/web/Portals/9/pub/MCB/MJHandlerPermit/MHCBackground.pdf>

¹³ Medicinal and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA). California Law.
https://leginfo.ca.gov/faces/codes_displayexpandedbranch.xhtml?tocCode=BPC&division=10.&title=&part=&chapter=&article

3.3

COLORADO¹⁴**Business Owner Restrictions**

Ineligible from occupational licenses are people subject to or discharged from felony convictions in five years preceding the application, and felony controlled substance convictions in the ten years preceding their application date or five years from May 28, 2013 (whichever is longer). Those with state marijuana possession or use felony convictions which would no longer be felonies can still get a license.

Employee Restrictions

In addition to owners, all managers and employees working in a marijuana establishment must be licensed. Key and support employees face the same criminal background restrictions as owners.

3.4

MASSACHUSETTS¹⁵**Business Owner Restrictions**

No person who has been convicted of a felony in Massachusetts or in another state that would still be a felony in Massachusetts can be a controlling person in a business. Prior convictions solely for marijuana or another controlled substance possession are exempt from this rule unless the conviction was distribution. The commission may determine that the applicant is not suitable for licensure based on a suitability criterion for other legal issues.

Employee Restrictions

All employees, board members, directors, executives, managers, and volunteers must be registered for each marijuana establishment. Marijuana establishment agents cannot have been convicted of an offense involving the distribution of a controlled substance to minors in Massachusetts or any other state/territory. The commission may determine that the applicant is not suitable for licensure based on a suitability criterion for other legal issues. Criminal conviction restrictions are more stringent for laboratory agents.

¹⁴ Code of Colorado Regulations. 1 CCR 212-2.
<https://www.colorado.gov/pacific/sites/default/files/ColoradoRegister.pdf1%20CCR%20212%20-2%20Retail%20Effective%2020222018.pdf>

¹⁵ 935 Code of Massachusetts Regulations. Cannabis Control Commission.
<https://www.mass.gov/files/documents/2018/03/27/935cmr500.pdf>

3.5

NEVADA¹⁶**Business Owner Restrictions**

Owners, officers, or board members convicted of an “excluded felony offense” may not obtain a license. This includes convictions that would constitute a category A felony if convicted in Nevada or convictions for two or more offenses that would constitute felonies if committed in Nevada. Sentences completed more than ten years prior and offenses for conduct that would be immune from penalty under medical marijuana law (unless the conduct occurred before Oct. 1, 2001 or was prosecuted by another authority) do not count.

Employee Restrictions

All owners, board members, officers, contractors, employees, and volunteers must obtain a marijuana establishment agent card. Applicants also cannot have an “excluded felony offense.”

3.6

OREGON¹⁷**Business Owner Restrictions**

Convictions “substantially related to the fitness and ability of the applicant to lawfully carry out activities under the license” may result in application denial. Convictions for marijuana manufacturing or delivery to persons 21 and older may not be considered if the conviction is from two years prior or there is only one conviction. Marijuana possession convictions may also not be considered.

Employee Restrictions

Marijuana worker permits are required for employees carrying out certain tasks. Applicants may be denied permits based on certain felony convictions within the past three years (five

¹⁶ Nevada Revised Statutes (NRS). Chapter 453D. <https://www.leg.state.nv.us/NRS/NRS-453D.html#NRS453Dsec230>; “Marijuana Establishment Agent Card Application and Checklist.” *State of Nevada Department of Taxation*. Nov. 18, 2017. <https://tax.nv.gov/uploadedFiles/taxnvgov/Content/Forms/Agent%20application.pdf>

¹⁷ Oregon Revised Statutes. Chapter 475B. Cannabis Regulation. https://www.oregonlegislature.gov/bills_laws/ors/ors475B.html; Oregon Administrative Rules. Oregon Liquor Control Commission. Division 25. Recreational Marijuana. https://www.oregon.gov/olcc/marijuana/Documents/Rules/OAR_845_Div_25_RecreationalMarijuana.pdf

years for more than one conviction). All marijuana possession convictions and marijuana delivery/manufacturing convictions from two years prior do not count.

3.7

WASHINGTON¹⁸

Business Owner Restrictions

Points are given to an applicant based on severity of offense. For felonies, points will be assigned for any conviction over the past 10 years. For gross misdemeanor and misdemeanor convictions, the look-back period is three years. Applicants with eight points or more may not receive a license. Applicants currently under federal or state supervision for a felony receive eight points. A felony conviction is 12 points, a gross misdemeanor is five points, and a misdemeanor is four. Two federal or state marijuana possession misdemeanors in the previous three years do not count toward points in the initial application. State possession convictions accrued after December 6, 2013 exceeding allowable amounts of marijuana still count towards points. A single state or federal conviction for marijuana growing, sale, or possession will be considered for mitigation on the initial application. A decision to mitigate is made on an individual basis and is based on the quantity of marijuana involved and other circumstances.

Employee Restrictions

None

3.8

OTHER STATES

For the 30 states and Washington D.C. with medical marijuana laws, the restrictions may be even more stringent. For example, under the medical marijuana pilot program in Illinois, restrictions even apply to patients.¹⁹ In New York, a marijuana conviction automatically keeps one from working in a medical marijuana dispensary.²⁰

¹⁸ Washington Administrative Code. Title 314. Chapter 314-55. *Marijuana Licenses, Application Process, Requirements, and Reporting*. <http://apps.leg.wa.gov/wac/default.aspx?cite=314-55>

¹⁹ Illinois Compiled Statutes. 410 ICLS 130. Compassionate Use of Medical Cannabis Pilot Program Act. <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3503&ChapterID=35>

²⁰ "Marijuana Reform in New York: Diversity and Inclusion in the Marijuana Industry." *Drug Policy Alliance*. Sept. 2017. <http://smart-ny.com/wp->

PART 4

THE HYPOCRISY OF CRIMINAL CONVICTION RESTRICTIONS IN THE MARIJUANA INDUSTRY

Supporters of keeping those with certain criminal convictions out of the new industry claim that doing so makes legal marijuana reputable. Last year, the CEO of medical marijuana provider Patriot Care wrote: “Permitting those who have demonstrated the interest and willingness to ignore state and federal drug laws sends the wrong signals to those who would participate in the legal, regulated industry.” The CEO’s statement was in response to efforts in Massachusetts to remove the ban on convicted drug felons in the medical marijuana program. Ironically, as pointed out in *Forbes*, all marijuana businesses—including Patriot Care—are in violation of federal law.²¹

content/uploads/2017/06/StartSMART_DPA_NY_Marijuana_Reform_Diversity_Inclusion_09.14.2017.pdf

²¹ Zhang, Mona. “Cannabis Industry Struggles With Hiring People With Past Pot Convictions.” *Forbes*. Oct. 4, 2017. <https://www.forbes.com/sites/monazhang/2017/10/04/cannabis-industry-hiring-people-past-pot-convictions/#3069de2a5cd4>

Restrictions on participation in the marijuana market based on previous marijuana crimes have been a contentious issue. In most industries, prior experience works in an applicant's favor. But in the marijuana industry, previous experience could have resulted in a criminal record. Further, it seems contrary to one of the key goals of legalization—minimizing the harms of the drug war—to continue to penalize license applicants for marijuana crimes.



Further, it seems contrary to one of the key goals of legalization—minimizing the harms of the drug war—to continue to penalize license applicants for marijuana crimes.



For recreational marijuana, most states have some limited exemption for past marijuana crimes built into the law. In Nevada, the exemption is especially narrow: offenses for conduct that would be immune from penalty under medical marijuana law are exempt—unless the conduct occurred before Oct. 1, 2001 or was prosecuted by another authority.²² Alaska specifically prevents those that have “within two years before submitting an application, been convicted of a class A misdemeanor relating to selling, furnishing, or distributing marijuana or operating an establishment where marijuana is consumed contrary to state law” from obtaining a license.²³

²² NRS Chapter 453D.

²³ 3 AAC Chapter 306.

PART 5

SHOULD THE MARIJUANA INDUSTRY PAY REPARATIONS FOR THE DRUG WAR?

Given the hypocrisy of keeping drug criminals out of the legal drug industry, some states and localities have taken the opposite stance that convicted drug criminals should receive preferential treatment in licensing. In Massachusetts, for example, applicants “who are able to demonstrate experience in—or business practices that promote—economic empowerment in communities disproportionately impacted by high rates of arrest and incarceration for offenses under state and federal laws, including the Controlled Substances Act” receive priority review. The state also has a social equity program for applicants who have resided in areas of disproportionate impact for five of the last ten years, lived in Massachusetts for the past 12 months with a drug conviction, or are married to or children of convicted drug criminals and have been state residents for the past year. Social equity participants have access to training and assistance raising funds.²⁴

²⁴ “Summary of Equity Provisions.” *Massachusetts Cannabis Control Commission*. <http://mass-cannabis-control.com/wp-content/uploads/2018/03/UPDATED-Guidance-Summary-of-Equity-Provisions-with-6th-criterion-added-1.pdf>



Given the hypocrisy of keeping drug criminals out of the legal drug industry, some states and localities have taken the opposite stance that convicted drug criminals should receive preferential treatment in licensing.



Ohio, Maryland, Florida, and Pennsylvania all have equity programs for their medical marijuana markets. A few localities in California have adopted similar measures for recreational marijuana.²⁵ Oakland, for example, requires that half of all permits must be issued to equity applicants during the initial permitting phase.²⁶

The underlying premise of these programs is that minorities who were more likely to be arrested for marijuana crimes and participants in the marijuana black market “paved the way” for the legal industry.²⁷ Thus, as summarized by New York gubernatorial candidate Cynthia Nixon: “We can't let them [rich white men] rake in profits while thousands of people, mostly people of color, continue to sit in jail for possession and use.”²⁸ Some states have opted for “marijuana forgiveness remedies,” to divert or expunge prosecution of marijuana charges that are no longer legal offenses, or are lesser offenses.²⁹ While social equity programs and preferential licensing attempt to address the issue, their impact has been constrained thus far. The way to redress the injustices of the war on drugs is directly through criminal justice reforms and forgiveness. Imposing mandates or quotas in the legal marijuana market imposes costly economic distortions and ultimately hurts the same people.

²⁵ Mock, Brentin. “California’s Race to the Top on Cannabis.” *CityLab*. Feb. 5, 2018. <https://www.citylab.com/equity/2018/02/the-racial-equity-race-to-the-top-on-cannabis-in-california/551912/>

²⁶ “Become an Equity Applicant or Incubator.” *City of Oakland*. <http://www2.oaklandnet.com/government/o/CityAdministration/cannabis-permits/OAK068455>

²⁷ Zhang, Mona. “Cannabis Industry Struggles With Hiring People With Past Pot Convictions.”

²⁸ Riggs, Mike. “What Do Cannabis Entrepreneurs Owe Victims of the Drug War?” *Reason*. May 15, 2018. <http://reason.com/blog/2018/05/15/social-justice-warriors-want-to-write-th>

²⁹ Craven, James. “Marijuana Forgiveness Remedies.” *Reason*. June 4, 2018. <https://reason.org/policy-brief/marijuana-forgiveness-remedies/>



The way to redress the injustices of the war on drugs is directly through criminal justice reforms and forgiveness. Imposing mandates or quotas in the legal marijuana market imposes costly economic distortions and ultimately hurts the same people.



For example, Oakland, California has so far granted 16 dispensary permits. Eight new permits were given in January with six going to equity applicants. With 115 applicants for eight new permits, the city chose winners through two different processes. Four new permit holders were selected through a competitive point process—two of these permits went to equity-owned business. The other four permits were selected through a lottery drawing of equity applicants.³⁰ While this program has been beneficial for the select few, the program has done nothing to benefit the remaining applicants.

³⁰ Boyd, Karen. “City Announces First Cannabis Dispensary Permit Recipients Under Equity Program.” *City of Oakland*. Jan. 31, 2018.
<http://www2.oaklandnet.com/oakca1/groups/cityadministrator/documents/pressrelease/oak068879.pdf>

PART 6

CONCLUSION

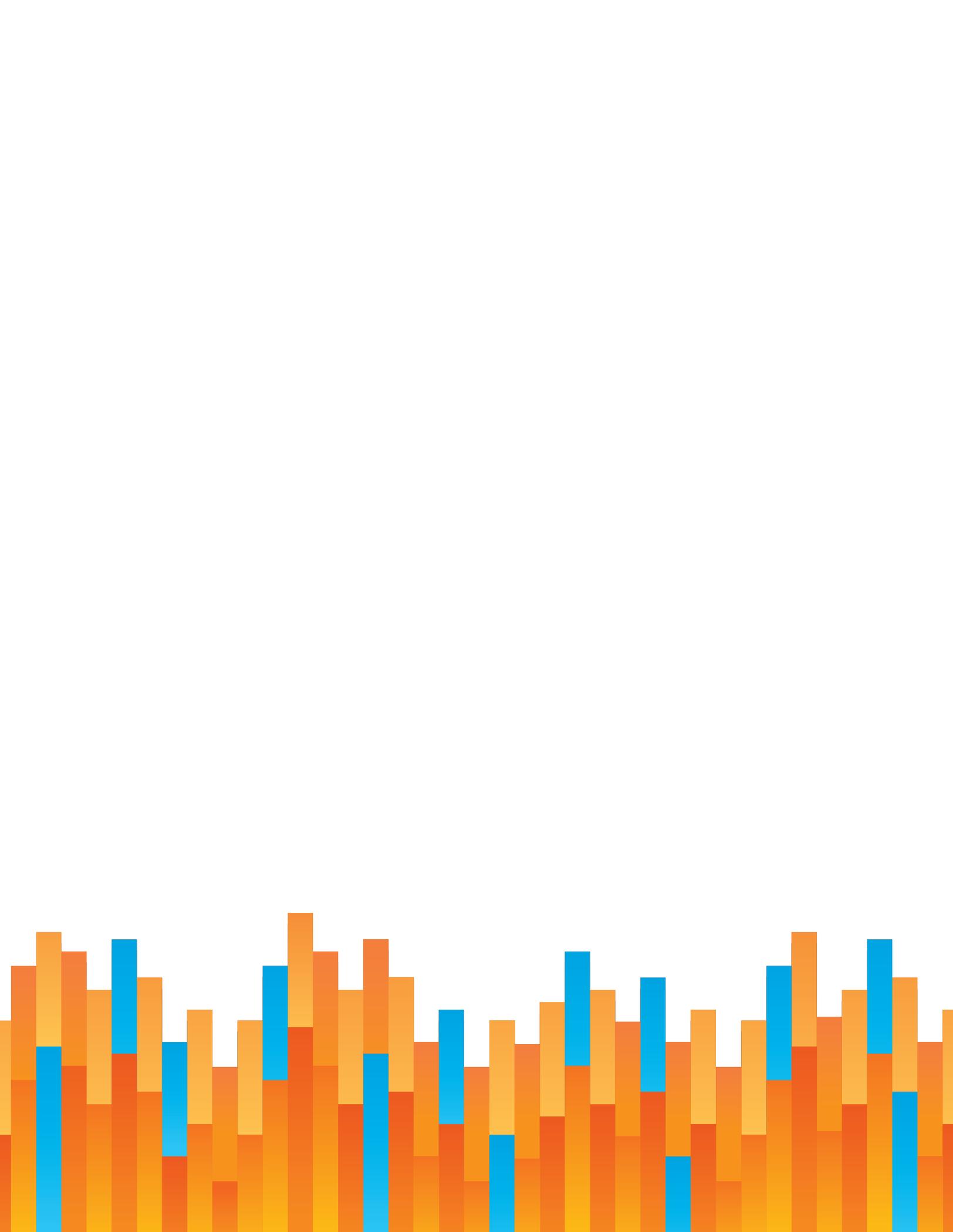
Criminal conviction restrictions are justified as one way to ensure that the legal marijuana market will not be used to divert drugs out of state, to minors, or to fund criminal enterprises. But using past behavior as a predictor for future actions is an imperfect measure. It is impossible to determine how exactly these restrictions contribute to public safety since they are always coupled with other regulations. We do know, however, that there are other ways to facilitate a functioning legal market using regulations that are not subject to prediction error. Security requirements, marijuana tracking systems, and bookkeeping requirements deter criminal behavior without using an applicant's past to make assumptions.

In addition to uncertainties that criminal conviction restrictions are the best way to ensure a functioning legal market, it is also important to consider the costs of these restrictions. Criminal conviction restrictions reduce entry into the legal marijuana industry. By excluding drug criminals, conviction restrictions may fundamentally undermine the goals of marijuana legalization by forcing some to stay in the black market. Having a safe legal market is useless if the black market is still the primary supplier of marijuana.

Given the hypocrisy of these criminal conviction regulations, it is not surprising that some states and localities have adopted policies to help those negatively impacted by previous drug policies enter the marijuana industry. Equity programs, however, will only help a chosen few priority applicants. Fundamentally opening up employment opportunities in the marijuana industry by reducing conviction restrictions has the potential to help many people who have been impacted by the drug war.

ABOUT THE AUTHOR

Allie Howell is a research intern at Reason Foundation. Previously, she was a Burton C. Gray Memorial intern at Reason and an economic policy intern at the Manhattan Institute. Allie has been published by Economics21.org, the Foundation for Economic Education, and Reason. She is a recent graduate of Hillsdale College where she majored in economics and mathematics. Allie will be attending Notre Dame Law School in the fall of 2018.



Attachment 2

2018 Update on Prisoner Recidivism: A 9-Year Follow-up Period (2005-2014)



Bureau of Justice Statistics

Summary | NCJ 250975 | May 2018

Five in 6 (83%) state prisoners released in 2005 across 30 states were arrested at least once during the 9 years following their release. The 9-year follow-up period shows a much fuller picture of offending patterns and criminal activity of released prisoners than prior studies that used a 3- or 5-year follow-up period.

Long-term patterns

Overall, released state prisoners were arrested an estimated 2 million times within the 9 years following release in 2005. Extending the follow-up period to 9 years captured more than twice as many post-release arrests as were captured during a 3-year study. Six in 10 (60%) arrests occurred during years 4 through 9.

The percentage of prisoners who were arrested following release declined each year during the follow-up period. Forty-four percent of prisoners were arrested at least once during their first year after release, 34% were arrested during their third year, and 24% were arrested during their ninth year.

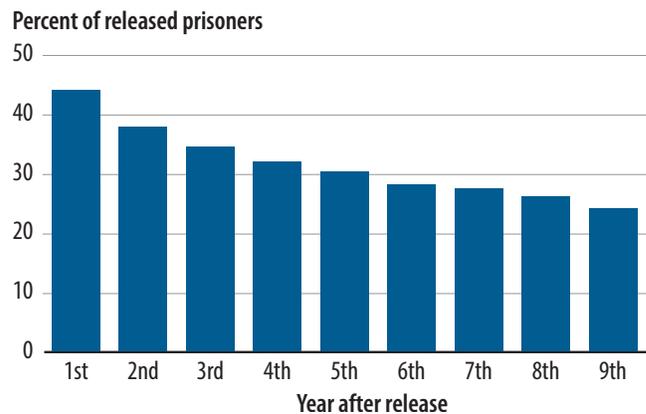
Type of offense of state prisoners arrested after release

Released property and drug offenders were more likely to be arrested than released violent offenders; however, released violent offenders were more likely to be arrested for a violent crime. More than three-quarters (77%) of released drug offenders were arrested for a non-drug crime within nine years, and more than a third (34%) were arrested for a violent crime.

Other key findings

The percentage of prisoners who were arrested following release in another state increased each year during the follow-up period. Eight percent of prisoners arrested during the first year following release were arrested outside of the state from which they were released. In comparison, 14% of prisoners who were arrested during the ninth year following release were arrested outside of their state of release.

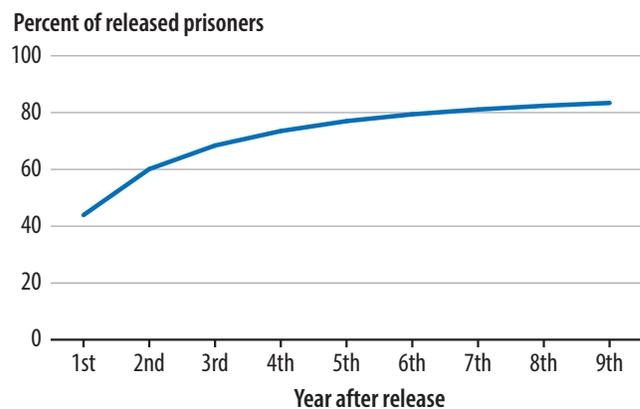
Annual arrest percentage of prisoners released in 30 states in 2005



Note: The denominator for annual percent is 401,288 (total state prisoners released in 30 states in 2005).

Source: Bureau of Justice Statistics, Recidivism of State Prisoners Released in 2005 data collection, 2005–2014.

Cumulative percentage of prisoners released in 30 states in 2005 who were arrested since release, by year after release



Source: Bureau of Justice Statistics, Recidivism of State Prisoners Released in 2005 data collection, 2005–2014.

The full report (*2018 Update on Prisoner Recidivism: A 9-Year Follow-up Period (2005-2014)*, NCJ 250975), related documents, and additional information about the Bureau of Justice Statistics can be found at www.bjs.gov.





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TESTIMONY ON SENATE BILL 3335 SD2 HD1
RELATING TO CANNABIS

By
Clifton Otto, MD

House Committee on Consumer Protection & Commerce
Representative Mark M. Nakashima, Chair
Representative Jackson D. Sayama, Vice Chair

Tuesday, March 19, 2024; 2:00 PM
State Capitol, Room 329 & Videoconference

Thank you for the opportunity to provide COMMENTS on this measure.

The U.S. Department of Health and Human Services (HHS) and the Food and Drug Administration (FDA), a branch of HHS, after what was probably the most robust scientific and medical review ever performed on cannabis by a federal agency, [determined](#) that cannabis has accepted medical use in the United States, but that it should still be a federal controlled substance.

This means that even if cannabis is moved into federal Schedule III, as is expected, residents in Hawaii will still be engaging in the illegal use of a controlled substance if the State adopts recreational legalization.

We cannot have an adult use cannabis program in Hawaii that is consistent with public health and safety if users must violate federal law to participate. We are already seeing the devastating consequences this is causing our medical cannabis patients, which could grow exponentially with recreational legalization.

An alternative approach to consider is waiting until cannabis is removed from the federal Controlled Substances Act entirely before moving ahead with recreational legalization in Hawaii, and in the meantime expanding our medical program, which the Governor [supports](#), using [SB3278](#) as a template.



Testimony SB3335, SD2 HD1, Relating to Cannabis

Chair Nakashima
Vice Chair Sayama
Members of the Consumer Protections and Commerce Committee.
March 19, 2024

Aloha Chair Nakashima, Vice Chair Sayama Gates, and members of the committee,

My name is Casey Rothstein and I'm the CEO of Green Aloha Ltd., one of the state's eight medical cannabis dispensary licensees. The sole licensee for Kauai. Green Aloha is in **strong support** of SB3335 SD2 HD1.

There is and has been a flourishing Recreational Cannabis Market in Hawaii for many years; decades even. Hawaii cannabis is famous all over the world for being grown in the perfect growing environment and legendary sunshine that Hawaii offers. Both residents and tourists alike have been enjoying Hawaii Cannabis as responsible adults for decades. However, everyone of them has had to turn to the illicit, black or gray markets to do so and every dollar that has changed hands has done so tax free and with no regulations to ensure the safety of consumers. Polling has shown that well over 50 percent of Hawaii voters support the legalization of cannabis for responsible adult use. It is time for the State Legislature to do the responsible thing, as 24 other states have done, and create a legal, well regulated and taxed Adult Use Cannabis Industry. SB3335 is a balanced and careful approach to creating a well regulated and reasonably taxed industry that will allow the responsible Adult Use Cannabis users of Hawaii to obtain their cannabis of choice via a legal, safe and tested dispensary system, while providing the state of Hawaii with a previously unclaimed tax stream.

Green Aloha supports the fiscal benefits of SB3335 and believes in a "Self Funding" approach for this program. It is estimated that in the first 12 months of sales this program could generate in the range of \$40 million in taxes for Hawaii and approximately \$300 million over the first 4 years of Adult Use Sales. This is tax revenue that is being missed out on and would be generated without raising taxes on residents and homeowners.

Other states such as New Mexico and Massachusetts have been able to safely launch Adult Use Cannabis programs for well under \$10m in funding without the benefit of the infrastructure of a well regulated medical program, such as Hawaii's 329 Program that is currently tightly regulated by the Department of Health's OMCCR. There is no reason why Hawaii can't do so with the benefit of such a well regulated medical program and infrastructure. The OMCCR is already fully staffed with 17 employees who have experience in the regulation and inspection of cannabis business. The OMCCR has a budget of \$3-4 million and currently generates over \$4.5 million in revenues via the patient registration fees plus the GET and license fees on the current medical cannabis licenses, which were recently raised significantly in preparation for an expanded program. This plus the proposed conversion fees for the current medical licensees would generate more than enough to launch a safe and productive adult use program that could fully recoup these expenses in the first 3-5 months of sales and finish the year over \$20 million in the positive for the State with future years and additional growth building up to over \$100 million annually for the State of Hawaii, without having to raise taxes of residents. This is the most cost effective and logical way to safely launch and manage the industry while the new regulatory body is being set up, while not losing out on tax revenues or leaving a void for the black market to fill.

A well regulated and taxed Adult Use Cannabis program will not create an adult use cannabis industry. This industry exists already. An Adult Use Cannabis program will make this industry safer for both those that take part in it and society at large. It will test and regulate products that are currently unregulated and untested and it will tax sales and business that are currently untaxed and thus not contributing a fair share to the State. For all of these reasons we at Green Aloha strongly support and urge you to pass SB3335 and to implement sales as quickly as possible so that the state can stop waiting to benefit from this industry.

Warmest Aloha and thank you for considering my testimony

Casey Rothstein
CEO, Green Aloha Ltd.



**TESTIMONY OF TINA YAMAKI, PRESIDENT
RETAIL MERCHANTS OF HAWAII
MARCH 19, 2024
SB 3335 SD2 HD1 RELATING TO CANNABIS**

Good afternoon, Chair Nakashima and members of the House Committee on Consumer Protection and Commerce. I am Tina Yamaki, President of the Retail Merchants of Hawaii and I appreciate this opportunity to testify.

The Retail Merchants of Hawaii was founded in 1901 and is a statewide, not for profit trade organization committed to supporting the growth and development of the retail industry in Hawaii. Our membership includes small mom & pop stores, large box stores, resellers, luxury retail, department stores, shopping malls, on-line sellers, local, national, and international retailers, chains, and everyone in between.

We STRONGLY OPPOSE SB 3335 SD2 HD1. This measure establishes the Hawai'i Cannabis and Hemp Authority and Cannabis and Hemp Control Board within the Department of Commerce and Consumer Affairs to regulate all aspects of the cannabis plant; establishes the Cannabis and Hemp Control Implementation Advisory Committee. Beginning January 1, 2026, legalizes the personal adult use of cannabis; establishes taxes for adult-use cannabis and medical use cannabis sales; transfers the personnel and assets of the Department of Health and assets of the Department of Agriculture relating to cannabis to the Hawai'i Cannabis and Hemp Authority; appropriates funds; and is effective 12/31/2050.

Despite states like California, Oregon and New York legalizing marijuana, this drug continues to be illegal under federal law and is considered a controlled substance like fentanyl or meth.

It is our understanding that the **tax revenue states bring in from legalized marijuana is less than 1% of the state budget as well as falling short of the expected revenue generated.** Colorado has shown that \$4.50 is the cost for every \$1 of tax revenue they brought in from legalizing Marijuana.

We also wonder if Hawaii has the capacity, the monies, and the infrastructure to take on those who become addicted to Marijuana as we understand that Hawaii rehab facilities are currently at maximum levels. **Many retailers have a zero tolerance for substances like marijuana that can be detected in urine for up to 30 days.** We are concerned about the safety of not only our customers but our employees. Especially in the back of the house, **employees use equipment that if impaired could cause injury to themselves or others.** This includes the use of forklifts, bailers, compactors, company cars and more. We do not want to see anyone injured or injuring others. [Smart Approach to Marijuana \(https://learnaboutsam.org/wp-content/uploads/2023/04/2023-Report.pdf\)](https://learnaboutsam.org/wp-content/uploads/2023/04/2023-Report.pdf) Study indicated **following legalization Emergency Room visits and admissions related to marijuana abuse in California is up 89%; Colorado marijuana-related hospitalizations per 100,000 since legalization have increased 148%; and 1 in 4 road deaths in Colorado involved Marijuana.**

While we understand that this measure is for recreational use, we also know that it will be more readily available, and employees could still come to work high by inhaling or ingesting it before their shift or on their break. [Smart Approach to Marijuana \(https://learnaboutsam.org/wp-content/uploads/2023/04/2023-Report.pdf\)](https://learnaboutsam.org/wp-content/uploads/2023/04/2023-Report.pdf) Study indicated that **30% of marijuana users have some**

form of marijuana use disorder. There are many health risks associated with marijuana use, including respiratory problems from smoking and potential negative impacts on mental health, such as increased risk of psychosis or exacerbation of existing mental health conditions. It also could impair one's cognitive and motor functions, which can increase the risk of accidents and injuries. **Employees who use marijuana recreationally may experience decreased productivity, absenteeism, and increased workplace accidents.** This can be a concern for employers and the economy as a whole.

Hawaii continues to be dependent on tourism, especially from Japan. During a meeting, this past summer that the Honolulu Prosecutor put on, we heard from the **Japanese tour wholesalers that if Hawaii legalizes marijuana, Japanese visitors will find other destinations to visit and stop coming to Hawaii. And Hawaii is very dependent on our visitors from Japan.** This would have an enormous impact on retailers as well as the General Excise Tax – No Japanese Tourist = No Spending = Stores closing = loss of tax revenue.

Mahalo for this opportunity to testify.

Hawai'i State House of Representatives
Committee on Consumer Protection & Commerce

SB 3335 – Relating to Cannabis

RE: Comments on SB 3335

March 19, 2024

Cannabis legalization posits major advances in economic diversification, social equity measures, and reduced carceral impacts on marginalized populations. With some slight alterations, this bill has the potential to remedy a number of different problems faced by the Native Hawaiian community. The Council for Native Hawaiian Advancement (CNHA) offers the following **comments to SB 3335** and recommends amendments to the revenue allocation, expungement, and non-discrimination provisions in the next draft of the bill.

Cannabis legalization stands to make a significant impact to Hawai'i's economic landscape. In the decade after Colorado legalized adult-use cannabis, the state collected \$2.6 billion in tax and revenue fee that went towards community improvement projects like recreation centers and school construction.¹ Anxieties around cannabis negatively impacting the tourism and hospitality industries are largely unfounded; data from California shows that visits from Japan actually increased after cannabis legalization.² The Legislature has the opportunity to fund improvements to our infrastructure, schools, and under-resourced communities. However, as the bill is currently written, half of the funds generated from cannabis are allocated to regulation and law enforcement with the other half of funds allocated to social equity, public health, education, and public safety. CNHA strongly recommends that **at least 60% of generated cannabis revenue should be allocated to social equity measures and the remaining funds should be allocated to the general fund.**

Responsible, recreational cannabis is a popular policy issue, supported by a majority of Hawai'i voters³ and the entirety of Maui County Council.⁴ We cannot waste the massive amount of potential promised by cannabis legalization. For these reasons, we humbly ask that you **AMEND SB 3335** before voting in favor of the measure to build a more prosperous, sustainable, and equitable future for Hawai'i.

Me ka ha'aha'a,

Kūhiō Lewis

Chief Executive Officer, CNHA

¹ Ricciardi, Tiney and Aguilar, John, *The first 10 years of legal marijuana in Colorado were a wild ride. What will happen in the next decade?*, THE DENVER POST, 31 Dec. 2023. <https://www.denverpost.com/2023/12/31/colorado-marijuana-10-years-history-legalization-industry-struggles/>

² *Visit California*. <https://industry.visitcalifornia.com/research/travel-forecast>. Showing 537,000 visits in 2015 and 555,000 visits in 2019, while California legalized recreational cannabis in November 2016.

³ Mizuo, Ashley, *Hawaii voters support legalizing recreational cannabis, but split on legalizing gambling*, HONOLULU STAR ADVERTISER, 25 Jul. 2022. <https://www.staradvertiser.com/2022/07/25/hawaii-news/hawaii-voters-support-legalizing-recreational-cannabis-but-split-on-legalizing-gambling/>

⁴ Resolution No. 21-19, *Supporting Legalizing, Regulating, and Taxing Cannabis for Responsible, Adult Use*, MAUI COUNTY COUNCIL, 2021. https://mauicounty.us/wp-content/uploads/2021/02/21-20011b_final.pdf

SB-3335-HD-1

Submitted on: 3/18/2024 10:41:40 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Alika Valdez	Democratic Party	Support	Written Testimony Only

Comments:

They Republican Party wants us to believe in this particular God. What God? They want us to fear something that we believe but truly believe no actual evidence by word. These people are evil and heartless all they care is what they expect from you to be like the others they brain wash the same identity and turn you into a republican believer towards self hate. They want to deport all muslims or to convert into Christianity. Do you all want the republicans giving you that same fear every year?



Tuesday, March 19, 2024 at 2:00 pm
Conference Room 320

House Committee on Consumer Protection and Commerce

To: Chair Mark M. Nakashima
Vice Chair Jackson D. Sayama

From: Hilton R. Raethel
President and CEO
Healthcare Association of Hawaii

Re: **Submitting Comments with Concerns**
SB 3335 SD 2 HD 1, Relating to Cannabis

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the healthcare continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high-quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 30,000 people statewide.

Thank you for the opportunity to submit **comments** on this measure. We are concerned with the potential negative impacts of the legalization of cannabis will have not only our public health, but also on underserved communities in our state. In speaking with healthcare partners in states that have legalized cannabis, there has been a consistent narrative that the commercialization of this substance has had a deleterious effect on communities where health disparities are already the most glaring.

We appreciate that there is an intention to consider public health, but we do not believe that there are enough protections, especially for minors, to ensure that prohibited access and problematic use are adequately addressed. Further, we understand the interest in raising revenues, but would suggest that the additional costs to public safety and public health may ultimately outweigh any tax benefit the state sees.

Thank you for considering our comments with concerns about the commercialization of cannabis.



CATHOLIC CHARITIES HAWAI'I

COMMENTS for SB 3335 SD2 HD1: RELATING TO CANNABIS

TO: House Committee on Consumer Protection and Commerce
FROM: Rob Van Tassell, President and CEO, Catholic Charities Hawai'i
Hearing: **Tuesday, 3/19/24; 2:00 PM; via Videoconference or Room 329**

Chair Nakashima, Vice Chair Sayama, and Members, Committee on Consumer Protection and Commerce:

Thank you for the opportunity to provide written **Comments on SB 3335 SD2, HD1** which legalizes the personal adult use of cannabis as of January 1, 2026, establishes taxes, etc. I am Rob Van Tassell with Catholic Charities Hawai'i.

Catholic Charities Hawai'i (CCH) is a tax exempt, non-profit agency that has been providing social services in Hawai'i for over 75 years. CCH has programs serving elders, children, families, homeless and immigrants. Our mission is to provide services and advocacy to the most vulnerable of the people in Hawai'i.

Catholic Charities Hawai'i is deeply concerned that this bill would create very negative impacts for many vulnerable populations. Affordable housing is in crisis now. All the federally funded affordable housing must comply with federal rules which prohibit illegal substances, including cannabis. Increased use of recreational cannabis could have serious consequences. We are facing a homelessness crisis. Youth homelessness is of deep concern. **A 2018 study found that daily marijuana use by young men substantially increased the probability of becoming homeless.** SAMHA reports that about 1 in 10 people who use marijuana will be come addicted. **For youth under 18, addiction rates increase to 1 in 6!** Legalizing recreational cannabis use can have significant health and societal costs.

Our state is already struggling with controlling the use of vaping by children under 18. The sad case of a Hawai'i Island 12 year-old hospitalized after reportedly vaping just prior to going unresponsive at school (Star -Advertiser 2/6/24) points to the dangers faced by children who may see vaping as "harmless". While use of cannabis is increasing across the board, perception of its harmful effects is decreasing especially among high schoolers. When teens use cannabis, Colorado has found that 48.8% of teen drivers report driving under the influence. Overall, Colorado reported that 1 in 4 road deaths involved cannabis (Colorado Division of Criminal Justice 2020). **The danger is increased since the average potency of marijuana flowers has increased about 5 times between 1995 to 2018.** We also recognize that **illegal forms of cannabis may be laced with other drugs such as fentanyl which is much stronger and dangerous.**

In this year of tight funding, with the Legislature focusing on Maui and other critical needs, we urge you to defer this bill which puts the health and well-being of many at risk. If you have any questions, please contact our Legislative Liaison, Betty Lou Larson at (808) 527-4813.



SB-3335-HD-1

Submitted on: 3/18/2024 11:14:46 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Leah Kekaulua	Pakalolo for the People	Support	In Person

Comments:

Testimony

IN SUPPORT

SB3335, SD2 HD1- Relating to Cannabis

Aloha, Chair Nakashima, Vice Chair Sayama and Members of the Committee.

My name is Leah Kekaulua and I am writing on behalf of Pakalolo for the People with 79 signatures in support of SB 3335 as we believe legalizing cannabis for adult use would be one of the best decisions we could make for Hawaii. 24 other states and districts across the United States have legalized cannabis use. In fact, the majority of tourists visiting Hawaii are coming from places where cannabis is already legal. By moving on this issue now, you are not only establishing a regulated market to capture local sales but we are setting up Hawaii farmers to establish themselves now for export potential when Federal legalization inevitably comes.

Whether we call it medical or recreational, tested and regulated products that are subject to quality control standards encourage safe and responsible cannabis use. This is an opportunity to establish a healthy, legal industry that fosters community engagement and education around cannabis use while promoting dialogue and understanding about responsible consumption to prevent potential risks. By putting an end to cannabis prohibition, Hawaii will generate significant tax revenue, create valuable jobs for our locals, and set forward a safe and legal framework for current operators to step out of illicit operations. We can do this right. It starts with legalizing adult use now.



LAW ENFORCEMENT ACTION PARTNERSHIP

ADVANCING JUSTICE AND PUBLIC SAFETY SOLUTIONS

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Det. Sgt. Neil Woods, Ret.
Derbyshire, England, LEAP UK

Date: March 18, 2024

Re: Support With Amendments: SB 3335, HD I - Cannabis Legalization

Position: SB 3335 HD I, Support With Amendment

To: Chair Nakashima, Vice Chair Sayama, and distinguished members of the
Consumer Protection & Commerce Committee

Aloha, Chair Nakashima, Vice Chair Sayama, and distinguished members of the
Consumer Protection & Commerce Committee,

As a career law enforcement professional, I am writing on behalf of the Law
Enforcement Action Partnership (LEAP) to share our comments regarding bill HB
SB 3335 HD I, which would legalize the personal adult use of cannabis.

LEAP is a nonprofit group of police, prosecutors, judges, and other criminal justice
professionals who speak from our experience within the justice system. Our
mission is to make communities safer by focusing law enforcement resources on the
greatest threats to public safety and working toward healing police-community
relations.

Many years in the law enforcement profession have taught us that cannabis
prohibition causes much more damage than the use of the drug itself. Our cannabis
laws brew deep distrust of police and the criminal justice system, breaking
community ties and increasing violence.

Prohibition forces people in the cannabis trade into an illicit market that is besieged
by gun violence to resolve disputes that legal businesses handle in court. Legalizing
and regulating cannabis sales will redirect its profits back into the communities that
have been harmed the most by the illicit market. It will also ensure that cannabis is

LawEnforcementActionPartnership.org

Formerly known as Law Enforcement Against Prohibition

sold only by regulated, licensed businesses that uphold environmental laws, consumer safety regulations, and check IDs.

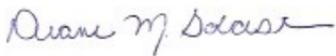
As Law Enforcement, we think regulating cannabis is one of the smartest things Hawaii can do to improve its criminal justice system. However, while prior committees have made substantial improvements, the bill currently under consideration still needs amendments.

The bill includes an unscientific per se DUI standard that criminalizes sober drivers long after impairment wears off. It also directs 50% of all tax revenue to cannabis enforcement and regulation – in addition to licensing fees — and envisions adding more officers focused solely on cannabis enforcement. This would not only divert resources from solving serious crime and other needs, but would also increase unnecessary criminalization of Hawaii residents.

Meaningful amendments to these bills, such as these and others described by the Hawai'i Alliance for Cannabis Reform, will refocus police resources on what matters most: helping communities recover from decades of unjust conditions that give rise to violent crime and social hardship. Communities deserve a regulated model in the name of public safety and opportunity.

Thank you for the opportunity to submit our comments and concerns regarding SB 3335, HD 1.

Mahalo,



Diane Goldstein
Redondo Beach Police Department
Executive Director, The Law Enforcement Action Partnership



HawaiianEthos

Date: March 18, 2024

To: Representative Mark Nakashima, Chair House Committee on Consumer Protection & Commerce
Representative Jackson Sayama, Vice Chair House Committee on Consumer Protection & Commerce

Fr: Noah Phillips - Hawaiian Ethos

Re: Testimony **In Support of Senate Bill (SB) 3335 SD2**

RELATING TO CANNABIS Establishes the Hawai'i Cannabis Authority and Cannabis Control Board within the Department of Commerce and Consumer Affairs to regulate all aspects of the cannabis plant. Beginning January 1, 2026, legalizes the personal adult use of cannabis. Establishes taxes for adult-use cannabis sales. Transfers the personnel and assets of the Department of Health and assets Department of Agriculture to the Hawai'i Cannabis Authority. Appropriates funds.

Dear Chair Tarnas, Vice Chair Sayama, and Members of the Committee:

Hawaiian Ethos **Supports SB3335 SD2 With Amendments** detailed below as an important bill for the establishment of the State's Adult Use Cannabis Program. Hawaiian Ethos is a vertically integrated licensed dispensary operating in the State of Hawai'i since 2018, with three retail locations in the Hilo, Kona, and Waimea areas on the Island of Hawai'i and is the only provider of completely clean, solventless medical cannabis products in the State of Hawai'i.

We **strongly support** the decriminalization of cannabis in Hawai'i. As an existing medical cannabis dispensary on Hawai'i Island, we have seen first-hand the benefits that responsible cannabis use can provide to patients. We believe the responsible, personal use of cannabis should not be illegal. The harms inflicted upon individuals and communities from the prohibition of cannabis needs to end.

As an already participating member of the medical cannabis industry in Hawaii, we request that any new legislation support the transition of existing medical licensees into the new legal framework. While we believe that the future legal framework needs to be built to develop and sustain new participants, we request the state streamline the transition of existing medical licenses to ensure that an adequate supply of products is available in order to service both the Adult Use and Medical markets.

Proposed Amendment: SECTION 50. (a) Each existing medical cannabis dispensary whose license remains effective pursuant to section 48 of this Act may convert their operation into licenses under chapter A, Hawaii Revised Statutes, before January 1, 2025; ~~provided that the existing medical cannabis dispensary may only convert existing licensed operations and premises; provided further that an existing medical cannabis dispensary may only be issued up to three cannabis cultivator licenses, three cannabis processor licenses, three medical cannabis~~



HawaiianEthos

~~dispensary licenses, and three retail cannabis store licenses, but not to exceed nine licenses in total, in accordance with chapter A, Hawaii Revised Statutes, and rules adopted thereunder.~~

Replace stricken language with:

“notwithstanding any restrictions on the maximum number of licenses, license type or license size, or plant canopy square footage in this Act, each existing medical cannabis dispensary may convert all of its existing licensed operations and premises at the time of conversion before January 1, 2025, without limitation to maintain the current cannabis market without disruption. Conversion to a cannabis cultivator license shall convert each site to a single license. The authority may grant existing medical cannabis dispensary operations additional licenses to ensure the adequate supply of both medical and adult-use cannabis during the conversion of existing licenses and prior to the issuance of new licenses.”

A successful and community-inclusive implementation of a legal adult use cannabis system has the potential to create a long-term sustainable economic industry for Hawaii, a place renowned for its quality of local-grown flower. We urge the legislature to view Hawaii’s established cannabis industries holistically, understanding that a partitioned and fractured marketplace is not in the best interest of any local stakeholders. If implemented well, legalization of cannabis could create a new agriculturally oriented market that both the state and its community members can benefit from for future generations.

Thank you for the opportunity to testify.

Noah Phillips, Esq.
on Behalf of Hawaiian Ethos

RE: S.B. 3335, SD2 HD1; RELATING TO CANNABIS.

My name is Rachel Sy-Layug, and I am the President of the Hawaii Council on Child and Adolescent Psychiatry, the local chapter to the national organization known as the American Academy of Child & Adolescent Psychiatry. We are comprised of roughly 70 board certified child and adolescent psychiatrists actively paying board membership dues and extend further to additional board certified non-members that regularly participate in monthly meetings to discuss the mental health needs of the keiki across the state. During these meetings, we have regularly discussed the legislative issues such as this upcoming bill and have unanimously decided to voice our concerns and **strong opposition** to the passing of S.B. 3335.

As a practicing child psychiatrist that has been treating patients in Hawai'i over the last 12 years in all settings—acute inpatient, emergency, outpatient clinic, and forensic (Hale Ho'omalua Kapolei Juvenile Detention Facility and Hawaii Youth Correctional Facility), I and my state-wide colleagues consider myself a local expert in how cannabis use can affect our keiki. As the primary child psychiatrist in both inpatient and forensic settings in this state from 2017-2022, I had the highest contact with youth that had the most detrimental and life threatening effects of cannabis use, and can personally vouch for the facts I am about to outline below, with poignant personal anecdotes that still sit on my mind. They are also substantiated in the literature, even with a quick search on the database UpToDate.

- **TODAY'S MARIJUANA IS NOT THE SAME AS 30 YEARS AGO! The potency of cannabis has increased around the world in recent decades, which may have contributed to increased rates of cannabis-related adverse effects.** In the inpatient hospital setting, I have seen children using cannabis and developing psychosis to the point that maximum adult doses of all old generation and new generation antipsychotics will not treat. They remain violent and aggressive even weeks after a clinician would expect the drug to “wash out” of the system and allow for the antipsychotic to take effect so that they can function safely outside the hospital setting.
- **The brain is especially vulnerable as it is not fully developed until mid- to late 20s. Cannabis may cause schizophrenia symptoms to start earlier in life.** Typically, men show signs of the disorder in their late teens to early 20s, and women in their late 20s to early 30s. Using marijuana may make symptoms show up as much as 3 years earlier. The age at which you start using marijuana also might make a difference. Earlier use, especially during the teen years, may mean a greater chance of having schizophrenia, perhaps because your brain is still developing during this time. I had presumed a child that had months of worsening psychotic symptoms had developed schizophrenia due to cannabis use and had started him on an antipsychotic while detained at Hale Ho'omalua. During detainment, he had forced sobriety and medication adherence, and was placed months later at the on-island youth substance use treatment residential program Bobby Benson, from which he eloped. During his brief run, he had stopped his medications and started using cannabis again, and surprisingly did not appear psychotic when I first assessed him upon his return less than a week after elopement. This demonstrated to me the long-standing effects of prolonged and heavy use of cannabis on the vulnerable youth brain and how much time he needed to abstain

from it for a chance for the brain to heal. He was fortunate that the effects were not permanent, but this is not always the case.

- **Numerous studies on schizophrenia have demonstrated that it is highly heritable (i.e. very genetic; ~80%) and that Cannabis Use is an environmental factor that increases risk of psychotic symptoms and development of Schizophrenia.** Numerous cross-sectional and longitudinal cohort studies and several meta-analyses have documented an association between cannabis use and a greater risk of schizophrenia (Hasan et al., 2020; Marconi et al., 2016). This association cannot be explained away by other drug use, social, or genetic confounding factor. In a study of 16 European sites, Di Forti et al. (2019) showed that the incidence of psychosis was much higher in cities such as London and Amsterdam where use of high potency cannabis was common compared with Southern European cities such as Barcelona and Palermo where high potency cannabis was not widely available. Hjorthøj et al. (2021) have shown that as use of cannabis became more common in Denmark, so the national incidence of schizophrenia rose as did the proportion of cases attributed to cannabis use. An adolescent that had full access to this knowledge and his family history made the choice to quit his heavy cannabis use prior to the development of any psychotic symptoms. Simply access to his knowledge allowed him to make an informed decision without hesitation, though most children who are exposed to use do not have all the necessary information to make this decision. With increased access to adults, we also experience increased access to children without informed consent. This is also scary to think with those that are vaping and allowing secondhand vapors to be inhaled by bystanders. We have now learned the long-standing effects of secondhand cigarette smoking enough to ban smoking inside or within a certain amount of feet of various institutions it may have previously been allowed in. Will we regret allowing similar cannabis exposure in the years to come?
- **Both decriminalization and legalized recreational use have been associated with increased unintentional pediatric ingestions.** As an example, after legalization of recreational cannabis use in Colorado, annual calls to the regional poison control center for pediatric cannabis exposure increased 34 percent on average to 6 cases per 100,000 population, which was almost twice the rate for the rest of the United States. Exposure to recreational cannabis accounted for about half of cases. This is especially concerning as State-approved marijuana stores will not eliminate the black market that has operated for decades and will likely increase black market sales, as it is always cheaper. With this, there will be a greater chance of accidental use of fentanyl-laced marijuana and that potential exposure via intentional and unintentional pediatric ingestions.
- A recent study (2021) found that **marijuana-related Emergency Department and urgent care visits to a tertiary care children's hospital system in Colorado increased significantly over a 10-year period among adolescents**, "most notably" in the years after the state legalized medical marijuana in 2009 and recreational marijuana in 2014. In the retrospective study, the investigators looked at emergency room and urgent care visits from 2005 to 2015 by patients ages 13 through 20 years that were determined to be related to marijuana based on diagnostic codes or positive urine drug

screens. There were 4,202 such visits during this period and, in 67%, a behavioral health evaluation was also conducted. The number of emergency room and urgent care visits related to marijuana increased from 161 in 2005 to 777 in 2015, during which time those visits that included a behavioral health evaluation increased from 84 to 500. The rate of marijuana-related visits per 1,000 emergency room and urgent care visits increased from 1.8 in 2009 to 4.9 in 2015, an increase of high statistical significance. Behavioral health consultations related to marijuana also increased, from 1.2 to 3.2 per 1,000 ED visits during that time. A diagnosis of cannabis use, abuse, and misuse was made at 62% of the 4,202 visits, and a comorbid psychiatric diagnosis was made at 71%, with depression being the most common (39% of total visits), followed by mood disorder (22%). This is concerning knowing that the increase in fatal car collisions also increased for that state. In the Rocky Mountain area in 2013, 14.8% of drivers involved in traffic fatalities tested positive for marijuana, which increased to 24.3% in 2020. That means we will see nearly twice as many victims and twice as many manslaughter and negligent homicide cases, especially when HPD has no way to test for marijuana in impaired drivers. Of note, about half of teenage drivers who use marijuana reported driving under the influence.

Medical facts aside, **Hawaii already has a strained and fragile healthcare system**, especially its mental health services while amid a national youth mental health crisis. **Additionally, Wahiawa General Hospital has no longer been able to function in its previous capacity.** “Our emergency rooms, especially on the west side have been very, very busy,” said Hilton Raethel, CEO of the Healthcare Association of Hawaii. He told HNN Investigates on February 16, 2024, that the **Queen’s Medical Center-West Oahu ER was at 268% of capacity**, “which means that they have basically two and a half patients for every bed.” **Legalizing recreational marijuana will lead to a significant increase in cannabis-related adverse medical and psychiatric symptoms and subsequent increase in emergency room and urgent care visits and inpatient hospitalizations that Hawaii will not be able to absorb.** Hawaii State Hospital is above capacity (Civil Beat 2/14/24). That does not include the 30 patients now at Kahi Mohala, as the original number of 60 has only been declining due to the upcoming end of the Department of Health contract with Kahi set to expire at the end of May 2024. Sutter Health network is now pursuing a deal to sell Kahi Mohala to The Queen’s Health System, and “Queen’s has indicated that the forensic patients will no longer be serviced at that campus,” said Marian Tsuji, deputy director for behavioral health for the state Department of Health. **Kahi Mohala and Queen’s already have known staffing issues and Hawaii's isolated geographical location and limited island resources make us incredibly more vulnerable than our mainland counterparts.**

Thank you for this opportunity to testify on S.B. 3335, SD2 HD1.



Sincerely,
Rachel Sy-Layug, DO
President, Hawaii Council on Child & Adolescent Psychiatry



Committee on Consumer Protection & Commerce
Rep. Mark M. Nakashima, Chair
Rep. Jackson Sayama, Vice Chair

Hearing Date: Tuesday, March 19, 2024

ACS CAN OPPOSES and Offers Amendments to SB 3335 SD2 HD1: RELATING TO CANNABIS.

Cynthia Au, Government Relations Director – Hawaii Guam
American Cancer Society Cancer Action Network

Thank you for the opportunity to **OPPOSE and offer Amendments** to SB 3335 SD2 HD1: RELATING TO CANNABIS. American Cancer Society Cancer Action Network (ACS CAN) is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society. We support fact-based policy and legislative solutions designed to eliminate cancer as a major health problem. We support all efforts to invest in comprehensive policies that would strengthen the health infrastructure in Hawaii to prevent youth from starting to use tobacco and help adults already addicted to tobacco to quit.

ACS CAN remains concerned about reducing smoking including the use of e-cigarettes and reducing exposure to secondhand smoke. Expanding the use of cannabis only heightens these concerns and we encourage the legislature to ensure cannabis laws do not undermine effective tobacco control laws and further health disparities.

ACS CAN opposes smoking or aerosolization of any form of cannabis. Recent history from our tobacco control work has shown how creating different terms and definitions is a strategic move by Big Tobacco to ensure certain products are regulated or taxed differently or escape regulation and taxation all together. **ACS CAN requests clarification that smoking, including the use of e-cigarettes, of any and all cannabis or cannabis derived products, whether natural or synthetic, is prohibited in all workplaces and public places.** This includes prohibiting indoor smoking associated with permits for special events and social consumption.

We ask the legislature to consider amending the bill to keep current smoke-free air laws by broadening the definition of smoking as well as clear language that states the smoking of all the products defined in this bill is prohibited everywhere smoking is prohibited in 328J.

Amend definition of “smoking” to the following model definition:

“Smoking” means inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, pipe, hookah, or any other lighted or heated tobacco or plant product intended for inhalation, whether natural or synthetic, including marijuana/cannabis, in any manner or in any form. “Smoking” includes the use of an electronic smoking device which creates an aerosol or vapor, in any manner or in any form, or the use of any oral smoking device for the purpose of circumventing the prohibition of smoking in this Article.

We urge the state be required to collect baseline data and monitor the ongoing impact of cannabis on the use of tobacco and other substances including alcohol, opioids and tracking psychosis and other behavioral health conditions. We also urge the state be required to collect data on how engaging “disproportionately impacted area(s)” in the cannabis industry impacts health equity, including the impact of cannabis use, sales and all cannabis business locations in these areas as well as ensure equitable enforcement.

ACS CAN opposes the changes to the “e-liquid” definition to exempt cannabis, cannabis products or cannabis accessories. This creates a major loophole for companies to mix cannabis with tobacco or nicotine to avoid tobacco control laws. The only exemption ACS CAN supports in this definition is one for drugs, devices, or combination products authorized for sale by the U.S. Food and Drug Administration, as defined in the Federal Food, Drug, and Cosmetic Act.

To date, four THC-based drugs have been approved by the U.S. Food and Drug Administration (FDA) for the treatment of nausea, and several other similar drugs are being tested in clinical trials.¹ None of the FDA-approved drugs require the smoking or aerosolizing of the drug.

ACS CAN also recommends prohibiting any cannabis retail stores from selling tobacco products, including e-cigarettes that contain tobacco or nicotine whether natural or synthetic. ACS CAN also recommends requiring all cannabis and hemp businesses to be located at least 1000 feet from schools and other child focused areas and extending the advertising prohibition from 750 feet to 1000 feet.

Health Effects:

Marijuana smoke, like tobacco smoke, is a lung irritant and can pose significant risks to people who use and to those near use. Individuals who use marijuana may also experience other adverse effects, such as altered senses, changes in mood, and impaired cognitive and motor functions in the short-term; to impacts on breathing, brain development and the potential for addiction and

risk of other drug or alcohol use in the long-term. Use of marijuana during pregnancy can have an impact on offspring before and after birth.ⁱⁱ

The most common way marijuana is used by adults is by smoking.ⁱⁱⁱ Among youth, the aerosolization of marijuana through e-cigarettes increased prior to the pandemic. In 2019, 3.9 percent of 8th graders, 12.6 percent of 10th graders, and 14.0 percent of 12th graders were current users (defined as use in the past 30 days).^{iv} The 2023 levels remain substantial, with the percentage of youth using marijuana in the last year at 29% in 12th grade, 18% in 10th grade, and 8% in 8th grade.^v

Marijuana smoking affects lung function including inflammation of the large airways, increased airway resistance, and lung hyperinflation.^{vi} Marijuana smoke contains the same fine particulate matter found in tobacco smoke that can cause heart attacks.^{vii} Individuals under the age of 45 who frequently smoke marijuana (defined as 4 or more times in the past 30 days) are almost twice as likely as those who don't smoke marijuana to have a heart attack.^{viii} Marijuana smoke contains many of the cancer-causing substances found in tobacco smoke and has been shown to cause testicular cancer. The presence of cancer-causing substances is cause for concern and more research is needed to assess the impact of exposure to marijuana smoke on other types of cancer.^{ix}

Cigarette dependence is significantly higher among individuals with daily marijuana use compared with those with non-daily or no marijuana use. Increasing marijuana use among people who smoke cigarettes can be a barrier to smoking cessation with adverse public health implications for tobacco control.^x

ACS CAN supports prohibiting smoking or aerosolizing of marijuana and other cannabinoids in public places because the cancer-causing substances found in marijuana smoke pose numerous health hazards to the individual using and others in their presence. Secondhand marijuana smoke can pass THC, with people exposed feeling a psychoactive effect.^{xi} This can be especially dangerous for children who are exposed. Allowing the smoking or aerosolizing of marijuana in public places also undermines the effectiveness of 100% smoke-free laws.

Thank you again for the opportunity to provide comment. Should you have any questions, please do not hesitate to contact Government Relations Director Cynthia Au at 808.460.6109, or Cynthia.Au@Cancer.org.

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- ⁱ FDA. FDA and Cannabis: Research and Drug Approval Process. February 24, 2023. <https://www.fda.gov/news-events/public-health-focus/fda-and-cannabis-research-and-drug-approval-process>.
- ⁱⁱ National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services. Marijuana Drug Facts. December 2019. <https://www.drugabuse.gov/publications/drugfacts/marijuana>.
- ⁱⁱⁱ Schauer GL, Njai R, Grant-Lenzy AM. Modes of marijuana use - smoking, vaping, eating, and dabbing: Results from the 2016 BRFSS in 12 States. *Drug Alcohol Depend*. 2020 Apr 1;209:107900. doi: 10.1016/j.drugalcdep.2020.107900. Epub 2020 Feb 6. PMID: 32061947.
- ^{iv} Miech, R. A., Patrick, M. E., O'Malley, P. M., Johnston, L. D., & Bachman, J. G. (2020). Trends in Reported Marijuana Vaping Among US Adolescents, 2017-2019. *JAMA*, 323(5), 475–476. <https://doi.org/10.1001/jama.2019.20185>
- ^v Miech, R. A., Johnston, L. D., Patrick, M. E., O'Malley, P. M., & Bachman, J. G. (2023). Monitoring the Future national survey results on drug use, 1975–2023: Secondary school students. *Monitoring the Future Monograph Series*. Ann Arbor, MI: Institute for Social Research, University of Michigan. Available at <https://monitoringthefuture.org/results/annual-reports>
- ^{vi} Gracie, K., & Hancox, R. J. (2021). Cannabis Use Disorder And The Lungs. *Addiction*, 116(1), 182-190.
- ^{vii} Brook, R.D., Rajagopalan, S., Pope, C.A., 3rd, Brook, J.R., Bhatnagar, A., Diez-Roux, A.V., Holguin, F., Hong, Y., Luepker, R.V., Mittleman, M.A., Peters, A., Siscovick, D., Smith, S.C., Jr., Whitsel, L., and Kaufman, J.D. (2010). Particulate matter air pollution and cardiovascular disease: An update to the scientific statement from the American Heart Association. *Circulation* 121: 2331-78.
- ^{viii} Ladha KS, Mistry N, Wijeyesundera DN, et al. Recent cannabis use and myocardial infarction in young adults: a cross-sectional study. *CMAJ* September 2021: 193 (35) E1377-E1384; <https://doi.org/10.1503/cmaj.202392>.
- ^{ix} Ghasemiesfe, M., Barrow, B., Leonard, S., Keyhani, S., & Korenstein, D. (2019). Association Between Marijuana Use And Risk Of Cancer: A Systematic Review And Meta-Analysis. *JAMA Network Open*, 2(11), E1916318-E1916318.
- ^x Weinberger AH, Dierker L, Zhu J, Levin J, Goodwin RD. Cigarette dependence is more prevalent and increasing among US adolescents and adults who use cannabis, 2002-2019. *Tobacco Control*. Published Online First: 23 November 2021. Doi: 10.1136/tobaccocontrol-2021-056723.
- ^{xi} CDC. Marijuana FAQs. Accessed February 11, 2022: <https://www.cdc.gov/marijuana/faqs.htm>

Testimony
SB3335, SD2, Relating to Cannabis

Committee on Consumer Protection and Commerce
Hearing for SB3335, SD2
March 19, 2024

Aloha Chair Nakashima, Vice-Chair Sayama, and members of the committee,

My name is Bill Jarvis and I'm the CEO of Noa Botanicals, one of the state's eight medical cannabis dispensary licensees.

On behalf of the scores of local employees here at Noa, **we stand in strong support of SB3335.**

I'd like to humbly offer testimony grounded by three core facts:

1. Cannabis has been consumed in Hawaii for decades – this is not a new industry.
2. There are no safeguards currently in place to ensure responsible recreational cannabis use.
3. While the illicit market has long benefitted from the sales of cannabis, the Hawaii community has never received the tax revenue perpetually avoided by this underground economy.

SB 3335 SD2 solves these problems, and Noa offers further comments in support of this bill:

This measure will regulate and tax an otherwise unregulated industry – It sets responsible boundaries for testing and consumption, while also establishing a new 14% tax on adult-use sales of cannabis (a potential revenue source ignored for years).

Given the precarious nature of Hawaii's finances, we support the fiscal benefits this bill creates, and a responsible "self-funding" approach - With the passage of SB3335, first year tax and fee revenues are estimated to be just shy of \$40M. Revenues come from a variety of sources including GET, the 14% cannabis sales tax, and payroll and income taxes. Total revenue collected by the state in the first four years is estimated to be just under \$300M. Following the efficient precedent and best practices of other states like Massachusetts, Maryland and New Mexico, Hawaii could safely launch the program with less than \$10M, resulting in a payback of 3-5 months depending on ramp up times for new sales. Thereafter, incremental tax revenue can fund social equity programs, public education campaigns, enhanced enforcement initiatives, and other projects that serve the public good, such as the various "rebuild Maui" programs underway.

An existing regulatory body is already staffed, funded, and has experience to regulate the industry in the interim - the DOH's Office of Medical Cannabis Control and Regulation is fully staffed with 17 employees, has an existing operating budget of \$3-4M, along with another \$4.5M coming in from GET, license fees from existing medical dispensary licensees and patient registration fees. When you add in conversion fees proposed to convert existing licensees, the DOH in-place funding is estimated to be over \$10M in the first year. This regulatory agency is the most logical and cost-effective solution to manage the industry while the new regulatory

body is stood up, without burdening the State coffers with significant appropriations.

SB2335 SD2 is responsible, conservative legislation and serves the public good - It offers better protections for our community than exist today given illicit sales in an unregulated industry. It provides better public health protection and community education. It taxes a revenue stream that already exists and it creates a vehicle for an untaxed industry to pay its fair share of taxes. Lastly, it funds critical community projects in a State that is chronically under-funded, Quite simply, its time has come.

I strongly urge you to support and pass SB2335.

With Aloha – Bill Jarvis

SB-3335-HD-1

Submitted on: 3/18/2024 1:40:41 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Judiah McRoberts	Kauai Hemp Company	Support	Written Testimony Only

Comments:

Dear Committee Chair, Vice-chair, and Members,

On behalf of Kauai Hemp Company, I would like to voice our support of this bill, specifically as it relates to hemp and hemp extract processing. The recent amendments to the bill regarding hemp are helpful in addressing some of the major concerns surrounding the hemp industry in Hawaii.

As the largest active hemp company in the state of Hawaii, we have been committed to providing local, sustainable, agriculture and STEM jobs. We also support small businesses through our private labeling services. This bill will continue to push the hemp industry forward which has been struggling in recent years, partly due to the unregulated intoxicating hemp product sales that this bill aims to enforce.

This bill will also create tax revenue for the state of Hawaii with funds allocated to youth programs and education. Evidence from many of the states that have passed adult-use has shown tax revenue surplus from their respective cannabis authorities. Additionally, this bill creates financial grant resources for hemp farmers which is greatly needed here in Hawaii.

It is our hope that you pass this bill.

Thank you,

Judiah McRoberts

Testimony for SB3335 SD2 HD1 Relating to Cannabis

Aloha Chair and Members of the Committee,

The Cannabis Society of Hawai'i supports the passage of Senate Bill 3335 (SB3335). This bill offers a transformative approach to cannabis in Hawai'i, fostering a thriving, regulated adult-use market while prioritizing the well-being of existing medical patients.

Beyond Revenue: Building a Stronger Hawai'i

SB3335 presents a significant opportunity to:

- **Enhance Public Safety:** Legalization replaces the dangers of the illicit market with a regulated system that prioritizes quality control and consumer safety.
- **Stimulate Economic Growth:** Job creation, increased tax revenue, and support for local businesses – SB3335 can significantly boost Hawai'i's economy.
- **Invest in Public Health:** Revenue generated can fund educational campaigns about responsible cannabis use and support treatment services.
- **Explore Medical Potential:** Hawai'i can become a leader in cannabinoid research for various diseases.
- **Promote Sustainability:** Hemp production offers eco-friendly alternatives for building materials and various consumer products.
- **Empower Communities:** Much needed social equity programs within SB3335 empower disadvantaged communities disproportionately impacted.

Prioritizing Safety

- **Youth Safety:** Legal cannabis markets in 38 states, 3 territories, and the District of Columbia prioritize child-safe packaging and educational awareness initiatives. Unlike easily accessible, non-childproof containers for cigarettes or alcohol, standardized child-resistant packaging for cannabis significantly reduces the risk of accidental childhood consumption.

- **Driving Under the Influence:** Standardized impairment tests that assess motor skills, not arbitrary THC blood levels, should determine driving ability. Individuals under the influence of any substance that inhibits safe driving, including legal ones like prescription drugs, pose a threat on the road. THC blood levels can vary greatly based on individual factors, making them an unreliable metric of impairment.
- **Crime Rates:** Concerns about cannabis and crime are often unfounded. Studies by Justin Tyndall (University of Hawai'i) and Xiuming Dong (John Hopkins University) suggest no link between cannabis retailers and increased crime rates in Washington State. Further research by the FBI reported a significant decrease in cannabis possession arrests in 2022 (58% decline) after Missouri implemented a legal cannabis program. NORML has also compiled data demonstrating a lack of correlation between crime and legalized cannabis markets.

Community Issues

We strongly urge the following changes, in no particular order:

- **Driving Under the Influence:** Remove the per se DUI limit based on THC blood levels.
- **Open Containers:** Eliminate the broad open container law with excessive penalties.
- **Expungement and Resentencing:** Include clear language for a state-initiated expungement and resentencing process to address past injustices.
- **Law Enforcement Staffing and Revenue Allocation:** Reduce excessive allocations to law enforcement and redirect those resources towards social equity, public health and wellness, education, and housing.
- **Social Equity Licensing:** Mandate the issuance of a significant number of small and social equity licenses.
- **Compliance Language:** Modify compliance language to avoid criminalization for minor deviations from regulations.

- **Cannabis Authority Composition:** Establish a professionalized regulatory structure with an empowered agency head and a diverse advisory board.
- **Youth Criminalization:** Reassess penalties for youth cannabis offenses and prioritize education over harsh punishments.
- **Odor as Pretext for Searches:** Clarify that the odor of cannabis alone cannot be justification for a warrantless search.
- **Federal sign off:** Get recognized by DEA for State-Authorized Use of Cannabis prior to Federal Descheduling / Rescheduling / Legalization.

We urge you to carefully consider these revisions to ensure SB3335

Protecting Medical Patients

The Cannabis Society of Hawai'i emphasizes the importance of safeguarding existing medical patients. We strongly oppose any provision that would take away established rights, reduce patient counts in any capacity, restrict caregiver services to 1 patient, or reduce plant count per patient. Farmers and breeders work with male plants that do not contain THC but rather pollen and those plants should not be considered in plant count. These measures would undermine the very people who rely on medical cannabis to manage their health conditions.

Exploring Medical Potential

A US patent awarded to the United States Department of Health and Human Services titled "Cannabinoids as Antioxidants and Neuroprotectants" (US6630507 B1) acknowledges the potential health benefits of cannabinoids.

SB3335 can position Hawai'i as a leader in exploring the therapeutic applications of cannabis for various medical conditions like Cancer, Alzheimer's, Parkinson's, Epilepsy, and other types of autoimmune diseases.

We envision a State-of-the-Art Facility makeover for Wahiawa General Hospital to create the Cannabinoid Institute of the Pacific that can be on the forefront of medical

discoveries and lead the world in Cannabis Research like Dr. Raphael Mechoulam did in Israel.

This is the opportunity to create robust educational systems within the colleges to feed into the growing demand for qualified professionals in cultivation, manufacturing, business operations, and health.

The Time for Action is Now

The Cannabis Society of Hawai'i appreciates the positive changes made in the committee process. By carefully considering the needs of the community and both adult-use and medical cannabis users, we can create a system that benefits all of Hawai'i. With SB3335 as a foundation, we can ensure a continued conversation to shape effective reform that serves our communities.

Thank you for your time and consideration.

Respectfully,

Cannabis Society of Hawai'i

Additional Information:

[Group Of Pro-Cannabis Legalization Law Enforcement Agents Share Recommendations For Police Transparency, Accountability](#)

[Study: No Association Between Rec MJ Laws, Use Among Middle School Youth | High Times](#)

[Teen Marijuana Use Dropped Dramatically In Colorado In 2021, State Study Finds](#)

[Marijuana Regulation and Crime Rates | NORML](#)

[The Effect of Marijuana Legalization on Crime Rates](#)

[Study: Patients Exhibit Few Changes In Driving Performance Following Medical Marijuana Use - NORML](#)

[Federally Funded Study Shows Marijuana Legalization Is Not Associated With Increased Teen Use](#)

[Effects of Cannabis Legalization on Adolescent Cannabis Use Across 3 Studies - ScienceDirect](#)

[The History Of Hashish](#)

[Exodus of Hawaii residents cost state \\$185M in lost taxes since 2020 | Honolulu Star-Advertiser](#)

SB-3335-HD-1

Submitted on: 3/18/2024 1:44:34 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Shyanne Olores	Kauai Hemp Company	Support	Written Testimony Only

Comments:

Dear Committee Chair, Vice-chair, and Members,

On behalf of Kauai Hemp Company, I would like to voice our support of this bill, specifically as it relates to hemp and hemp extract processing. The recent amendments to the bill regarding hemp are helpful in addressing some of the major concerns surrounding the hemp industry in Hawaii.

As the largest active hemp company in the state of Hawaii, we have been committed to providing local, sustainable, agriculture and STEM jobs. We also support small businesses through our private labeling services. This bill will continue to push the hemp industry forward which has been struggling in recent years, partly due to the unregulated intoxicating hemp product sales that this bill aims to enforce.

This bill will also create tax revenue for the state of Hawaii with funds allocated to youth programs and education. Evidence from many of the states that have passed adult-use has shown tax revenue surplus from their respective cannabis authorities. Additionally, this bill creates financial grant resources for hemp farmers which is greatly needed here in Hawaii.

It is our hope that you pass this bill.

Thank you,
Shyanne Olores



Senate Bill 3335 (HD 1): Analysis and Recommended Changes

Prepared for: Hawaii House of Representatives Committee on Consumer Protection & Commerce

Prepared by: Geoffrey Lawrence, Director of Drug Policy

Date: March 19, 2024

LATE

Senate Bill 3335 Contains Important Protections and Stringent Overregulation

Dear Chair Nakashima and Members of the Committee:

On behalf of Reason Foundation, I thank you for accepting these comments and making them part of the public record. Among other things, Reason Foundation is committed to ensuring that state-regulated cannabis markets are designed in such a way that they remain dynamic and offer genuine economic opportunity to individuals from a range of backgrounds. Senate Bill 3335 contains many constructive components, but also would impose unnecessary restrictions on licensing that will raise barriers to entry, limit entrepreneurial opportunities, and inhibit the transition of legacy cannabis suppliers into the regulated marketplace.

Below, we outline both the bill's constructive components as well as potential areas for improvement:

Constructive Provisions:

- **Basis of licensing decisions:** Sec. A-16(3) stipulates that the qualifications for licensure should be “directly and demonstrably related to the operation of a licensed business.”
- **Change of ownership:** Sec. A-16(17) makes clear that regulations must be designed to facilitate a change in ownership of a licensed business. Many entrepreneurs develop a business with the hope of later selling it to realize their financial goals. This is an important market function.
- **Local control:** Sec. A-24(a) strikes an appropriate balance for local control of commercial cannabis activity by allowing counties to use zoning ordinances to “place reasonable restrictions on the location of licensed businesses.” This stops short of allowing counties to ban commercial cannabis activity. In other states, local bans on legal sales have created opportunities for illicit sellers to thrive.
- **Outdoor cultivation permitted:** Sec. A-16(12) makes clear that security requirements cannot preclude cultivation in a greenhouse or outdoor area. These methods of cultivation are less costly and consume less energy. This results in savings to both producers and consumers and makes the legal market more price-competitive with the illicit market.
- **Automatic expungement of prior cannabis convictions:** SB 3335 has been amended to include Sec. A-63, which provides for the automatic expungement of past convictions for the distribution or possession of marijuana by January 1, 2026. In the interim, individuals can petition to have these convictions expunged. Society should not continue to penalize individuals

DRUG POLICY PROJECT CONTACTS:

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Michelle Minton, Sr. Policy Analyst

(michelle.minton@reason.org)

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for actions that are legal today.

- **New license types:** Sec. A-118 grants the board flexibility to create new types of cannabis licenses not currently specified within the bill. This flexibility is important because it allows regulators to address emergent market needs. For instance, regulators in Michigan used a similar provision to create a temporary cannabis event license once it became clear that such a license type would be necessary.
- **Training for drug recognition experts:** Sec. A-161(b)(1) directs a portion of cannabis tax revenues to be used for training of drug recognition experts within law enforcement. Research indicates this is the best available method for law enforcement to determine inebriation from marijuana.¹
- **Banking protections:** Sec. A-171 protects financial institutions from liability under state law for servicing marijuana licensees as account holders. Subsection (c) also authorizes the cannabis authority to enter into data-sharing agreements with financial institutions once consent has been obtained from a licensee. These agreements will allow financial institutions to access the licensee's application documents and transaction histories so they can complete know-your-customer requirements and verify that all transactions are legitimate. This form of data sharing is the best measure states can enact to facilitate financial services for cannabis licensees because it eliminates the administrative burdens facing financial institutions to comply with guidance from the U.S. Treasury Department.²
- **Competitive retail excise tax:** Sec. B-3 outlines a retail excise tax against cannabis goods at the rate of 14%. Medical cannabis products would be subject to a 4% tax rate. As can be seen in the table on the following page, this tax structure would be among the most competitive in the nation. Limiting the tax burden is crucial if policymakers hope to displace the illicit market because taxes create a price disparity between legal and illicit goods.³

¹ Teri Moore and Adrian Moore, "A Common Sense Approach to Marijuana-Impaired Driving," Reason Foundation Policy Study, January 2019, <https://reason.org/policy-study/a-common-sense-approach-to-marijuana-impaired-driving/>.

² Geoffrey Lawrence, "Marijuana Industry Financial Services: The Obstacles and the Policy Solutions," Reason Foundation Policy Brief, September 2019, <https://reason.org/policy-brief/marijuana-industry-financial-services-the-obstacles-and-the-policy-solutions/>.

³ Geoffrey Lawrence and Spence Purnell, "Marijuana Taxation and Black Market Crowd-Out," Reason Foundation Policy Study, January 2020, <https://reason.org/policy-study/marijuana-taxation-and-black-market-crowd-out/>.

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Marijuana Tax Structure by State

State	Retail Excise Tax	Avg. Gen. Sales Tax	Addt'l Local Excise Tax	Total Retail Tax	Wholesale Tax
AK		N/A	Varies	0.00%	\$800/pound
AZ	16%	8.37%	2%	26.37%	
CA	15%	8.85%	Varies	23.85%	
CO	15%	Exempt	Varies	15.00%	15%
IL*	10%, 20%, 25%	8.84%	3.5%	22.34% - 37.34%	7%
MD	9%	Exempt		9.00%	
ME	10%	5.50%		15.50%	\$335/pound
MA	10.75%	6.25%	3%	20.00%	
MI	10%	6%		16.00%	
MO	6%	8.36%	3%	17.36%	
MT	20%	N/A	3%	23.00%	
NV	10%	8.24%	3%	21.24%	15%
NJ		6.60%	2%	8.60%	\$17.60/pound
NM	12%	7.60%		19.60%	
NY**	9%	Exempt	4%	13.00%	\$0.005, \$0.008, \$0.03 /mg THC
OH	10%	7.24%		17.24%	
OR	17%	N/A	3%	20.00%	
RI	10%	7%	3%	20.00%	
VA	21%	5.77%	3%	29.77%	
VT	14%	6.36%		20.36%	
WA	37%	9.40%		46.40%	

*Illinois assesses different retail excise tax rates on marijuana flower (10%), edibles (20%) and concentrates (25%).

**New York assesses different wholesale tax rates per milligram of THC in flower (\$0.005), concentrates (\$0.008) and edibles (\$0.03).

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Provisions Needing Improvement:

- **Residency requirements:** Sec. A-72(b)(2) and Sec. 72(c)(1)(B) stipulate that any applicants for a commercial cannabis license must have been legal residents of Hawaii for five years. Sec. 72(c)(2)(A) also stipulates that the majority of ownership interest must continuously be held by Hawaii residents. These provisions are clear violations of federal case law regarding the Dormant Commerce Clause and would be subject to injunction. In New York, a federal injunction against similar requirements delayed the issuance of any retail licenses for two years. During this time, unlicensed sellers proliferated and captured significant market share.

Art. 1 Sec. 8 of the United States Constitution grants Congress the authority to regulate interstate commerce. The U.S. Supreme Court has interpreted this as an exclusive jurisdiction that prevents states from imposing any barriers to interstate commerce. In 2019, the Supreme Court struck down a Tennessee requirement that applicants for a liquor retail license must be legal residents of the state for at least two years as an unlawful barrier to interstate commerce. This rationale has resulted in injunctions against state cannabis rules by federal courts in Maine, Missouri, and New York. Hawaii should not include similar language.⁴

- **License caps:** Sec. A-13(6) directs the cannabis control board to study market conditions so it can “determine the maximum number of licenses that may be issued in order to meet estimated production demand.” Sec. A-75(b) also makes clear that the board will only make a limited number of licenses available at specified times. Limiting the availability of licenses creates an artificial barrier to entry into the legal marketplace and reduces competition among legal providers in a manner that may damage consumer welfare. States that have been most successful in displacing the illicit market, such as Michigan and Oregon, impose no license caps.

Moreover, the notion that supply must be targeted narrowly to meet estimated demand incorrectly assumes that cannabis products are fungible. There is a wide variety of product types and quality within the cannabis industry and no two products are identical. Consumers should be free to choose which products succeed in the marketplace. Meanwhile, makers of products consumers choose not to buy will disappear from the marketplace to balance supply and demand. This natural market process should not be overridden by regulators.

- **Licensee selection criteria:** Sec. A-75(b) directs the board to open a distinct application period each time it plans to make a license available. The board is permitted to change the selection criteria for these licenses in every application period. These criteria could be chosen capriciously and, in the worst case, could enable corruption if criteria are written to benefit a particular applicant. Instances of this form of corruption have proliferated in California, where local governments can establish their own licensing criteria, and these instances of corruption have prompted federal investigations. All licensing decisions should be based on a standard set of qualifications that meet the standard in Sec. A-16(3) as “directly and demonstrably related to the operation of a licensed business.”
- **Licensing fees not specified:** Sec. A-16(2) delegates the entire fee structure for commercial cannabis licenses to agency rulemaking. Lawmakers should clearly establish the initial fee

⁴ Geoffrey Lawrence and Michelle Minton, “The Case for Interstate Marijuana Commerce Right Now,” Reason Foundation Policy Brief, January 2024, <https://reason.org/policy-brief/the-case-for-interstate-marijuana-commerce-right-now/>.

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structure at rates low enough to minimize the barrier to entry and allow illicit producers to easily transition into the legal and regulated market.

- **Canopy restriction:** Sec. A-112(d) establishes a maximum canopy size for licensed cultivators at 2,000 square feet for an indoor facility and 5,000 square feet for an outdoor facility. These limitations are too small to allow licensees to achieve an economy of scale and will thus result in high production costs relative to illicit cultivators. No state has canopy limitations this small. In Massachusetts and Illinois, the limitation is 100,000 square feet. California has no canopy restriction but regulators assess larger licensing fees for larger facilities. Michigan also assesses higher licensing fees based on the number of plants. Other states, like Nevada and Colorado, impose no limitation on canopy size or plant count, instead allowing producers to expand per their ability to satisfy consumer demand.
- **Packaging restrictions:** Sec. A-82(b) restricts all packaging of cannabis products to include only black lettering on a single-color background. No graphics or images would be permitted on the packaging. The stated intent of this provision is to ensure products are not marketed to minors. However, nearly all state cannabis programs are able to more narrowly restrict marketing to minors by precluding the use of cartoon characters or other images that would be appealing to children. Cannabis products are not interchangeable, and producers need a way to clearly communicate their marks and branding to consumers to facilitate an efficient market.
- **Potency limits:** Sections A-16(20) and A-84(a) direct the board to establish potency limits for cannabis products. However, research indicates that cannabis consumers tend to self-titrate their use of higher-potency products to achieve a similar psychological effect. As a result, high-potency products like concentrates may be beneficial for public health relative to smoking marijuana flower because individuals consume less plant material that contains potential carcinogens.
- **Pre-market product approval:** Sec. A-84(a) also appears to require registration of every product with the cannabis control board before it can enter commerce. This pre-market approval can significantly delay product development and increase costs to both producers and consumers. Most state cannabis markets allow licensees to innovate with new products so long as they fit within an existing, defined set of rules. Violation of the rules can result in regulators ordering the products to be destroyed. Hawaii should follow this trend.
- **Social equity definitions:** Sec. A-141 defines a qualified social equity applicant as an entity of which 51% of ownership is held by individuals who have lived 5 of the past 10 years in a disproportionately impacted area, or for whom most employees live in a disproportionately impacted area. If the purpose of Hawaii's social equity program is to provide opportunities for victims of the drug war, then social equity treatment should only be available to individuals who have been arrested or convicted of a nonviolent marijuana offense. Basing eligibility on residency within a given neighborhood allows nonvictims to access these benefits on equal standing with victims.⁵
- **Social equity grants:** Sections A-142 and A-143 direct the board to make grants of public funds to social equity applicants. This direct financial support of a marijuana enterprise would

⁵ Geoffrey Lawrence and Michelle Minton, "Marijuana's Social Equity Misfire," Reason Foundation Policy Brief, April 2023, <https://reason.org/wp-content/uploads/marijuana-social-equity-misfire.pdf>.

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implicate the state as a participant in a federal criminal enterprise. The state could face liabilities for aiding and abetting a federal crime or under federal racketeering laws. States can impose a well-designed regulatory structure for marijuana but cannot invest directly in these markets.

- **Per se driving limit:** Sections 10 and 11 establish a per se limit for the presence of THC in a driver's blood as indicative of driving under the influence. This limit is specified as 10 nanograms of THC per millimeter of blood. THC accumulates in human fat cells and may be present in the blood even when a person is not under the influence of marijuana. This means that a per se measurement will incorrectly implicate some drivers as driving under the influence. Instead, law enforcement should rely on certified drug recognition experts to determine inebriation.
- **Employee registration:** Sec. A-79(g) requires licensees to register every employee with the Hawaii cannabis authority and to notify the authority of any discontinuation of employment within one business day. This reporting requirement is unnecessarily restrictive and may cause licensees to run afoul of regulations even when acting in good faith. At a minimum, licensees should have five business days to report staffing changes. Many states, like California, do not require every employee in the industry to be registered with the state and instead charge licensees with keeping logs of employees and providing identification credentials to those employees.
- **Annual audit requirements:** Sec. A-22(a)(3) requires all licensees to undergo an independent financial audit each year using generally accepted auditing standards in the United States. No other state imposes this requirement for licensure. Paying for a financial audit would be financially burdensome for small licensees. Moreover, the general lack of financial services within the cannabis industry makes it difficult for auditors to issue an opinion on the financial statements of licensees because they lack a sufficient audit trail.
- **Regulatory authority doesn't need its own police unit:** Sec. A-19 would create the cannabis enforcement unit within the Hawaii cannabis authority. The unit would be composed of armed law enforcement officers with the authority to execute searches, seize property, arrest individuals with or without a warrant, and perform other duties as assigned. No other state cannabis regulator hosts its own police force. These functions can be carried out by traditional law enforcement and, indeed, Sections A-20 and A-21 make clear that traditional law enforcement agencies also have jurisdiction to enforce state cannabis laws.

Reason Foundation commented on several cannabis legalization proposals during the 2023 legislative session and was thrilled to see several of its recommendations adopted as amendments. We are committed to ensuring that Hawaii's future market for adult-use cannabis is a success. We hope the legislature will consider the recommendations made herein and view Reason Foundation as a key resource as this bill progresses through the legislative process.

Sincerely,
Geoffrey Lawrence
Research Director and Director of Drug Policy, Reason Foundation

DRUG POLICY PROJECT CONTACTS:

Geoffrey Lawrence, Director (geoff.lawrence@reason.org)
Michelle Minton, Sr. Policy Analyst
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COMMITTEE ON CONSUMER PROTECTION & COMMERCE
Rep. Mark M. Nakashima, Chair
Rep. Jackson D. Sayama, Vice Chair



Tuesday, March 19, 2024
Conference Room 329

RE: Comments on SB 3335, SD2, HD1, Relating to Cannabis

Dear Chair Nakashima and Vice Chair Sayama, and members of the committee,

The Hawai'i Afterschool Alliance would like to thank the legislators for including child care, afterschool, and summer programs in the language of SB 3335 SD2 HD1. If our state decides to legalize adult recreational cannabis use, it must invest in education and youth substance abuse prevention initiatives.

Afterschool and summer programs are proven substance abuse prevention strategies. They foster protective factors, which are linked to fewer behavior problems, reduced substance misuse, and improved academic performance. These programs provide safe spaces for young people to connect with their communities and build healthy self-esteem, personal agency, and problem-solving skills. Quality afterschool and summer programs also provide trauma-informed practices that offset the impact of Adverse Childhood Experiences (ACEs). Addressing the impact of ACEs, in turn, reduces the development of substance use disorders and other future health concerns.

Research shows that youth who are not involved in constructive, supervised extracurricular activities are more likely to engage in risky behaviors such as school failure, drug use, and delinquency. It also shows that teens who do not participate in structured activities after school are nearly three times more likely to skip classes at school, experiment with drugs, and engage in sexual activity than teens who do participate.

Thanks for the opportunity to testify.

Sincerely,

Paula Adams
Executive Director
Hawai'i Afterschool Alliance
www.hawaiiafterschoolalliance.org



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Honolulu, Hawaii 96813-5391
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Telephone: (808) 591-2550
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E-mail: mail@abcstores.com

To: Committee on Consumer Protection & Commerce

Re: SB 3335 SD2 HD1 Relating to Cannabis

Date: March 19, 2024

Time: 2:00 p.m.

Place: Conference Room 329

LATE

Position: Strongly Oppose

Good afternoon, Chairperson Mark M. Nakashima, Vice Chair Jackson D. Sayama and members of the Committee on Consumer Protection & Commerce. I am Curtis Higashiyama Employee Relations and Government Affairs Manager, and we appreciate this opportunity to testify.

ABC Stores **Strongly Opposes** bill SB3335 SD2 HD1. Establishes the Hawaii Cannabis and Hemp Authority and Cannabis and Hemp Control Board within the Department of Commerce and Consumer Affairs to regulate all aspects of the cannabis plant. Establishes the Cannabis and Hemp Control Implementation Advisory Committee. Beginning January 1, 2026, legalizes the personal adult use of cannabis. Establishes taxes for adult-use cannabis and medical use cannabis sales. Transfers the personnel and assets of the Department of Health and assets of the Department of Agriculture relating to cannabis to the Hawaii Cannabis and Hemp Authority. Appropriates funds. Effective 12/31/2050. (HD1)

We ask the committee to take into consideration the information/testimony being presented on the negative deleterious effects of passing such a measure.

- From the health care industry where the consistent narrative of how commercialization has had a deleterious effect on communities and the additional costs to public safety and health.
- The negative impacts on our youth. Increased perception that it is “ok” and acceptable to smoke marijuana. From the Substance Abuse and Mental Health Services: In young men, 1 in 10 who use marijuana will become addicted and for youth under 18 addiction rates increase to 1 in 6.
- The cost of doing business and the black market. While some tout the revenue stream, this must be measured against the cost of bringing the business to market which includes cost of build out, permits and fees, and sourcing. The black market will have an increased appeal due to not having to comply with governmental regulations thereby offering the product at a much lower cost.
- Enforcement. An increase cost for the addition of a “Cannabis Authority” and the staffing needed to enforce regulations. Of concern are comments by the Department of Law Enforcement citing the experiences of other states where there are significant risks for the public safety, the Department of Health and its concerns with cannabis use and exposure, and from Maui County how cannabis remains a dangerous substance with numerous negative consequences and would divert much needed funding away from other areas of law enforcement.



*The
Store
with
Aloha*

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- Tourism: The economic driver for Hawaii. We have seen the devastating impacts to businesses on Maui with the severe reduction in travelers due to the wildfires. It has been stated at recent conferences from leaders in the Japanese industry that if legalized, Japanese tourists will stop coming to Hawaii, a major driver in per person spending here in the state.

We believe that legalizing cannabis would harm Hawaii's communities and youth, as well as its economy and tourism. Cannabis has negative effects on health, safety, education, and social well-being. We want to preserve Hawaii's reputation as a beautiful and welcoming place for everyone. Join us in opposing the legalization of cannabis in Hawaii.

We **strongly oppose** this measure. Thank you for the opportunity to testify.

Mahalo,
Curtis Higashiyama
ABC Stores
Employee Relations and Government Affairs



LATE

To: Representative Mark Nakashima, Chair of the House Consumer Protection & Commerce Committee
Representative Jackson Sayama, Vice Chair of the House Consumer Protection & Commerce Committee,
Members of the committee

Fr: Randy Gonce, Principal Consultant of Hawaii Cannabis Industry Solutions

Re: **Testimony In Support of Senate Bill (SB) 3335 SD2 HD1**

RELATING TO CANNABIS.

Establishes the Hawaii Hemp and Cannabis Authority and Hemp and Cannabis Control Board within the Department of Commerce and Consumer Affairs to regulate all aspects of the cannabis plant. Establishes the Hemp and Cannabis Control Implementation Advisory Committee. Beginning January 1, 2026, legalizes the personal adult use of cannabis. Establishes taxes for adult-use cannabis and medical use cannabis sales. Transfers the personnel and assets of the Department of Health and assets of the Department of Agriculture relating to cannabis to the Hawaii Hemp and Cannabis Authority. Declares that the general fund expenditure ceiling is exceeded. Makes appropriations. Takes effect 12/31/2050. (SD2).

Dear Chairs, Vice-Chairs and Members of the Committee:

Mahalo for scheduling this important measure for consideration in your committees.

I am in Support of **SB3335 SD2 HD1**. This is not a perfect bill but it does address many of the concerns stakeholders have in regards to legalization and creates a framework for an adult use program to begin being built. The longer we sit by idly and allow the current status quo of cannabis policy in the state to exist the more at risk our cannabis consumers are. Additionally, as we are at 24 states and jurisdictions that have set up their legal programs and more states are poised to do so, we continue to signal to local farmers, entrepreneurs, investors and the like that Hawaii would rather import cannabis, like we do almost all of our other resources, and prevent our local people from competing.

As a member of the Hawaii Alliance for Cannabis Reform (HACR) I support the coalitions suggested amendments in the testimony provided by the coalition. I would also like to offer more details about suggested amendments to this bill.

Amend Special Funds Language to Revert Back to the Original Introduced Language Which Created a Stand Alone Social Equity Special Fund

As a former member of Dual Use of Cannabis Task Force that was created legislatively by [Act 169](#) in 2021. I am proud that recommendations from the Social Equity Committee Report, a report I authored and a committee I chaired, were adopted into the Attorney General's suggested language and the originally introduced **SB3335**. These versions of SB3335 had a specific % of tax revenues dedicated to a social equity special fund. The SD2 HD1 version lumps the social equity special fund into a special fund that also includes public health and education and public safety. I am concerned that this will impact the amount of funding that the social equity programs receive as it would be competing with public health and education and public safety needs. Hawai'i needs to take seriously the important task of repairing the harms that the war on drugs did to those who were disproportionately impacted. Social equity programs do that but we cannot start off by pitting their funding against other state obligations.

Addressing House Member Concerns Raised in Second Reading of SB3335

There are a lot of misconceptions about this bill, its implications/burdens, and what it will "bring" to Hawai'i. In the past floor reading of the bill, there were 22 NO votes and passionate speeches about how this will make our communities less safe and the harms it will have. I am here to provide actual data and statistics to disprove these false narratives and rhetoric that those who spoke out against this measure on the floor have. While their intent is to protect the public, standing by and doing nothing to allow the current status quo continues to actually bring their fears to reality.

Public Health Impacts on Hawaii Communities and Youth

The main point of consistent opposition is that legalization will create new public health challenges in our communities with a focus on our youth. What is failed to be recognized by this opposition is that legalization is not inviting new behaviors into our communities. As it currently stands cannabis is consumed at a large rate, bought and sold in our state, and is accessible to almost anyone who seeks it out.

By doing nothing the current status quo currently encourages:

- The majority of growers and sellers do not have to adhere to any regulations or become licensed
- Currently sellers do not check ID's to ensure there is no diversion to minors
- The cannabis currently consumed, outside the medical cannabis system, is not subject to testing for harmful chemicals, inputs, or other additives
- There is no public education, significant police trainings, or mitigation for driving while impaired.
- Individuals who choose to purchase cannabis outside the medical cannabis program are forced to do so in unknown environments often from unknown sources.

These, and more, are **already** happening in our communities in very large numbers.

Thus, it is incumbent upon the House of Representatives to act instead of allow it to continue to threaten public health and safety.

This bill SB3335 puts many policies in action to address each and every one of these public health and safety matters that have proliferated in our communities currently. This bill requires all entities selling cannabis to only sell to those over the age of 21. Studies show that there is a near 100% compliance rate with the age restrictions and ID checks in other states who have programs¹. Additionally, retailers displayed warnings regarding use during pregnancy/breastfeeding (72.0%), followed by health risks (38.0%), impacts on children/youth (18.7%), and DUI (14.0%). These types of education and compliance currently do not exist in the large cannabis ecosystem in Hawaii.

Contrary to rhetoric that was stated on the second reading of SB3335 on the floor Friday March 15th, data shows, and the Hawaii Department of Health agrees that, legalization policies do not correlate with an increase in youth usage. This is backed by data and research from many sources such as:

- The 2022 MTF Study Sponsored by the National Institute on Drug Abuse and the National Institutes of Health “Key Findings on Adolescent Drug Use”². Marsha Lopez, chief of NIDA’s epidemiological research branch is quoted saying “There have been no substantial increases at all,” “In fact, they (youth) have not reported an increase in perceived availability either...”
- The Centers for Disease Control and Prevention’s (CDC) Youth Risk Behavior Survey (YRBS) 2021 results clearly show that while high school student use was trending up from 2009-2013, before legal marijuana dispensaries started opening, it has been on the decline since then. The first state recreational legalization laws were approved by voters in 2012, with regulated retail sales beginning in 2014³.
- The *Journal of the American Medical Association* published a major report analyzing federal data from more than 1.4 million high school students in 2021. The researchers found no significant associations between the enactment of adult-use legalization laws and marijuana use or frequency of use among high school students. The study

¹ Cannabis retailer marketing strategies and regulatory compliance: A surveillance study of retailers in 5 US cities

<https://www.sciencedirect.com/science/article/pii/S0306460323000916>

² 2022 MTF Key Findings on Adolescent Drug Use, National Institute on Drug Abuse and the National Institutes of Health

<https://monitoringthefuture.org/wp-content/uploads/2023/01/mtfoverview2022.pdf>

³ The Centers for Disease Control and Prevention’s (CDC) Youth Risk Behavior Survey (YRBS) 2021 <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

also looked at medical cannabis laws and concluded they had no impact on youth marijuana use⁴.

- 2018 the journal *Current Addiction Reports* conducted a meta-analysis of 55 academic papers and multiple data sources. The researchers wrote “Liberal forms of medical cannabis regulation ... have not to date increased rates of cannabis use among adolescents”⁵.

Potential Increase in Traffic Crashes and Fatalities Caused by Cannabis Impairment Have Been Grossly Overstated

The common saying “correlation does not equal causation” is extremely significant in the discussion about impaired driving and cannabis consumption. Data and statistics are becoming more readily available due to THC metabolites being tested more frequently in subjects who have been involved in traffic crashes. The mere presence of THC metabolites and the amount of metabolites detected has not been proven to correlate with impairment. Thus, when reviewing statistics that show an increase of traffic crashes where THC metabolites were found it is important to keep our assumptions grounded in science. Contrary to the floor speeches on Friday March 15th, these increased percentages does not conclude that cannabis was the cause of a crash. In fact, there is significant data to show that in many cases dangerous levels of alcohol were also detected in these subjects, which we all know cause significant impairment. This is not to say that impaired driving is not an issue that needs to be addressed. In fact, impaired driving from cannabis is already happening in our communities without legalization. What legalization would do is allot resources to educate the public on the real risks of driving under the influence of cannabis, provide resources for research on accurate detection of impairment, and in return make our roadways safer in the State of Hawai'i.

Please see just a few of these peer reviewed studies findings:

- Researchers affiliated with the University of San Diego published the findings from the “largest trial to date involving experienced users smoking cannabis” and the findings stated, “there was no correlation between THC (and related metabolites/ cannabinoids) in blood, OF [oral fluid], or breath and driving performance. ... The complete lack of a relationship between the concentration of the centrally active

⁴ Anderson, Mark D., et al. “Association of Marijuana Legalization With Marijuana Use Among US High School Students, 1993-2019”, September 2021.

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2783850>

⁵ Leung, Janni, et al. “Has the Legalisation of Medical and Recreational Cannabis Use in the USA Affected the Prevalence of Cannabis Use and Cannabis Use Disorders?,” *Current Addiction Reports*, September 2018.

[https://www.researchgate.net/publication/](https://www.researchgate.net/publication/327796926)

[327796926 Has the Legalisation of Medical and Recreational Cannabis Use in the USA Affected the Prevalence of Cannabis Use and Cannabis Use Disorders](https://www.researchgate.net/publication/327796926)

component of cannabis in blood, OF, and breath is strong evidence against the use of per se laws for cannabis⁶”.

- The U.S. Department of Transportation’s National Highway Traffic Safety Administration (NHTSA) released an update to their “Review of Technology to Prevent Alcohol- and Drug- Impaired Crashes: Update”. It states: “Several states have determined legal per se definitions of cannabis impairment, but relatively little research supports their relationship to crash risk. Unlike the research consensus that establishes a clear correlation between BAC and crash risk, drug concentration in blood does not correlate to driving impairment.⁷”

Members Concerned That Your Districts Will Make Your Support For Legalization an Election Issue

In 2021 SMS Research conducted a poll on Hawai’i residents feelings about cannabis and there was a question that stated: “If a political candidate supported legalizing the adult recreational use of cannabis in Hawai’i, would that make you more likely to vote for the candidate, less likely, or would the candidate’s support for legalizing adult recreational use not make much a difference in your vote?”

An overwhelming percent of voters indicated that it would “make no difference” (39%) or would make them “more likely” (30%) to support a candidate if they voted in favor of legalization.⁸ This means you have roughly 70% of voters as a cushion. You may actually gain support for this wildly popular issue.

This is not an issue that will cost you an election. Representing all of Hawai’i, to include your districts, voters and non-voters, means supporting Adult-Use Cannabis Legislation. Something the public has been asking for for years. If anything, you run the risk of a challenging candidate using your opposition as an opportunity to show that you will not listen to the will of the people and are concerned solely on re-election.

Thank you for the opportunity to testify.

⁶ Fitzgerald, R. L., Umlauf, A., Hubbard, J. A., Hoffman, M. A., Sobolesky, P. M., Ellis, S. E., Grelotti, D. J., Suhandynata, R. T., Huestis, M. A., Grant, I., & Marcotte, T. D. (2023). Driving Under the Influence of Cannabis: Impact of Combining Toxicology Testing with Field Sobriety Tests. *Clinical chemistry*, 69(7), 724–733.
<https://doi.org/10.1093/clinchem/hvad054>

⁷ NHTSA, Advanced Impaired Driving Prevention Technology: Update, 2024
<https://www.federalregister.gov/d/2023-27665>

⁸ “A Public Opinion Poll To Quantify Support/Opposition For Cannabis-Related Policies”, SMS Research.
https://drive.google.com/file/d/1_3-0VjjsCdD7ogd4xx0cP6cTSkmmkjy5/view

LATE



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

TESTIMONY IN SUPPORT OF SB 3335, SD 2, SD 1

TO: Chair Nakashima, Vice-Chair Sayama, & CPC Committee Members
FROM: Nikos Leverenz, Board President
DATE: March 19, 2024 (2:00 PM)

On behalf of Drug Policy Forum of Hawai'i (DPFH), I am writing in support of SB 3335, SD 2, HD 1, which would establish the Hawai'i Hemp and Cannabis Authority and Hemp and Cannabis Control Board within the Department of Commerce and Consumer Affairs, legalizes personal adult use of cannabis, and establishes taxes for adult-use cannabis sales.

Along with other members of the [Hawai'i Alliance for Cannabis Reform](#) (HACR), DPFH still has ongoing concerns with the bill, but amendments taken in the prior committees have made it palatable enough to lend formal support to this measure. DPFH and other HACR members remain steadfast that policymakers should take an approach to cannabis legalization that avoids increased criminalization and is focused on building an equitable and inclusive industry in every county, reinvests in communities, and provides reparative justice.

The Recent Experience of New Mexico

In terms of the costs of implementing a prospective cannabis control authority and bringing a functional, broad based adult-use market, the recent experience of New Mexico can shed light on the significant upside potential of adult use legalization.

For perspective, New Mexico borders two other adult-use states with a population of 2.1 million and a GDP of \$96.5 billion. Its visitor spending was less than half that of Hawai'i in 2023 (\$8 billion v. \$20 billion).

[Per New Mexico's Department of Finance and Administration](#), the costs of the Cannabis Control Division of the Regulation & Licensing Department were \$3.1 million in FY23 and \$3.5 million in FY24, with a recommendation of \$2.3 million in FY25.

[In April 2023, New Mexico Governor Michelle Lujan Grisham noted the successes of the first full year of adult use cannabis](#), including "more than \$27 million in cannabis excise taxes [to] the state general fund and to local communities." Further, "In just one year, hundreds of millions of dollars in

economic activity has been generated in communities across the state, the number of businesses continues to increase, and thousands of New Mexicans are employed by this new industry.”

***Ongoing Concerns Regarding Ongoing Criminalization &
Potential Influence of Cannabis Prohibitionists***

As the legislature moves forward in its deliberations, it should carefully consider and include measures to ensure a meaningful level of participation in the adult-use cannabis market for those who have been marginalized and criminalized through cannabis prohibition and the larger drug war. Those who have been harmed by decades of prohibition should have their cannabis-related arrest and conviction records cleared. Last year, [Missouri expunged almost 100,000 marijuana convictions](#).

Additionally, cannabis tax revenues can and should provide for science-based, harm reduction-focused educational materials to inform consumer choices, in contrast the Department of Health’s ongoing nonfeasance in promulgating educational materials related to medical cannabis.

The regulatory body that is charged with rulemaking and oversight powers should be free of undue influence of large-scale commercial interests, political favoritism, and continued resistance to a functional adult-use cannabis economic sector.

As such, [similar to a provision in current statute relating to the composition of liquor commissions](#), whatever regulatory authority that oversees the adult-use cannabis market should not be (1) an elected officer of state or county government; (2) a candidate for election; or (3) has connections with organizations or associations, public or private, that are currently or have been advocates for cannabis prohibition, including the criminalization of cannabis paraphernalia, dating back to the Controlled Substances Act of 1970.

HRS 281-11(b) provides, in part, that “no person shall be a member of any commission or board who [is] identified or connected with, any organization or association which advocates prohibition...” That should also be the case for adult-use cannabis. Current executive departmental oversight of the state’s hemp and medical cannabis sectors are clear ongoing demonstrations of how regulators have been less than accommodating in the cultivation of a workable, forward-looking business climate that can generate jobs, economic activity, and tax revenues.

Therefore, please add subdivision (d) to the proposed §A-11 to read:

(d) The executive director, chief financial officer, chief equity officer, general counsel, chief public health and environmental officer, chief technology officer, and chief compliance officer must support the mission of legalizing and regulating cannabis and must not have publicly opposed the legalization and regulation of cannabis since at least 2019.

While DPFH supports the general statutory framework provided by this bill, other concerns include, but are not limited to:

- **Per se DUI Provision.** Remove the outrageous and unscientific per se “driving under the influence” limit of 10 nanograms per milliliter of THC for adults and medical patients, and any trace amount for those under 21. Due to significant variations among individuals in THC levels at times of impairment, particularly between regular consumers and novice users, this will criminalize patients and other sober drivers long after impairment wears off. It would also make it difficult to convict cannabis-impaired drivers testing below the threshold. Rather than criminalizing sober drivers, Hawai'i should invest in more DRE and ARIDE-trained officers. If the legislature is unwilling to remove the unscientific threshold entirely, the 10 ng/mL standard should also be applied to those under 21 instead of zero tolerance, the per se standard should be changed to a “rebuttable presumption.”
- **Equity in Licensing.** To strengthen its commitment to a just and equitable industry, SB 3335 should provide that existing Hawai'i farmers are second in line — after medical licensees — for cultivation licensing. It should also require the issuance of a significant number of social equity licenses in the first licensing round. There should also be a clear and more rapid timeline for licensing. Based on extrapolations from a market demand study in Maryland and the small cultivation canopy limit in the bill, there should be at least 100 growers, 60 manufacturers, and 60 retail stores. At least half of each should be reserved for social equity applicants and/or small farmers.
- **Storage.** Revise the requirement that cannabis must always be stored in a sealed child-resistant container with “original labels.” This applies even to seniors who live alone with no minors in the household. Therefore, please revise subdivision (b) in the proposed §A-51 to read:

(b) All adult-use cannabis shall be stored in a manner that is ~~[sealed child-resistant and resealable packaging with original labels and]~~ not easily accessible to any person under the age of twenty-one.

Cultivating Economic Opportunities & Better Serving Community Needs

The experiences of states that have legalized adult-use cannabis have raised varied challenges in operating a functional intrastate market that adequately meets the demands of medical cannabis patients and those choosing to enjoy responsible adult use. Excessive regulation and burdensome taxation are among those challenges to be avoided.

A variety of cannabis businesses, including those related to craft cannabis and cannabis tourism, in every county can help ensure that economic opportunities are available to many rural communities. It should continually re-evaluate its policies and endeavor to prepare Hawai'i's emerging cannabis economic sector for prospective participation in a national and global cannabis marketplace.

Last December, I co-authored [an opinion-editorial in Honolulu Civil Beat](#) with Maui County Councilmember Keani Rawlins-Fernandez and Rep. Jeanne Kapela where we underscored the

promotion of meaningful equity throughout the cannabis sector, including production, manufacture, transportation, and sale.

This may include the broad provision of licenses, as is the case with industrial hemp, but fees and regulations must be in amount that allows rigorous participation in a functional commercial market by rural farmers and small businesses in every county in Hawai'i. Even with federal and state authorization, current participants in this state's anemic industrial hemp market have been stymied by poor regulations and untoward bureaucratic resistance from executive departments.

Similarly, current participants in the vertically-integrated medical cannabis sector have had their operations subject to such resistance, bolstered by the lethargy of policymakers that cannot, for example, facilitate the provision science-based educational materials, employment protections for medical cannabis patients, or access to tinctures and edibles by those in hospice facilities.

As we wrote, "Building a more prosperous, sustainable, and equitable economy in this state should include fair, active, and continuous participation for those living in rural areas of every county. *Cannabis grown by Hawaiian hands on Hawaiian lands should be a key component of that grand effort.*" (emphasis added) We also note that Maine and other states are encouraging a [craft cannabis industry](#) that champions smaller-scale farms.

While DPFH supports using tax revenues to facilitate the costs of administration, it recognizes that tax revenues should mainly accrue to the general fund. As noted in the *Civil Beat* op-ed, revenues from cannabis sales can be used "to improve the health and well-being of those from rural communities and other under-resourced populations, including behavioral health services, homelessness prevention, and youth programming."

Acknowledging the Human Wreckage of Prohibition & Charting a New Course Forward

[The current regime of cannabis prohibition, like the larger drug war, compounds the harm of extensive involvement in the criminal legal system by Native Hawaiians](#) and other residents from under resourced communities that are significantly impacted by social determinants of health.

According to data from [the latest Uniform Crime Report](#), 7,457 adults were arrested on cannabis possession charges from 2011-2020.

Cannabis prohibition also reaches children. Here is the line from [the latest Uniform Crime Report](#) showing the number of juveniles arrested statewide for cannabis possession in Hawaii from 2011-2020 (inclusive):

Drug Possession	Opium or Cocaine	3	5	32	24	7	9	4	9	2	3
	Marijuana	550	504	479	405	343	402	384	380	285	85
	Synthetic Narcotic	6	3	3	3	12	6	0	3	4	3
	Nonnarcotic	8	13	20	22	13	25	23	32	47	7

3,817 total arrests.

The racial breakdown of 2020 arrests: 40.1% Pasifika (27.1% Native Hawaiian, 1.2% Samoan, 11.8% Other Pacific Islander), 25.9% White, 16.5% Filipino, 4.7% Other Asian, 3.5% Black, 9.4% Unknown. In short, almost three-quarters non-White, which is an even more pronounced disparity than adult enforcement (63.5% non-White).

[Per 2021 High School YRBS](#), Native Hawaiians and other Pacific Islanders have used cannabis in the past 30 days at the same rate as Whites, 16.5% cf. 16.4%. Asians (including Filipinos) use substantially less, 4.4%, so the disparity is even greater there.

This snapshot prompts serious questions. Are police departments and prosecutors addressing this ongoing enforcement disparity among our state's children in any constructive or programmatic fashion? With inherent discretion is there an intentional "priming of the pump" for future engagement with the criminal legal system?

Ongoing cannabis prohibition needlessly raises the overall year-to-year costs of Hawai'i's criminal legal system, where terms of probation or parole are lengthened apart from a more calibrated determination of safety risks to the community. Prolonged periods of probation or parole increase the likelihood of a return to jail or prison at great cost to state taxpayers, which has not been mentioned in public deliberations over a new billion-dollar jail facility on O'ahu. [Even a misdemeanor conviction features many "collateral consequences" that impact an individual's ability to obtain employment, housing, and education.](#)

While cannabis use is not entirely devoid of individual health risks, its use does not produce the injury, illness, and death resulting from regular or problematic use of alcohol or tobacco, two widely used licit substances that are not included in the federal Controlled Substances Act.

DPFH also strongly supports treatment upon request for those with diagnosed substance use disorders. As noted by the American Public Health Association:

Public health approaches offer effective, evidence-based responses, but some of the most effective interventions are not currently allowed in the United States owing to outdated drug laws, attitudes, and stigma. Substance misuse treatment is too often unavailable or unaffordable for the people who want it. A criminal justice response, including requiring arrest to access health services, is ineffective and leads to other public health problems. (Policy Statement, "[Defining and Implementing a Public Health Response to Drug Use and Misuse.](#)")

Mahalo for the opportunity to provide testimony.

Press Release from the Office of New Mexico Governor Michelle Lujan Grisham

[New Mexico cannabis industry marks one year, more than \\$300 million in adult-use sales](#)

Apr 3, 2023 | Press Releases

Gov. Michelle Lujan Grisham today announced that the state saw \$300 million in adult-use cannabis sales in its first year, which began in April 2022.

In one year, ***the state has issued around 2,000 cannabis licenses across New Mexico, including 633 cannabis retailers, 351 producers, 415 micro producers, and 507 manufacturers.***

“In just one year, hundreds of millions of dollars in economic activity has been generated in communities across the state, the number of businesses continues to increase, and thousands of New Mexicans are employed by this new industry,” said Gov. Lujan Grisham. “I’m excited to see what the future holds as we continue to develop an innovative and safe adult-use cannabis industry.”

Monthly sales have remained consistent throughout the last year, with March 2023 marking the highest adult-use sales at \$32.3 million. ***As of March 2023, more than \$27 million in cannabis excise taxes has gone to the state general fund and to local communities.*** To date, the state has recorded more than 10 million transactions. More data on sales and licenses can be found [here](#).

Albuquerque, Las Cruces, and Santa Fe saw the largest number of sales in the first year. Smaller communities, including Clovis, Farmington, and Ruidoso, each saw more than \$7 million in adult-use sales. Towns near the Texas border were also positively impacted by the cannabis industry. Sunland Park recorded \$19.4 million in adult-use sales.

“From the governor’s signing of the legislation, to standing up the Cannabis Control Division and rolling out this new industry, the New Mexico cannabis industry has shown great promise,” said Regulation and Licensing Department Superintendent Linda Trujillo. “We’re looking forward to even more growth in year two.”

###



HAWAI'I LODGING & TOURISM
ASSOCIATION

LATE

**Testimony of Mufi Hannemann, President & CEO
Hawai'i Lodging & Tourism Association**

**House Committee on Consumer Protection & Commerce (CPC)
SB3335 SD2 HD1, RELATING TO CANNABIS
Tuesday, March 19, 2024
Position: OPPOSE**

Chair Nakashima and members of the Committee,

On behalf of the Hawai'i Lodging & Tourism Association, the oldest and largest private sector tourism organization in the state, we express our opposition towards **SB3335 SD2 HD1, RELATING TO CANNABIS**. This bill would establish the Hawai'i Cannabis Authority and Cannabis Control Board within the DCCA, establish the Cannabis Control Implementation Advisory Committee, and legalize the personal adult use of cannabis as of January 1, 2026. The bill also aims to transfer the personnel and assets of the Department of Health and assets of the Department of Agriculture relating to cannabis, to the Hawai'i Cannabis and Hemp Authority.

The Hawai'i Lodging & Tourism Association – the state's largest and oldest private sector visitor industry organization representing more than 50,000 hotel rooms and nearly 40,000 lodging workers – has always been committed to supporting the success of Hawai'i's top sector that generates a significant amount of economic revenue and jobs for the people of our state.

Legalizing cannabis poses significant risks for tourism, particularly deterring visitors from regions such as Asia; this would come at an inopportune time as we are still trying to recover traveler numbers from this key international market. In Japan particularly, marijuana possession carries severe penalties, and is a great concern for this population. Major industry stakeholders have warned our sector of potential consequences should marijuana become recreationally legalized, that would jeopardize Hawai'i's reputation – which was built over decades – as a safe and pristine destination for Japanese travelers. The association of cannabis with tourism could harm revenue and disrupt the local economy in this respect.

Within our industry, ripple effects could include hotels needing to adapt their policies to accommodate cannabis users, transportation services facing new regulations regarding cannabis consumption, and event organizers having to navigate complex legal frameworks.

Legalization also brings regulatory challenges, particularly concerning consumption laws, advertising restrictions, and public safety concerns – we are aware that all of our state's counties' law enforcement departments are opposed to this measure at this time.

For these reasons, we respectfully oppose SB3335 SD2 HD1.

Mahalo for the opportunity to offer our testimony.



www.hawaiihempfarmersassociation.org

LATE

March 12, 2024

Re: Concerns SB 3335 Hemp

Aloha, Honorable Members of the House,

The Hawaii Hemp Farmers Association is researching whether recent changes made to numerous elements in SB 3335 meet the same intent as the wording in Act 263 (HB 1359 relating to hemp passed in 2023) and our communications with the Attorney General's office. We have opposed hemp's inclusion in this bill as stated in numerous communications to the Legislature based on data and expert analysis, including that of leading hemp and cannabis economist Beau Whitney. Data from other states that have combined the regulatory structures of hemp and cannabis show that hemp farms and businesses lose business services such as banking and insurance with combined regulatory structures and rules. Last month the Attorney General confirmed that hemp will remain in SB 3335 despite hemp farmer and industry opposition. Subsequently during a meeting with members of the Senate, the Department of Health, and the Attorney General, a number of changes to SB 3335 were agreed upon.

It is important to note, that the existence of SB 3335 created regulatory uncertainty again for Hawaii's hemp farmers and businesses and as a result one of the largest hemp projects in the state has shuttled its operation after six years of research and development because of investor anxiety over this continually shifting regulatory environment.

We appreciate the sincere efforts of the Department of Health, members of the Senate, and the Attorney General's office, as well as the Chair of the House Agriculture Food Systems and Committee to mitigate the impacts of SB 3335 and will be in touch soon regarding our analysis of these changes.

Respectfully,

Gail Byrne Baber Grant Overton Brittany Neal

Gail Byrne Baber

Grant Overton

Brittany Neal

President

Vice President

Vice President

LATE



Committees: Consumer Protection and Commerce
Hearing Date/Time: Tuesday, March 19, 2024, at 2:00pm
Place: Conference Room 329 & Via Videoconference
Re: **Testimony of the ACLU of Hawai'i: COMMENTS on S.B. 3335 S.D.2 H.D.1 Relating to Cannabis**

Dear Chair Nakashima, Vice Chair Sayama and Committee Members:

ACLU of Hawai'i submits comments on **S.B. 3335 S.D. 2**, which establishes the Hawai'i Cannabis Authority and Cannabis Control Board within the Department of Commerce and Consumer Affairs to regulate all aspects of the cannabis plant and begins the legalization of personal adult use of cannabis on January 1, 2026.

As a member of the **Hawai'i Alliance for Cannabis Reform**, we also support the recommended amendments submitted on behalf of the Coalition and incorporated below in our testimony.

Adult-Use Cannabis Legalization Will Reverse Prohibition Policies that Violates an Individual's Right to Bodily Autonomy and Privacy.

The ACLU of Hawai'i supports adult-use cannabis legalization based on the rights of individuals to bodily autonomy and privacy enshrined in our federal and Hawai'i Constitutions.

First, individuals have a right to bodily autonomy. This includes the decision to use (or refuse) alcohol, tobacco, Tylenol or cannabis, a plant with known medicinal properties since time immemorial.¹

Second, individuals in Hawai'i have the explicit right to privacy.² Individuals should be able to exercise their right to bodily autonomy, and use or carry cannabis on their

¹ Similarly, the ACLU of Hawai'i supports the rights of individuals to access reproductive care as a right to bodily autonomy, including but not limited to the abortion pill.

² The Hawai'i Constitution reads as follows: "The right of the people to privacy is recognized and shall not be infringed without the showing of a compelling state interest. The legislature shall take affirmative steps to implement this right." Article I, section 6.

person, and within their houses and not be subject to unreasonable searches, seizures and invasions of privacy.³

Adult-Use Cannabis Legalization Must Include Social Equity and Reparative Justice Reforms to Address the Harms Resulting from Decades of Cannabis Prohibition.

The ACLU of Hawai'i strongly supports comprehensive equitable policies to legalize, tax, and regulate adult use of cannabis, in tandem with social equity and reparative reforms to redress the devastating effects of cannabis prohibition policies.

We acknowledge the many hours of research and work of the Department of the Attorney General in drafting this measure as a starting point for substantive policy discussions relating to cannabis legalization.

At this time, we offer comments, instead of full support, as the draft measure currently includes provisions that will likely increase criminal convictions and incarceration for conduct that does not jeopardize public safety.

Additionally, this draft falls short of the robust social equity and reparative justice reforms required to address the harms and collateral consequences of cannabis arrest and conviction records that last a lifetime.

Notably, these harms have disparately impacted Native Hawaiians. As reflected in The Disparate Treatment of Native Hawaiians in the Criminal Justice System Report conducted by the Office of Hawaiians Affairs and Justice Policy Institute, Native Hawaiians do not use drugs at drastically different rates from people of other races or ethnicities, but Native Hawaiians go to prison for drug offenses more often than people of other races or ethnicities.⁴

Accordingly, we offer comments and recommendations to achieve an adult-cannabis legalization regulatory framework driven by data, social equity, and restorative justice.

Additionally, Article I, section 7 of the Hawai'i Constitution states: "The right of the people to be secure in their persons, houses, papers, and effects against unreasonable searches, seizures, and invasions of privacy shall not be violated."

⁴ https://www.oha.org/wp-content/uploads/2014/11/es_final_web_0.pdf See also, https://www.oha.org/wp-content/uploads/2014/11/factsheets_final_web_0.pdf

**CONCERNS RELATING TO THIS DRAFT MEASURE
AND PROPOSED AMENDMENTS**

The Proposed Measure Includes Numerous Unnecessary Provisions that Will Likely Result in Further Criminalization and Incarceration, Instead of Diversion from the Criminal Legal System.

The Crime in Hawai'i 2020: A Review of Uniform Crime Reports compiled in 2020 by the Hawai'i Attorney General Crime Prevention and Justice Assistance Division Research and Statistics Branch provides arrest data relating to marijuana possession.

Adult Part II Arrests by Offense, State of Hawaii, Marijuana Possession

2016	2017	2018	2019	2020
629	627	900	791	523

As highlighted by the Attorney General's data, individuals in Hawai'i continue to be arrested for cannabis possession despite passage of the decriminalization law in 2019.

Arrests are a gateway into the criminal legal system. For individuals convicted of cannabis possession of three ounces or more, or manufacturing or sale, they may be sentenced to incarceration, legal supervision, fines and a lifetime of collateral consequences resulting from a criminal legal record.

The failed War on Drugs in Hawai'i has contributed to severe overcrowding in Hawai'i's jails and prisons.⁵ Many people are living in inhumane and unconstitutional conditions of confinement in our carceral facilities while separated from their loved ones, here in Hawai'i and in private for-profit prisons thousands of miles away.

While SB 3335, S.D. 2 H.D.1 includes improvements from the prior drafts, we offer the recommended amendments to SB 3335, SD 2 HD1 to foster justice and equity:

Here are recommended amendments to SB 3335, HD 1 to foster justice and equity:

- 1. Removing the Unscientific Per se DUI Provision.** Remove — or at least revise — the outrageous and unscientific per se “driving under the influence” limit of 10 nanograms per milliliter of THC for adults and any trace amount for those under 21 who are not registered patients. Due to significant variations among individuals in THC levels at times of impairment, particularly between regular consumers and

⁵ <https://dcr.hawaii.gov/wp-content/uploads/2024/01/Pop-Reports-EOM-2023-12-31.pdf>

novice users, this will criminalize patients and other sober drivers long after impairment wears off. As a draft report by the National Highway Traffic Safety Administration (NHTSA) dated February 2024 explained, “Several states have determined legal per se definitions of cannabis impairment, but relatively little research supports their relationship to crash ... Unlike the research consensus that establishes a clear correlation between [blood alcohol content] and crash risk, drug concentration in blood does not correlate to driving impairment.”⁶ Rather than criminalizing sober drivers, Hawai'i should invest in more DRE and ARIDE-trained officers. It should also have a robust public education campaign on the dangers and illegality of impaired driving.

Recommended language: Delete HD 1's Sections 7-17. Include funding for DRE training, plus public education on the dangers and illegality of impaired driving.

If the legislature is unwilling to remove the unscientific threshold entirely, the 10 ng/mL standard should also be applied to those under 21 instead of zero tolerance, the per se standard should be changed to a “rebuttable presumption.” Doing so flips the burden of proof for those testing at 10 ng/mL, but it would at least give patients and other consumers who drive long after impairment wears off a fighting chance.

Rebuttable presumption option. Delete HD 1's Sections 7-17, but add:

Section 291E-3, Hawaii Revised Statutes, is amended by adding subsection (e) to read as follows:

"(e) In any criminal prosecution for a violation of section 291E-61 or 291E-61.5 or in any proceeding under part III a THC at a concentration of ten or more nanograms per milliliter of blood within three hours after the time of the alleged violation as shown by chemical analysis or other approved analytical techniques of the person's blood shall be competent evidence that the person was under the influence of an intoxicant at the time of the alleged violation."

If the per se standard is not removed, we strongly urge a least:

- (1) confirming the effective date to legalization's effective date, January 1, 2026;
- (2) mandating annual reporting on the number of people prosecuted under it and convicted, and
- (3) a report assessing the approach and alternatives by 2026.

⁶ See: <https://www.marijuanamoment.net/federal-agency-says-theres-little-research-supporting-marijuana-driving-impairment-tests-based-on-thc-concentration/>

- 2. Fostering Equity in Licensing:** To strengthen its commitment to a just and equitable industry, SB 3335 should provide that existing Hawai'i farmers are second in line — after medical licensees — for cultivation licensing. It should also require the issuance of a significant number of social equity licenses in the first licensing round. There should also be a clear and more rapid timeline for licensing. Based on extrapolations from a market demand study in Maryland and the small cultivation canopy limit in the bill, there should be at least 100 growers, 60 manufacturers, and 60 retail stores. At least half of each should be reserved for social equity applicants and/or small farmers.

Add the following new section to HD 1, and make conforming changes as needed to rulemaking.

- (a) No later than 12 months after the effective date of this chapter, the authority shall license medical cannabis dispensaries that apply and qualify for licensure as a cannabis processor, a cannabis cultivator, and a retail cannabis store at each pre-existing, licensed medical cannabis location.
- (b) No later than 12 months after the effective date of this chapter, the authority shall make available applications for cannabis cultivator businesses.
- (c) No later than 18 months after the effective date of this chapter, the authority shall make available applications for cannabis store and processor businesses.
- (d) Each license shall be granted, issued a conditional approval, or denied within 120 days of its submission.
- (e) No later than 16 months after the effective date of this chapter, the authority shall issue no fewer than 50 cannabis cultivator licenses to farmers in Hawai'i.
- (f) No later than 24 months after the effective date of this chapter, the authority shall issue no fewer than the following number of licenses:
 - (1) 30 retail cannabis store licenses, at least 15 of which must be issued to social equity applicants;
 - (2) 50 additional cannabis cultivator licenses, at least 25 of which must be issued to social equity applicants; and
 - (3) 60 cannabis processor licenses, at least 30 of which must be issued to social equity applicants.
- (g) Applicants may apply for conditional approval if they have not purchased or leased the property where their cannabis business would be located. If the applicant is otherwise qualified for licensure, the authority shall provide conditional approval. Once the applicant provides the authority with a completed, supplemental application that includes the premises, the authority shall approve or reject the final application within 45 days.
- (h) No later than 48 months after the effective date of this chapter, and at least every year thereafter, the authority shall consider whether to

increase the number of licenses of each type issued, with goals of avoiding an oversupply, avoiding an undersupply, providing reasonable prices and accessibility, and promoting small businesses, social equity operators, and individuals' transition from the legacy market to the regulated market.

- (i) The authority shall re-open the application period at least once every year if the number of outstanding licenses fall.

3. Expanding Expungement. Clarify and expand language for the creation of a state-initiated expungement and re-sentencing process. Justice is not simply achieved through legalization, but by also undoing the harms caused by the criminalization of cannabis.

According to a recent report by the Attorney General's office, there are currently over 50,000 arrests and 10,000 convictions currently in the system for low-level cannabis related offenses in Hawai'i.⁷ Undoubtedly, the total number of persons affected by cannabis prohibitions policies in Hawai'i are significantly higher.

- This is why clearing people's records of cannabis related arrests and convictions through a state-initiated process is a necessary addition to this legalization measure.
- The current draft requires a report by late 2026 or early 2027 on "advisability of expunging or sealing low-level criminal offenses related to marijuana, a recommendation or sealing low level criminal offenses and records should be expunged or sealed, if any and the best mechanism for expunging and sealing records without causing undue burden on the judiciary, the department of the attorney general, or any administrative agency." This statutory language is extremely watered down and falls short of other state's cannabis legalization laws that include expungement.

Last year, the Senate overwhelmingly passed SB 669, which included a specific process for state-initiated expungement. SD 2's vague language includes no such process and is a significant step backwards on expungement. SB 669 originated in and was approved by the Senate and includes language from the Dual Use Cannabis Task Force Report's recommendations.

See SB 669, SD 3, Section 3 §706, which includes;

⁷ "Report Regarding the Final Draft Bill Entitled 'Relating to Cannabis.' Hawaii State Department of the Attorney General, January, 2024: <https://ag.hawaii.gov/wp-content/uploads/2024/01/REPORT-REGARDING-THE-FINAL-DRAFT-BILL-ENTITLED-RELATING-TO-CANNABIS-PREPARED-BY-THE-DEPARTMENT-OF-THE-ATTORNEY-GENERAL-dated-January-5-2024.pdf>

(2) No later than December 31, 2025, the attorney general, in collaboration with the judiciary and county prosecuting attorneys, shall determine the offenses that meet the criteria for expungement set forth in subsection (1). The county prosecuting attorneys shall issue a written notice to persons with records that qualify for expungement under subsection (1). Once offenses have been identified, but no later than January 1, 2026, the attorney general (in cases of an arrest for or charge with but not a conviction of a crime) and the appropriate court of record (in cases of conviction and pursuant to procedures established by the judiciary) shall order the automatic expungement of the records relating to the arrest, criminal charge, or conviction, as appropriate.

(3) A person convicted for an offense under chapter 329, part IV of chapter 712, or any other offense, the basis of which is an act permitted by chapter A or decriminalized under Act , Session Laws of Hawaii 2023, including the possession or distribution of marijuana, shall have the right to petition at any time and without limitation to the number of petitions a convicted person may file, with the appropriate court of record for review and adjustment of the sentence.

- 4. Reallocating funding to focus on equity and justice.** Reduce or remove the excessive allocations to law enforcement. Increase allocations to social equity and community reinvestment to at least 50% of the excise tax, and provide funding for the general fund.

SB 3335's several distinct funds were combined into two funds, with each getting 50% of the excise tax revenue. The social equity fund was combined with public education and public safety grants, allowing for the possibility that little or no funding will make it to equity. Non-equity funds (which include cannabis enforcement) should not be commingled with equity funds, which allows for funding to be siphoned off from reparative justice. In addition, a significant amount of revenue should be reserved for the general fund to address the state's needs.

§A-18, replace with:

Cannabis social equity special fund; established. (a) There shall be created in the treasury of the State the cannabis social equity special fund to be administered and expended by the authority.

(b) The moneys in the cannabis social equity special fund shall be used, subject to appropriation, for the implementation and administration of the social equity program as provided in part IX.

(c) The following shall be deposited into the cannabis social equity special fund:

(1) The tax collected pursuant to section §B-7;

(2) Appropriations made by the legislature to the special fund;

(3) Interest earned or accrued on moneys in the special fund; and

(4) Contributions, grants, endowments, or gifts in cash or otherwise from any source, including licensed businesses.

(d) Moneys on balance in the cannabis social equity special fund at the close of each fiscal year shall remain in the special fund and shall not lapse to the credit of the general fund.

§B-7 Disposition of revenues. The tax collected pursuant to this chapter shall be paid into the state treasury as a state realization to be kept and accounted for as provided by law; provided that revenues collected under this chapter shall be distributed in the following priority:

(1) Forty-five [Fifty] per cent of the tax collected shall be deposited into the general fund; [cannabis regulation, nuisance abatement, and law enforcement special fund established by section A-18; and]

(2) Fifty per cent of the tax collected shall be deposited into the cannabis social equity[, public health and education, and public safety] special fund established by section A-19;

(3) two and a half percent for grants to train and certify state and county law enforcement officers as drug recognition experts for detecting, identifying, and apprehending individuals operating a vehicle under the influence of an intoxicant or otherwise impaired; and

(4) two and a half percent for a public education campaign on the dangers of impaired driving.

5. Law Enforcement Staffing Largesse. As introduced, SB 3335 created a total of 25 new cannabis law enforcement and positions between the DLE and AG. These have been blanked out as TBD. Legalization should *reduce* the amount of cannabis-related law enforcement by moving most cannabis-related conduct to the legal market, not increase it. Other states have not included this degree of increase in cannabis-related law enforcement as part of legalization.

- **Colorado's comprehensive 2021 Department of Justice report on legalization**⁸, starting at p. 19 notes the following:
- The total number of marijuana arrests decreased by 68% between 2012 and 2019, from 13,225 to 4,290
- Marijuana sales arrests decreased by 56%, while arrests for marijuana production increased slightly (+3%).” [Colorado was the first legal state in the nation, so you could expect more issues in that context given the massive demand from the other 48 states.]
- Similarly, "The number of marijuana-related case filings declined 55% between 2012 and 2019, from 9,925 to 4,489 (Table 6)”
- Regarding Illegal Cultivation on Public Lands, "The number of growing operations and plants seized shows no discernible trend"

Therefore, strike sections 58, 59, 61, and 62.

⁸ https://cdpsdocs.state.co.us/ors/docs/reports/2021-SB13-283_Rpt.pdf

- 6. Safe Storage.** Revise the requirement that cannabis must always be stored in a sealed child-resistant container with “original labels.” This applies even to kapuna who live alone with no minors in the household. The language should be revised to allow more flexibility as long as cannabis is stored away from minors — for example, in a jar inside a medical lock box.

Suggested Language :

§A-51 (b) All adult-use cannabis shall be stored in a manner that is [~~sealed child-resistant and resealable packaging with original labels and~~] not easily accessible to any person under the age of twenty-one.]

- 7. Removing the Erosion of Patients’ Protections Regarding Cannabis in Parked Cars and Medical Care.**

Under existing law, patients may not use medical cannabis in a moving vehicle, but there is no prohibition on using it in a parked vehicle. This is vital to patients’ independence and health because medical cannabis is not allowed at many locations, including some schools, nursing homes, hospitals, and housing units (including HUD-housing). This medical freedom should be restored.

Also under current law, patients cannot be disqualified from medical care, including organ transplants, for medical cannabis. SB 3335 adds an exception to the existing protection (found in § 329-125.5), which swallows the rule. It allows a provider to deny necessary care if they think it increases the risk of an adverse outcome, even if their judgment is not the scientific consensus, and even if the patient would still be better off with the procedure. This needs to revert to the language in current law.

§ A-41 (e) All cannabis shall be transported in a sealed container, shall not be visible to the public, and shall not be removed from its sealed container or consumed or used in any way while in a public place or in a moving vehicle.

(f) [~~The medical use of cannabis alone shall not disqualify a person from any needed medical procedure or treatment, including organ and tissue transplants, unless in the judgment of the health care provider the use of cannabis increases the risk for a bad outcome from the procedure or treatment.~~] For the purposes of medical care, including organ transplants, a registered qualifying patient's use of cannabis in compliance with this part shall be considered the equivalent of the use of any other medication under the direction of a physician and shall not constitute the use of an illicit substance or otherwise disqualify a registered qualifying patient from medical care.

8. Cannabis Authority Composition. Anti-corruption language and language to ensure regulators are not opposed to their mission should be added, mirroring the similar liquor statute — HRS 281-11. In addition, law enforcement and former law enforcement should not be on the board if there is a board. The advisory board should also be fleshed out to ensure a variety of stakeholder voices.

§A-11 Hawaii cannabis and hemp authority; established.

...

(d) No person shall be a member of the board or shall serve as executive director, chief financial officer, chief equity officer, general counsel, chief public health and environmental officer, chief technology officer, and chief compliance officer who:

(1) is or becomes engaged, or is directly or indirectly interested in any business for the manufacture or sale of cannabis;

(2) advocates or is or becomes a member of, or is identified or connected with, any organization or association which advocates prohibition, or
(3) is an elected officer of the state or county government or who presents oneself as a candidate for election to any public office during the term of the person's appointment hereunder.

This provision shall be enforced by the Executive Director and board of the Authority by the removal of the disqualified member whenever such disqualifications shall appear.

§A-14 Cannabis control implementation advisory committee; members; organization. (a) There shall be established the cannabis control implementation advisory committee that shall advise and assist the board in developing or revising proposed laws and rules to carry out and effectuate the purposes of this chapter. The cannabis control implementation advisory committee shall be placed within the department of commerce and consumer affairs for administrative purposes only.

(b) The cannabis control implementation advisory committee shall consist of fifteen members, with five members to be appointed by each the governor, the Senate president, and the speaker. Members of the board must support the mission of legalizing and regulating cannabis. Members shall include: one expert in public health; one physician who is knowledgeable about the risks and benefits of cannabis; at least one registered medical cannabis patient; at least one individual who represents cannabis consumers; four individuals with backgrounds in the cannabis industry, at least one of whom has a background in each cannabis cultivation, cannabis retailing, cannabis product manufacturing, and cannabis testing, and at least two of whom qualify as social equity applicants; at least one individual with background in civil rights advocacy; at least one individual with background security; one individual with expertise in environmental sustainability; one attorney with

experience in cannabis policy or providing legal services related to cannabis; and an attorney designated by the office of the Attorney General to advise the taskforce.

...

9. Clarifying the language around the universal symbol.

Although many states require a “universal” symbol on cannabis products, there are over a dozen different symbols in use that are used in only one or a few states. To reduce the patchwork approach and ensure the symbol follows best practices and international consensus standards, we recommend:

§A-83 (b) The board shall adopt rules to establish labeling requirements for cannabis and hemp products containing more than 0.3% intoxicating cannabinoids; provided that labeling on each cannabis package shall, at a minimum, contain:

(1) A ~~[universal symbol prescribed by the authority that indicates that the package contains cannabis]~~ **universal cannabinoid product symbol that has been approved as a consensus standard issued by a nationally recognized consensus standard organization.**

10. Ensuring Prompt Implementation. It would be advisable to impose reasonably swift deadlines on the authority to accept applications and issue licenses. Several other states have been able to move quickly, enabling them to promptly benefit from new tax revenue and the benefits of legal regulation. For example, Maryland, Nevada, and Oregon all had legal sales begin less than six months after their laws’ passage. See #2 for possible language and timing.

Mahalo for the opportunity to testify and for consideration of these proposed amendments to ensure a cannabis legalization regulatory system rooted in justice and equity.

Sincerely,

Carrie Ann Shirota

Carrie Ann Shirota
Policy Director
ACLU of Hawai‘i
cshirota@acluhawaii.org

The mission of the ACLU of Hawai‘i is to protect the fundamental freedoms enshrined in the U.S. and State Constitutions. The ACLU of Hawai‘i fulfills this through legislative, litigation, and public education programs statewide. The ACLU of Hawai‘i is a non-partisan and private non-profit organization that provides its services at no cost to the public and does not accept government funds. The ACLU of Hawai‘i has been serving Hawai‘i for over 50 years.

LATE

submitted late, may not be considered by the Committee for decision making purposes.



Legalizing recreational marijuana is a bad idea for Hawaii

Marijuana is not what it used to be. THC potency has increased from 3% in the 1970s, to over 25% today. THC concentrates can reach 90-95% potency.¹

1. Costs will outweigh underwhelming Revenue Projections

- Cannabis tax revenues are expected to range from \$36-\$51 million in year five, 0.5% of total tax collections. - Isaac Choy, Director, Department of Taxation²
- In Colorado, for every \$1 of tax revenue, the state spends \$4.50 counteracting legalization's effects.³

2. Protecting our Moms and Keiki

- **Pregnancy:** "No amount of marijuana use during pregnancy or adolescence is known to be safe." - Dr. Jerome Adams, U.S. Surgeon General, 2019
- **Pediatric poisonings:** Calls to poison control centers about kids 5 and under consuming edibles containing THC rose 1375% from 2017 to 2021.⁴

3. Youth Use, Mental Health, and Suicide

- **Cannabis Use Disorder:** Marijuana is the #1 drug in Hawaii (76.2%) for adolescent substance abuse treatment⁵
- **Psychosis and Suicidal ideation:** Frequency and higher THC potency are associated with psychosis, suicidality, reshaping of brain matter, and addiction⁶
- **Vaping Marijuana:** 12.5% of Hawaii teens report vaping marijuana⁷

4. Drugged Driving

- THC positivity among fatally injured drivers [in Hawaii] increased nearly threefold, from 5.5% in 1993-2000, to 16.3% in 2011-2015.⁸
- Marijuana is involved in more than **1 in 4** road deaths in Colorado.⁹

5. Black Market Won't Go Away

- In legalized states the black market is expanding as they undercut the retail price. In 2018 CA grew 12 million pounds of pot but only sold 2.5 million.
- In California, 7,200 marijuana vape cartridges were seized in a single bust of a warehouse tied to state-licensed Kushy Brands (Peltz, 2019).

¹ Cannabis Policy: Public Health and Safety Issues and Recommendations. Caucus on International Narcotics Control, United States Senate, March 3, 2021, Washington, D.C. Report, <https://www.drugcaucus.senate.gov/sites/default/files/02%20March%202021%20-%20Cannabis%20Policy%20Report%20-%20Final.pdf>.

² <https://health.hawaii.gov/medicalcannabis/files/2022/08/CANNABIS-TAX-PIG-REPORT-FINAL.pdf>

³ Economic and Social Costs of Legalized Marijuana [Study]. (2018, November 15). In Centennial Institute. Retrieved February 1, 2019, from <http://www.ccu.edu/centennial/policy-briefs/marijuana-costs/>

⁴ <https://www.nbcnews.com/health/health-news/reports-young-children-accidentally-eating-marijuana-edibles-soar-rcna63501>

⁵ ADAD Report to the Legislature 2024, p. 36

⁶ Cinnamon Bidwell et al., 2018; Di Forti et al., 2019; Fischer et al., 2017; Pierre et al., 2016.

⁷ 2019-2020 Hawai'i Student Alcohol, Tobacco and Other Drug Use (ATOD) Survey, p. 38

⁸ Motor vehicle crash fatalities and undercompensated care associated with legalization of marijuana. Susan Steinemann, MD, Daniel Galanis, PhD, Tiffany Nguyen, and Walter Biffi, MD, Honolulu, Hawaii

⁹ Rocky Mountain High Intensity Drug Trafficking Area. (2019). The legalization of marijuana in Colorado: The impact. <https://rmhidta.org/files/D2DF/FINAL-Volume6.pdf>.



LATE

GreenWave Advisors LLC
Submitting Testimony on SB3335
CPC HEARING - 3/19/24 2:00P
329 VIA VIDEOCONFERENCE

Aloha Chairs Nakashima, Sayama, and Consumer Protection & Commerce
Committee Members,

Hawai'i has a very unique opportunity to legalize Cannabis constructively and impactfully. It is of the utmost importance to iterate a legal framework with the constituency's and stakeholders' ongoing input. SB3335 as it stands is a start, but we must focus on improvement if we want to see a successful adult-use market here in Hawai'i. One that does not further marginalize our most impacted communities. Further criminalization and unfounded commercialization of Cannabis is a disservice to the communities, namely those who suffered the effects of the War on Drugs. Plus it is a recipe for a failed legal paradigm as we have seen, in state after state.

We have seen time and time again that prohibition does not work. It only contributes to a lack of understanding and education and only fuels underground supply chains. We are decades behind in research and education on one of the most magnificent plants on the planet. If you or anyone you know has benefited from Cannabis, you know exactly what we mean and the evidence thus far is telling. If this was not the case, we would not see the traction across the globe to right these wrongs of ostracizing a plant and the communities that embrace it especially since prohibition was spurred on a racially fueled propaganda that was perpetuated by the film "Reefer Madness" and the War on Drugs which largely targeted communities of color.



Addressing some key concerns of those opposed to legalization:

1. Youth Access

- a. There is very little evidence to suggest that youth access increases post-legalization. The results are extremely split on this and some studies even prove that it does NOT increase youth Cannabis use in several states. We will again note that there is more funding and support available to support anti-cannabis studies than pro-cannabis studies. This must be taken into consideration when making these decisions. This is due to Cannabis still being categorized as a Schedule 1 drug on the CSA, next to heroin and fentanyl.
 - i. (Midgette, G., Reuter, P. Has Cannabis Use Among Youth Increased After Changes in Its Legal Status? A Commentary on Use of Monitoring the Future for Analyses of Changes in State Cannabis Laws. *Prev Sci* **21**, 137–145 (2020).
<https://doi.org/10.1007/s11121-019-01068-4>)

2. Crime Rates

- a. There is evidence available to both prove and disprove that crime rates have been affected by Cannabis legalization. A study cited below shows that there has been no significant evidence of crime rate increase post-legalization.
 - i. Harper, A. J., & Jorgensen, C. (2023). Crime in a Time of Cannabis: Estimating the Effect of Legalizing Marijuana on Crime Rates in Colorado and Washington Using the Synthetic Control Method. *Journal of Drug Issues*, 53(4), 552-580.
<https://doi.org/10.1177/00220426221134107>
- b. California has seen issues with crime post-legalization associated with Cannabis due to local control and a lack of access to legal Cannabis. This simple fact, along with over-regulation and over-taxation of adult-use Cannabis has contributed to a thriving illicit market in



California. This is due to the monetary-only focus of the state and its large corporatized operators under CA legalization (Prop 64) as well as its proximity to one of the largest foreign importers of illicit Cannabis.

- i. Had California upheld its commitment to prioritize the communities most impacted by the drug war, including small farmers and social equity businesses, this would be a much different landscape. We encourage Hawai'i to read between the lines. Legalization with a focus on tax revenues alone is not the answer. You must prioritize and include the legacy Cannabis communities that have put Hawai'i on the map as producing some of the best Cannabis in the world. If Hawai'i does not legalize to uplift and steward these operators out of the shadows, it will be another failed attempt to legalize Cannabis.

3. Tourism & Cannabis

- a. There is no question that Hawai'i is world-renowned for its Cannabis. The notion that Cannabis tourism would NOT be a beneficial component to legalization in Hawai'i is egregiously false.
 - i. However, we will add that any form of increased tourism in Hawai'i needs to be driven by and serve indigenous/kanaka communities and legacy Cannabis growers first and foremost).
 - ii. The narrative that Japanese travelers would be off-put by legalization seems just as egregious. Even Japan, with some of the strictest laws on Cannabis, has recently reformed its Cannabis & Hemp laws.
 1. <https://businessofcannabis.com/japan-takes-major-step-towards-cannabis-reform/>
 - iii. My partners and colleagues at the [Cannabis Travel Association International](#) (CTAI) are leading in Cannabis tourism and travel. We have the data to prove that there is plenty of interest in Cannabis within the tourism and travel sector.



4. Driving While Intoxicated

- a. There are no scientifically sound means to test for Cannabis impairment specifically as of now. We would support the statements by others that there are standardized tests for driving impairment that should be used to determine the ability to drive. These should be standard no matter what one is under the influence of. Do we test for those under the influence of benzodiazepines, other pharmaceuticals, or substances besides alcohol? Even those under the influence of coffee could pose a risk to public safety in this regard.

Overall, the fact is that Hawai'i has an opportunity to lead in research, education, and legalization as a whole. An opportunity to put Hawai'i on the map as the best model of any state. Learn from the mistakes of other states, do not move without the community, and look at ways to garner funding, even outside of Cannabis tax revenues, to help formulate a socially and economically regenerative market. Look toward studies like this one that we are conducting in California www.legacycannabis.org. Look at [Appellations of Origin](#), which California is also leading the way on and we are deeply engaged in. These are some of the best things to come out of legalization in the state of CA.a

This testimony intends to be constructive and solution-oriented. However, we must emphasize a couple of important points that we hope will be taken as constructive.

The Cannabis plant, Cannabis Sativa L., defined as both Cannabis & Hemp, generally speaking, today is the same species of a plant genome. The only differentiating factor (under current federal legal frameworks) is the percentage of THC in the plant at the time of harvest.

Although Cannabis is still referred to legally at the federal level as "Marijuana" our legislative body and any who represent our government personnel should be urged



to refer to this plant in a scientifically and politically appropriate manner using the word “Cannabis”. It could be argued that any public servant who is perpetuating the use of the word “Marijuana” is also perpetuating an antiquated reefer madness rhetoric that The War on Drugs has birthed. The War on Drugs was blatantly a racially fueled prohibitionist approach to the Cannabis plant.

When we see legislators like Representative Gene Ward espousing this antiquated reefer madness rhetoric to constituents, alarmed about the “harms” of legalization, at a “Beer Summit” of all places, we must question the grounds and implications of such a narrative. Both alcohol and tobacco were mentioned passively by Rep. Ward and his guest during this recording. Alcohol is a leading substance abused by youth in the US today and a leading cause of death in the United States to boot. Tobacco is the #1 leading cause of preventable death in the US. One must ask, what are these representatives doing to address these substances and youth access? As they continue to demonize a plant that has benefitted so many. Any representative who can glaze over that so lightly, at a gathering perpetuating the use of alcohol no less, has their priorities askew and should be immediately discredited from any substantiated input. It is not a good look for the State of Hawai’i to condone this type of egregious double-standard behavior.

In Closing, there needs to be ongoing engagement with the community. Announcing hearings like this with little to no runway for comment is very concerning. Our government agencies and engaged departments seem to have had plenty of time to put their in-depth testimony together. Meanwhile, the rest of the stakeholders that should be considered are scrambling to submit comments with little to no notice. Does that seem like an effective way to garner input from stakeholders on such a critical piece of legislation?

Again, we are here to be allies to the community, the industry, and the policymakers. However, that must be a two-way street if Hawai’i aims to have a



sustainable legal framework. There are several ways that we can support our policymakers to avoid the pitfalls of failed legal frameworks. Allowing Hawai'i to lead the way in research, education, market stability, Social Equity, and more.

Thank you sincerely for your time and consideration of this testimony.

Sam De La Paz
Managing Partner
GreenWave Advisors LLC
1441 Kapiolani Blvd Ste 1114
PMB 266959
Honolulu, Hawaii 96814-4406 US

March 19, 2024

LATE

Testimony in opposition to SB3335

Chair and Committee Members,

I am submitting testimony in opposition of SB3335. As a board member of Hina Mauka for over 20 years, I have seen so many families destroyed by addiction. This addiction started with smoking marijuana. Over the years, while there is a legalization for medical marijuana, many people abuse it and it really destroys a community. While it may be a personal issue when those who are medically smoking it affects the neighbors, in communities of those who smoke them for medical use.

When one drug addicted family member is addicted, it affects the whole family not just the addicted. The family relationships break and leaves many more issues than we anticipated. Our homeless situation has reached a point where all of our tax dollars are going towards helping the addicted and mentally ill people who became that way from their addictions. Yes I believe that marijuana is a gateway drug to more addiction.

Why do we want to destroy our communities? Please do not approve or support this bill. We will destroy so many lives. I ask you to please kill this bill.

Respectfully submitted,

Signe Godfrey

LATE

SB-3335-HD-1

Submitted on: 3/19/2024 2:29:30 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Dani	808 Viral	Support	Written Testimony Only

Comments:

I'm testifying in support. 808 viral had long been involved in community issues. Our followers exceed millions of diverse locals living both on and off the islands. We have run many polls that we feel accurately represented the communities overall sentiments. Politicians often only hear from voters, or testifiers curated by politicians to support their bills. But as we know, a large part of the community are underrepresented and unheard. So we'd like to submit the results of poll we ran from a more diverse pool. Nearly 70% were in support. Please also consider the opiate crisis and cannabis's instrumental roll in combating it. Mahalo.

SB-3335-HD-1

Submitted on: 3/15/2024 5:31:01 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Mike Golojuch, Sr.	Individual	Support	Written Testimony Only

Comments:

I strongly support SB3335. Please pass the bill.
Mike Golojuch, Sr

SB-3335-HD-1

Submitted on: 3/15/2024 6:38:40 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Chanara Casey Richmond	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose SB3335. According to the City & County of Honolulu Police Representative who spoke at Diamond Garcia's Town Hall meeting, our police force is stretched as thin as it can go. We're down 300 officers from 2020, there are no plans to replace these people, the mayor increased their retirement age by 5 years, and new recruits are down. HI has effectively defunded their police. At present, there is one police officer for every 9,000 HI citizens. **THIS BILL CANNOT BE ENFORCED.** And you know it. Passing this bill will harm Hawaii and hurt our children. Please to not deceive our children into believing that marijuana is harmless. It is not. And you know it.

SB-3335-HD-1

Submitted on: 3/15/2024 7:27:37 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
cori	Individual	Support	Written Testimony Only

Comments:

Aloha, my name is Cori and I live in Honolulu. I'm testifying [with comments/in support] on SB3335 SD2. I believe Hawai'i should join 23 states in legalizing cannabis. Any legalization efforts should prioritize racial justice and equity in reform efforts in order to address the harms that cannabis laws have inflicted upon Native Hawaiians and communities of color.

SB3335 Relating to Cannabis, needs to reinvest cannabis revenue into community safety, not in law enforcement. We should invest cannabis tax revenues into proven solutions that help build safer communities such as programs that focus on harm reduction, crisis outreach, food banks, mental health support, homeless outreach, outpatient treatment, and housing assistance.

SB3335 should ensure local ownership. People who have been harmed by the enforcement of cannabis must have a place in the burgeoning marketplace created by legalization.

SB3335 should remedy the harm caused by the failed War on Drugs. Any outstanding debts for cannabis fines and fees should be forgiven. People with a cannabis conviction on their record should be able to fully re-integrate into society by accessing the same rights and services as anybody else. Mahalo for your time and consideration.

SB-3335-HD-1

Submitted on: 3/15/2024 7:44:41 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lynn Murakami Akatsuka	Individual	Oppose	Written Testimony Only

Comments:

I **strongly oppose** the passage of SB 3335, SD 2, HD 1 which would legalize the personal adult use of cannabis beginning January 1, 2026. In the previous SB 3335 bill content it states: "Under federal 17 law non-hemp cannabis is an illegal drug and is classified as a ~ 2024—0673 SB HMSO S.B. NO. ~ 1 schedule I controlled substance under the Uniform Controlled 2 Substances Act." And also states: "In addition, there are practical difficulties in identifying individuals who may be impaired by cannabis while driving, including the lack of a cannabis analogue for a breathalyzer for alcohol."

SB 3335, SD 2, HD 1 sadly is trying to justify that personal adult use of cannabis will provide income to the state through taxes. I have no problem with the medical use of cannabis for pain management for those suffering from chronic conditions or debilitating diseases because their doctors are involved in the assessment and managing of the individual's health care in the use of cannabis as a pain management treatment.

The personal adult use of cannabis (non-medical) would increase the health risk (in particular substance abuse and mental health issues) and safety risks of our residents and their families - on our roads, workplaces, and in our communities. Likewise, for our visitors to the islands.

Thank you for the opportunity to submit written testimony in **strong opposition** of SB 3335, SD 2, HD 1.

SB-3335-HD-1

Submitted on: 3/15/2024 8:47:00 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Mark Masunaga	Individual	Oppose	Written Testimony Only

Comments:

No to this bill. Drugs are destroying lives. No legalization . Marijuana is a gateway drug and brings people to enjoy this lifestyle . It will lead to harder drugs and worse crime and societal problems. There will be bad things happen when people drive high on marijuana. Please do not make our drug problem worse.

SB-3335-HD-1

Submitted on: 3/15/2024 9:40:27 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Rob Juterbock	Individual	Oppose	Written Testimony Only

Comments:

I am all for legalization... but, this bill has some regulations that make it more about the dispensaries trying to get rid of their products, since they feel threatened from customers going elsewhere. Capping the patients ability to have 5 cards at one location is not realistic. Maybe, if there were an option to get a license so you can grow more than 50 plants, then sure im all for it, but that's not included in this bill. I worked for Noa Botanicals for 13 months, 6 months product specialist and 7 months grower at the cultivation center. I can tell you now that the people running the company have no idea what they are doing. They are money hungry and don't care about the patient. They are enforcing this law so people can't compete with them, which is unjust, the people have a right to cultivate their own cannabis the way they want. No one prefers synthetically grown cannabis over organic (which all the dispensaries use). Also, these companies only grow strains that complete the flowering cycle in 7-8 weeks. Many cannabis strain finish in 9-16 weeks that have completely different effects than the fast varieties they are cultivating, mainly for a profit stand point. And, the strains they cultivate, almost entirely stem from one strain (Girl Scout Cookies)... Regardless, I don't think the people reading this understand how to grow cannabis, and the effort that goes into growing it. Counting a clone as one plant is not right. That clone can die at any point within the next 2-3 weeks as roots haven't formed yet, and yes this happened all the time at the cultivation center at Noa. If you have a library of plants and seeds, and your only allowed to grow a maximum of 50 plants legally, you'll only realistically be able to keep around 5 strains in your library if you plan to clone a special strain that has proven to be beneficial for the patient. Sure, it's great if you just want to grow a small amount, but for the people who truly care for others, and want to help people with a certain ailment/condition, the grower is going to need a lot more room and the ability to keep these unique strains alive in order to serve those people in need. One strain won't work for everyone. Another aspect of why capping everyone at 5 carfs isn't right is if you sprout 50 seeds, on average 25 will be female, 25 will be male. (Feminized seeds will end up turning into a hermaphrodite 100% of the time, and seeds will be in the flower) Males are only good for their pollen and making more seeds. So should they count as a plant since they usually dont contain any THC? This isn't right. Give the option for Hawaii growers to cultivate more plants and grow as a community and allow us to keep expanding our knowledge of this plant. Allow an option for the experienced cultivator to stay legal and keep a library of plants to better serve the community and mainly to genuinely help patients. Cannabis should be legal but under these conditions, it's a step backward, and these unjust dispensaries are going to profit. I could talk all day about all the issues that happen in the cultivation center and dispensaries. But for now, I would like to see an option for the cultivators and small farmers to expand and legally be able to obtain a license to

continue growing. Organic, naturally sun grown is how it should be. Not synthetically fertilized and under lights of all one type of strain. Thank you for your time.

-Rob

SB-3335-HD-1

Submitted on: 3/16/2024 5:52:12 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Bonnie Gollero	Individual	Oppose	Written Testimony Only

Comments:

I am disturbingly alarmed by, and adamantly opposed to this bill, because of the serious public health risks pot smoking will pose to the public at large.

Most egregiously, this bill is in direct violation to Hawaii's constitution which grants each individual the constitutional right to breathe clean air, and specifically mandates protection from the harmful effects from secondhand smoke.

Especially here in Hawaii, where homes are just five feet from your neighbor, I would be subjected to inhaling pot at anytime, any hour, even at 2am while asleep, whenever my neighbor decides to light up. This detrimental health exposure is exacerbated even further for those living in apartment dwellings. I am extremely allergic to secondhand smoke, and there are many like me.

According to the National Institutes of Health, researchers measured the amount of THC in the blood of people who did not smoke marijuana and had spent three hours in a well-ventilated space with people casually smoking marijuana. THC had been confirmed to be present in the blood of the non-smoker.

Another study that varied the levels of ventilation and the potency of the marijuana found that some non-smoking participants exposed for an hour to marijuana in an unventilated room showed positive urine assays in the hours directly following exposure, had experienced a "contact high", and displayed impairments on performance in motor tasks. For those in restaurants and bars that will allow pot smoking, how many vehicle fatalities will this cause, not only by the pot smokers, but everyone affected by their secondhand smoke, as well?

A 2016 study in rats found that secondhand exposure to marijuana smoke adversely affected blood vessel function as much as secondhand tobacco smoke, but that the effects lasted even longer.

Just one minute of exposure to secondhand marijuana smoke resulted in low-mediated dilation impairment, the extent to which arteries enlarge in response to increased blood flow of the femoral artery. These effects were independent of the THC concentration. When THC was removed, the impairment was still present.

The toxins and tar levels known to be present in marijuana smoke raise serious concerns about exposure, especially among vulnerable populations, such as children, pregnant women, the elderly, and those with respiratory conditions.

Like tobacco smoke, marijuana smoke is an irritant to the throat and lungs and can immediately cause a heavy cough during use. It also contains levels of volatile chemicals and tar that are similar to tobacco smoke, raising concerns about risk for cancer and lung disease.

Marijuana smoking is associated with large airway inflammation, increased airway resistance, and lung hyperinflation, and those who smoke marijuana regularly report more symptoms of chronic bronchitis than those who do not smoke.

Some case studies have suggested that, because of THC's immune-suppressing effects, smoking marijuana may reduce the respiratory system's immune response, increasing the likelihood of the person acquiring respiratory infections, such as pneumonia.

One study found that people who frequently smoke marijuana had more outpatient medical visits for respiratory problems than those who do not smoke.

Based on the numerous case studies like these, as a result, there will be individual law suits to follow, class action law suits initiated, against the state, for failure to protect our constitutional right to live in a clean and healthy environment.

If the incentive for this bill is to increase state revenue, then consider casino gambling instead, which would be far more lucrative, and much more appealing to island constituents, such as cock fighters who illegally gamble, or islanders who flock to Las Vegas in sizable numbers every year. Casino gambling would also boost the economy by creating more jobs.

Please put a stop to this insanity, or at the very least defer this bill, until all the adverse impacts that could possibly result from it's passing can be better researched and understood.

SB-3335-HD-1

Submitted on: 3/16/2024 6:59:54 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Loretta Black	Individual	Support	Written Testimony Only

Comments:

It was not an easy decision to come to this, as I am a part Of Oahu's medical cannabis program and I've always felt that cannabis should be in the privacy of your own home I'm old school that way but I cannot help but remember all the roads I used to take when trying to get my cannabis in the past

I'm 54 years old now and I think this is a great thing by allowing adult use cannabis in Hawaii

My family will never have to go to the street corners and hoods they can go where it's safe for them if they ever need this medicine in the future

I got robbed almost raped and stabbed by going to the street corners in the 80s and 90s

I don't wish that on anyone It's not safe out there now there's a fentanyl scare out there mixed w cannabis in the black market

now is the time !!

I want safe access adult use access for my family and friends

And me

THANKYOU for your time

SB-3335-HD-1

Submitted on: 3/16/2024 7:14:07 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
LIANA M CORTEZ- KEKAWA	Individual	Oppose	Written Testimony Only

Comments:

My name is Liana Cortez-Kekawa. I live in Wai'anae. I am against this bill and will never support recreational marijuana being legalized ever. I have seen how this drug has ruined families all my life as my parents died addicted to this and I tried so hard to keep my kids away from all drugs and alcohol as I seen what it does. I am a strong believer that marijuana is a gateway drug and those who becomes addicted to it needs to find harder drug as our son has now done. To see your child's life just go downhill was such a heartbreak for our family and I am sure so many more.

SB-3335-HD-1

Submitted on: 3/16/2024 7:42:21 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Carol Jung	Individual	Oppose	Written Testimony Only

Comments:

Aloha

I am asking that our government officials VOTE NO on SB3335 SD2 HD1. I have lived in Lahaina for the past 54 years. I am a retired teacher of the HI DOE. Our students need to compete globally with others. Recreational marijuana is a deterrent to anyone, student or otherwise, being able to function to their full potential mentally and physically. It is my firm believe that allowing marijuana use recreationally will bring additional problems to our islands for parents, police, social workers, and anyone who is working or will end up working with people who become addicted to substance use of any type. For the small amount of income that recreational MJ sales *may generate*, is it worth the problems that will emerge within our islands such as the additional cost in personnel and resources that will become necessary to help people cope with issues that arise? Please say No to SB3335 SD2.

Respectfully submitted, C Jung

SB-3335-HD-1

Submitted on: 3/16/2024 8:13:05 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Don Baluran	Individual	Oppose	Written Testimony Only

Comments:

I personally have witnessed the negative impacts of marijuana use. I do not want to see others, our youth, and our community go down this dark path.

Please keep Hawai'i Hawai'i and not become like other states on the mainland.

SB-3335-HD-1

Submitted on: 3/16/2024 8:17:21 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Roxanne Montalbo	Individual	Oppose	Written Testimony Only

Comments:

I do not support this bill. Marijuana is a gateway drug and will enable the younger generation into thinking that since it's legal it's okay to use before the legal age.

There have been many underage drinking, which took many lives. This can be so easily done with the youth in our community and marijuana. The rise of car accidents will increase.

Please think about the increase of e-cigarettes, marijuana, dab, and even more of these other drugs that schools have already confiscated from elementary through high school students. Most students have acquired these drugs from adults in the community or just simply from stealing.

Having these types of drugs will even enable other criminal activity, such as stealing, which will affect the community.

SB-3335-HD-1

Submitted on: 3/16/2024 9:34:14 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kaleo Searle	Individual	Oppose	Written Testimony Only

Comments:

Aloha, my name is Kaleo Searle and I reside in Wai'anae. I am presently the pastor at Calvary Chapel Leeward Coast and I work full-time as the forensic science teacher at Wai'anae High School, and a proud Searider alumni. Also, I am a retired law enforcement officer (California). I am opposed to this bill, it is wrong, it will hurt our community, and most importantly, it will destroy our children and families. I contemplated listing Bible verses, current peer reviewed case studies, criminal statistics, and additional resource links to support my stance but decided not to. Instead, I will speak from my personal experience as a retired Detective. One of my approaches in becoming better at my job is that, at the conclusion of my interviews with the arrested individual(s), after receiving their Mirandized statement, I would ask more direct questions. Like, how they planned, why they chose, all the intangibles that drove them to their criminal act. This gave me better insight to be proactive as a Detective. Most times they would respond with a curse word but sometimes they would converse with me and answer my questions. Here is my point, approximately 50 percent stated that their road to a life of crime began when they started "smokin weed."

I humbly ask you, do what is right in the eyes of God, our people, and our state - shut this bill down now. Mahalo and God bless.

SB-3335-HD-1

Submitted on: 3/16/2024 9:42:32 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Erin Gayer	Individual	Oppose	Written Testimony Only

Comments:

NO to legalizing recreational marajuana in Hawai'i!

SB-3335-HD-1

Submitted on: 3/16/2024 9:49:13 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Bulla Eastman	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chairperson and others present today,

I am opposed to SB335 and ask you to listen to the people of Hawaii. What good can result from this legislation? Please focus on more pressing matters before you.

Humbly submitted,

Pastor Bulla Eastman

SB-3335-HD-1

Submitted on: 3/16/2024 10:23:16 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
ERIC HARA	Individual	Oppose	Written Testimony Only

Comments:

NO TO RECREATIONAL MARIJUANA

SB-3335-HD-1

Submitted on: 3/16/2024 10:24:15 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Robert Y. Salud	Individual	Oppose	Written Testimony Only

Comments:

I oppose SB3335. It will increase crime, violence, corruption and endangering our keikis and influence them on a long-term path of destruction and addiction behavior!!!! Even death. It's a Death sentence! The Bible says; "Train up a child in the way he should go, And when he is old he will not depart from it."
Proverbs 22:6

SB-3335-HD-1

Submitted on: 3/16/2024 11:05:47 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Margaret U. Lim	Individual	Oppose	In Person

Comments:

I oppose this Bill 3335 because it is detrimental to our community and state. Marijuana is the gateway to all kinds of drugs and substance abuse. We have to stop this evil scheme against our next generation. This bill has no benefit and is only motivated by greed and money. It will also hurt our tourism and ECONOMY.

I am a mother of 3 adult sons.

I raised my oldest son in church and private schools since age 1. He started using marijuana in his senior year; now 12 years later at 31 yrs. old, he continues to numb himself with drugs and other substances. He is unable to function in our society.

He also got into a major car accident and was homeless at one point.

Marijuana DID NOTHING GOOD to him -medically , socially or relationally, physically!!!

My other 2 sons, who never tried smoking nor using marijuana, graduated from UH and UW respectively.

If our State cannot control our current crime, violence and homelessness problems, how can they control the massive serious problems which will be ushered in by legalizing commercial/recreational marijuana?

THE REVENUE PROJECTED TO COME IN FROM PASSING THIS EVIL BILL WOULD NOT BE ENOUGH TO COMPENSATE FOR LIVES RUINED, RELATIONSHIPS AND FAMILIES DESTROYED, THE COST OF NEEDING MORE LAW ENFORCEMENT OFFICERS, MORE PRISON BEDS, LEGAL FEES, AND OTHER SOCIAL NEEDS.

Since medical marijuana is already legalized , there is NO need to legalize recreational marijuana.

We should focus on making Hawaii a safer , cleaner place for business to thrive and for our Japanese and Chinese, AND TOURISTS ALL OVER THE WORLD to keep coming back.

We recently visited Seattle and Portland Oregon . It is a heartbreaking scene, with smells of marijuana, stoned people walking around. It no longer feels safe to walk alone on their streets.

**PLEASE SAVE THE LIVES AND FUTURE OF THE NEXT GENERATION AND
GENERATIONS TO COME! OPPOSE SB 3335**

SB-3335-HD-1

Submitted on: 3/16/2024 11:14:09 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Phil Robertson	Individual	Support	Written Testimony Only

Comments:

I am convinced that most all the reasonable and prudent people who would serve on a jury when summoned, would not believe Harry J. Anslinger's 1937 testimony the Congress regarding marijuana. Most of the jury still sides with the conclusions of the LaGuardia Report by the New York Academy of Medicine in 1944, which refuted most of Ansonger's testimony.

The black market is in the billions of dollars annually. Most of that money is narcotics income, laundered money, and many of those sort of people are evading taxes on their incomes.

A lot of the hype about pot is a big fraud. I read in thte LA Times that the number of people in the United States who are on the payroll of the Mexican cartels numbers in the six digits.

Thank you for giving me the opportunity to testify.

Phil Robertson

SB-3335-HD-1

Submitted on: 3/16/2024 11:14:41 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Vanessa Fowler	Individual	Oppose	Written Testimony Only

Comments:

As a teacher, I strongly oppose the legalization of marijuana. Our parents and keiki face so much difficulty in staying healthy and drug free as it is. By legalizing marijuana, we would be encouraging a culture of substance abuse and addiction. We have so much trouble with that already-with meth and fentanyl and vaping-we need to create a culture of health and well being of our next generations--not drug addiction and substance abuse.

SB-3335-HD-1

Submitted on: 3/16/2024 11:16:14 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Beverly Heiser	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair Nakashima, Vice Chair Sayama, and Committee Members,

I STRONGLY OPPOSE SB 3335 SD2 that would legalize recreational marijuana.

Monies should never take precedence over public health and safety. I would rather see water and agricultural land used for worthwhile crops that provide food sustainability.

Not all Hawaii favors legalizing recreational marijuana like some may have stated. A Star Advertiser Big Q on 3/10/24 inquiring into the support of legalizing recreational cannabis resulted in 468 in opposition, 248 in support, and 56 neutral. A March 2023 survey result by Representative Matayoshi, where 533 surveys were returned, indicated 62% in opposition, 35% in support and 3% left blank.

Cannabis is still identified as a Schedule I drug and is illegal under Federal Law. There is no reason for recreational cannabis that provides another way to get high. It makes no sense to introduce a bill to lower the alcohol level to .05 while trying to push recreational cannabis that is just as bad because there is no way to detect the level of intoxication of drivers.

I have read the excellent comprehensive report prepared by the Department of the Attorney General, regarding the final draft bill entitled "Relating to Cannabis". The report, submitted for consideration, identifies the serious risks to public safety and health, and addresses safeguards included in the draft bill should the decision be made to legalize recreational cannabis.

The problems and statistics reported that I found to be most troubling are:

- the potential rise in black market and criminal activity,
- the difficulty in determining if someone is driving high,
- the rise in traffic fatalities where drivers tested THC-positive,
- health concerns that cannabis causes harm to the developing brain of youths, and
- calls to Poison Control Centers about children age 5 and under ingesting an edible variety increased from 207 in 2017 to 3,054 in 2021, a 1,375% increase.

A 2/27/24 Fox News report indicated 4 Chinese citizens, 1 in the US illegally, involved in a \$22.5 million illicit growing operation in Georgia. A 12/1/23 NewsNation article indicated 80% of grow farms shut down in Oklahoma have ties to China. At that time they were also investigating operations in California, and New Mexico.

This 3/4/24 Fox News article, “China-linked US pot farms spark raids, calls for stronger crackdowns” deserves a look:

<https://www.foxnews.com/politics/china-linked-us-pot-farms-spark-raids-calls-stronger-crackdowns>

Another concern is the inhalation of second-hand marijuana smoke. As quoted from an article referenced in the report, “Secondhand marijuana smoke and kids”, by Claire McCarthy, MD, Senior Faculty Editor, Harvard Health Publishing.....

"[Studies show](#) that when you are around someone who is smoking marijuana, the smoke gets into your system too. How much of it gets in depends on how close the person is, how many people are smoking and how much, how long you spend near them, and how much ventilation there is in the space. But research is clear that cannabinoids, the chemicals that cause the “high,” get into the bodies of people nearby — including children.”

When neighbors smoke the stench enters our house. Getting out of my car, I smell it in the parking lot, and I have seen individuals smoking in their cars, so people are driving and using. There is no way to control this. Walking around the block I smell it in the air.

Recreational cannabis can and does create problems in families, and THC does create tolerance that will lead the more vulnerable to experiment and use other drugs. Users do engage in physical and mental abuse of family members and others. One will never know the pain unless they have experienced it firsthand. Whether a spouse, child, friend or co-worker, I have seen and experienced the destruction this drug is capable of doing. Everyone is different, what may be pleasurable for some might cause anxiety, suicidal tendencies, and psychotic episodes in others, especially our at-risk youth.

I cannot support something that is known to cause harm to others, especially our youth, children and families.

Please take the report by the Department of the Attorney General that identifies the risks to public health and safety seriously, and OPPOSE SB 3335.

Thank you for the opportunity to testify.

Testimony
IN SUPPORT
SB3335, SD2 - Relating to Cannabis

Aloha Chairs Nakashima & Sayama,,

My name is Justen Paiva, a proud lifelong resident of the beautiful district of Puna on the Island of Hawaii. Today, I address you not just as an advocate but as a witness to the transformative power of compassion and legislation intertwined in the fabric of SB3335, a groundbreaking cannabis legalization bill for our beloved state.

Allow me to share a story close to my heart, one that epitomizes the urgency and necessity of supporting this bill. It's the journey of a dear friend battling cancer, navigating through the treacherous waters of pain, nausea, and the harsh side effects of traditional medications. In her darkest hours, she found solace in cannabis. Through our collective efforts, we maximized the power of this plant by utilizing products like Full Extract Cannabis Oil, lozenges/gummies, and vaporization cartridges. We tailored a regimen to alleviate her suffering, while complementing her ongoing treatment.

Remarkably, her prognosis defied expectations. Initially given a mere eight months, she surpassed all odds, and is now a cherished member of our Ohana to this day. The additional years gifted to her have been adorned with moments of joy, laughter, and profound connections.

SB3335 represents more than just a legal milestone; it's a lifeline for those ensnared by pain and affliction. Its passage will ensure that the power of this plant reaches every resident who may benefit from its medicinal properties, not just the privileged few that can afford the annual cost of maintaining a Hawaii Medical Cannabis Card. It's a step towards a more equitable and compassionate future for all.

The potential advantages of cannabis legalization extend far beyond its medicinal realm, encompassing social and economic benefits accessible to all residents. With over 80% of Hawaii voters in favor, SB3335 aims to regulate and tax the industry, tackling the black market (by virtually eliminating accessibility through drug dealers, which exposes Cannabis users to Methamphetamine, Ecstasy, Opioids, fentanyl, and more), while generating significant tax revenue estimated to be close to \$40 million annually, potentially reaching more than \$100 million as the industry matures.

While acknowledging the concerns raised in opposition, I urge you to consider the broader implications of this measure. Regulatory inaction only perpetuates confusion and risks public safety. The mentality of those who subscribe to the outdated ideology of "Reefer Madness" can be detrimental to public safety, fostering fear and misinformation rather than evidence-based policies.

By centralizing cannabis regulation under a single authority, we can streamline operations, promote safety, and eliminate regulatory gaps. As the federal landscape evolves, it's imperative that Hawaii takes a proactive stance, establishing a framework aligned with potential federal changes. SB3335 is a crucial step towards that future, one where compassion, empathy, and holistic well-being guide our legislative endeavors.

Furthermore, beyond the resources transferred from the Office of Medical Cannabis Control and Regulation (OMCCR), the State can generate revenue by charging fees for licenses under SB3335. With the potential issuance of more licenses in the first year, additional fees could be collected, supporting programs like social equity, grants, and improved enforcement. This funding is sustained by tax revenues from adult-use cannabis sales, following the model of many other states.

I implore each of you to join us in championing SB3335. Let us be the architects of change, forging a path towards a brighter, more inclusive tomorrow for all residents of Hawaii.

Mahalo for your time and consideration.

Justen Paiva

SB-3335-HD-1

Submitted on: 3/16/2024 1:41:51 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Walter Kuwasaki	Individual	Oppose	Written Testimony Only

Comments:

I oppose the passage of SB3335 because of additional drug addictions by users of recreational marijuana. Futhermore, recreational marijuana users will be driving high on Hawaii's roadways thereby creating a safety hazard for all. Thank you for reading my written testimony. God Bless & Best Wishes Always.

SB-3335-HD-1

Submitted on: 3/16/2024 1:51:19 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Cynthia Dorflinger	Individual	Oppose	Written Testimony Only

Comments:

Please vote NO on SB3335 SD2 HD1 Relating to Cannabis

Sincerely,

Cynthia A Dorflinger

SB-3335-HD-1

Submitted on: 3/16/2024 2:18:35 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Mandy Chang	Individual	Oppose	Written Testimony Only

Comments:

NO TO RECREATIONAL MARIJUANA.

SB-3335-HD-1

Submitted on: 3/16/2024 2:22:53 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Keith Kenyon	Individual	Oppose	Written Testimony Only

Comments:

NO TO RECREATIONAL MARIJUANA

SB-3335-HD-1

Submitted on: 3/16/2024 2:25:22 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Esther Gefroh	Individual	Oppose	Written Testimony Only

Comments:

To Whom it May Concern,

I am once again submitting my opposition to the proposed bill to legalize marijuana for recreational use.

If our legislators really worked for the best interest of the people in Hawaii, they would try to pass laws that would help our farmers grow food to make Hawaii self-sustaining. Instead, they are about to legalize a mind-altering drug.

If our legislators really cared about Hawaii, they wouldn't make it so difficult for organizations who want to help the homeless children and teens in our state. The continued red-tape that prohibits helping unsheltered youth goes beyond the pale.

If our legislators really cared about the people of Hawaii, they would work on stopping the Fentanyl crisis now affecting Hawaii directly.

If our legislators put all their efforts in working for the good of the people, i.e. more jobs, less human trafficking, etc.. we would be in better shape. Sadly, this doesn't seem to be the case.

Please oppose this bill and do not make it a law.

Sincerely yours,

Esther Gefroh

SB-3335-HD-1

Submitted on: 3/16/2024 3:35:09 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Rita Clare Hall	Individual	Oppose	Written Testimony Only

Comments:

PLEASE SAY NO TO RECREATIONAL MARIJUANA!

Testimony
IN SUPPORT
SB3335, SD2 HD1 - Relating to Cannabis

Aloha Chair Nakashima, Vice Chair Sayama and members of the Consumer Protection & Commerce Committee,

My name is David Pitt, and I appreciate the opportunity to express my unwavering support for SB3335. This bill is a crucial step towards addressing public safety concerns and creating a sustainable revenue source for the state.

As a caregiver, grower, patient and industry professional with years of experience spanning multiple states, I have witnessed the inner workings of cannabis policy at every level. Through my diverse exposure, I've come to intimately understand how regulated and organized adult use access directly benefits our communities. It not only ensures the well-being of participating individuals and municipalities, but also contributes to our overall growth and prosperity both socially and economically. This framework fosters safe commerce that would otherwise be driven to a dangerously unregulated place in the vacuum created by a limited medical market or caregiver programs.

Currently, over 80% of Hawaii voters support the legalization and regulation of cannabis for adults. However, the majority of the cannabis trade in our state operates through unregulated channels, posing severe risks to public health and safety. SB3335 seeks to address this by implementing numerous comprehensive consumer safety regulations. The bill also proposes transferring resources from the Office of Medical Cannabis Control to the newly established Cannabis Authority, ensuring adequate funding for the implementation of adult-use cannabis regulations that directly affect consumers and commerce. This approach mirrors successful strategies adopted by other states in launching their regulatory programs.

I respectfully urge the committees to pass SB3335, aligning with the majority of Hawaii voters' desires and offering a pathway to guarantee public safety while generating substantial revenue for our state that is currently funding illicit entities in our state.

Mahalo,

David Pitt

SB-3335-HD-1

Submitted on: 3/16/2024 5:05:28 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Laura Nakanelua	Individual	Oppose	Remotely Via Zoom

Comments:

Aloha,

My name is Laura Nakanelua.

I am a concerned citizen and Kailua resident and I STRONGLY OPPOSE SB3335.

As a parent of a local boy who became dependent on Marijuana through "recreational use" and as someone who is intimately familiar with addiction, I stand in strong opposition to SB3335.

As a Hawaiian kid growing up and attending Pu'ohala and Kalaheo, my son would have had to work pretty hard to avoid being exposed to pot in and outside of school.

It is not proper leadership to send the message that drugs are cool and recreational use for adults is harmless. That's a dangerous lie!

Take a closer look at our homeless population and ask yourself two questions:
Where did these people come from?
How did they get here?

They are locals. And guaranteed they will tell you straight that it all started with recreational use of pot and ended in devastation. That's what drug use does!

I know the law is written to allow use for adults, but adult use of marijuana often leads to serious harm to our kids and our families. Today's pot is a strong drug!

You all need to find more ways to make our people healthier and stronger; of sound mind and body, instead of passing legislation to make a buck off of citizen's weaknesses.

If you've studied this at all you KNOW THAT CRIMES RISES in cities where marijuana is legalized.

You all also know it is a proven GATEWAY DRUG.

Be the SERVANT LEADERS standing between harm and our people and not the ones opening the door and inviting it in.

Mahalo.

SB-3335-HD-1

Submitted on: 3/16/2024 7:58:31 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Dave Willweber	Individual	Oppose	Written Testimony Only

Comments:

Aloha legislators, please vote no on this bill. I teach youth and I observe youth that are on pakalolo or have been are mentally consumed by it, unmotivated to learn/grow/work. Only people on drugs or those who want to destroy society or those who want people to be dependent on the government will think that it is a good idea to have unmotivated, unproductive youth who are floundering in relationships. Vote no on this bill for the sake of youth, families, communities, Hawai'i Nei, & the world. Mahalo. And if that was not enough to vote no, some people experience intense anxiety and paranoia when smoking pakalolo and many get psychosis later in life or sooner. And edibles can be dangerous for people unaware of what they are eating, esp when edibles look great to kids. Mahalo for listening. Dave

SB-3335-HD-1

Submitted on: 3/16/2024 9:36:41 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Charlene Lum	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose this bill. Hawai'i doesn't need to follow Las Vegas to stir up tourism. We already have problems with drunk driving and we don't need drugs to add to problems that would impair drivers.

As a mother, I especially oppose this bill because I know people who have been addicted to marijuana and it took them a long time to realize how their negative attitudes affected others that love them. Then it is a long struggle to say NO to temptations and clean up. Suggesting to legalize marijuana will not only cause divisions in families and temptations to young people, it will also bring in other drugs into our beautiful state. Our state is beautiful because of Ohana, friendly people, and our beautiful land, we don't need drugs to destroy this state. Please consider keeping Hawaii beautiful and safe by keeping drugs out.

SB-3335-HD-1

Submitted on: 3/16/2024 9:44:40 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ryan Lim	Individual	Oppose	In Person

Comments:

I strongly oppose this bill.

My older brother's life was ruined by recreational use of marijuana. He became addicted to the drug in high school when someone introduced it to him. My brother is now 30 years old. He has never been able to hold a job because he gets fired for being under the influence at work and can't focus on work because of the drug's effects.

The decision to legalize the commercial sale of recreational marijuana is an ill-conceived idea. The state hopes that, by legalizing the recreational sale of this drug, it can increase tax revenues and boost the state economy. However, that marginal gain is substantially outweighed by the loss in productivity and increased costs of dealing with the increased crime and homelessness that is sure to accompany the passing of this bill.

I saw the severe economic damage this drug has inflicted on Seattle, where the drug is recreationally sold. I went to college at the University of Washington in Seattle. The downtown area of Seattle feels like a ghost town because of rampant drug use and violent crime. A lot of stores are either closed or boarded up because of constant crime. Everywhere you walk, you will smell marijuana. The streets are littered with trash. The homeless people use illicit drugs in broad daylight. Nobody shops at the high-end malls that once used to be in downtown area of Seattle. There are constant carjackings. Everywhere you go, you can see broken car windows.

You may not use the drug. But it is likely that your friends, children, and future grandchildren, and great grandchildren will. They will be negatively impacted by this bill. This will haunt them throughout their lives.

Please don't do this to Hawaii.

SB-3335-HD-1

Submitted on: 3/16/2024 10:37:22 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Trinity Young	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill in the effort to keep Hawaii safe from the negative impacts legalizing marijuana will do to our communities, economy and culture.

SB-3335-HD-1

Submitted on: 3/17/2024 12:24:45 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Garner Shimizu	Individual	Oppose	Written Testimony Only

Comments:

Strongly oppose.

I believe many law enforcement and expert testimony, as well as actual results from other states clearly show the dangerous consequences for legalizing marijuana as a gateway drug.

There are no clear benefits and the cost ramifications will far outweigh any perceived profit.

Please oppose.

SB-3335-HD-1

Submitted on: 3/17/2024 1:14:14 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Carm Akim	Individual	Oppose	Written Testimony Only

Comments:

Aloha Honorable Representatives,

As a mother of young children, I strive to keep my kids safe and healthy. This could be as simple as teaching them to read food labels at the grocery store and learn about the ingredients of popular snacks kids often share at school.

When my 9-year-old and I were at the produce section of a local grocery store in West Oahu, she found fruit roll-up candies near the oranges. She read the ingredients to me and said, "Mommy, this candy does not have drugs in it; I don't see Marijuana as an ingredient; I think it is safe for me to eat it." I was stunned at first because I was so heartbroken for my child. If this bill passes, she and future generations must face one more battle unnecessarily and painfully. Parenting is difficult enough; families are broken left and right. Our kids today face way different challenges than we did a decade ago.

With the current bill being proposed, we have heightened concern for our Keiki that they may inadvertently consume marijuana in the form of fruit roll-ups, gummy bears, gummy worms, brownies, and other types of sweets. These marijuana products are packaged, advertised, and appear as though they are like the original version, only with the marijuana leaf logo at times. Innocent children have no way to differentiate these products unless they are mature enough to read. Studies have shown young kids suffer greatly from ingesting this illegal, potent, and addictive substance.

Recreational Marijuana markets itself as an appealing drug to our Keiki through sweets, candies, and the like, thus creating life-long consumers, young people with addiction who will fuel their demands and perpetuate further dysfunctions in families and society. We had enough loss in our family and community because of addiction. We do not want to lose anyone because of drugs.

As a nurse, I cared for teens and young adults who had consumed or smoked Marijuana when they were sent to the emergency department or admitted to the hospital. Most have intractable vomiting from frequent use or worse on suicide watch. I have seen young kids as young as 12 years old want to end their lives and also test positive for THC. Passing this bill will further tax our broken healthcare system, which currently does not have the capacity to care for Hawaii's people at the right time and in the right place all the time. These types of patients are otherwise healthy if they have not consumed or smoked Marijuana. This bill, if passed, will further magnify our scarce access to care.

I urge that our legislators dive deeper into the root causes of why some children opt to reach for illegal, mind-altering, life-damaging drugs such as marijuana and, from that, craft bills that will help our youths adjust and cope effectively, so these drugs will never be an option. There are better ways to help our kids than seeking to regulate illegal drugs that only destroy them, their families, and our State.

Mahalo for Protecting us, the Consumers.

SB-3335-HD-1

Submitted on: 3/17/2024 6:26:48 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
ANSON REGO	Individual	Oppose	Written Testimony Only

Comments:

Aloha House Members:

ONE PURPOSE OF THE PROPOSED LEGISLATION STATES:

" To effectively regulate hemp-derived cannabinoid products 17 that may pose a danger to public health or public 18 safety"

By legalizing the use, you are making marijuana more and more available. If it poses a danger to public health, why legalize it? Please vote no.

3 Medical/Scientific Reasons:

Heart Health & Addiction Rates Will Worsen For example, a new study [published in the Journal of the American Heart Association](#) and funded by the National Institutes of Health showed that cannabis smoke increased the risk of heart attacks similar to tobacco smoke.. New research from University of Washington and Kaiser Permanente Washington Health Research Institute estimates [21 percent of marijuana users](#) had become addicted. Scientists have a hard time agreeing on where the addiction threshold is for marijuana, but studies estimate [about four million Americans](#) qualified as having a 'marijuana use disorder' in 2015, according to the National Institute on Drug Abuse (NIDA).

[Pregnant women](#) are at Risk

When a person ingests marijuana during their pregnancy, the THC and other chemicals pass to the baby through the mother's placenta, which supplies the baby with its nutrition and oxygen through the umbilical cord. An extensive study conducted in Canada found pregnant women who smoke cannabis have [a 70 percent higher risk](#) of having a baby with a major birth defect and a 15 percent increased risk of a stillbirth. In 2013, the US government-run National Institutes of Health found a [2.3 percent increased risk](#) of stillbirth among women who used cannabis while pregnant. Women who used marijuana while pregnant were also 85 percent more likely to have a preterm birth, which can lead to health complications down the line, including impaired learning, vision problems and behavioral issues. A 2022 study published in [JAMA Pediatrics](#) found prenatal cannabis exposure after five to six weeks of pregnancy is associated with attention, social and behavioral problems that persist into early adolescence.

Marijuana is clearly inked to severe Mental Health issues

National Institute on Drug Abuse study included 6million people aged up to 50. Researchers from the Aarhus University Hospital in Denmark studied more than 6.6 million people in Denmark born between 1985 and 2021 and found of those with cannabis use disorder - defined as being unable to stop using in spite of it causing damage to their health and social lives - about 41 percent of those individuals were [diagnosed with major depression](#). They also found chronic marijuana use quadrupled a person's risk of being diagnosed with bipolar disorder. In the May issue of the journal Psychological Medicine found cannabis use disorder was linked to about 30 percent of schizophrenia diagnoses in young Danish men in the year 2021. Dr Nora Volkow, the director of the federal National Institute on Drug Abuse who co-authored the study has proven a staunch advocate for tighter rules governing access to the drug. Regular cannabis use can disrupt the delicate balance of neurotransmitters responsible for regulating mood and motivation. New research from University of Washington and Kaiser Permanente Washington Health Research Institute estimates [21 percent of marijuana users](#) had become addicted.

One Common Sense Result: Driving on our Roadways Will be Less Safe with More People Smoking Marijuana

Please do not injure our local people and cause more injury to them in the name of raising monies by taxing...we need better mental and physical health. This is the wrong way to increase revenues.

Thank you

Anson Rego

Waianae Attorney-50 Years

SB-3335-HD-1

Submitted on: 3/17/2024 9:06:55 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Alice Abellanida	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill. It will open a Pandora's box of problems for our state. Vote no.

SB-3335-HD-1

Submitted on: 3/17/2024 10:08:17 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
jonathan lim	Individual	Oppose	Written Testimony Only

Comments:

I oppose this Bill 3335 because it is detrimental to our community and State. Marijuana is the gateway to all kinds of drugs and substance abuse. We have to stop this evil scheme against our next generation. This bill has no benefit and is only motivated by greed and money. It will also hurt our tourism and ECONOMY.

If our State cannot control our current crime, violence and homelessness problems, how can they control the massive serious problems which will be ushered in by legalizing commercial/recreational marijuana?

THE REVENUE PROJECTED TO COME IN FROM PASSING THIS EVIL BILL WOULD NOT BE ENOUGH TO COMPENSATE FOR LIVES RUINED, RELATIONSHIPS AND FAMILIES DESTROYED, THE COST OF NEEDING MORE LAW ENFORCEMENT OFFICERS, MORE PRISON BEDS, LEGAL FEES, AND OTHER SOCIAL NEEDS.

Since medical marijuana is already legalized, there is NO need to legalize recreational marijuana.

We should focus on making Hawai'i a safer, cleaner place for business to thrive and for our Japanese and Chinese, AND TOURISTS ALL OVER THE WORLD to keep coming back.

PLEASE SAVE THE LIVES AND FUTURE OF THE NEXT GENERATION AND GENERATIONS TO COME! OPPOSE SB 3335

SB-3335-HD-1

Submitted on: 3/17/2024 10:18:53 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
E.L. Brown	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill and would like my written testimony to the previous 2 committees, be considered by this committee too.

Before you vote please ask yourself: 25 years from now will this bill help **all** Hawaii residents, especially those with little, or impoverished, or no voice at all?

Thank you.

Aloha Legislators.

DOH has been approving multi-card properties since January 1, 2015. Almost nine years later, DOH has not attempted to provide satisfactory regulations regarding multi-card properties. Instead, they have continuously approved 329 cards on multi-site properties, with up to 1500 cards approved on one at any given time at one multi-card property. Care Waialua has been operating for over five years and has not received any noncompliance citations from DOH. Care Waialua has also not received complaints from qualifying patients regarding "unsafe medicine." We assist in thoroughly testing qualifying patients' medicine.

Outside of the legislative laws, DOH is working with the Attorney General to discriminate against patients and where they can grow. For example, DOH is now targeting Care Waialua, the largest multi-card property in Hawaii, and holding back patients' renewal grow site change packets for over 90 days with no written authority. This action is causing qualifying patients to go without their cannabis medicine. DOH is also revising statutes outside of the legislative authority to force each patient to touch, water, and harvest their own plant when many of these patients are sick or disabled and have no caregiver to assist them. We ask the legislation to review these comments, pass a statute allowing multi-card sites to operate now, and mandate the DOH to develop regulations within the following calendar year. Multi-card properties cannot continue without the following amendments added.

DOH testimony for HB24423 is as follows with comments.

"We feel limiting sites to five cards will act as a community garden and protect patients from legal jeopardy." This statement is incorrect and will only expand the multi-card properties by dividing them up into hundreds of multi-card properties with no security or safety from intruders.

"We feel exceeding a one-to-one ratio of caregivers to qualifying patients lessens the care the patients are receiving." This is also incorrect, and we have data proving that a caregiver can provide care to many qualifying patients. The medical cannabis caregiver was established to provide a person to help grow and administer cannabis for qualifying medical patients. Care Waialua, if tasked, could take care of hundreds of qualifying patients through the multi-card property. Automated watering, staffing, and experienced cultivators allow this one-to-many caregiver to exist.

Here are current recommendations to allow multi-site properties to continue. We feel these recommendations are adequate and will protect multi-site operations until DOH can work with the public to develop multi-site regulations. We also believe this will provide immediate regulations to inform law enforcement, relieving the burden of enforcing multi-card properties. Simply passing HB2443 HD2 as is, with no amended regulations, will further jeopardize medical cannabis patients.

We recommend amending HB2443 HD2 to state the following. This recommendation is based on the data collected from a multisite operation with 980 qualifying patients. This site has proven its capacity to care for its qualifying patients.

Primary Caregiver recommendations:

[§329-123] Registration requirements.

(c) Primary caregivers shall register with the Department of Public Safety. ~~Every primary caregiver shall be responsible for the care of only one qualifying patient at any given time.~~

A caregiver shall be responsible for all qualifying patients registered to that caregiver. A one-to-many (no limit) policy shall be created in the statute to how many patients can be registered to a caregiver.

A caregiver may take payment from the qualifying patient registered to the caregiver for service rendered. Services include growing, manufacturing, or storage of the qualifying patient's marijuana. The cost to run a multi-card properties must be considered when acting as a caregiver and providing quality medicine to the qualifying patient.

If the qualifying patient does not accept the services rendered by the caregiver, the qualifying patient may easily remove the caregiver using the DOH 329 application change form.

Multi-card grow site recommendations:

- Limit multi-card grow sites to 5000 square feet of flowering canopy space and remove the plant tag labeling system. This recommendation will do three things.

1. Make it easy for DOH compliance inspectors to inspect by quickly measuring the canopy space instead of counting plants and looking for compliance through each labeled plant.
 2. Prevent multi-card properties from becoming too large. Plant counts have proven to be a failure in all cannabis programs because, with no canopy flowering limits, a multi-card property can grow outside of the canopy flowering space and increase yield production by simply growing hundreds of plants across large acreage. This results in an overabundance of marketable cannabis that could leave the multi-card property and feed the illegal market. Canopy space controls this problem and only allows a documented maximum yield at the multi-card property.
 3. The act of labeling each plant with a plastic, waterproof label, results in a large amount of unneeded plastics going into the aina. There is currently no compostable tagging system that is waterproof to deal with this dilemma and be conservation-conscious.
- Allow no limit on the number of qualifying patients at a multi-card property.
 - Security alarms are required at muti-card properties.
 - Require multi-card grow sites to have private cannabis testing results posted at their site for qualifying patients.

Mahalo legislators. Now is the time to act on HB2443 HD2 and, once and for all, force DOH to take this matter seriously and stop ignoring the duties to provide multi-card property regulations by simply passing HB2442 HD2 as is. There is lots of data collected through multi-card property owners and DOH can sit down with multi-card properties owners and review the data. The recent federal raid at Care Waialua, with no charges as of October 26, 2023, should alarm the legislation on how the DOH has been noncompliant in these matters and could have possibly changed this outcome.

Aloha,
Jason Hanley (Care Waialua), owner

SB-3335-HD-1

Submitted on: 3/17/2024 12:46:24 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Uilani Matavao	Individual	Support	Written Testimony Only

Comments:

I am writing in support of legalization. I am not a consumer of cannabis/marijuana but I have seen the positive side of those who use it. We have a lot of people with mental health issues caused by trauma and people who have chronic pain. I have seen the benefits first hand on how regular use has helped with both pains and trauma.

For those suffering and looking for an alternative to pain medication or alcohol dependency, marijuana is a safe alternative.

contrary to some of the representatives beliefs/feelings that it will increase crime activity and in their words also murders, is false. Marijuana helps with those suffering from anxiety, ptsd, depression, sexual trauma and other trauma. There are many benefits from the use of marijuana as opposed to alcohol or prescription drugs. Alcohol and prescription drugs deteriorate your kidneys and have also been noted to cause many other health and mental health issues.

It would be beneficial for all those who suffer daily with mental health and chronic pain issues to legalize cannabis/marijuana.

SB-3335-HD-1

Submitted on: 3/17/2024 1:04:13 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Rodney Evans	Individual	Support	Written Testimony Only

Comments:

It high time we stopped endorsing corporate medicine and allowed traditional medicine to flourish as it did for thousands of years before greed and profit driven regulations emerged.

SB-3335-HD-1

Submitted on: 3/17/2024 1:07:27 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Donna P. Van Osdol	Individual	Oppose	Written Testimony Only

Comments:

Chair Nakayama, Vice Chair Sayama and Members of the Committee:

Back in 2019, Hillsdale College's *Imprimis* wrote an excellent article regarding the use of cannabis and the hidden dangers when people utilize it. I have provided the link below:

<https://imprimis.hillsdale.edu/marijuana-mental-illness-violence/>

In a nutshell, it noted that the THC content contained in marijuana is much more elevated than previously noted; steady use of marijuana cause schizophrenia; marijuana only greatly enhances pain after prolong use, among other reasons.

I hope you read the article because it will be eye opening for, I hope, you and, especially, your young staff.

Thank you for the opportunity to submit my testimony in opposition of this bill.

SB-3335-HD-1

Submitted on: 3/17/2024 1:26:13 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Greg Crawford	Individual	Support	Written Testimony Only

Comments:

Aloha,
I am in support of this bill.
Mahalo

SB-3335-HD-1

Submitted on: 3/17/2024 1:30:54 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Gary Hofheimer	Individual	Oppose	Written Testimony Only

Comments:

Aloha Legislators.

DOH has been approving multi-card properties since January 1, 2015. Almost nine years later, DOH has not attempted to provide satisfactory regulations regarding multi-card properties. Instead, they have continuously approved 329 cards on multi-site properties, with up to 1500 cards approved on one at any given time at one multi-card property. Care Waialua has been operating for over five years and has not received any noncompliance citations from DOH. Care Waialua has also not received complaints from qualifying patients regarding “unsafe medicine.” We assist in thoroughly testing qualifying patients' medicine.

Outside of the legislative laws, DOH is working with the Attorney General to discriminate against patients and where they can grow. For example, DOH is now targeting Care Waialua, the largest multi-card property in Hawaii, and holding back patients' renewal grow site change packets for over 90 days with no written authority. This action is causing qualifying patients to go without their cannabis medicine. DOH is also revising statutes outside of the legislative authority to force each patient to touch, water, and harvest their own plant when many of these patients are sick or disabled and have no caregiver to assist them. We ask the legislation to review these comments, pass a statute allowing multi-card sites to operate now, and mandate the DOH to develop regulations within the following calendar year. Multi-card properties cannot continue without the following amendments added.

DOH testimony for HB24423 is as follows with comments.

“We feel limiting sites to five cards will act as a community garden and protect patients from legal jeopardy.” This statement is incorrect and will only expand the multi-card properties by dividing them up into hundreds of multi-card properties with no security or safety from intruders.

“We feel exceeding a one-to-one ratio of caregivers to qualifying patients lessens the care the patients are receiving.” This is also incorrect, and we have data proving that a caregiver can provide care to many qualifying patients. The medical cannabis caregiver was established to provide a person to help grow and administer cannabis for qualifying medical patients. Care Waialua, if tasked, could take care of hundreds of qualifying patients through the multi-card property. Automated watering, staffing, and experienced cultivators allow this one-to-many caregiver to exist.

Here are current recommendations to allow multi-site properties to continue. We feel these recommendations are adequate and will protect multi-site operations until DOH can work with the public to develop multi-site regulations. We also believe this will provide immediate regulations to inform law enforcement, relieving the burden of enforcing multi-card properties. Simply passing HB2443 HD2 as is, with no amended regulations, will further jeopardize medical cannabis patients.

We recommend amending HB2443 HD2 to state the following. This recommendation is based on the data collected from a multisite operation with 980 qualifying patients. This site has proven its capacity to care for its qualifying patients.

Primary Caregiver recommendations:

[§329-123] Registration requirements.

(c) Primary caregivers shall register with the Department of Public Safety. ~~Every primary caregiver shall be responsible for the care of only one qualifying patient at any given time.~~

A caregiver shall be responsible for all qualifying patients registered to that caregiver. A one-to-many (no limit) policy shall be created in the statute to how many patients can be registered to a caregiver.

A caregiver may take payment from the qualifying patient registered to the caregiver for service rendered. Services include growing, manufacturing, or storage of the qualifying patient's marijuana. The cost to run a multi-card properties must be considered when acting as a caregiver and providing quality medicine to the qualifying patient.

If the qualifying patient does not accept the services rendered by the caregiver, the qualifying patient may easily remove the caregiver using the DOH 329 application change form.

Multi-card grow site recommendations:

- Limit multi-card grow sites to 5000 square feet of flowering canopy space and remove the plant tag labeling system. This recommendation will do three things.
 1. Make it easy for DOH compliance inspectors to inspect by quickly measuring the canopy space instead of counting plants and looking for compliance through each labeled plant.
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the illegal market. Canopy space controls this problem and only allows a documented maximum yield at the multi-card property.

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SB-3335-HD-1

Submitted on: 3/17/2024 1:35:16 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
carole kaapu	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair and Committee Members,

As a resident, voter, member of my neighborhood board, an active and concerned citizen, and taxpayer I oppose the legalization of recreational cannabis. I have seen first hand how this drug impacts the life of our keiki. This is not good for our State.

Mahalo for your no vote.

Carole Kaapu

I totally agreed and stand by his opinion.

I do not have time, knowledge, and resource to grow the plants for my medical use, which Care Waialua was helping me as patient and shared all that I didn't have for getting medicine for my medical condition. And the medicines price from dispensaries are high and it is extremely hard for me to keep buying them from dispensaries with my low income. This causes my daily life to be more difficult physically and mentally. Please make the decision based on helping Hawaii patients, and not for protecting dispensaries profit which is taken from us who is suffering from medical conditions.

Tomoko Palmieri

Aloha Legislators.

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- Require multi-card grow sites to have private cannabis testing results posted at their site for qualifying patients.

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Aloha,
Jason Hanley (Care Waialua), owner

SB-3335-HD-1

Submitted on: 3/17/2024 2:17:06 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Keoni Shizuma	Individual	Support	Written Testimony Only

Comments:

Aloha Chair, Vice Chair, and members of the committee,

I stand in support of SB3335.

These are the main reasons I support this bill:

1. Due to the cost of caring for Lahaina residents and the restoration of Lahaina, the budget is very tight and the State of Hawaii needs more revenue. Legalizing the sale and possession of cannabis for non-medical adult use could help generate needed State revenue.
2. A legal, controlled and managed market, will allow for cannabis users to have access to clean, tested cannabis product. We are in the middle of a Fentanyl epidemic, where people are overdosing on Fentanyl, often times when whatever they are consuming isn't clean and the user had no idea. The legalization of cannabis use would provide a clean source and protect the health of our residents.
3. Our medical system is flawed and access to cannabis could help improve patients quality of life. I've witnessed family and friends have health needs, but access to a medical professional be delayed, due to access and backlogs. This leads to patients not getting access to medical help, oftentimes allowing their conditions to worsen, which includes pain, anxiety, and frustration. The legalization of cannabis use would allow patients who are not getting medical attention in a timely manner to consume and benefit from the medical benefits of cannabis. Cannabis has been used medicinally in many states around the country, as well as in Hawaii, for quite some time, and many patients could benefit from legalization, instead of having to wait for an appointment, often times a 2-4 week delay, to improve their wellbeing.

It is for these reasons that I support this bill and ask that you pass SB3335.

Mahalo for your time and consideration.

Keoni Shizuma

SB-3335-HD-1

Submitted on: 3/17/2024 2:38:16 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jeff Ugai	Individual	Support	Written Testimony Only

Comments:

Aloha,

We write in support of Senate Bill 3335 and sensible cannabis reform. Well-regulated, adult recreational use reduces harm, preserves limited law enforcement resources, and generates much needed revenue. We urge you to support this bill and to redirect our time and resources to more pressing issues.

SB-3335-HD-1

Submitted on: 3/17/2024 2:40:34 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lisa Shorba	Individual	Oppose	Written Testimony Only

Comments:

Aloha Committee Members,

I strongly oppose this measure...please do not legalize recreational marijuana in our beautiful homeland. This is not good for our community, and will have severe consequences on our families. It's bad enough that we have no control over how "medical" marijuana is being used..and how it contaminates the air we breathe. I personally detest the smell and am concerned about the harmful effects it will have on our community... especially with easy access and no accountability for how the drug may potentially end up in the hands of our youth. Please do not pass this measure.

Mahalo!

Lisa Shorba

Resident of Honolulu

SB-3335-HD-1

Submitted on: 3/17/2024 2:52:26 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Matt Satterlee	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill, it will affect my access and the access of my family and friends to accessible, affordable, and clean medicine.

It will create hardship and negatively affect the my way of life and my close family and friends.

SB-3335-HD-1

Submitted on: 3/17/2024 3:06:31 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Mary Smart	Individual	Oppose	Written Testimony Only

Comments:

I most strongly **oppose SB335 S.B. 2 H.D. 1**. This bill creates a bureaucracy that we don't want, need, nor can afford financially nor the detrimental impact to our society. We don't need another "Authority" organization. "We the People" are the Authority. How many do we have now? Too many!

Please ban recreational cannabis use in Hawaii. Hawaii residents should determine what is right for our state. It doesn't matter that marijuana might be descheduled at the federal level or that other states already decriminalized it, the policy is bad for our people and communities.

Although both the cannabis suppliers and government are looking forward to the profits from sales and taxes, the social costs will not be worth it.

There is no upside to legalizing recreational marijuana for the people of Hawaii. Testimonies in opposition repeatedly listed the negative affects to the health and welfare of our residents, visitors and especially our keiki. The legal age for alcohol is 21 years old however, you are well away that minors use and abuse alcohol anyway. Even though the bill restricts cannabis usage to adults, children will be using the substance, especially if cooked as a sweet edible food. Many of the testifiers indicated minors are already using cannabis/marijuana. They fear that their own children may unknowingly be exposed to it by their friends.

The negative aspects were repeated in testimony, especially health problems requiring hospital intervention, increased mental health problems and increased vehicle accidents etc. Marijuana use has been found to decrease a person's IQ.

Marijuana use is destroying rental properties. Property owners must have the ability to restrict cannabis use, similarly to the smoking restrictions in most public facilities.

The marijuana smell permeates the space and walls, affecting residents of nearby units. It leaves an unpleasant stench whether the cannabis user resides in the unit or nearby. The damage take a lot of time to mitigate and can be costly. We have a lack of rental property and this will make it worse as units are vacant while remedial work takes place.

A friend used to recruit workers for a local airline. She had difficulty recruiting employees because many applicants could not pass the drug tests. That was when safety was a priority. If being a recreational cannabis user becomes common-place, and there are no restrictions in the workplace, I question how safe air travel will be .

We should be able to trust that employees are not cannabis impaired on the job, especially in positions that could affect our safety.

This bill creates a nightmare. Do not pass it.

SB-3335-HD-1

Submitted on: 3/17/2024 3:38:33 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Traci Sylva	Individual	Oppose	Written Testimony Only

Comments:

As a scientist, I am very familiar with the development in our knowledge. I am saddened that my legislature has based their opinion on cannabis on such thin scientific evidence, and will alone make this huge move to legalize its use as a result. Furthermore I'm appalled that my legislators will do this because of the potential for economic development, increased tax revenues. And the statements of reduction in crime are not based on evidence as has publicly stated by our law enforcement officials.

I beg of you to vote no on the legalization of marijuana at least until you can look at and judge true evidence and actual data from other states. I'm saddened at how my community has changed and how my legislators are not making more effort to find the true solutions.

Cindy Goldstein
98-814 C Kaonohi Street
Aiea, HI 96701

SB3335_SD2_HD1 Relating to Cannabis and Hemp
House Committee on Consumer Protection and Commerce
Tuesday March 19, 2024 House conference room 329

SUPPORT SB3335

Chair Mark Nakashima, Vice Chair Jackson Sayama, and members of the House Committee on Consumer Protection and Commerce,

My name is Cindy Goldstein and I support SB3335. Legalizing the use of non-medical cannabis has been considered by the Hawaii State Legislature for several years. The time has come to pass this bill.

Establishing and funding a Hawai'i Cannabis and Hemp Authority will provide the structure and framework needed to have a working regulatory system. Much can be learned from the experiences of other states that have successfully established and modified laws for the cultivation, manufacture, sale, and use of cannabis by adults. Decriminalizing and legalizing possession of cannabis is a desirable approach for managing use. Expanding legal cannabis production in the State of Hawai'i will allow currently permitted businesses and new permitted agricultural operations to be more financially stable.

I support the provisions outlined in this bill for the legalization, cultivation, and sale of non-medical marijuana for use by adults in the State of Hawai'i. I urge the House Committee on Consumer Protection and Commerce to pass SB3335_SD2_HD1. Thank you for hearing this bill and the opportunity to provide testimony in support.

SB-3335-HD-1

Submitted on: 3/17/2024 4:09:10 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Blyth Iwasaki	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

SB3335 states for the use of "adults" but we know how often children get into the possession of adults. We need to think of the innocent keiki today and for generations to come.

Many supporters testify and share of the \$\$\$ that Hawaii will receive, but how can you put a price on the lives of our keiki. If your child/grandchildreat/ggrandchild/niece/nephew/godchild died or was harmed because they ingested marijuana or whose death was caused by someone ingesting recreational marijuana, would you say at least Hawaii benefits of the money received?

Murders, attempted murders, suicides, assaults, theft, burglary, crimes will increase.. our law enforcement officers already are short staffed and the judicial system is overtaxed. Let's stop thinking about the \$\$\$ and think about the FUTURE of our children. Let's NOT give them the message that it's okay to do drugs. Children imitate and watch the adults in their lives.

Let's create a saver tomorrow for them. Once this bill passes there's no turning back and I **STRONGLY OPPOSE TO LEGALIZING RECREATIONAL MARIJUANA!**

Thank you.

SB-3335-HD-1

Submitted on: 3/17/2024 4:13:02 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ken kasik	Individual	Oppose	Written Testimony Only

Comments:

[http://I oppose adamantly.....this bill does not help those in need that these programs need to revisit and help us not limit our health and safety....this was only for medical marijuana and not for profit..big business needs to only be concerned with the money making from those adult's that aren't suffering...this was our program and DOH and some of our politicians have manipulated the rest to see dollar signs instead of I'll patients that need a safer alternative no their poisons...](#)

SB-3335-HD-1

Submitted on: 3/17/2024 4:16:00 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Cynthia Bartlett	Individual	Oppose	In Person

Comments:

As a parent, my autistic daughter's psychiatrist and neurological pediatrician urged me to wait until her brain was fully developed at age of 25 before allowing her any medical marijuana. Why? He said the executive function of the developing brain is adversely affected in the frontal lobe. **The human brain is not fully developed until the age of 25.**

Many bad ideas start with good intentions and end with adverse unintended consequences.

I have no doubt our legislators are trying to bring more financial health to Hawaii. But they are not addiction specialists, or human behavior specialists.

When there is so much potential new money flow it is very important to weigh the risks versus benefits.

The potency of today's cannabis is not the same as 20 years ago which was around 4%. Today the potency has increased and manufactured products (concentrates, extracts, edibles, oils, tinctures, and topicals) have proliferated. **The concentration of THC uncommonly cultivated marijuana plants has increased three-fold between 1995 and 2014 (from 4% to 12% respectively), while THC concentrations in cannabis sold in dispensaries averages between 17.7% and 23.2%.**

Concentrated products have reported concentrations up to 75.9%

What will happen to our youth between ages 18 and 25 who take in this high potency THC? And they will in huge numbers if recreational drugs are legalized to them.

Official position paper from ASAM American Society of Addiction Medicine 2020 reads:

Cannabis use has been shown to be associated with cognitive decline, impaired educational or occupational attainment, risk of other substance use disorders, and poor quality of life. It has also been shown to be associated with impaired driving and fatal vehicle crashes, cannabis-related emergency room visits, psychosis, and psychiatric comorbidity.

CUD has been associated with disability¹¹ and strongly and consistently associated with other substance use and mental disorders.

Use of high potency cannabis has been associated with increased frequency of use, cannabis use-related problems, and increased likelihood of anxiety disorder.

Cynthia Bartlett

Testimony
IN SUPPORT
SB3335, SD2 HD1 - Relating to Cannabis

Aloha Chair Nakashima, Vice Chair Sayama, and members of the Consumer Protection and Commerce Committee:

My name is Dr. Craig Pollard.

Thank you for the opportunity to testify in strong support of SB3335, Relating to Cannabis. This measure seeks to provide a regulatory framework for adult use of cannabis while generating badly needed revenue for the state.

As a pharmacist who has practiced in this state for many years, I have seen the toll that opioid medicines take on our communities firsthand. In many of these cases, patients have verbalized to me that they wish they had never started down this path. Legalizing and regulating adult use of cannabis will give these community members the easiest access possible to safe, lab tested and an effective alternative to opioids. It should be easier to access cannabis than opioids for responsible adult use for obvious reasons.

Currently, more than 80% of Hawaii voters support legalizing and regulating cannabis use for adults. Adults can decide for themselves whether cannabis is right for them or not. Currently, otherwise responsible and law abiding citizens are driven to unregulated cannabis sources for a plethora of reasons that include-not fitting the criteria for medical use; cost prohibitions; fear of registering on a state data base (especially if you are a professional), unwillingness to lose legal access to firearms for hunting, among others.

The truth is that we already have a defacto "recreational" market that is dominated by unregulated, underground transactions. There is confusion in the marketplace about what is legal dispensary cannabis and not because there are unregulated dispensaries advertising online and set up at Ala Moana mall right now under the nose of law enforcement and regulators. SB3335 would address this by regulating and taxing the cannabis industry.

This measure provides for strong enforcement that would reduce risk of illicit sales and exposure for Hawaii's keiki and the public. In addition, the measure would establish a new 14% cannabis tax. Together with GET as well as income and corporate taxes the bill has the potential to provide a

significant revenue stream for the state. Close to \$40 million within the first year of initial sales; and over \$100 million per year when the industry fully matures.

SB3335 would also transfer staff and funding of the Office of Medical Cannabis Control from the Department of Health to the newly formed Cannabis Authority. This transfer would provide the resources necessary to implement an adult-use cannabis regulatory program without further funding. This approach would also be consistent with initial funding levels other states have provided to launch their regulatory programs for adult-use.

I respectfully urge the committees to pass SB3335 to safeguard the public, support the majority of Hawaii's voters desire to allow for adult use, and establish a new tax revenue stream that is now being lost to the illicit market.

Mahalo,

Dr. Craig Pollard, Pharm. D.

SB-3335-HD-1

Submitted on: 3/17/2024 4:59:39 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sara Whitman	Individual	Oppose	Written Testimony Only

Comments:

Care Waialua is the only establishment that truly cares about their patients and making medicinal marijuana attainable for EVERYONE. Please consider what not having Care Waialua around would do to the patients.

SB-3335-HD-1

Submitted on: 3/17/2024 5:41:28 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Georgia L Hoopes	Individual	Support	Written Testimony Only

Comments:

I support SB3335 SD2 HD1

Mahalo,

Georgia Hoopes, Kalaheo

SB-3335-HD-1

Submitted on: 3/17/2024 6:22:25 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Susie Chun Oakland	Individual	Oppose	Written Testimony Only

Comments:

Dear Chair and Members of the House Committee on Consumer Protection and Commerce:

I STRONGLY OPPOSE the passage of SB 3335, SD2, HD1, relating to Cannabis.

This measure is not protective of our children, our kupuna, and our families. I hope you will NOT permit the use of marijuana for recreational use in our State and allow members of the public to be exposed to this harmful substance.

Currently, if law breakers are smoking marijuana, the public has recourse to report this to law enforcement and be able to stop this activity and protect people from this harmful substance. There will be no recourse should you make it legal to smoke this drug.

Please do all you can to protect our children, our kupuna, our families, and visitors and keep our home, Hawaii, a family-friendly and healthy place to live, work and play.

Sincerely,

Susie Chun Oakland

Aloha Chair Nakashima and Members of the Committee,

When you consider that you can ferment coconut juice and make gin in your bathtub Prohibition was an incredibly stupid idea. It did not reduce consumption at all, it just raised the crime rate and ruined a lot of peoples lives!

Criminalizing marijuana was always a stupid idea, as well, when you consider that you can grow pakalolo in your garden or find it growing almost everywhere in Hawaii.

If people abuse alcohol or marijuana they don't need a criminal record or very expensive incarceration, they need counseling and the support of their family.

To get stoned in Hawaii all you need to do is walk down any beach and breathe...

It's time to end this long-time travesty in Hawaii and legalize recreational marijuana!!

24 US states have already legalized recreational marijuana plus Washington DC Guam Northern Mariana Islands Puerto Rico and US Virgin Islands.

Alaska Arizona California Colorado Connecticut Delaware Illinois Maine Maryland Massachusetts Michigan Minnesota Missouri Montana Nevada New Jersey New Mexico New York Ohio Oregon Rhode Island Vermont Virginia Washington

183.6 million people currently live in states where it is legal to possess recreational marijuana.

The Senate has passed this bill and Gov Green has said he will sign this legislation into law, it's time for the Hawaii House to complete the job. Please pass this bill and legalize recreational marijuana usage in Hawaii.

Me ka mahalo (Respectfully),

Albert E Beeeman

Hilo, HI. 96720

SB-3335-HD-1

Submitted on: 3/17/2024 7:22:33 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Tim Houghton	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose this measure. It just adds to the probability of impaired driving and is certainly inconsistent with legislative efforts to lower the blood alcohol level.

Further, an example of this as a bad idea is Oregon's backtracking on their legalization of recreational marijuana.

If there is a need to find additional revenue there certainly must be a better way that does not affect the health and safety of our population.

SB-3335-HD-1

Submitted on: 3/17/2024 7:43:35 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Rachel Lawrence	Individual	Support	Written Testimony Only

Comments:

SB3335 SD2 HD1

Aloha Chair Nakashima, Vice Chair Sayama, & Members of the Consumer Protections and Commerce Committee.

My name is *Rachel Lawrence* and I am a resident on the island of Kaua'i. I currently work full-time in the medical cannabis dispensaries in Kapa'a and Koloa.

I am writing in support of this bill because I know first hand how- not only beneficial, but also **necessary** cannabis is to members of this community. I see and speak with patients who benefit from using this plant as medicine, daily. I hear many stories from people who have various ailments, from cancer to chronic pain to having just begun recovery from serious injuries/surgeries. I also have personal experience benefiting from the use of cannabis relating to the treatment of PTSD, anxiety and chronic pain.

As a nation, we are collectively experiencing an epidemic with opioids. A lot of the people I have spoken with throughout my time working in the medical cannabis industry recount their personal stories of getting away from harder and more dangerous drugs with the assistance of cannabis. They are grateful for the option to treat their pain with this safer, less harmful, and sometimes more effective substance.

Not only is this a good option for people medically, but passing this bill and opening it up for adult recreational use would be a huge contributor to the state tax revenue. Everyday I have to turn away many people. Some of whom are locals that don't have the means or capacity to go through the process of getting a medical card or they are apprehensive to get their card due to societal stigma & the continued criminalization of cannabis; however, most of who I turn away are visitors. We all know that our economy is reliant on tourism so, this is a guaranteed way that those inevitable visitors could contribute to the community through their taxes on cannabis.

When I turn these interested individuals away, I feel as though I am turning away funds that could be utilized to help our community with education, infrastructure and the overall betterment of our collective resources.

I love this island and I want to see it benefit more from tourism in a healthy way. I recognize the potential for this to be a mutually beneficial avenue for fostering community and offering assistance to those in need.

I genuinely appreciate you all taking the time to listen my testimony on this next step towards providing helpful care, healthy options and release of stigmas for a safer and more inclusive future.

Mahalo,

Rachel Lawrence

SB-3335-HD-1

Submitted on: 3/17/2024 8:50:06 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lisa Seikai Darcy	Individual	Support	Written Testimony Only

Comments:

Aloha,

I support HB 3335. I'm watching this closely to see who understands the issue and is voting responsibly.

Mahalo,

Lisa Darcy

Kula, Maui, HI.

SB-3335-HD-1

Submitted on: 3/17/2024 9:22:13 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Oscar Reyes	Individual	Support	Written Testimony Only

Comments:

SB3335 SD2 HD1

Chair Nakashima

Vice Chair Sayama

Members of the Consumer Protections and Commerce Committee,

My name is Oscar Reyes a resident of Hawaii. I would like to submit testimony in Strong Support for SB3335. Adult Cannabis use in Hawaii would be beneficial to those that do not qualify for a medical card to provide relief for their conditions. This would also allow those adults that choose to responsibly use cannabis without judgement while contributing to the state revenue through the taxation of the product. This is a win-win for the state and the public. Once again, I am in strong support of the passing of SB 3335 permitting the legal adult use of cannabis in Hawaii.

SB-3335-HD-1

Submitted on: 3/17/2024 9:39:20 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lee-Ann Choy	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose the legalization of marijuana for recreational use.

Due to the consequences it will have negatively on youth drug use; greater difficulty for regulation and management with enforcement; and most of all the effects it will have on our tourist industry. The Asian market, a desirable market because of their greater spending; a better quality tourist, will choose NOT to come to Hawaii, if cannabis is legalized for recreational use. The odor is offensive; The substance - a drug, frowned upon by the Asian culture.

The majority of the community is not in favor; The current resources and guidelines outlined for medicinal marijuana is appropriate. The current patients to supply ratio is adequate and not overflowing or demanding more distribution, so why do we need to have recreational marijuana of a controlled substance.

SB-3335-HD-1

Submitted on: 3/17/2024 9:40:53 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
David Carona	Individual	Oppose	In Person

Comments:

I oppose this bill in its entirety. I believe the state is failing to consider the negative impacts a bill of this magnitude will have on the state currently and in the future.

SB-3335-HD-1

Submitted on: 3/17/2024 10:07:09 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Joseph uy	Individual	Oppose	Written Testimony Only

Comments:

We know marijuana is bad. It destroy individual family and society. as iif there's not enough problem facing Hawaii. Why bring more problem here to our loving state.

SB-3335-HD-1

Submitted on: 3/17/2024 10:19:10 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Roselani Oga	Individual	Support	Written Testimony Only

Comments:

Legalization cannabis is long overdue. Please pass this bill.

SB-3335-HD-1

Submitted on: 3/17/2024 11:05:32 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Anna Giunta	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose this bill to make any cannabis legal. Our government cannot control illegal drugs and homeless. I strongly believe this bill will attract my crime and drugs to hawaii and further harm our islands.

TO: Members of the Committee on Consumer Protection and Commerce

FROM: Natalie Iwasa
808-395-3233

HEARING: 2 p.m. Tuesday, March 19, 2024

SUBJECT: SB3335, SD2, HD1, Cannabis - **OPPOSED**

Aloha Chair Nakashima and Committee Members,

Thank you for allowing the opportunity to provide testimony on SB3335, SD2, HD1. The original bill has been through several significant amendments but would still establish a separate board under the Department of Commerce and Consumer Affairs to regulate cannabis. It would also legalize personal use of cannabis, among other things.

Cannabis, aka marijuana, remains a Schedule I substance under the federal Controlled Substances Act. Based on recent news reports, it is unlikely this will be changed anytime soon.

If this bill were to pass, it would be in direct conflict with federal law, as our current medical marijuana law already is. **We should not be putting our law enforcement officers and agents in a position of either upholding the law or ignoring it. That is simply not good policy.**

Please **vote “no”** on SB3335, SD2, HD1.

SB-3335-HD-1

Submitted on: 3/17/2024 11:22:36 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kanoelehuaonalani Kaleiohi	Individual	Support	Written Testimony Only

Comments:

Cannabis literally saves my mentality every single day. I have High anxiety from trauma, when I was little I was always seeing a psychologist who prescribed all kinds of meds....also injured my back when I was young and never healed from it Dr's say I had to have surgery (never have) and prescribed oxy,, vicoden, all kinds, I became addicted, had to kick that habit, turned to edical marijuana and it saved my life, my body and my spirit. Everything makes sense when medicated, no panic attacks , no anxiety, level headed and focused when you use responsibly. Working w patients who need medical marijuana is a big eye opener. I've learned so many medical aspects of marijuana that I was not aware of before and I thank God that I can use my own experience and knowledge to help others as well!

SB-3335-HD-1

Submitted on: 3/18/2024 3:09:20 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Diane Roy	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose this bill for the sake and safety of our hawaii - families and children - and United States of America.

Hawaii State House of Representatives
Committee on Consumer Protection and Commerce
415 S. Beretania Street
Honolulu, HI 96813

Hearing
March 19, 2024
2:00 PM
Conference Room 329

Testimony of Jennifer Flanagan
SB3335, HD1 - Relating to Cannabis

Chair Nakashima,

My name is Jen Flanagan. I'm testifying in support of SB3335, HD1.

I am a former founding member and was the public health appointee of the Massachusetts Cannabis Control Commission. Prior to that, I served for many years in the State Senate and the State House of Representatives for the Commonwealth of Massachusetts.

Recently, I had the opportunity to meet a number of Hawaii legislators and staff from the State's Attorney General's office who sought to learn more about our state's adult cannabis use policies. Massachusetts served, in part, as a model for the legislation before the committees today, SB3335.

Let me start by making clear that I was highly skeptical when Massachusetts enacted its adult cannabis use legislation. I shared many of the same fears expressed recently by Honolulu's prosecutor and law enforcement officials, especially given my background in public health. However, through my involvement in our cannabis commission and as I observed our legal cannabis market unfold, I am now a firm believer in legalizing, regulating, and taxing this industry.

Massachusetts was mindful in establishing its program to avoid delays and cumbersome policies given the existing prevalence of illegal criminal cannabis sales. Allowing legal sales quickly was, therefore, vital to ensuring the success of our adult-use cannabis program. To that end, we launched our commission with an initial appropriation of approximately \$2.7 million and an additional annual operating budget of \$5 million. We were able to issue licenses within 12 months starting from scratch with this approach and limited funding.

Across the country, most states' initial budget appropriation and funding to launch their respective adult-use programs were well under \$10M and hovers at a per capita cost for

residents at less than a dollar per resident (\$0.95). Thereafter, programs and enforcement resources are expanded as tax revenue is generated through legal sales.

Hawaii has a unique opportunity to implement its adult-use cannabis program utilizing the Office of Cannabis Control which currently oversees the state's medical cannabis program as is contemplated under the current draft of the bill. I understand that the existing funding through this office is roughly \$10 million – which would equate to \$6.93 per in cost per resident – more than enough to implement an effective program and probably among the highest per capita funding levels in the country. In Massachusetts, we weren't as lucky to have these existing resources and staff.

I fully support SB3335 and Hawaii's vision for legalizing adult cannabis use. At the same time, I would urge the legislature to heed the cautionary tales from other jurisdictions that have created expensive and difficult to implement policies and programs that have led to delays and allowed illegal cannabis operations to take root.

Massachusetts and the vast majority of other states with adult-use programs have demonstrated that encouraging legal sales early with relatively low start-up costs is not only possible but is also the most effective way to deter illegal activities.

You might ask just how effective was Massachusetts' adult-use regulations? In 2022, Massachusetts generated \$157 million in cannabis excise tax alone, not including state sales tax, county taxes, and income taxes. In 2021, we collected roughly \$112.4 million. In 2020, the cannabis excise tax yielded \$51.7 million. This revenue is now an important part of our state's budget and is utilized to fund the cannabis regulatory agency, social justice efforts, law enforcement, and numerous other programs.

Thank you for the opportunity to testify. I hope that Hawaii can learn from our efforts in Massachusetts. I welcome any questions or comments from members of the committees.

SB-3335-HD-1

Submitted on: 3/18/2024 4:18:14 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Cris Uy	Individual	Oppose	Written Testimony Only

Comments:

I oppose this Bill 3335 because it is detrimental to our community and State. Marijuana is the gateway to all kinds of drugs and substance abuse. We have to stop this evil scheme against our next generation. This bill has no benefit and is only motivated by greed and money. It will also hurt our tourism and ECONOMY.

If our State cannot control our current crime, violence and homelessness problems, how can they control the massive serious problems which will be ushered in by legalizing commercial/recreational marijuana?

THE REVENUE PROJECTED TO COME IN FROM PASSING THIS EVIL BILL WOULD NOT BE ENOUGH TO COMPENSATE FOR LIVES RUINED, RELATIONSHIPS AND FAMILIES DESTROYED, THE COST OF NEEDING MORE LAW ENFORCEMENT OFFICERS, MORE PRISON BEDS, LEGAL FEES, AND OTHER SOCIAL NEEDS.

Since medical marijuana is already legalized, there is NO need to legalize recreational marijuana.

We should focus on making Hawai'i a safer, cleaner place for business to thrive and for our Japanese and Chinese, AND TOURISTS ALL OVER THE WORLD to keep coming back.

SB-3335-HD-1

Submitted on: 3/18/2024 5:00:46 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
james	Individual	Oppose	In Person

Comments:

I oppose SB3335. Writers of this bill wants to ruin or state even more by making everyone high. This is another demonic bill. They dont care how it will effect society, kids and our furture. They should be in jail just for writting this druggie bill.

SB-3335-HD-1

Submitted on: 3/18/2024 5:30:46 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jackie Keefe	Individual	Comments	Written Testimony Only

Comments:

Aloha Chair Nakashima, Vice Chair Sayama, and Members of the Committee on Consumer Protection and Commerce,

My name is Jackie Keefe and I am a resident of Lahaina.

I am writing with comments on SB3335 SD2 HD1.

I believe that it is long-past time to legalize cannabis in Hawai'i. As someone who has worked in tourism for the entirety of the seven years that I have lived here, I am here to tell you that *the tourists are going to partake in cannabis regardless of its legal standing.* They bring it into the islands from their homes where it is legal because they know they cannot get it here. They also ask people in the hotels and restaurants where they can find it.

Why would we continue to leave that money on the table? We are at a time when our state is in some of the worst debt that we have seen, and it is irresponsible to refuse to legalize cannabis. We will not know for years the true ramifications of the costs of this wildfire recovery and response, as per my contact in FEMA. What I do know is that there were several months in which HIEMA granted exemptions that totaled up to \$1M/day, and that was just for one neighborhood. To pretend that we are not ready to legalize cannabis denies the financial reality that we are in and ignores the reality that cannabis is *safer than alcohol.*

The reason that I am only submitting comments rather than supporting this bill is that it has many flaws. While I believe it is urgent to pass a cannabis legalization bill, I also believe it's imperative to ensure we're doing it correctly!

Hemp regulation standards are already established by 2018 Farm Bill that federally legalized hemp, including procedures for testing the TCH concentration levels and disposing of non-compliant plants. If there are companies who are striving to produce THC levels higher than .3%, they should be subject to lose their licensure rather than penalizing the rest of the industry. There is no reasoning for a state to enact a law grouping substances together when one is federally legal and one is not. The proposal to add these hemp regulations directly opposes the intent set within the 2018 Farm Bill to "help expand the production and sales of domestic hemp." The USDA delegated hemp control to the Department of Agriculture, not the Department of Commerce and Consumer Affairs. These added regulations would also negatively affect kanaka farmers, as their interest in hemp is not for the seeds alone but also for using the whole plant as a means towards

the production of materials like hemp-crete, bioplastics, and jet fuel as well as advanced medicines. Under Part VI, A-71 it is required that those doing business with hemp retain a license, but this seems like overstepping the fact that hemp has been federally legalized for six years. Those who are striving to improve the quality of life for residents of Hawai'i through green initiatives and natural medicine mentioned above should not be subjected to additional licensing burdens. *You should implement the seed-to-sale concept for all hemp products, therefore allowing you to track which are used for medicinal purposes and which are used for materials. This would help to alleviate the unnecessary punishment towards the current hemp farmers, who are still in the early stages of standing up their industry.* I have deep appreciation for A-16(22): "Procedures and policies, in consultation with the department of agriculture, to promote and encourage full participation in the regulated cannabis industry by farmers and agricultural businesses with emphasis on promoting small farms, diversified agriculture, and indigenous farming practices" and truly hope this is actually put into practice.

This "sister-state" approach to legislation ignores the distinct differences between Hawai'i and the rest of the country, including the loss of land and resources of generational kanaka families and the disparities created by this. This bill starts off talking about social equity, and we need to ensure that it is indeed a priority. The authority established should be a cannabis authority, not a *hemp and* cannabis authority. Choosing to wait 18 months to prepare give priority to the non-Hawai'i corporations that currently control our entire medical industry. There is no reason that this law should not go into effect no later than January 1, 2025. Many states go live right away, and there is no reason that this process should take more than six months (except maybe that this bill is over 300 pages long and therefore makes the establishment of your commission complicated...)

I would like to see a more democratic board appointment process, as we need to ensure that kanaka are being prioritized. The State's history with medical licenses is proof that it is easy for kanaka to be locked out of these spaces, and the Governor having full approval of the positions gives me pause. He ran on a pro-legalization platform two years ago but has had both an AG and DOH that opposed legalization. There needs to be a requirement to have *at least one* kanaka farmer on the board. The same is true for the advisory – what qualifies the Governor to choose these fifteen people? Where are the requirements for including kanaka participation?

The social equity program established by the board is insufficient. While I appreciate the funding designated by the industry to support this type of program, we need to ensure that we're bringing those who have been marginalized into this new industry as well. **If law enforcement is still against this bill, then great - let's use the funding designated for them to actually substantiate the claim that this bill prioritizes social equity.**

Page 94, Section A-63 proposes that any person arrested or charged can petition the AG for expungement, but we need to make this automatic. There is no need to add additional burden onto these marginalized communities and this is a system that can be automated. Additionally, these are folks who have the potential to do great things for this new industry and we should do our best to bring them in.

Page 53, line 17, (2) – this seems unnecessary. We don't have this same thing for alcohol, and those who drink cause far more of a nuisance than those who partake in cannabis. Seems like a subsection to criminalize when we don't like if someone is smoking. These funds should be going towards something other than additional criminalization.

I am strongly opposed to the "cannabis enforcement unit" established under A19. I believe this is strictly born out of the fear-mongering that stems from the original days of the "reefer madness" narrative and is **a waste of funding that should be going toward social equity.**

A-19 (c) 3 also seems to legalize discrimination, which is unacceptable. Officers should not be able to make arrests just because they suspect someone has committed or is committing a crime.

We need to ensure there is equity among the “unlimited unannounced audits.” Having worked in restaurants and therefore being very familiar with the Maui County Liquor Commission, I understand that there are certain places that always get approached and some that never do. We do not need another mafia-like entity in charge of enforcement. If you decided to keep this line in the bill, you must put a fairness clause at the end. For example:

“Be subject to an annual announced inspection and unlimited unannounced inspections of its operations by the authority but no more than 3 times more than they've visited another licensee;...”

Residency requirement should be raised to 10 years. Those out of state residents who got all the medical licenses over our kanaka farmers have been here for 5 years already. Priority should be given to kanaka and locals alike, who practice aloha 'aina methods. *Most of these mainland companies have chemical and improper waste disposal procedures.* We need to ensure that our Hawai'i products have the unique quality offered to them by ensuring that our farmers **use aloha 'aina methods to grow.**

Since this bill mentions the need to prioritize social equity, I feel the need to ask why there is so much use of background checks..? What is the point of having someone do time if not to allow them to reenter the workforce to become a productive member of society? Is that not the purpose of this “rehabilitation?”

Thank you for your consideration.

Jackie Keefe

Lahaina, Maui

SB-3335-HD-1

Submitted on: 3/18/2024 7:13:57 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
dakin retzlaff	Individual	Support	Written Testimony Only

Comments:

I'm writing to urge you to prioritize the passage of an adult-use marijuana legalization bill this legislative session.

I, like most Hawaii residents, believe that marijuana ought to be legally regulated for adults. That's because the ongoing prohibition of marijuana financially burdens taxpayers, encroaches upon civil liberties, engenders disrespect for the law, and disproportionately impacts communities of color.

By contrast, a pragmatic regulatory framework that licenses production and sale of marijuana to adults – but continues to penalize underage sales and discourage use among minors – best reduces the risks associated with its use and commerce.

I strongly urge you to support the legalization and regulation of marijuana for adults in our state. This legislation needs to prioritize consumers' rights and freedoms and it must not contain provisions to further criminalize selected marijuana-related activity. For instance, this legislation ought to include language providing for the review and expungement of past, low-level marijuana-related convictions, as dozens of other states have already done. By contrast, it should not include unscientific provisions criminalizing non-impaired drivers for having the residual presence of certain cannabis constituents in their blood – a policy that most other states have rightly rejected.

It is time for lawmakers to take a rational and thoughtful approach to legalization. You have an opportunity to do so this year, and I encourage you to act accordingly.

SB-3335-HD-1

Submitted on: 3/18/2024 7:16:56 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Danelle Guion	Individual	Support	Written Testimony Only

Comments:

Aloha,

Please and thank you for your support of SB3335 SB2 HD1, to bring us up to the 21st century. Many states have ready joined it! Look what The People have said:

"A July 2022 Honolulu Star-Advertiser poll of 800 registered Hawai'i voters answered the question "Do you support or oppose the legalization of recreational marijuana to generate tax revenue for the state?" as follows: 58% in support, 34% in opposition, and 8% undecided, with a margin of error of plus or minus 3.5 percentage points. The poll showed virtually identical support across each of the four major counties."

SB-3335-HD-1

Submitted on: 3/18/2024 7:33:52 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kevin Martin	Individual	Oppose	Written Testimony Only

Comments:

Hi,

My name is Kevin Martin and I'm a 33 year old Purple Heart recipeint and member of Care Waialua. Without Care Waialua, I will no longer be able to get the quality and affordable medicine I need to keep my PTSD at bay. Please, stop playing into the interests of mainland investors and corporate greed. Do not froce Care Waialua out of business.

SB-3335-HD-1

Submitted on: 3/18/2024 7:58:08 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Patti Yasuhara	Individual	Oppose	Written Testimony Only

Comments:

No Recreational Marijuana

SB-3335-HD-1

Submitted on: 3/18/2024 8:05:28 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lynda Asato	Individual	Oppose	Written Testimony Only

Comments:

I'm a senior citizen of Hawai'i. I am opposed to the recreational use of cannabis. I am opposed to smoking of any kind, but especially a drug that can cause harm to the lungs and brain of a person and those who are within reach of secondary smoke.

please do your diligence and get the facts about the physical damage, as well as potential harm to our young people in their developmental stages. Thank you for your consideration of this matter not as a source of tax revenue, but as a source of criminal activity in the future.

Lynda Asato

SB-3335-HD-1

Submitted on: 3/18/2024 8:17:43 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Megan Araujo	Individual	Oppose	Written Testimony Only

Comments:

I oppose SB 3335. Born and raised in Hawai‘i, I am a board certified adult psychiatrist and a child and adolescent psychiatry fellow in my final few months of subspecialty training. I currently serve patients on the islands of O‘ahu, Kaua‘i, Maui, Molokai, Lana‘i, and Hawai‘i. Legalization of marijuana for adults will have significant negative effects on the health and safety of our youth.

New research from Hammond and colleagues published in the March 2024 issue of the Journal of American Academy of Children and Adolescent Psychiatry examined 20 years of national data and found that medical marijuana legalization (MML) and recreational marijuana legalization (RML) policies were associated with increased suicide-related mortality in female youth and 14- to- 16-year-old individuals of both sexes.

Today’s marijuana is not the same as it was in past generations. The potency of cannabis has increased around the world in recent decades which may contribute to increasing rates of cannabis-related adverse effects. Cannabis use is a known environmental factor that increases risk of psychotic symptoms and development of Schizophrenia. The age at which you start using marijuana matters. Earlier use, especially during the teen years, may mean a greater chance of having schizophrenia, perhaps because your brain is still developing during this time. The brain is not fully developed until the mid to late 20s. The prefrontal cortex is the last to develop and that controls decision making and self-restraint.

A 2019 review article found that marijuana-related Emergency Department (ED) and urgent care (UC) visits to a tertiary care children’s hospital system in Colorado increased significantly over a 10-year period among adolescents. The number of ED/UC visits related to marijuana increased from 161 in 2005 to 777 in 2015, during which time those visits that included a behavioral health evaluation increased from 84 to 500. The rate of marijuana-related visits per 1,000 ED/UC visits increased from 1.8 in 2009 to 4.9 in 2015, an increase of high statistical significance. Behavioral health consultations related to marijuana also increased, from 1.2 to 3.2 per 1,000 ED visits during that time.

Hawai'i already has a strained and fragile healthcare system, especially its mental health services amid a national youth mental health crisis. Legalizing recreational marijuana will lead to a significant increase in cannabis-related adverse medical and psychiatric symptoms and subsequent increase in emergency department and urgent care visits and inpatient hospitalizations that Hawai'i will not be able to absorb.

VOTE NO TO SB 3335 FOR OUR KEIKI!

Mahalo,

Megan Araujo, M.D.

Board Certified in Psychiatry, American Board of Psychiatry and Neurology

Child and Adolescent Psychiatry Fellow

References:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6625695/pdf/wjem-20-557.pdf>

[https://www.jaacap.org/article/S0890-8567\(23\)00341-6/abstract](https://www.jaacap.org/article/S0890-8567(23)00341-6/abstract)

https://www.aacap.org/AACAP/Policy_Statements/2014/aacap_marijuana_legalization_policy.a_spx

The American Academy of Child and Adolescent Psychiatry sums up the pertinent issues in their Policy Statement on Marijuana Legalization:

The American Academy of Child and Adolescent Psychiatry (AACAP) advocates for careful consideration of potential immediate and downstream effects of marijuana policy changes on children and adolescents. Marijuana legalization, even if restricted to adults, may be associated with (a) decreased adolescent perception of marijuana's harmful effects, (b) increased marijuana use among parents and caretakers, and (c) increased adolescent access to marijuana, all of which reliably predict increased rates of adolescent marijuana use and associated problems.¹⁻³ Marijuana use during pregnancy, occurring at increasing rates, raises additional concerns regarding future infant, child, and adolescent development.⁴⁻⁶

AACAP is aware that, among hundreds of chemical constituents, marijuana contains select individual compounds that, if safely administered in reliable doses, may potentially convey therapeutic effects for specific conditions in specific populations.⁷ Advocacy regarding potential cannabinoid therapeutics, alongside social justice, public policy, and economic concerns, have contributed to marijuana policy changes. Amid these factors, AACAP remains focused on concerns regarding adolescent marijuana use.

Adolescents are especially vulnerable to marijuana's many known adverse effects.^{8,9} One in six adolescent marijuana users develops cannabis use disorder, a well characterized syndrome involving tolerance, withdrawal, and continued use despite significant associated impairments.^{10,11} Selective breeding has increased marijuana's addictive potency and potential harm to adolescents.¹² Heavy use during adolescence is associated with increased incidence and worsened course of psychotic, mood, anxiety, and substance use disorders.^{13,14} Furthermore, marijuana's deleterious effects on adolescent cognition, behavior, and brain development may have immediate and long-term implications, including increased risk of motor vehicle accidents, sexual victimization, academic failure, lasting decline in intelligence measures, psychopathology, addiction, and psychosocial and occupational impairment.^{8,13-16}

Marijuana-related policy changes, including legalization, may have significant unintended consequences for children and adolescents. AACAP supports (a) initiatives to increase awareness of marijuana's harmful effects on adolescents, (b) improved access to evidence-based treatment for adolescents with marijuana-related problems, and (c) careful monitoring of the effects of marijuana-related policy changes on child and adolescent mental health. Finally, AACAP strongly advocates for the involvement of the medical and research community in these critical and highly impactful policy-related discussions.

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The American Academy of Child and Adolescent Psychiatry promotes the healthy development of children, adolescents, and families through advocacy, education, and research. Child and adolescent psychiatrists are the leading physician authority on children's mental health.

SB-3335-HD-1

Submitted on: 3/18/2024 8:29:09 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Wendy Gibson-Viviani	Individual	Support	Remotely Via Zoom

Comments:

TO: COMMITTEE ON CONSUMER PROTECTION & COMMERCE

From: Wendy Gibson-Viviani R.N./BSN

RE: SB3335 SD2, HD1 – Legalization of Adult-Use Cannabis— **In Support with amendments**

HEARING: Tuesday, March 19, 2024, 2:00 PM in Room 329 and VIA VIDEOCONFERENCE

Dear Chair Nakashima, Vice-Chair Sayama, and Members of the Committee,

My name is Wendy Gibson-Viviani. I’m an RN who has been a Cannabis Nurse Educator and cannabis patient advocate for 10 of the 30 years that I’ve lived in Hawaii. I was a member of Hawaii’s Dual Use of Cannabis Task Force back in 2022, and I am a member of the Hawaii Alliance for Cannabis Reform.

While I support adult-use legalization -- because the main purpose is to STOP criminalizing people who use cannabis – I cannot give my full support for this bill until a few changes are made. There are at least 4 parts of this bill that could harm medical cannabis patients:

The **FIRST**, is a proposal to use drug testing of THC levels to determine if a person is driving impaired; the **SECOND**, is an open container law; **THIRD**, the possible criminalizing of patients by setting a 5-Card limit on cooperative grow sites; and **FOURTH**, is the proposal to **GET RID OF CURRENT** patient protections in the matters of child custody and organ transplants.

As a Cannabis Nurse, I want to protect our nearly 32 **THOUSAND** patients from being recriminalized. Let me tell you what the experts say about the proposal to use drug testing of THC levels –to determine if a person is driving impaired:

An expert from the U.S. Department of Transportation said: “It is not possible to conclude anything about a driver’s impairment based on THC levels in the blood.” An expert from the

Department of Justice suggests that “States may need to “get away from that idea” that marijuana impairment can be tested based on the concentration of THC in a person’s system.”

Using this test, a sober medical cannabis patient could be criminalized, while an impaired driver could walk free. Please listen to what the experts are saying now. The penalties for driving while intoxicated are extremely high. One law firm in Texas told me that they charge \$9,000.00 for a first-time offense for a Marijuana DUI.

Law enforcement complains that they do not have a good test and need something. That is true. But this test is an expensive nothing. If you allow THC testing, you will be granting prosecutors permission to use a flawed test to determine whether a person is a criminal or not. Prosecutors should not be allowed to use this to fulfill the burden of proof of impaired driving. In Colorado, an increase in law enforcement officers--trained in recognizing drug use, increased drug detection rates.

Please also consider removing or revising the proposed open container (in a car) law. Know that chemotherapy patients are NOT allowed to use cannabis in healthcare facilities, so they may need to premedicate in a parked car, right before the infusions. They are at risk of being caught with an “open container”.

Please do not criminalize patients who grow-their own medicines in cooperative grow sites -- by setting a limit of 5 patients per site. The restriction could lead to least one thousand patients losing access to their medicine(s) or being threatened with the loss of their 329 cards.

The proposal to GET RID OF CURRENT patient protections could be a real set back in matters of child custody (and a parent’s presumption of being guilty of child neglect or endangerment) or being able to receive an organ transplant.

In summary, **please legalize cannabis for adult-use without these 4 proposals** which could harm medical cannabis patients. Do not allow unreliable THC drug testing, open container laws, removal of current patient protections or limit cooperative farming patient’s abilities to grow their own medicines.

And, also please let me to explain why I support adult-use legalization:

I think that IF we were debating whether alcohol should be legal or not, rather than cannabis, alcohol would still be illegal, and consumers would not have the FREEDOM to CHOOSE between having a glass of wine, a beer, or a cocktail. Any drinking would be illegal, and you would be criminalized and stigmatized if you did.

Our society has normalized drinking beer that has up to 8% alcohol and mixed drinks with up to 96%. And, because alcohol WAS legalized for adult use, we have controls on product quality and sales, so adult consumers know what strength they are buying. We can do the same with cannabis legalization.

Recently, the U.S. Department of Health and Human Services advised the DEA to take cannabis OUT of Schedule I, and place it into Schedule III, a class of less harmful substances. They said that, cannabis:

- Poses a low-risk threat to public health;
- Has less potential for misuse than drugs in schedule I or II,
- Has legitimate medical use

They also said that a **vast majority of people** who use cannabis – do so in a manner that does **NOT lead to dangerous outcomes to themselves or others**. And, I think that we can agree with the DHHS that cannabis is less toxic and harmful to the body, less addictive and less likely to cause violent or reckless behavior – than alcohol.

And, we can see that this is generally true not only in the U.S. -- in the 47 states that allow for some type of medical use or the 24 states (+ D.C.) that allow adult use -- but across the world where entire countries have legalized it.

And, as global rates of use go up, the **rates of schizophrenia do not follow** this trend. And, while the prevalence of cannabis use in patients with psychosis is very high, the National Academies of Sciences, Engineering and Medicine say that it is still premature to say that heavy use **causes** schizophrenia or psychosis. They cite evidence that cannabis users with a history of psychotic disorder had better cognitive performance. I'm told by cannabis clinicians that nearly every dementia care center in Northern California is allowing the use of (tested) cannabis products and seeing successes when using it to treat Alzheimer's patients. The US DHHS has a patent on cannabinoids (including THC and CBD) as neuroprotective agents (#6630507).

One study (using the DSM-IV) did show that while prevalence of use was up, the risk of (adult) cannabis use disorder **dropped** from 35% to 30% (both gross overestimations). A larger study, conducted by the National Institute on Drug Abuse, **using some of the same data** and the revised DSM-V, produced a different result. They found that prevalences of 12-month and lifetime (adult) cannabis use disorder were **2.5% and 6.3%**. We still lack a good assessment tool for CUD but that is being worked on.

I am part of a growing network of healthcare professionals who see potential health benefits from legalization. For example:

- Data collected from states that have legalized—show that when cannabis use goes up, the use of opiates, benzodiazepines and alcohol goes down. These are the **top three substances that people overdose on every single day** in the U.S. Reducing use of these more harmful substances may lead to less overdose deaths, **less drugged driving**, and **less damages to health**.

- Legalization could also help expand Hawaii’s Medical Cannabis Program, because not all of the conditions that cannabis can be used to treat are on the list of “qualifying conditions.
- People use cannabis in religious practices and to enhance healthy lifestyle practices such as yoga and mindful meditation. Ultramarathoners are reported to use cannabis at the 25 and 50-mile markers to enhance their performance and in exercise recovery.
- A recent study suggests that cannabis consumers have lower rates of obesity and subsequent health conditions such as diabetes.

I personally don’t drink alcohol because I consider it a poison. I try to keep poisons out of my body. I do not consider cannabis to be a poison. As a responsible adult, I should be given the choice to use a product that is SAFER than alcohol—legally.

I believe that with good public health education, and by making cannabis use disorder a medical issue rather than a criminal justice problem, we can more effectively deal with and possibly minimize the projected harms.

Anyone can have access to FREE, evidence-based drug prevention programs such as the Botvin Life Skills Training’s online webinars. <https://www.lifeskillstraining.com/webinars/>

Former President Jimmy Carter spoke to Congress on August 2, 1977. He said “The penalties against possession of a drug should not be more damaging to an individual than the use of the drug itself—and where they are they should be changed.”

We do know that the penalties for possession (think mass incarceration) have been more damaging than the actual use of cannabis. The laws need to be changed.

And, while SB3335 SD2, HD1 is not a perfect bill, we do need to stop normalizing the criminalization of people who want to use cannabis responsibly. Please support adult-use legalization by making this bill more perfect—with amendments.

Thank you for this opportunity to testify.

Please do contact me if you have any questions.

Wendy Gibson-Viviani RN/BSN --Kailua

Cannabis Nurse Educator/Medical Cannabis Patient Advocate

CannabiseducationHI@gmail.com

(808) 321-4503

SB-3335-HD-1

Submitted on: 3/18/2024 8:30:43 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Victoria Tong	Individual	Oppose	Written Testimony Only

Comments:

I'm OPPOSED to this bill, because of the negative effects on our keiki's , Kupuna's, it may help a few, however the impact for Hawaii will not substantiate the use of this substance..

SB-3335-HD-1

Submitted on: 3/18/2024 8:33:36 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Wynn Hamano	Individual	Oppose	Written Testimony Only

Comments:

Strongly oppose bill. We have enough problems in our society today and legalizing it would cause more complications.

Testimony
IN SUPPORT
SB3335, SD2 HD1- Relating to Cannabis

Aloha Chair Nakashima, Vice Chair Sayama, and members of the Consumer Protection & Commerce Committee,

Thank you for the opportunity to testify in strong support of SB3335.

My name is Michael Medeiros, I am Native Hawaiian raised in Hilo. I have lived in California and Colorado and have seen the positive benefits that cannabis can have on a community. When I moved back to Hawaii from Colorado, I was excited to become a part of that positive change for Hawaii.

Cannabis has had such a positive impact on my life. It helped me when I did not want to rely on opiates for pain relief and still to this day helps me cope with regular pain. I firmly believe that every adult deserves the right to decide whether they can use cannabis without fear of judgment or imprisonment.

Cannabis is already being bought and sold in state and dominated by illicit sales of untested cannabis. The state should regulate cannabis sales for adults so people can have confidence that the cannabis they are buying is locally grown, lab tested, and free of pesticides. People are going to buy cannabis regardless, so why not create safe access and generate tax revenue to benefit the people of Hawaii. SB3335 addresses this by regulating and taxing an adult-use cannabis industry.

SB3335 SD2 establishes a new 14% cannabis tax. The new cannabis tax plus GET plus income and corporate taxes have the potential to provide significant revenue stream for the state estimated to generate roughly \$40 million per year of initial sales and over \$100 million per year when the industry fully matures. SB3335 would also transfer staff and funding of the Office of Medical Cannabis Control from the Department of Health to the newly formed Cannabis Authority. This transfer would provide the resources necessary to implement an adult-use cannabis regulatory program without further funding. This approach would also be consistent with initial funding levels other states have provided to launch their regulatory programs for adult-use. For example- Massachusetts was able to establish their program with only \$7.5 million in initial funding despite having a population 5 times the size of Hawaii's and Alaska established its adult use program for roughly \$7 million.

I respectfully urge the committees to pass SB3335 SD2 HD1 to safeguard the public, support safe access for adult use, and establish a new tax revenue stream that is now being lost to illicit sales.

Mahalo,
Mike Medeiros

SB-3335-HD-1

Submitted on: 3/18/2024 8:43:12 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Daniel Vis	Individual	Support	Written Testimony Only

Comments:

“Aloha, my name is Daniel Vis and I live in Kea'au. I'm testifying [with comments/in support] on SB3335 SD2 HD1. Please ensure SB 3335 SD2 HD1 prioritizes racial justice by fostering equity in licensing by providing that existing Hawai'i farmers are second in line-after medical licenses for cultivation licensing, and increasing the number of social equity licensees. Cannabis legalization rooted in racial justice also means including an amendment that removes the excessive funding allocations to law enforcement and instead increases funding to social equity and community services.

Sold to the public in the name of public safety, Hawai'i's cannabis laws needlessly ensnare hundreds of people -- disproportionately Native Hawaiian adults and youth -- in its criminal justice system every year. These arrests are not just an unnecessary burden on residents and the judicial system, but also negatively affect access to employment, housing, and child custody, among others, for the person arrested. These collateral harms can last for decades, even after someone has served their time or paid any required fines.

Another thing is to remove the prohibition of firearms ownership by those who have a medical cannabis card: people are being unjustly punished for being law-abiding citizens by having a 329 card.

It is past time to end Hawai'i's unnecessary and harmful war on cannabis. Mahalo for your time and consideration.”

SB-3335-HD-1

Submitted on: 3/18/2024 8:46:33 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Mariann Quiroz	Individual	Support	In Person

Comments:

Testimony

IN SUPPORT

SB3335, SD2 HD1 - Relating to Cannabis

Aloha Chair Nakashima, Vice Chair Sayama, and members of the Consumer Protection & Commerce Committee, my name is Mariann Quiroz and I am in strong support of bill SB 3335. As a cannabis consumer and industry professional , I've seen the industry grow across our state as well as nationally, and I feel that Hawaii would benefit wildly with the passing of this bill.

On a daily basis at work, I encounter many visitors who are from states where adult use is legal. Although we offer a reciprocity program for medical card holders, many of these people do not have a medical card due to their home state having legal adult use. If Hawaii was to allow legal adult use, the amount of consumers who would shop in our market would make a great significant impact on sales and ultimately an increase on state tax revenue. If passed, in the first year the tax revenue is said to be \$39.6 million dollars with that number increasing yearly. That is a huge amount of new potential revenue for our state.

Lastly, this bill passing will also open up the doors for new career opportunities for local residents. As a person raised in Kau the on Big Island, being able to work for in the cannabis industry has allowed myself and family be able to afford to continue living in our home that my great grandparents built in 1950. I have experienced many of my friends/peers needing to relocate due to lack of jobs and financial struggles.

Mahalo for the opportunity to testify in strong support of SB3335.

SB-3335-HD-1

Submitted on: 3/18/2024 8:49:06 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Rebeca Zamora	Individual	Oppose	In Person

Comments:

Strongly opposed this bill

SB-3335-HD-1

Submitted on: 3/18/2024 8:50:01 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Andre Pulido	Individual	Oppose	Written Testimony Only

Comments:

Aloha Legislators.

DOH has been approving multi-card properties since January 1, 2015. Almost nine years later, DOH has not attempted to provide satisfactory regulations regarding multi-card properties. Instead, they have continuously approved 329 cards on multi-site properties, with up to 1500 cards approved on one at any given time at one multi-card property. Care Waialua has been operating for over five years and has not received any noncompliance citations from DOH. Care Waialua has also not received complaints from qualifying patients regarding “unsafe medicine.” We assist in thoroughly testing qualifying patients' medicine.

Outside of the legislative laws, DOH is working with the Attorney General to discriminate against patients and where they can grow. For example, DOH is now targeting Care Waialua, the largest multi-card property in Hawaii, and holding back patients' renewal grow site change packets for over 90 days with no written authority. This action is causing qualifying patients to go without their cannabis medicine. DOH is also revising statutes outside of the legislative authority to force each patient to touch, water, and harvest their own plant when many of these patients are sick or disabled and have no caregiver to assist them. We ask the legislation to review these comments, pass a statute allowing multi-card sites to operate now, and mandate the DOH to develop regulations within the following calendar year. Multi-card properties cannot continue without the following amendments added.

DOH testimony for HB24423 is as follows with comments.

“We feel limiting sites to five cards will act as a community garden and protect patients from legal jeopardy.” This statement is incorrect and will only expand the multi-card properties by dividing them up into hundreds of multi-card properties with no security or safety from intruders.

“We feel exceeding a one-to-one ratio of caregivers to qualifying patients lessens the care the patients are receiving.” This is also incorrect, and we have data proving that a caregiver can provide care to many qualifying patients. The medical cannabis caregiver was established to provide a person to help grow and administer cannabis for qualifying medical patients. Care Waialua, if tasked, could take care of hundreds of qualifying patients through the multi-card property. Automated watering, staffing, and experienced cultivators allow this one-to-many caregiver to exist.

Here are current recommendations to allow multi-site properties to continue. We feel these recommendations are adequate and will protect multi-site operations until DOH can work with the public to develop multi-site regulations. We also believe this will provide immediate regulations to inform law enforcement, relieving the burden of enforcing multi-card properties. Simply passing HB2443 HD2 as is, with no amended regulations, will further jeopardize medical cannabis patients.

We recommend amending HB2443 HD2 to state the following. This recommendation is based on the data collected from a multisite operation with 980 qualifying patients. This site has proven its capacity to care for its qualifying patients.

Primary Caregiver recommendations:

[§329-123] Registration requirements.

(c) Primary caregivers shall register with the Department of Public Safety. Every primary caregiver shall be responsible for the care of only one qualifying patient at any given time.

A caregiver shall be responsible for all qualifying patients registered to that caregiver. A one-to-many (no limit) policy shall be created in the statute to how many patients can be registered to a caregiver.

A caregiver may take payment from the qualifying patient registered to the caregiver for service rendered. Services include growing, manufacturing, or storage of the qualifying patient's marijuana. The cost to run a multi-card properties must be considered when acting as a caregiver and providing quality medicine to the qualifying patient.

If the qualifying patient does not accept the services rendered by the caregiver, the qualifying patient may easily remove the caregiver using the DOH 329 application change form.

Multi-card grow site recommendations:

- Limit multi-card grow sites to 5000 square feet of flowering canopy space and remove the plant tag labeling system. This recommendation will do three things.
 1. Make it easy for DOH compliance inspectors to inspect by quickly measuring the canopy space instead of counting plants and looking for compliance through each labeled plant.
 1. Prevent multi-card properties from becoming too large. Plant counts have proven to be a failure in all cannabis programs because, with no canopy flowering limits, a multi-card property can grow outside of the canopy flowering space and increase yield production by simply growing hundreds of plants across large acreage. This results in an overabundance of marketable cannabis that could leave the multi-card property and feed the illegal market. Canopy space controls this problem and only allows a documented maximum yield at the multi-card property.
 1. The act of labeling each plant with a plastic, waterproof label, results in a large amount of unneeded plastics going into the aina. There is currently no compostable tagging system that is waterproof to deal with this dilemma and be conservation-conscious.
- Allow no limit on the number of qualifying patients at a multi-card property.
- Security alarms are required at muti-card properties.

- Require multi-card grow sites to have private cannabis testing results posted at their site for qualifying patients.

Mahalo legislators. Now is the time to act on HB2443 HD2 and, once and for all, force DOH to take this matter seriously and stop ignoring the duties to provide multi-card property regulations by simply passing HB2442 HD2 as is. There is lots of data collected through multi-card property owners and DOH can sit down with multi-card properties owners and review the data. The recent federal raid at Care Waialua, with no charges as of October 26, 2023, should alarm the legislation on how the DOH has been noncompliant in these matters and could have possibly changed this outcome.

SB-3335-HD-1

Submitted on: 3/18/2024 8:51:41 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Tamara Paltin	Individual	Support	Written Testimony Only

Comments:

Aloha e Consumer Protection Committee,

I am testifying in support of SB3335 SD2 HD1. This type of legalization and taxation is no different than the legalization of alcohol consumption and will bring about a new revenue source and take it out of the black market.

Mahalo,

Tamara

SB-3335-HD-1

Submitted on: 3/18/2024 8:54:13 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Erin Sim	Individual	Oppose	Written Testimony Only

Comments:

I am asking that you please vote no on SB 3335. I am very afraid of what will happen to our state, our people and our keiki if this passes. I've been to many states where marijuana is now legal and it completely changed how it was before. The crime and denigration was undeniable. Please help to keep our state safe and to not go down the path of those areas.

Mahalo,
Erin Sim

SB-3335-HD-1

Submitted on: 3/18/2024 8:58:48 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Pamela Vera	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

I would politely ask that you DO NOT Pass this horrifically flawed bill.

I would ask that you consider and offer solutions to these issues before moving forward on this topic: Marijuana is not what it used to be - its THC concentration are way higher than back in the day. Today it is extremely more potent and addictive.

A. The Cost will outweigh the overstated revenue projected. Stated revenues are only .05% of tax collections... cost to implement and Monitor, and counteracting the negative effects will surely outweigh the revenue (See study in Colorado \$4.50 spent per \$1 of tax revenue)

B. Protection for Moms and Keiki - Not safe during pregnancy, increased pediatric poisonings.

C. Youth Use, Mental Health, and Suicide -

D. Drugged Driving will be fatal - consider all the visitors who are already unfamiliar with the roads, now all driving drugged..

E. Black Market will not go away. It will continue and will effect the supposed Tax revenue you suggest will benefit the state. - It will just make it easier for the police to continue to turn a blind eye to the blatant obuse of the current laws or restrictions.

I urge you to protect our people from the costly effects of this highly potent and addictive substance. There are other ways to generate tax revenue....

Respectfully,

Pamela Vera

SB-3335-HD-1

Submitted on: 3/18/2024 9:14:22 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sherri Thal	Individual	Support	Written Testimony Only

Comments:

Aloha Esteemed House Members and Senators,

I strongly support SB3335 SD2 HD1, relating to the legalization and handling of Cannabis. This is a no brainer! It has been proven by the early examples of Colorado and Washington States that legalizing Cannabis for Adults is purely beneficial in every way, and especially for the economy, due to the taxes leveed on cannabis sales. Hawai'i could sure use an easy economic lift like this in the wake of the Maui wildfires and the Kilauea eruption in Lower Puna. Legalizing Cannabis would also clear our court systems and prisons of unneeded crowding due to marijuana related arrests. Legalizing Cannabis has positive impacts in tourist industry as well as local agriculture.

Please pass SB3335 SD2 HD1, and see how many good things grow out of it as a result!

Aloha,

Sherri Thal, Kea'au, HI 96749

SB-3335-HD-1

Submitted on: 3/18/2024 9:19:20 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Bill Hicks	Individual	Oppose	Remotely Via Zoom

Comments:

For every legislator who has regularly taken positions in support of public health and public safety, I urge consistency! For the sake of public health and safety, do not legalize the recreational use of marijuana.

The written testimony you have already received from numerous government agencies is crystal clear that legalizing the recreational use of marijuana would be harmful to public health and safety.

Marijuana use leads to:

- an increase in psychotic disorders**
- an increase in suicidal behavior**
- during pregnancy it adversely affects babies and, following birth, in children**
- adversely impacts brain development in young adults**
- poses additional safety hazards on roadways, in industrial activities, and in healthcare settings.**

Hawaii does not possess the infrastructure to cope with the additional strain that increased use of marijuana will clearly create.

Have we lost our way? Historically government is on the side of preventing or trying to cure drug abuse – not enabling it. Look how hard it has been to combat tobacco and alcohol abuse. Why let the genie out of the bottle and worsen marijuana abuse? “Just say no” to legalizing marijuana.

SB-3335-HD-1

Submitted on: 3/18/2024 9:24:47 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Cherie Tsukamoto	Individual	Oppose	Written Testimony Only

Comments:

Please vote no! Legalizing cannabis will change our community negatively. Crime, homelessness, drug abuse, and violence will increase. Three out of ten who use marijuana will progress to serious drug abuse. Please protect our younger generation and our state!

This is a risk we cannot take!

SB-3335-HD-1

Submitted on: 3/18/2024 9:26:20 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Mia Soderstrom	Individual	Support	Written Testimony Only

Comments:

SB3335 SD2 HD1Chair Nakashima

Vice Chair Sayama

Members of the Consumer Protections and Commerce Committee.

Legalizing cannabis in Hawai'i for adults could mean more economic growth, tourist appeal, fairness, safety, and personal freedom. With cannabis being legalized for adult use, it will create a safe space for people to get their medicine without worrying about what is in their products. Working in the cannabis industry allows me to follow my passion, explore new paths, make a positive impact on our patients in the state of Hawai'i, advocate, and learn more about the positive effects of cannabis. We hope to see a positive change in our community. Thank you.

Testimony

IN SUPPORT

SB3335, SD2 HD1 - Relating to Cannabis

Aloha Chair Nakashima, Vice Chair Sayama, and members of the Consumer Protection & Commerce Committee,

Thank you for the opportunity to testify in strong support of SB3335.

My name is Hiwa Ka'apuni and I am from Pi'ihonua in Hilo on the island of Hawaii.

After being controversially subjected to U.S law, Hawai'i underwent the criminalization of cannabis and has since had to deal with the continued war on it with both racial and capitalistic driving forces. Like many others born and raised in Hawai'i and of other native cultures, I grew up witnessing strong advocacy for and normalization of this plant and I continue to recognize the many ways it helps to heal and benefit my own family and community.

More than 80% of Hawai'i voters are in support of safe and guided access to cannabis for responsible adult use. While medical access to cannabis has, since 2016, existed well here in Hawai'i, a maximum of only eight medical dispensary licenses throughout the state with some of the most stringent and expensive compliances does not allow the law to reach its potential for access to medical cannabis at all.

This legal but very limited framework for medical access to cannabis still ceases to minimize patient dependency on the illicit market here in Hawaii. If anything, it has only further encouraged unlicensed local consumers and growers alike to leave home or retreat underground where cannabis products of uncertain composition are sold illegally; no rules, no tax, no standard. This bill can set forth quality assurance practices like monitored cultivation, accurate labeling and batch testing from seed to sale, further ensuring that any possible health risks of cannabis use here in Hawai'i are minute compared to two widely used legal substances: alcohol and tobacco.

If our community leaders truly wanted to protect our keiki, they would support this measure which seeks to provide stronger enforcement that would reduce the risk of illicit sales of unknown products.

Additionally, this measure would establish a new 14% cannabis tax. Together with GET as well as income and corporate taxes, the bill has the potential to provide a significant revenue stream for the state by a nearly projected \$40 million within the first year of initial sales and over \$100 million per year when the industry fully matures. These are funds that may go towards providing more health care, creating comprehensive substance abuse and drug education for youth,

prioritizing public safety, resourcing education and local governments— none of which need to be consumers to be stakeholders.

SB3335 would also transfer staff and funding of the Office of Medical Cannabis Control from the Department of Health to the newly formed Cannabis Authority, which would provide the resources necessary to implement an adult-use cannabis regulatory program without further funding. This approach would be consistent with initial funding levels other states have provided to launch their regulatory programs for adult-use.

I hope to continue helping to educate others about this plant and further dismantle the mountain of misinformation on adult cannabis use that society and the government has built over the past 100 years. I encourage you all to continue the effort to normalize the regulated use of cannabis so everyone may arrive to it safely if they choose to.

Mahalo nui,

Hiwa Ka'apuni

SB-3335-HD-1

Submitted on: 3/18/2024 9:30:03 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lora Burbage	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

Please OPPOSE this bill. The problems we will encounter are far greater than the money that the government thinks it will collect. Especially for our keiki, we know this will have a trickle down affect and more harm will be done.

Mahalo,

Lora Burbage

SB-3335-HD-1

Submitted on: 3/18/2024 9:31:34 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Chelsey Daligdig	Individual	Support	Written Testimony Only

Comments:

SB3335 SD2 HD1

Chair Nakashima

Vice Chair Sayama

Members of Consumer Protections and Commerce Committee

Adult use cannabis should be legal in Hawaii. It would be a great way to bring income to our islands and upgrade needed community areas, road ways, etc. It is a natural medicine that can change the world.

Thank you

SB-3335-HD-1

Submitted on: 3/18/2024 9:58:33 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Elise Yost	Individual	Support	Written Testimony Only

Comments:

I am in **STRONG** support of this bill! This has been a long time coming & will give us the much needed tax money for the state. The long standing war on drugs has been a failure and the false statistics that I've been hearing on the hearings thus far has been archaic & fear mongering. Any survey for the state of Hawaii or the United States as a whole will point to the population being in a majority support for adult use among republicans and democrats alike. The passage of this bill would allow us to keep jobs within the state and grow an untapped economy that has not been able to thrive.

SB-3335-HD-1

Submitted on: 3/18/2024 9:59:16 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Rachael Reiko Power MD	Individual	Oppose	Written Testimony Only

Comments:

I am testifying as a pediatric psychiatrist with 20+ years of experience working with children, teenagers and their families. There is no doubt that exposure to cannabis is harmful to developing brains. Cannabis exposure changes the trajectory of development such that the loss of IQ in youth with regular use was an average of 8 points which was not recovered with cessation of use in adulthood. The same loss was not seen in people who began using as adults. The risks of psychosis, anxiety, demotivation, dependence and loss of intellectual capacity are well established and things that I am seeing more and more. A study by Columbia University published last year showed that teens who used marijuana were 2-4x more likely to have serious mental health problems such as depression and suicidality. The researchers were surprised to see “such strong associations to adverse mental health and life outcomes for teens” who were only using **casually**.

I am not opposed to the legitimate medical uses for marijuana neither am I supporting criminalization. We know that marijuana is already available with a sizable **minority** of youth exposed. But to legalize recreational marijuana would increase the proportion of youth who regularly consume it. The commercial interests have always found a way to target youth. The messaging for kids that “it must be safe” is inevitable. The mental health needs of kids, which are already acute and unmet, would also increase. In Hawaii, we try to be so careful regarding invasive species that change our environment in adverse ways. How can we not be at least as careful to protect the developing brains of our keiki?

There are many things that we should do individually, as a community and you as legislators to protect and nurture the younger generations. Not accepting legalization of marijuana is a positive step in preventing further harm by not opening the flood gates for marijuana use which would only make all of our jobs harder. Thank you for your kind attention and aloha.

<https://nida.nih.gov/publications/drugfacts/cannabis-marijuana>

<https://www.samhsa.gov/resource/ebp/preventing-marijuana-use-among-youth>

<https://www.columbiapsychiatry.org/news/recreational-cannabis-use-among-u-s-adolescents-poses-risk-adverse-mental-health-and-life-outcomes>

Representative Mark Nakashima, Chair
House Committee on Consumer Protection and Commerce

Thirty-Second State Legislature
Regular Session of 2024
State of Hawai`i

Tuesday, March 19, 2024
2:00pm

Re: SB335 SD2 HD1 Relating to Cannabis

Dear Chair Nakashima, Vice-Chair, and members of the committee. I'm submitting my testimony in **strong opposition** to SB3335 SD2.

My name is Allen Cardines, Jr. I've served families and communities in various capacities on West Oahu for over twenty years. I have witnessed the root cause of many of the dangerous, deadly, and devastating host of problems of marijuana in our communities. Overwhelmingly number of men, women, and youths in recovery programs had admitted this. **Legalizing this powerful drug, marijuana will make it worse.**

We don't need to guess the impacts legalizing commercial marijuana will have on Hawai'i. Local experts have already issued stark warnings, and we need only look at other states (e.g., Colorado with ten years of legalization) to see what awaits us if we take the consequential step of legalizing commercial marijuana.

ABCs of why our children and families need more hope, not dope

1. ADOLESCENT ADDICTION

- a) Cannabis use disorder: Marijuana is the #1 drug in Hawaii (64.7%) for adolescent substance abuse treatment
- b) Vaping marijuana: 12.5% of Hawaii teens report vaping marijuana
- c) Addicts turn to a life of crime to support their addiction
- d) Addiction is often called a "family disease" because those closest to the addicted person usually suffer the most.
- e) A 50-year study found that marijuana use is linked to a 7-fold greater odds of subsequent violent crime. <https://learnaboutsam.org/mental-health/>
- f) It's a BAD IDEA, OUR CHILDREN NEED MORE HOPE, NOT DOPE

2. BRAIN DISORDER (Mental Illness)

- a) Mental illness and suicidal ideation: Frequency and higher THC potency are associated with psychosis, hallucinations, suicidality, reshaping of brain matter, and addiction. ([New York Times, June 22, 2023](#)) Psychosis, Addiction, Chronic Vomiting: As Weed Becomes More Potent, Teens Are Getting Sick <https://www.khon2.com/local-news/suicide-in-hawaii-by-the-numbers/>

- b) Mental illness, domestic violence, sexual exploitation and trafficking, fights and lockdowns and local high schools, gun violence, homicides involving teenagers!
- c) Suicide rates for teens could rise. ([Read this article from Massachusetts General Hospital](#)). Massachusetts has legal recreational marijuana
- d) <https://learnaboutsam.org/science/>
- e) It's a BAD IDEA for OUR CHILDREN'S MENTAL HEALTH AND SAFETY. THEY NEED MORE HOPE NOT DOPE!

3. CRIMINAL ACTIVITY

- a) Addicts turn to a life of crime to support their addiction.
- b) The crime rate in Colorado has increased 11 times faster than the rest of the nation since legalization. with the Colorado Bureau of Investigation reporting an 8.3% increase in property crimes and 18.6% increase in violent crimes.
- c) A 50-year study found that marijuana use is linked to a 7-fold greater odds of subsequent violent crime. <https://learnaboutsam.org/mental-health/>
- d) Marijuana is the root cause of many criminal activities among teenagers in our communities.
- e) Marijuana is the root cause of many domestic violence, gun violence, homicides, and sexual exploitation, and sex trafficking in our communities.
- f) It's a BAD IDEA, OUR CHILDREN NEED MORE HOPE, NOT DOPE

4. DRUGGED DRIVING

- a) THC positivity among fatally injured drivers (in Hawaii) increased nearly threefold, from 5.5% in 1993-200 to 16.3% in 2011-2015
- b) Marijuana is involved in more than 1 in 4 road deaths in Colorado.
- c) "Cannabis does impair your ability to drive, it inhibits your perception of time, distance, and speed," Cole said. "So we see a lot of people under the influence of cannabis getting DUIs, getting into a crash." <https://www.kktv.com/2024/02/06/cdot-study-shows-increase-gen-z-driving-high-colorado/>
- d) More DOPE means more fatal car crashes, more emergency and hospital admissions
- e) <https://learnaboutsam.org/resources/>
- f) It's a BAD IDEA for OUR CHILDREN's PUBLIC HEALTH AND SAFETY. WE NEED MORE HOPE NOT DOPE!

5. ECONOMIC AND FINANCIAL NIGHTMARE

- a) **One life and family destroyed by dope isn't worth legalization!** Like on August 4, 2023. This person started with marijuana, turned to a more potent form of marijuana, vapes, and steroids, then died from smoking fentanyl. Like many of our people, their nightmare journey to death and destruction started with marijuana. **ONE LIFE AND FAMILY DESTROYED BY DOPE ISN'T WORTH LEGALIZING THE POWERFUL DRUG MARIJUANA!**



- b) Hawaii businesses are closing, and many more are struggling to find workers and stay open. This bill will hurt, not help, their bottom line!
<https://www.hawaiinewsnow.com/2023/05/24/where-have-all-workers-gone-hawaiis-chief-economist-explains/>
- c) Cannabis tax revenues are expected to range from \$36-\$51 million in year five. Which represents approximately 0.5% of total tax collections
- d) In Colorado, for every \$1 of tax revenue, the state spends \$4.50 counteracting legalization effects. <https://www.youtube.com/watch?v=W9iXFckQNdc>
- e) BLACK MARKET WON'T GO AWAY
 - In legalized states, the black market is expanding as they undercut the retail price.
 - In 2018, CA grew 12 million pounds of pot, only sold 2.5 million
 - In California, 72,00 marijuana vape cartridges were seized in a single bust of a warehouse tied to state-licensed Kushy Brands (Pellz, 2019)
- f) <https://learnaboutsam.org/industry-profiles/>
- g) It's a BAD IDEA, OUR CHILDREN NEED MORE HOPE, NOT DOPE

6. FAMILY PROBLEMS

- a) Pregnancy: "No amount of marijuana use during pregnancy or adolescence is known to be safe." Dr. Jerome Adams, US Surgeon General 2019
- b) Pediatric poisonings: Calls to poison control centers about kids 5 and under consuming edibles containing THC rose 1,375% from 2017 to 2021 ([Drug Free 2022](#)) Children's ER Visits for Accidental Exposure to Marijuana Rise After Legalization
- c) Children are the future of Hawaii and this bill will hurt our future! ([USA TODAY, January 2023](#)) More kids are being treated for eating marijuana-laced gummies, other edibles at home
- d) <https://learnaboutsam.org/mental-health/>
- e) <https://learnaboutsam.org/marijuana-victims/>
- f) It's a BAD IDEA for MOMS AND CHILDREN. WE NEED MORE HOPE, NOT DOPE!

7. GENERATIONAL PROBLEMS

- a) We are already seeing the exponential and generational host of problems with marijuana in our families.
- b) We need to treat and beat this problem in this generation. One family at a time.
- c) <https://learnaboutsam.org/mental-health/>

d) IT'S A BAD IDEA FOR FUTURE GENERATIONS, WE NEED MORE HOPE NOT DOPE!

8. HOMELESSNESS PROBLEMS

- a) According to the 2023 Point in Time Count, 31% of unsheltered individuals reported substance abuse problems
- b) According to the 2023 Point in Time Count, 39% of unsheltered individuals reported mental illness problems
- c) According to the 2023 Point in Time Count, 39% of unsheltered individuals reported domestic violence problems
- d) <https://www.partnersincareoahu.org/pit>
- e) It's a BAD IDEA , OUR CHILDREN NEED MORE HOPE, NOT DOPE

9. WHAT SAFEGUARDS?

- a) Will this help the health, safety, productivity, and bottom line in schools and the workplace?
- b) How are safeguards working with domestic violence in our communities?
- c) How are safeguards working with gun violence in our communities?
- d) How are safeguards working with sexual exploitation or sex trafficking in our communities?
- e) How are safeguards working on school campuses?
- f) How are safeguards working with youth suicides and mental health issues?
- g) How are safeguards working with illegal fireworks?
- h) It's a BAD IDEA WE NEED MORE HOPE, NOT DOPE

10. HAWAII DOESN'T HAVE TO FOLLOW A BAD IDEA

- a) Are we going to follow others because they jump off a cliff?
- b) The host of problems associated with recreational marijuana will forever undermine the Spirit of Aloha
- c) <https://learnaboutsam.org/wp-content/uploads/2023/04/2023-Report.pdf>
- d) **It's a BAD IDEA, WE NEED MORE ALOHA NOT DOPE**

SUMMARY:

LEGALIZING THIS POWERFUL DRUG CALLED MARIJUANA IS A BAD IDEA FOR OUR KEIKI IN 96792

It will cause a host of problems for our keiki and community! We could expect more fatal car crashes, more emergency and hospital admissions, an increase in the black market, and more poison control calls.

Marijuana is not what it used to be. THC potency has increased from 3% in the 1970s to over 25% today. THC concentrates can reach 90-90% potency.

Lastly, we ask that you PROTECT OUR KEIKI AND COMMUNITY and vote NO to legalizing this powerful drug called marijuana.

Thank you for this opportunity to testify on SB3335.

Mahalo,

Allen Cardines, Jr.

SB-3335-HD-1

Submitted on: 3/18/2024 10:02:28 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Chayanin Foongsathaporn	Individual	Oppose	Written Testimony Only

Comments:

I strongly disagree with legalizing marijuana. I am a child psychiatrist working with many many cases of adolescents having marijuana induced psychosis. It's very sad. If there're more access to marijuana, I cannot imagine our future of the countries will be like. Here are some links to research and articles about this.

https://www.aacap.org/AACAP/Policy_Statements/2014/aacap_marijuana_legalization_policy.aspx

<https://pubmed.ncbi.nlm.nih.gov/25624385/>

SB-3335-HD-1

Submitted on: 3/18/2024 10:05:10 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jon Barona	Individual	Oppose	Written Testimony Only

Comments:

As a father, and a concerned citizen for all of our Keiki to Kupuna, I am in opposition of SB3335. Although I am a supporter of medical mariguana, I am strongly opposed to recreational use. Mariguana has proven medicinal properties, and much more to be discovered. However, in the wrong hands under recreational use, can be detrimental to our society.

The data shows that if our Keiki are exposed during the years of brain development , it can has diverse effects. We cannot afford to put our future of our Keiki at risk. There are things that we can control and things that we cannot control to keep our Keiki safe, however, this is something that we have control of and we have the chance to keep them safe by not legalizing recreational mariguana.

We cannot even prevent our Keiki from vaping, how are we going to keep mariguana out of their hands should this bill pass. Although the bill says 21 years and older, we all truthfully know that as with alcohol and tobacco products, the Keiki will somehow find access. Let's be real! Please know that just because other states have legalized it, doesn't mean that it will be good for Hawai'i. We already have so much issues that we need to take care of and believe me, this will contribute negatively to our State.

Please do not believe that this will generate tax revenues. We have a chance to Keep Hawai'i safe for all. Let us lead the nation by showing our brothers and sisters across the pond, that Hawai'i has it right and we put the safety of our Keiki before all. I thank you for your time and your service. I pray that you will be guided to do what is right. Before you vote, I ask that you stop for a minute, forget everything that you have been told, good or bad about recreational mariguana, think about your family now and in the future and what kind of message this would bring to our Keiki.

SB-3335-HD-1

Submitted on: 3/18/2024 10:05:41 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
ANDREW ISODA	Individual	Support	Written Testimony Only

Comments:

Aloha, my name is Andrew Isoda and I live in Lahaina.

I'm testifying on SB3335 SD2 HD1.

Please ensure SB 3335 SD2 HD1 prioritizes racial justice by fostering equity in licensing by providing that existing Hawai'i farmers are second in line-after medical licenses for cultivation licensing, and increasing the number of social equity licensees. Cannabis legalization rooted in racial justice also means including an amendment that removes the excessive funding allocations to law enforcement and instead increases funding to social equity and community services.

Sold to the public in the name of public safety, Hawai'i's cannabis laws needlessly ensnare hundreds of people -- disproportionately Native Hawaiian adults and youth -- in its criminal justice system every year. These arrests are not just an unnecessary burden on residents and the judicial system, but also negatively affect access to employment, housing, and child custody, among others, for the person arrested. These collateral harms can last for decades, even after someone has served their time or paid any required fines.

It is past time to end Hawai'i's unnecessary and harmful war on cannabis.

Mahalo for your time and consideration.

Andrew Isoda

Lahaina, Mau'i

SB-3335-HD-1

Submitted on: 3/18/2024 10:10:09 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Suzanne	Individual	Oppose	Written Testimony Only

Comments:

I oppose SB3335 SD2 HD1.

SB-3335-HD-1

Submitted on: 3/18/2024 10:14:45 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Chad R Johnson	Individual	Oppose	Written Testimony Only

Comments:

This bill passes it would be a complete waste of our tax paying money by creating all of these positions to prosecute and investigate citizens for cannabis. There needs to be less prosecution and more support for the uses and benefits of cannabis use. As the old saying goes, "3 drunk guys will start a fight, 3 stoned guys will start a band". Also the tax is way too high. Pun not intended. It should be the normal 4.125 just like everything else.

SB-3335-HD-1

Submitted on: 3/18/2024 10:18:25 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
NANCY BECKER	Individual	Support	Written Testimony Only

Comments:

Research shows that cannabis and cannabinoids can help manage chronic pain, nausea, fibromyalgia, endometriosis, Parkinson's, glaucoma, PTSD and MS symptoms.

The benefits of medical marijuana are proven safer than opiates (it is impossible to overdose on and far less addictive) and it can take the place of NSAIDs such as Advil or Aleve, if people can't take them due to problems with their kidneys or ulcers or GERD.

Cannabis remains a relatively safe recreational substance; compared to alcohol, it is far less carcinogenic, less addictive, less likely to cause withdrawal, and less likely to encourage violent or risky behavior. It is essentially impossible to overdose on marijuana.

SB-3335-HD-1

Submitted on: 3/18/2024 10:18:50 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Margo Delgado	Individual	Oppose	Written Testimony Only

Comments:

Please consider our community who will not be helped by passing this measure and all the surrounding issues that come with legalizing cannabis including who benefits, Outside nations and not our community and its citizens. I oppose this bill.

SB-3335-HD-1

Submitted on: 3/18/2024 10:22:37 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ahnyca quesada	Individual	Comments	Written Testimony Only

Comments:

As someone who has witnessed firsthand the benefits of medical marijuana legalization, I support the legalization of adult use. Legalizing marijuana not only generates significant tax revenue for our communities but also reduces crime associated with black market sales. It provides patients with access to safe and regulated medicinal cannabis, as a person with PTSD this has been essential for everyday normalities. Let's embrace sensible cannabis policies that prioritize public health, social justice, and economic prosperity for all.

SB-3335-HD-1

Submitted on: 3/18/2024 10:54:31 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Terri Yoshinaga	Individual	Oppose	Written Testimony Only

Comments:

NO TO RECREATIONAL MARIJUANA.

SB-3335-HD-1

Submitted on: 3/18/2024 10:56:25 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Greg Puppione	Individual	Support	Written Testimony Only

Comments:

Aloha, my name is Greg and I live in Honolulu. I'm testifying in support on SB3335 SD2 HD1. Please ensure SB 3335 SD2 HD1 prioritizes racial justice by fostering equity in licensing by providing that existing Hawai'i farmers are second in line-after medical licenses for cultivation licensing, and increasing the number of social equity licensees. Cannabis legalization rooted in racial justice also means including an amendment that removes the excessive funding allocations to law enforcement and instead increases funding to social equity and community services.

Sold to the public in the name of public safety, Hawai'i's cannabis laws needlessly ensnare hundreds of people -- disproportionately Native Hawaiian adults and youth -- in its criminal justice system every year. These arrests are not just an unnecessary burden on residents and the judicial system, but also negatively affect access to employment, housing, and child custody, among others, for the person arrested. These collateral harms can last for decades, even after someone has served their time or paid any required fines.

It is past time to end Hawai'i's unnecessary and harmful war on cannabis. Mahalo for your time and consideration.

If folks are worried about too many dispensaries popping up around the island, you can simply cap the number of licenses allowed and limit dispensaries to certain areas.

SB-3335-HD-1

Submitted on: 3/18/2024 11:06:51 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Christopher Shellko	Individual	Support	Written Testimony Only

Comments:

Support

SB-3335-HD-1

Submitted on: 3/18/2024 11:11:38 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
B. Lani Prunés	Individual	Support	Written Testimony Only

Comments:

Aloha, my name is Lani and I live in Honolulu. I'm testifying in support of SB3335 SD2 HD1. Please ensure SB 3335 SD2 HD1 prioritizes racial justice by fostering equity in licensing by providing that existing Hawai'i farmers are second in line-after medical licenses for cultivation licensing, and increasing the number of social equity licensees. Cannabis legalization rooted in racial justice also means including an amendment that removes the excessive funding allocations to law enforcement and instead increases funding to social equity and community services.

Sold to the public in the name of public safety, Hawai'i's cannabis laws needlessly ensnare hundreds of people -- disproportionately Native Hawaiian adults and youth -- in its criminal justice system every year. These arrests are not just an unnecessary burden on residents and the judicial system, but also negatively affect access to employment, housing, and child custody, among others, for the person arrested. These collateral harms can last for decades, even after someone has served their time or paid any required fines.

It is past time to end Hawai'i's unnecessary and harmful war on cannabis. Mahalo for your time and consideration."

SB-3335-HD-1

Submitted on: 3/18/2024 11:25:47 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Serafina Gajate	Individual	Support	Written Testimony Only

Comments:

Please support SB3335

SB-3335-HD-1

Submitted on: 3/18/2024 11:30:11 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Eli Duar	Individual	Support	Written Testimony Only

Comments:

Sb3335 is a good idea for hawaii because it helps local economy thrive ,helps out with patients with health problems that really need cannabis to deal with there symptoms could be cancer / glaucoma / muscle spasams bad insomnia etc... the idea of banning it wouldn't be so good because it will generate a lot of income for the state of Hawaii. The mainland states already are doing it legal so if they can saftley have legal cannabis in the states why can't we have it here? If abuse concerns you then check out death numbers from cannabis and compare it to our alcohol numbers. Alcohol related deaths are threw the roof but our states still provide the alcohol. So don't let it be a political dick measuring contest and pass the bill please thank and thank you.

SB-3335-HD-1

Submitted on: 3/18/2024 11:32:41 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
David Vaillencourt	Individual	Comments	Remotely Via Zoom

Comments:

I would like to strongly encourage the House and Senate consider referencing the utilization of voluntary consensus standards by the Control Board when developing rules for the protection of public health while allowing future innovation by industry. This is a tried and true best practice for over a century and is required for Federal agencies by Congress. Specifically, standards developed by the International Organization for Standardization (or ISO) such as ISO 17025, ASTM International (of which 54 cannabis specific standards have been developed by its Committee D37 on Cannabis) , AOAC International, and the US Pharmacopeia should be referenced and adopted whenever possible.

Including language similar to the [National Technology and Advancement Act of 1995](#) by the US Congress would be the best way to provide the guidance and authority to the Control Board to utilize these standards.

More information on the use of Standards is available as a Case Study by the Organization for Economic Cooperation and Development (OECD) [here](#) - specifically about ASTM International.

Information prepared by ASTM International for regulators, that has been presented numerous times to the Cannabis Regulators Association (CANNRA) can be found [here](#).

As the Vice-Chair of ASTM International's Committee D37 on Cannabis and the Board Chair of the [S3 Collective](#), a 501(c)(3) non-profit that supports the use of scientific evidence to inform standards that protect public safety, we recognize the value of consensus standards that meet the requirements of the World Trade Organization's Technical Barriers to Trade as the most effective means to protect public health and safety that enables government to respond efficiently to the evolving industry.

The S3 Collective is a nonprofit organization committed to advancing the cannabis industry through collaboration, education, and standardization. Through its collaborative approach, the S3 Collective seeks to ensure the cannabis industry grows responsibly, fostering a culture of inclusivity and accessibility. Thank you.

The Honorable Mark M. Nakashima, Chair
HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Date: Tuesday, March 19, 2024

Time: 02:00 PM

SB 3335, SD2, HD1; RELATING TO CANNABIS

TESTIFIER: BRIAN GOLDSTEIN

POSITION: STRONG SUPPORT

Honorable Chair Nakashima, Vice-Chair Sayama, and Members of the Hawaii House Committee on Consumer Protection & Commerce,

I stand in strong support of S.B. 3335 SD2 HD1, which seeks to establish the Hawaii cannabis authority and regulate the use of cannabis for adults over twenty-one. My testimony today aims to address and counter the misleading claims presented by Steve Alm, Prosecuting Attorney of the City and County of Honolulu.

1. **Economic Impact and Tourism:** Contrary to the claim that tourism, Hawaii's primary industry, will suffer, evidence from states like Colorado and Arizona shows an increase in tourism post-legalization. In Colorado, tourism reached record levels following marijuana legalization, with the state welcoming 77.7 million visitors in 2015, up from 64.6 million in 2012, pre-legalization . Similarly, Both Arizona and New Mexico have seen a surge in tourism and economic growth since legalizing recreational cannabis, with no evidence of deterring international visitors.¹
2. **Potency and Public Health:** While it is true that the potency of marijuana has increased, this underscores the need for regulation and education, not prohibition. States like New Mexico have implemented stringent quality control and consumer education programs, leading to informed and safer use of cannabis products .
3. **States that have legalized have not seen major increases in youth use.** A 2021 report from the Colorado Department of Health showed that teen cannabis use is not increasing. Similarly, a 2021 report from the Washington State Health Care Authority found that use among young adults has remained stable².
4. **There is no evidence linking fentanyl to the legal cannabis supply chain.** A 2023 report from the New York State Office of Cannabis Management, "Cannabis And Fentanyl: Facts and Unknowns" found that New York found "Anecdotal reports of fentanyl "contaminated" cannabis continues to be found to be false"³.
5. **NO Increase in Black Market Activity:** Evidence from states with legalized cannabis indicates a reduction in black market activity due to regulated and safer alternatives. In Arizona, for instance,

¹ <https://www.cato.org/policy-analysis/effect-state-marijuana-legalizations-2021-update>

² https://lcb.wa.gov/sites/default/files/publications/temp_links/2021-Washington-State-ICPS-Cannabis-Report.pdf

³ https://cannabis.ny.gov/system/files/documents/2023/10/ocm_cannabisandfentanyl.pdf

the legal cannabis market has significantly dented the black market⁴, with tax revenues from cannabis sales supporting public services and infrastructure .

6. **Regulated markets reduce the illegal market over time.** A 2022 Bloomberg article reported that over 90% of cannabis sales in Arizona now occur in the legal market, just a year after full legalization.⁵
7. **Public Safety and Impaired Driving:** The claim that legalization leads to an increase in fatal car collisions is not universally supported. Studies on traffic safety have been mixed. A 2022 review by the National Institute of Justice found that the effects of legalization on crash rates remain unclear⁶. Studies in states like Colorado and Washington showed no significant increase in fatal traffic accidents post-legalization . Moreover, with legalization, funds are allocated for public safety campaigns and law enforcement training to effectively manage impaired driving.
8. **Mental Health and Environmental Concerns:** While concerns about mental health are valid, regulated markets provide for better education and prevention programs. Environmental impacts are more effectively managed under a legal framework, with regulations ensuring sustainable cultivation practices .
9. **Youth Use and Societal Message:** Regulated markets have strict age controls, reducing underage access to cannabis. States with legal cannabis have used part of their revenues for youth education and prevention programs, effectively addressing concerns about increased youth use .

In conclusion, the experience of states like Arizona and New Mexico provides a factual basis to support the regulated legalization of cannabis. These examples demonstrate that with proper regulation and education, the concerns raised by opponents like Steve Alm can be effectively addressed and managed.

I urge the committee to consider these facts and support S.B. 3335 SD2 HD1, for a regulated, safe, and economically beneficial cannabis industry in Hawaii.

Thank you for the opportunity to testify.

4

<https://azmirror.com/2022/11/17/arizona-cannabis-sales-continue-to-drop-but-there-are-signs-the-market-is-leveling-out/>

5

<https://www.bloomberg.com/news/articles/2022-10-04/arizona-leads-way-in-stamping-out-black-market-cannabis-with-legal-sales#xj4y7vzkg>

⁶ <https://nij.ojp.gov/topics/articles/does-legalizing-marijuana-increase-traffic-crashes>

SB-3335-HD-1

Submitted on: 3/18/2024 11:42:44 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Dara Yatsushiro	Individual	Oppose	Written Testimony Only

Comments:

STRONG OPPOSITION!!!

I do not support or encourage recreational drug use and *as our community leaders, you shouldn't either!*

Pass this and you'll end up like Colorado when they passed similar legislation - the results were:

- an increase in crime,
- an increase in impaired driving,
- an increase in children and teens getting access and
- an increase in accidents, overdoses and deaths stemming from all of the above.

Hawaii doesn't need this and *law enforcement* testimony in the previous hearings of SB3335 have all been in OPPOSITION so **WHY** are you elected officials who are supposed to be looking out for the kamaaina's best interests all passing it?! Please avail yourselves of wisdom, learn from Colorado's mistake and take this bill off Hawaii's legislative table.

SB-3335-HD-1

Submitted on: 3/18/2024 11:43:05 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
John aeto	Individual	Oppose	Written Testimony Only

Comments:

I am 100% opposed to legalizing Marijuana.

SB-3335-HD-1

Submitted on: 3/18/2024 11:43:08 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Natasha Young	Individual	Support	Written Testimony Only

Comments:

SB3335 SD2 HD1

Chair Nakashima

Vice Chair Sayama

Members of the Consumer Protections and Commerce Committee

I believe this bill should pass, as it would improve lives medicinally and help boost our state's economy. Having worked in the cannabis industry for many years, I'm of the opinion that passing this bill can only lead to progress for Hawaii's population. Repairs and maintenance of our state's infrastructure as well as increased funding for schools are just some ways that passing this bill could ultimately lead to long term benefits. Thank you for reviewing my testimony.

SB-3335-HD-1

Submitted on: 3/18/2024 11:50:53 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
David Pullman	Individual	Support	Written Testimony Only

Comments:

Please pass this bill. Hawaii is the last blue state to legalize cannabis and we are even far behind some red states. This policy is a no brainer that I have been concerned about for decades. While I've watched other states make great progress, Hawaii has been left behind by our elected representatives. It's time to catch up with the rest of the country.

COMMITTEE CONSUMER PROTECT & COMMERCE

Rep. Nakashima, Chair and Rep. Sayama Vice Chair
Committee members Representatives Amato, Au Belatti, Hashem, Hussey-Burdick,
Gates, Lowen, Onishi, Tam and Pierick

In Opposition to SB3335,SD2,HD1 Relating to Cannabis

Please note that with each hearing, what I am learning only continues to strengthen my opposition to this bill.

I watched the lasting hearing held on 03.13.2024, almost three hours of oral testimonies. It comes down to Money vs the Hawaii Citizen and the monetary benefit that the State of Hawaii believes it will reap, this is folly.

What I mean by that, is a lot of testimonies supporting this bill came from those who would benefit, such as: ✓ Hawaii Cannabis Industry Association; ✓ Big Island Grown; ✓ Hawaii Cannabis Industry Solutions; ✓ Pakalolo for the People; ✓ Noa Botanicals (medical M); Hawaiian Ethos (med); ✓ The Hawai'i Cannabis THC Ministry; ✓ National Organization for the Reform of Marijuana Laws; ✓ United Food and Commercial Workers Local 480; ✓ Cannabis Society of Hawai'i and the list goes on;

In opposition organizations like: ✓ Hawaii High Intensity Drug Trafficking Area; ✓ Hawaii Paroling Authority; ✓ Department of the Prosecuting Attorney of the City and County of Honolulu; ✓ Honolulu Police Department; ✓ Hawaii Police Department; ✓ Maui Police Department; ✓ Kauai Police Department; ✓ Department of the Prosecuting Attorney of the County of Maui; ✓ Kauai Complex Area Principals; ✓ Hohala Elementary School; ✓ Honokaa High and Intermediate School; ✓ Hawaii Family Forum; ✓ Coalition for a Drug-Free Hawaii; ✓ Retail Merchants of Hawaii; ✓ *Hawaii Federation for Republican Women*; ✓ Weed and Seed Hawaii, Inc.; ✓ Smart Approaches to Marijuana; ✓ One Impact Hawaii; ✓ I-IOPE HI; ✓ Hawaii Substance Abuse Coalition; among others that were ignored!

Why? I believe it came down to Money.

There were numerous individuals from the Leeward coast, Nanakuli, Waianae who offered heartfelt testimony in opposition to this bill. From real life experience, where this would lead, working with those struggling to overcome addiction and what this would do to the children.

Ignored again! I believe it all comes down to Money!

Looking at the results of those that have legalized cannabis/marijuana such as Colorado, Washington State, Oregon, and others, are finding it's not quite what they had expected.

There were many at this last hearing who I believe understood the danger of this bill and voted to oppose its passing. But not enough and I do thank them for trying.

So I and others reach out to all of you, please for the sake of the people of Hawaii, those you promised to represent, do not support the passing of this bill, **please vote no!**

Respectfully
Rita Kama-Kimura

SB-3335-HD-1

Submitted on: 3/18/2024 12:00:03 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Carissa Onuma	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill!

SB-3335-HD-1

Submitted on: 3/18/2024 12:06:56 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
David DeCleene	Individual	Oppose	Remotely Via Zoom

Comments:

My name is David DeCleene. I taught 20 years at St Joseph High School before retirement, then substitute taught 10 years total at Kamehameha, Keaau, and Waiakea intermediate schools.

3 questions:

1) Young people will be harmed by marijuana legalization. Are any of you who are voting yes prepared to accept that harm?

2) Are any of you who are voting yes willing to exchange harm to youth for projected revenue?

3) Since marijuana is now readily available to all adults, and since marijuana personal use & possession of 3 grams has been decriminalized, what is the foundational reason to legalize it?

We deeply harmed our young people when we locked down society for covid. We now stand on the precipice of inflicting greater harm through legalization, green-lighting dangerous intoxication into the community. It will trickle into the hands of the young as it has everywhere else and surely will here, will descend like a black fog on the many who teeter between hopelessness and anger at a world taken from them when we pushed masks on their faces, closed parks, beaches, churches, and schools for a large chunk of their lives. Those of you denying this juggernaut of gathering gloom will in the days ahead know what you've done.

25% THC is not the Woodstock pot baby-boomers smoked - it's 12 to 25 times stronger. It is fostering an epidemic of schizophrenic psychotic break and violence. You get no pass for having not read the reports.

There will be an ever-increasing number of young people behind the wheel intoxicated with pot mixed with other things. Other states bear out the greater carnage post-legalization. If you attempt, in your own mind, to deny that another powerful drug becoming far more available due to legalization will not result in greater impairment at the wheel, leading to more injuries and death, may you find forgiveness from the grieving families.

Black market pirates will enter the market from everywhere, undercutting the price and bringing crime. Maine legalized in 2020, and this morning The Maine Wire cited 270 illegal grow sites and 100 private homes, all owned by Chinese nationals. Legalization does not signal the end of black market - it acts as a catalyst.

Marijuana's role as a gateway drug is well-established and catastrophic. Cocaine and crack cocaine, crystal meth, fentanyl, LSD, etc. are not gateway drugs because they remain completely illegal. But giving marijuana the further societal approval of legalization renders it the precise doorway into the fantasy world of psychological and emotional escape. Other types of escape readily follow.

Do not do this. Think carefully about our kids. Think of your own kids. Think of the legacy you wish to leave.

SB-3335-HD-1

Submitted on: 3/18/2024 12:21:03 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jacob McPherson	Individual	Support	Written Testimony Only

Comments:

I write in strong support of SB 3335. I believe it is in the best interest of all people in Hawaii.

Testimony RE: HB 2600/ SB 3335: RELATING TO CANNBIS

Audra Ryan-Shepard, MD MPH

Kaneohe, HI

3/18/24

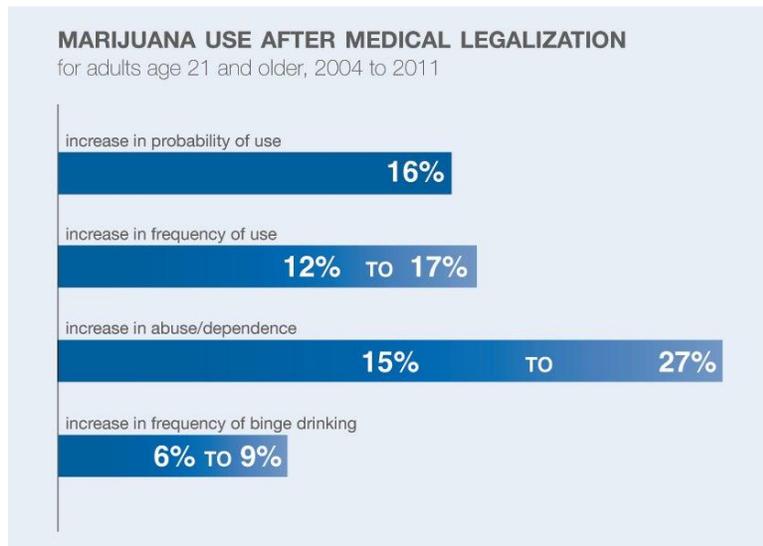
To the House Committee on Consumer Protection and Commerce:

As a child, adolescent, and adult psychiatrist with over 10 years' experience in mental health since medical school with a passion for peripartum psychiatry, I **respectfully oppose** the current versions of HB 2600/SB3335 which would allow for legalization for recreational marijuana in the state of Hawaii. While Hawaii is a great state in which I am proud to live and work, I have witnessed working here for the past year that Hawaii's **current health system is tenuous**. We already do not have enough psychiatric beds, psychiatrists, therapists, and mental health infrastructure to meet the demand of patients who need mental health care.

As just one metric by the Kaiser Family Foundation, compared to the rest of the USA, we in are **severe shortage** in terms of psychiatrists in Hawaii:

Mental Health Care Health Professional Shortage Areas (HPSAs), September 2022		
	Percent of Need Met	Practitioners Needed to Remove HPSA Designation
United States	27.7%	7,871
Hawaii	14.1%	28
NOTE: Percent of need met is defined as the ratio of available psychiatrists to the number needed to eliminate the HPSA designation. Calculations are based on the number of psychiatrists and do not generally include other mental health care professionals.		
SOURCE: Bureau of Health Workforce, Health Resources and Services Administration, Designated Health Professional Shortage Areas Statistics: Designated		

And yet we have seen in other states where marijuana was legalized that when marijuana is legalized, at several studies has shown that **use of marijuana has gone up in youth and adults once it was legalized**. This graph from (Wen et al from 2014 paper) is illustrative for adults:



As the bills before you now read, cannabis is a psychoactive substance that predisposes the user especially the adolescent's brain to permanent mental illnesses including depression, anxiety and debilitating illnesses such as schizophrenia. Using cannabis regularly can make a vulnerable person **develop schizophrenia 10 years earlier** and cannabis currently is more potent with **more THC than 20-30 years ago**. This bill does not consider that the **brain grows/does not fully mature until age 25**, and thus does not offer any additional protection for the adolescent brain which still may be impacted beyond when an individual turns 21 years old.

Logically if more individuals are using cannabis if it were to be legalized in Hawaii, more individuals may unknowingly be vulnerable to develop psychosis and/or cannabis use disorder. Although it is rare, when individuals do develop a serious mental illness such as schizophrenia, their healthcare costs are high. By one estimate, **compared to the general population a person with schizophrenia will incur \$1.54 million in excess lifetime costs to the government** (including: health care costs, criminal justice system, lost tax revenue).

While the goal of this bill is to get more revenue for the state of Hawaii due to the taxes for sales of recreational marijuana, if instead, recreational marijuana makes it more accessible such that more people are using marijuana and **if this even causes one or two more individuals to develop schizophrenia which will cost the state millions of dollars in healthcare and legal costs of the course of their lifetimes will end up costing the state a lot more than the relatively small amount of tax revenue they get from the taxes of legal marijuana sales**. Also, there is a real possibility of dependence on cannabis when there are more users of cannabis. The estimates are that **9%** of those who start using cannabis, will become dependent on it. In addition to having insufficient mental health treatment in Hawaii, we have high levels of substance use disorders in Hawaii and also insufficient substance use

treatment access. In fact, per Mental Health America, Hawaii also has a higher percentage of substance adults with substance use disorder (**8.45%**) compared to the USA national average (**7.74%**).

Moreover, cannabis use has serious consequences on physical health too for adults. A recent JAMA article from Feb 2024 showed that among **people who used cannabis daily had 25% increased likelihood of heart attack and 42% increased likelihood of stroke** compared to people who do not use cannabis. That is a huge increase in healthcare costs to the state of Hawaii as a **stroke cost on average \$30,000 to \$120,000 per patient**. The **average cost of an acute MI (heart attack) is approximately \$11,700**. These totals do not factor in the costs of lost of life and functioning to the individual people and families experiencing either of these conditions. ***Do we really want to add more strokes and heart attacks in the state of Hawaii?*** I think not.

Therefore, I recommend that **the state of Hawaii focus on funding and fixing the healthcare system first** before potentially breaking the health system by over-loading it further with more very ill patients created by legalizing recreational marijuana at this time.

National organizations such as the **American Academy of Child and Adolescent Psychiatry, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and the American Academy of Addiction Psychiatry** do not recommend use to patients use marijuana routinely and they **oppose** the legalization of marijuana.

I am including these statements with my testimony as they are relevant medical associations in support of my position because the senate in Hawaii should also consider these experts when they make their important decision.

Thank you.

[Marijuana Legalization \(aacap.org\)](https://www.aacap.org)

[The Impact of Marijuana Policies on Youth: Clinical, Research, and Legal Update | Pediatrics | American Academy of Pediatrics \(aap.org\)](https://www.aap.org)

[Marijuana Use During Pregnancy and Lactation | ACOG](https://www.acog.org)

https://www.aacap.org/wp-content/uploads/2020/06/AAAP-cannabis-model-law-to-disseminate_Dec-2019.pdf

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

W W W . A A C A P . O R G

Marijuana Legalization

The American Academy of Child and Adolescent Psychiatry (AACAP) advocates for careful consideration of potential immediate and downstream effects of marijuana policy changes on children and adolescents. Marijuana legalization, even if restricted to adults, may be associated with (a) decreased adolescent perception of marijuana's harmful effects, (b) increased marijuana use among parents and caretakers, and (c) increased adolescent access to marijuana, all of which reliably predict increased rates of adolescent marijuana use and associated problems.¹⁻³ Marijuana use during pregnancy, occurring at increasing rates, raises additional concerns regarding future infant, child, and adolescent development.⁴⁻⁶

AACAP is aware that, among hundreds of chemical constituents, marijuana contains select individual compounds that, if safely administered in reliable doses, may potentially convey therapeutic effects for specific conditions in specific populations.⁷ Advocacy regarding potential cannabinoid therapeutics, alongside social justice, public policy, and economic concerns, have contributed to marijuana policy changes. Amid these factors, AACAP remains focused on concerns regarding adolescent marijuana use.

Adolescents are especially vulnerable to marijuana's many known adverse effects.^{8,9} One in six adolescent marijuana users develops cannabis use disorder, a well characterized syndrome involving tolerance, withdrawal, and continued use despite significant associated impairments.^{10,11} Selective breeding has increased marijuana's addictive potency and potential harm to adolescents.¹² Heavy use during adolescence is

associated with increased incidence and worsened course of psychotic, mood, anxiety, and substance use disorders.^{13,14} Furthermore, marijuana's deleterious effects on adolescent cognition, behavior, and brain development may have immediate and long-term implications, including increased risk of motor vehicle accidents, sexual victimization, academic failure, lasting decline in intelligence measures, psychopathology, addiction, and psychosocial and occupational impairment.^{8,13-16}

Marijuana-related policy changes, including legalization, may have significant unintended consequences for children and adolescents. AACAP supports (a) initiatives to increase awareness of marijuana's harmful effects on adolescents, (b) improved access to evidence-based treatment for adolescents with marijuana-related problems, and (c) careful monitoring of the effects of marijuana-related policy changes on child and adolescent mental health. Finally, AACAP strongly advocates for the involvement of the medical and research community in these critical and highly impactful policy-related discussions.

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#

The American Academy of Child and Adolescent Psychiatry promotes the healthy development of children, adolescents, and families through advocacy, education, and research. Child and adolescent psychiatrists are the leading physician authority on children's mental health.

Approved by Council 2014. Revised May 2017

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

W W W . A A C A P . O R G

Proposed Model State Cannabis Laws to Reduce Harms December, 2019

Background: Despite the majority of states passing legislation and policies to allow access to medical and/or recreational, or nonmedical, use of cannabis and cannabis-derived products, there has been little coordination with the medical establishment, especially mental health and addiction specialists, to mitigate potential harms of legalized access

(1). As the nation's leading professional society for addiction psychiatrists, AAAP encourages states to consider the following, well-established and widely reproduced findings in the scientific literature regarding cannabis and mental health (2):

1). Cannabis can be addictive for upwards of 9-17% of users (3, 4) and 30-50% of daily users (5,6), especially those who begin use at younger ages (i.e. under age 18) (7).

2). Cannabis can cause transient psychosis (a break from reality, paranoia, etc.) with just a single episode of use (7). Risk is especially high with edibles, high potency cannabis, or products such as concentrates (i.e. wax, shatter) – which have in common contents higher in THC:CBD ratios (2,7).

3). Cannabis can cause and/or worsen psychiatric symptoms, especially for individuals vulnerable to, or experiencing mood, anxiety, trauma-related, or psychotic disorders (6, 4).

4). The developing brain (i.e., persons under age 25) is especially vulnerable to the use of cannabis on cognitive performance and increasing the risk for later development of mood and substance use disorders (6).

5). There is currently insufficient evidence for the use of “medical cannabis” to treat any psychiatric disorder, including the increasingly approved “qualifying condition” of post-traumatic stress disorder (PTSD) (2,6).

6). Blood levels of THC and its metabolites do not correspond to levels of physical or mental impairment and are not reliable for roadside testing of driver safety (6).

Proposed tenets: While AAAP does not endorse expanded access to cannabis, given the above scientific findings consistent with widespread expert consensus in medical and research communities, AAAP proposes the following key elements to inform any potential statewide initiative to legislate or amend expanded legal access to cannabis: 1). Legal recreational sales of cannabis should be limited to adults aged 21 or **older (some states may consider the age of 25)**. Similarly, any potential marketing or advertising of cannabis and cannabis derived products to youth and young adults should be banned.

2). As there is currently no psychiatric indication for “medical cannabis,” states should not include such indications (e.g. PTSD, anxiety, depression, opioid use disorder) as qualifying conditions. Similarly, advertising touting the use of cannabis for treating mental health conditions should be banned.

3). Any expansion of legal use should include strategic public awareness campaigns and packaging alerts about potential harms from use (8), especially heavy or daily use, or use of high-potency and edible products, such as risks of addiction, psychosis, and worsening of mood and anxiety symptoms. Targeted campaigns to prevent cannabis use during pregnancy and breastfeeding are warranted given the increasing prevalence of cannabis use among pregnant women living in the US (9).

4). State-level regulation, including allocation of funds for purchase of high grade analytic equipment, is critical for quality control measures to ensure proper chain of custody, testing, and labeling of cannabis derived products so that users have accurate information about what they are ingesting. Mechanisms to audit and impose penalties for infractions or fraudulent practices should be built into initial legislation.

5). Regulations are needed to guard against impaired driving and innovative approaches with dedicated funding from cannabis sales are needed to respond to this vital public safety issue.

6). States should maintain a public registry supported by revenue from cannabis sales that reports annually on adverse outcomes associated with medical and recreational cannabis product sales and/or consumption.

Signed, Arthur Robin

Williams MD MBE

Kevin P. Hill MD MHS

Richard N. Rosenthal MD

Hilary S. Connery MD PhD

Justine Welsh, MD

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SB-3335-HD-1

Submitted on: 3/18/2024 12:29:48 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Alexia Thrash	Individual	Oppose	Written Testimony Only

Comments:

To Whom It May Concern,

I oppose SB 3335 because how the bill is laid out and the action plan drafted raises concerns with 0 sound resolutions.

This bill will essentially increase police task forces and new positions for prosecutions, an unproductive result. This increase creates more expenses with hardly sound process for revenue. As a business decision, this is not logical. It would also lead to more incrimination rather than the productivity we are led to believe with legalization, as the blood quantum is extremely low and not actually taking into consideration the very valid medical reasonings and guidelines for THC consumption. On top of the increasing of taxes imposed on cannabis.

If the bill truly sought out for resolutions the money proposed to be set for task forces and prosecution positions and increased taxes, should actually be allocated to programs and organizations that are created for proper health, or other areas in life that alleviate life's stressors, as already living in a society and economy that is constantly overcharging to medical care and overlooking mental health is hard and expensive enough.

To conclude, this bill creates more problems than solutions, and puts that burden on individuals rather than actually providing the help and resources they require.

SB-3335-HD-1

Submitted on: 3/18/2024 12:30:45 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ian Mullins	Individual	Support	Written Testimony Only

Comments:

SB3335 SD2 HD1

Chair Nakashima,
Vice Chair Sayama,
Members of the Consumer Protections and Commerce Committee:

My name is Ian Mullins and I have been the Director of Manufacturing for Green Aloha on Kauai. I have seen our patients benefit from the availability of cannabis products through the medical system. As many more states move to pass Adult Use of Cannabis, Hawaii can also benefit by using the tax revenue to improve education and infrastructure. With a regulated and state monitored adult use system, we will see black market risks disappear due to the wide availability and lower pricing, lowering any crime associated with cannabis. This is also what the overwhelming majority of adults in this state and the nation as a whole are asking for. Cannabis is a far preferable adult use substance than alcohol simply looking at death, domestic violence and auto accident numbers. Let's regulate its sale and use and improve our state's education and infrastructure.

I encourage the legislators to consider all the state benefits from the taxes on adult use. Cannabis will go legal nationally and it makes sense that the great state of Hawaii benefit from this as soon as possible while giving the people what they want.
thank you for your time and consideration,

Ian Mullins

SB3335 SD2 HD1

Chair Nakashima

Vice Chair Sayama

Members of the Consumer Protection and Commerce Committee

ALOHA, I am Lynn Last Rothstein and I am 74 years old. I have been a successful businesswoman, president of an arts organization and artist. My work has appeared in the Los Angeles County Museum of Art, the American Craft Museum in New York and has traveled to Japan. I have been using cannabis, intermittently since 1969. I have never progressed to hard drugs of any kind. I have rarely taken prescribed pain pills even after complicated back surgery. I use cannabis in much the same way as someone who has an occasional glass of wine or a pint of beer a few times a week in order to unwind from the stresses of life. Would you call such modest consumption alcoholism or addiction? I think not.

I don't like to drink alcohol for several reasons. First, it gives me a headache, but more importantly alcohol is closely linked to increases in cancer occurrences and deaths. "Nearly 4% of cancers diagnosed worldwide in 2020 can be attributed to alcohol consumption according to the World Health Organization. In the United States alone, about 75,000 cancer cases and 19,000 deaths are estimated to be linked to alcohol each year"¹. This is particularly true for breast cancer, which I have had. In fact, studies have shown that for every "10 grams in alcohol consumed the average risk increases 5% among pre-menopausal women and 9% among post-menopausal women. A standard drink contains 14 grams of alcohol."²

I have never traveled with cannabis, and I have no problem completely abstaining from using it when I travel for several weeks overseas or someplace where I can't easily obtain it. In these situations, I have absolutely no withdrawal symptoms or even the urge to consume

¹ WWW.CANCER.GOV; The National Cancer Institute. "Study Probes Awareness of Alcohol's Link to Cancer"; Pg 1; January 18, 2023 ; A. Hopkins.

²² National Institute on Alcohol Abuse and Alcoholism; "What is a Standard Drink?"; <https://WWW.NIAAA.NIH.GOV/Alcohol-Health-Overview-Alcohol-Consumption/w>; July 5, 2019

cannabis. I do not consider this an addiction in any medically meaningful way. I have also heard the arguments against cannabis related to the currently stronger available strains. These arguments are non-sensical as the STRONGER the cannabis the LESS I NEED TO CONSUME to reach my desired state of relaxation.

I am a strong supporter of this legislation as I would just like to walk into a licensed shop to buy cannabis legally and know it has been tested for adulterants, pesticides, molds, and heavy metals; as well as tested for potency.

I also have no desire to support the “black market”, people who don’t pay taxes, don’t test their products, yet sell to minors.

I believe that legal, licensed dispensaries are appropriate for adults over 21. This has worked in 24 other states and opioids and deaths have actually declined in states following legalization³. I believe that a robust legal market will eventually end the black market in much the same way as the end of Prohibition did away with moonshiners, “rum-runners” and speakeasies.

I encourage this committee to support this legislation

Mahalo for your time

^{3 3} <https://www.colorado.edu/today/2022/11/04/decade-after-legalizing-cannabis-colorado-here-what-we-learned>

SB-3335-HD-1

Submitted on: 3/18/2024 12:41:19 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kehau Lee	Individual	Oppose	Written Testimony Only

Comments:

This bill infringes on the constitutional right of individuals to breathe clean air, and live in a clean and healthy environment. It's embedded In Hawaii's constitution.

I don't want to inhale carcinogens everywhere I go.

I don't want to inhale carcinogens every time I walk my dog.

I don't want children to have to be exposed to drug addicts smoking joints on the sidewalk fronting their house when they go outside to play.

I don't want altercations between neighbors who are users and non-users.

I don't want to inhale carcinogens in my home every time my neighbor lights a joint.

I don't want my sleep disturbed by the potent smells of pot.

I don't want my sleep disturbed by the loud humming noise and glaring lights from the heat lamps running 24/7, from my neighbor growing pot next door.

I don't want to worry about my house burning down by the heat lamps running nonstop day and night.

I don't want children and loved ones being killed in head on collisions.

I don't want any more bicyclists killed by hit and run.

I don't want to see dealers peddling on the streets.

I don't want to see children using on the streets.

I don't want any more fatal shootings on the street because of turf wars.

I don't want drive by shootings because of turf wars.

I don't want to be an unintended victim of a stray bullet.

I don't want an increase in the black market and organized crime.

I don't want an increase in crime in my neighborhood.

I don't want fatalities of children and pets accidentally poisoned in their homes.

I don't want police, EMS, and hospitals overwhelmed in response to drug overdoses.

I don't want my taxes increased because of the increased need for emergency responders.

I don't want my lawmakers to promote a federally classified illegal drug in the same category as LSD and heroin.

I don't want tourism to be at risk of even further decline because of opposition.

I honestly believe that people will become increasingly enraged by the reality of the negative impact this will have in their everyday lives, which will incite them to take legal action.

Please consider alternative solutions to increase revenue, that does not promote the addiction to illicit drugs, jeopardize public safety and health, and deteriorate the quality of life in our neighborhoods.

SB-3335-HD-1

Submitted on: 3/18/2024 12:45:11 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Victor K. Ramos	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose this bill. I cannot understand for the life of me why you legislatures persist in legalizing an addicting drug for money. None of you are naive about the guaranteed trickle down usage by our children and young people that WILL result if this bill is passed. Get ready for a diminishing of the quality of life and our parks, beaches and neighborhoods. Shame on all of you at the legislature that support this bill. Hewa nui e ko 'oukou.

SB-3335-HD-1

Submitted on: 3/18/2024 12:45:35 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Keith Montross	Individual	Oppose	Written Testimony Only

Comments:

This bill is a classic exsmple of 'government overreach'. In over 100 years since Prohibition proved to be a stupid and unenforceable type of legislation, people continue to believe that creating more onerous rules for some elements of society that can easily self-regulate within existing government parameters is a waste of time, effort and - most importantly - taxpayer money. Whoever authored this bill could serve the general population of Hawaii by devoting MUCH more time, effort and resources into SOLVING the homeless problems that continues to grow and plague our state. Lip service to the issue is nothing but political posturing. DON'T TALK ABOUT - DO SOMETHING ABOUT !!!

This bill does NOT advance the betterment of the community as a whole; rather it is another example of regression fomented by several people who seem to believe that their way is 'the best way' for the rest of us. A broader view of the whole matter could produce more tax revenue, improve access to medicine that has proved to be effective and support for those who already recognize and ARE doing something about it!! Don't make this bill a law!

SB-3335-HD-1

Submitted on: 3/18/2024 12:46:52 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jennifer Cazares	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill. It doesn't benefit anyone who needs medicine

SB-3335-HD-1

Submitted on: 3/18/2024 1:02:31 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
robin lore	Individual	Support	Written Testimony Only

Comments:

SB3335 SD2 HD1

Chair Nakashima,

Vice Chair Sayama,

Member of the Consumer Protections and Commerce Committee,

My name is Robin Lore. i was born and raised in Kapa'a, Kaua'i. After graduating from Kapa'a high school, i moved to the pacific northwest. Where I spent 17 years away from home. The last 5 years of that time, i had spent in the i502 community. Growing, harvesting, processing and packaging cannabis. Within the i502 community i met some of the kindest and level-headed people ive ever met. It goes without saying, that cannabis has been watched under a sickened eye for the past half century. I would love to make comparisons of other types of substances that are legal to sell that cause a greater negative impact than cannabis, but that isnt necessarily the issue.

growing up diagnosed with ADD, I was put on ritalin, dexedrine and adderall progressively throughout my teenage years. I hadnt touched marijuana prior to my late teens because of what i had been told by my elders and the DARE program. What i had noticed a week or so after starting to partake in cannabis that it had been doing the job that these ADD prescriptions were given to me to do(but never did). In turn, what i got from these medications was: depression, anxiety, insomnia, a lack of appetite and mood swings.

When i started to use cannabis, I noticed that it combatted all of these problems that were brought on by ADD medication. It also helped me to concentrate and focus(believe it or not).

In 2012 when my grandmother was very ill from the chemo treatments due to her lymphoma, she couldnt eat or sleep. She barely had the energy to talk. I came home to visit her, it was a hard sight to see. So i acquired some cannabis flower and made some "pot butter" and spread it on a little piece of toast for her. she ate the toast and went right to sleep. 3 hours later, she wakes up and gets a snack from the fridge(something she wasnt able to do for herself or even had an interest in for weeks). That evening, my grandmother stayed up in the livingroom with us for a

few more hours as she snacked and told us stories from when she was young, laughing from her belly(which was miraculously feeling better) and smiling for the first times in months.

You see, cannabis can be a miraculous. It can bring light to dark times. It can bring happiness to someone who has lost the will to seek it. It can provide beautiful memories to the families of people who are suffering. And it shouldn't be an obstacle for our people to experience this. These solutions are also not a product of someone losing their minds and becoming delusional. It is the product of a simple flower, providing comfort to someone in pain and reminding them of the blessing they still have to count. Please find it in your hearts and minds to look past the negative and ignorant comments made about such a beneficial plant.

thank you,

Robin Lore of Kapa'a

Testimony SB3335, SD2, Relating HD1

Chair Nakashima
Vice Chair Sayama
Members of the Consumer protections and Commerce Committee

Aloha

My name is Mark T. Rothstein, M.D.. I am a licensed physician in Hawaii since 2004 (License No. MD-11535) and in Ohio since 1974 (License No. 35.037876) with 43 years of “on the ground “ clinical experience as a board-certified family physician. I am the Medical Director of Green Aloha Ltd., one of the existing eight legal medical cannabis license holders and sole licensee for Kauai. I have completed 53.5 hours of approved American Academy of Family Medicine Continuing Medical Education Hours (CME) specifically on medical cannabis topics I am in strong support of SB3335 SD2.

Since the release of the exploitation film “Reefer Madness” in 1936, supporters of marijuana prohibition have promoted cannabis as having an exaggerated potential for harm and have spread misinformation about its impact on society. Some of the very same misleading and erroneous statements have recently been appearing regarding the Hawaii Adult Cannabis debate.

No product, including cannabis, is completely without harm. It is not a miracle drug. However, it is far less harmful than portrayed by its critics. In contrast, “tobacco smoking is the leading preventable cause of death in the U.S. It is estimated that there are over 480,000 deaths caused by cigarette smoking each year”.¹ In addition, “excessive alcohol use was responsible for about 178,000 deaths each year during 2020-2021, or 488 deaths per day”².

The Institute of Medicine (IOM) report *Marijuana and Medicine: Assessing the Science Base* states that “epidemiological data indicate that in the general population marijuana use is not associated with increased mortality”³. Also, a systematic review informed by epidemiological data did not report a statistically significant association between cannabis use and mortality⁴.

¹ The CDC National Health Report Highlights. Preventable Causes of Death in the U.S. U.S. Department of Health and Human Services, Center for Disease Control and Prevention (CDC). Pg 8.

² WWW.CDC.GOV; “Deaths From Excessive Alcohol Use In The United States”. Pg. 1

³ IOM (Institute of Medicine). *Marijuana and medicine: Assessing the science base*. Washington, DC: National Academy Press; 1999. Pg. 109

⁴ Calabria B, Degenhardt L, Hall W, Lynskey M. Does cannabis use increase the risk of death? Systematic review of epidemiological evidence on adverse effects of cannabis use. *Drug and Alcohol Review*. 2010;29(3):318–330. [[PubMed](#)] [[Reference list](#)]

While alcohol is associated with increased forms of several cancers and there is incontrovertible evidence of the link between lung cancer and cigarette smoking, “no research exists to directly link smoking marijuana and lung cancer”⁵.

It is widely known that tobacco and alcohol can be extremely addictive. There is a Cannabis Use Disorder too, but it is far less common and its consequences less severe. Legalizing adult use “cannabis at the state level does not increase substance use disorders or use of illicit drugs among adults and, in fact, may reduce alcohol-related problems, according to new Colorado University at Boulder research”⁶.

“There is no consensus of causality that cannabis is a gateway drug. Researchers disagree on whether marijuana...use leads a person to use more dangerous drugs like cocaine or heroin”.^{7 8} There is limited evidence suggesting that marijuana increases the risk of using other Drugs.⁹ It is more logical to assume that because cannabis has been illegal It has brought cannabis consumers into contact with people who also sell more harmful substances.

In fact, “As National Institute on Drug Abuse Director Nora Volkow testified at a March 23, 2022 Senate Health, Education and Labor & Pensions committee hearing, “in the United States, legalization by some states of marijuana has not been associated with an increase in adolescents’ marijuana use.”¹⁰ Also, “many social ills that opponents warned about a decade ago have not come to pass”. In Colorado, “DUIs and crime did not explode following legalization. And several studies have shown that opioid and deaths have actually declined in states following legalization”¹¹.

⁵ BMJ 2021;372m4957

⁶ <https://www.colorado.edu/today/2023/01/24/gateway-drug-no-more-study-shows-legalizing-recreational-cannabis-does-not-increase>

⁷ Risk of Using Other Drugs; Mayet A, Legleye S, Beck F, Falissama B, Chau N. The Gateway Hypothesis, Common Liability to Addictions or the Route of Administration Model? A Modeling Process linking the Three Theories. *European Addiction Research*, 2016;22(2):107-117. This is sited in an article on the cdc.gov website titled Marijuana and Public Health. Pg. 1

⁸ Mayet A, Legleye S, Chou N, Falissama B. Transitions Between Tobacco and Cannabis Use Among Adolescents: A Multi-State Modeling of Progression to Daily Use. *Addictive Behavior* 2011; 36(11):1101-1105. This is sited in an article on the cdc.gov website titled Marijuana and Public Health. Pg. 1

⁹ Secades-Villa R, Garcia-Rodriguez O, Jin CJ, Wang S, Blanco C. Probability and Predictors of Cannabis Gateway Effect: A National Study. *International Journal of Drug Policy* 2015; 26(2):135-142. This is sited in an article on the cdc.gov website titled Marijuana and Public Health. Pg. 1

¹⁰ www.mpp.org ;Marijuana Policy Project. Teen Marijuana Use Does Not Increase Following Marijuana Policy Reform. Page 1

¹¹ <https://www.colorado.edu/today/2022/11/04/decade-after-legalizing-cannabis-colorado-here-what-we-learned>

The Black Market on Kauai and Hawaii in general is quite robust. There is almost no enforcement of their illegality. **They sell untested and untaxed cannabis even to adolescents.** If one is truly concerned about cannabis potency and contamination with bacteria, mold, pesticides, and heavy metals, then let's extend the rules and regulations to the adult population as they already exist in the medical cannabis space. This is exactly what the proposed Adult Use legislation will accomplish. In addition, the Black Market is responsible for the adulteration of cannabis with other more dangerous drugs as well as extending the availability of illegal dangerous drugs in general (like so-called "synthetic marijuana", K2 and Spice, which are NOT cannabinoids)¹².

Passage of the Adult Use of Cannabis legislation will reduce the influence of the Black Market, just as the repeal of alcohol prohibition in the 1933 led to the almost complete elimination of the sale of "moonshine" and will allow law-abiding businesses to operate successfully. The law will extend the present medical cannabis rule of strict government issued I.D. requirement preventing those under 21 years old from purchasing cannabis.

We, as a society, have long regulated the adult use of the far more dangerous drugs such as alcohol and tobacco. Let us stop the cannabis prohibition. "The War on Drugs has failed"¹³. Let us join the other 24 states in the U.S. that have passed a sane Adult Use Cannabis legislation.

In a poll released last month, "86% of adult Hawaii residents favor legalizing recreational marijuana"¹⁴. Kauai (and Hawaii) residents overwhelmingly support this legislation introduced by the Governor and Attorney General. Once passed, it is estimated that "tax revenues of \$34-53 million dollar"¹⁵ a year will be generated at the State level although others have estimated annual revenues to be twice that.

Warmest Aloha and thank you for considering my testimony,

Mark T. Rothstein, M.D., Diplomate American Board of Family Medicine 1976-2023.

¹² www.dea.gov ; Spice/K2, Synthetic Marijuana? Pg. 1

¹³ www.ncbi.nlm.nih.gov ;War on Drug Policing and Police Brutality; Pg. 1

¹⁴ Article in the IslandNews on Jan. 31, 2024 quoting a public opinion poll by the Hawaii Cannabis Industry Association (HICIA).

¹⁵ <https://health.hawaii.gov>; Cannabis Tax PIG Report-Final.pdf. Aug 12, 2022

SB-3335-HD-1

Submitted on: 3/18/2024 1:16:27 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Tadia Rice	Individual	Support	Written Testimony Only

Comments:

Aloha, my name is Tadia Rice and I live in Kailua. I'm testifying in support of SB3335 SD2 HD1.

Please ensure SB 3335 SD2 HD1 prioritizes racial justice by fostering equity in licensing by providing that existing Hawai'i farmers are second in line-after medical licenses for cultivation licensing, and increasing the number of social equity licensees. Cannabis legalization rooted in racial justice also means including an amendment that removes the excessive funding allocations to law enforcement and instead increases funding to social equity and community services.

Sold to the public in the name of public safety, Hawai'i's cannabis laws needlessly ensnare hundreds of people -- disproportionately Native Hawaiian adults and youth -- in its criminal justice system every year. These arrests are not just an unnecessary burden on residents and the judicial system, but also negatively affect access to employment, housing, and child custody, among others, for the person arrested. These collateral harms can last for decades, even after someone has served their time or paid any required fines.

Let's end Hawai'i's unnecessary and harmful war on cannabis.

Mahalo for your time and consideration.

SB-3335-HD-1

Submitted on: 3/18/2024 1:16:47 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Greg Misakian	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose SB3335 SD2 HD1.

Common sense and extensive research tells us drugs are not good for society.

Our legislators appear to once again be thinking with visions of dollar signs in their heads, and not what is best for the public.

Please do what is best for the public.

Greg Misakian

SB-3335-HD-1

Submitted on: 3/18/2024 1:21:05 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Patsy H Nanbu	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose the legalization of recretaional marijauna.

SB-3335-HD-1

Submitted on: 3/18/2024 1:43:52 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Anna Chua	Individual	Support	Written Testimony Only

Comments:

Aloha Chair and members of the committee, my name is Anna, and I live in Honolulu. I'm testifying with comments in support of SB3335 SD2 HD1. Cannabis legalization rooted in racial justice means including an amendment that removes the excessive funding allocations to law enforcement and instead increases funding to social equity and community services. Sold to the public in the name of public safety, Hawai'i's cannabis laws needlessly ensnare hundreds of people -- disproportionately Native Hawaiian adults and youth -- in its criminal justice system every year. As a social work student, I witnessed firsthand how these arrests negatively affect access to employment, housing, social and familial ties, and child custody, among many others, for the person arrested and their families. These collateral, generational harms can last for decades, even after someone has served their time or paid any required fines.

Being in the field of social work, I witness firsthand the dire need for community-centered and community-driven services and support. What the community needs is to know that there are systems of unconditional support in place that will help to keep all of us safe. The solution to public safety does not lie in punitive, carceral measures, but rather in restorative justice and community-based services that center Native Hawaiian ways of living and knowing, many of which are severely underfunded. I believe that if we are to champion social, racial, and economic justice through legislation, these services are where funding should be allocated as an alternative to law enforcement.

Additionally, please ensure that SB 3335 SD2 HD1 prioritizes racial justice by fostering equity in licensing by providing that existing Hawai'i farmers are second in line-after medical licenses for cultivation licensing, and increasing the number of social equity licensees.

It is past time to end Hawai'i's unnecessary and harmful war on cannabis and pave the way toward a system that brings communities together instead of tearing them apart. Mahalo for your time and consideration.

SB-3335-HD-1

Submitted on: 3/18/2024 1:51:34 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Victor Makekai-Scocca	Individual	Support	In Person

Comments:

Testimony

IN SUPPORT

SB3335,SD2 HD1-Relating to Cannabis

Aloha Chair Nakashima, Vice Chair Sayama, and members of the Consumer Protection & Commerce Committee,

Thank you for the opportunity to testify in strong support of SB3335.

I am grateful for the opportunity to provide testimony on the crucial matter of adult use cannabis legalization. As a concerned citizen, 329 cardholder and Cannabis industry professional, I believe it is imperative to address this issue with careful consideration for consumer protection and economic impact.

First and foremost, the legalization of adult use cannabis presents a unique opportunity to regulate and standardize the production, distribution, and sale of cannabis products. By establishing clear guidelines and quality control measures, we can ensure that consumers have access to safe and accurately labeled products, thus mitigating the potential health risks and dangers associated with unregulated markets. Proper regulation ensures that cannabis products meet the highest quality and safety standards, protecting consumers from harmful substances and contaminants.

Legalization opens doors for economic growth and job creation. The cannabis industry has the potential to generate Nearly \$40 million within the first year of initial sales; and Over \$100 million per year when the industry fully matures, which can be allocated towards public health initiatives, education, and community programs. Additionally, legalization can stimulate job growth across various sectors, including agriculture, retail, and ancillary services such as packaging etc., thereby contributing to overall economic development.

However, it is crucial to address concerns related to youth access and public safety. Strict regulations must be implemented to prevent underage consumption and impaired driving, similar to regulations currently in place to prevent underage alcohol consumption and impaired driving. Educational campaigns should be launched to inform the public about responsible cannabis use and the potential risks associated with misuse.

In conclusion, the legalization of adult use cannabis has the potential to benefit both consumers and the economy. Legalization affirms an individual's rights to make decisions about their own bodies and lifestyles, promoting personal freedom and autonomy. By prioritizing consumer protection and implementing robust regulatory frameworks, we can create a safer, more transparent cannabis market that serves the needs of our communities.

Thank you for considering my testimony on this important matter.

SB-3335-HD-1

Submitted on: 3/18/2024 1:53:31 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lianna McMillan	Individual	Oppose	Written Testimony Only

Comments:

Please vote NO to SB3335. Marijuana violates the rights of others to breathe clean air. It also causes an altered state of reality. Families and work places would be affected negatively to the legalization of recreational use of marijuana because of this altered state and the lingering effects, not to mention the stench that it leaves with it.

Testimony
IN SUPPORT
SB3335, SD2 HD1- Relating to Cannabis

Aloha, Chair Nakashima, Vice Chair Sayama and Members of the Committee.

My name is Drew Daniels. I'm a Hawai'i Island resident, 329 cardholder and cannabis industry professional, and I support SB3335.

Over the past 3 ½ years I have traveled for industry events and talked to people all over the United States regarding cannabis. I have seen how this sector creates opportunity for not just farmers and retail dispensaries but media makers, chefs, transportation specialists, hospitality, tourism and so much more. A recent report found over 417,000 full-time equivalent jobs supported by legal cannabis as of last year. In my travels, I've met many people from Hawaii working in the cannabis industry. Almost every one of them said the same thing to me. They said they wish they could come home and do what they're doing in California, Washington, Nevada, Colorado, New Jersey, and so on. By keeping cannabis illegal, we're not only perpetuating antiquated rules rooted in racism and capitalist manipulation; we're also pushing away a segment of Hawaii's young and talented professionals.

Currently, more than 80% of Hawaii voters support legalizing and regulating cannabis use for adults. At this point, 24 other states and districts across the United States have legalized cannabis use. In fact, the majority of tourists visiting Hawaii are coming from places where cannabis is already legal (ie. Canada and US West). By moving on this issue now, you are not only establishing a regulated market to capture local sales and tax revenue but we are setting up Hawai'i farmers to establish themselves now for export potential when Federal legalization inevitably comes.

The speculative fear around legalization is unwarranted mainly because a thriving cannabis industry already exists in Hawai'i. It is just unregulated and unenforced. Currently in every district in Hawaii, there is imported, untested cannabis in counterfeit packaging being sold freely to whoever has the cash to buy it. You can order it through Instagram, have it delivered to your door, and you can even get products at kiosks in malls. Illicit operators are hosting events and giving away cannabis blindly via social media stunts. The fear that a responsible, regulated market will wreak havoc on our communities is simply ridiculous considering the lack of concern or enforcement now.

Further inaction on this issue will only keep the industry in the hands of this illicit market. It will not only deprive locals and tourists access to reliable, safe and convenient cannabis, it will continue to set Hawaii's farmers and workforce behind when cannabis is inevitably federally legalized. The US cannabis industry is expected to reach almost \$40 billion in 2024. Once cannabis is federally legalized, Hawaii has potential for an export market, like coffee and mac nuts. That is a tide that could potentially lift all of Hawaii's agricultural ships. For example, Big Island Grown sourced 4000 lbs of local produce last year for their gummies production alone.

The way companies like Ola Brew and Manoa Chocolate are generating local agricultural demand, craft cannabis companies will follow.

Legalization also addresses the concerns about cannabis potency. Unlike the unregulated market that offers cannabis products of uncertain origin, composition and potency, a well-regulated adult-use cannabis market provides quality assurance practices like accurate labeling and batch testing to ensure people know exactly what they're getting.

This session we have heard a lot of fear-based testimony in opposition of legalization. The way that cannabis users have been painted as "numb and dumb" is not only inaccurate but it's offensive to those of us who take our kuleana in this industry seriously. I'd like to clear up some of the misinformation being presented.

While the anecdotes from individuals who smoked cannabis and then got hooked on meth are sad, I would like to remind you that this is absolutely **not the norm**. According to the [National Institute of Drug Abuse](#), "the *majority* of people who use marijuana do not go on to use other, harder substances." The gateway drug theory [has been disproven](#) many times. Cannabis is only a gateway to harder drugs when your dealer is also selling harder drugs; this is clearly not the result of a regulated market.

In fact, it's worth mentioning that many believe that the meth epidemic was a direct result of Green Harvest's efforts to eradicate local pakalolo farms. In response to Operation Wipeout, a 1989 report by the state Attorney General's Department entitled "*A Survey of Hawaii's War on Drugs*" said "as the supply of locally produced marijuana decreased, methamphetamine, cocaine and imported marijuana would begin blowing in to answer the local demand." A 3 year NIDA study from 1994 that interviewed over 450 meth users in Hawaii mentioned "Plenty guys I know use ice because they can't get pot. I'd rather see them smoking pakalolo cause they were mellow, nice people. On Ice, they change into robbing houses and carrying guns in less than one month. Things they never did on weed."

Despite the demonization of cannabis from opponents, we are talking about a significantly safer option for adults. Scientifically, cannabis consumption is [114 times safer than alcohol](#). [One UC Berkeley study on Harm Reduction](#), shows that cannabis is a viable solution for many to decrease or stop their use of alcohol, prescription and illicit drugs. They found it supports less feelings of withdrawals, less negative side effects, and overall better symptom management, further proving that cannabis is not a gateway drug, for many it is a getaway drug. Jared Polis, former governor of Colorado said, "We've seen a decrease in opioid overdose deaths since legalizing cannabis, suggesting that access to legal cannabis may serve as an alternative pain management option."

Across the state, we sell alcohol in almost every drug store, supermarket, restaurant, and major event. According to the CDC, about six people die from alcohol poisoning every day and the [NCADD calculates](#) there are 2.5 million alcohol-related deaths each year. Meanwhile, there has never been a lethal cannabis overdose.

By establishing a regulated adult-use market, you're providing convenient and safe options for mature, respectable adults to purchase a non-lethal, plant-based product that is significantly safer than alcohol. If alcohol, a deadly/addictive/violence-inducing drug is legal and celebrated, why is cannabis - a life-changing, medicinal plant still being prohibited? In the words of Rep. Fevella, "we're all respectable adults here." - let us make our own choices whether we want alcohol or cannabis.

While we have heard speculation on how legalization could be detrimental, the fears of increased crime and community danger are unjustified. In fact, [studies by the CDC have shown](#) that in markets where adult use has been legalized - youth cannabis use has actually declined. [Another study by Quartz Media](#) shows that in the four legal states they assessed, traffic deaths fell by an average of 12 percent in the three years immediately following the adoption of adult-use marijuana legalization. By contrast, deaths increased nearly two percent over this same time in the five control states.

There are [other studies](#) that point to cannabis policy reform as a public safety benefit. In [a recent paper](#) using regression analysis, a University of Washington researcher wrote, "Results indicate that the legalization of marijuana, both recreational and medical, does not increase violent crime rates. In contrast, marijuana legalization could lead to a decline in violent crime such as homicide, robbery and aggravated assault." In [a 2018 analysis](#), experts at Washington State University also found that police solved significantly more violent and property crimes after passage of legalization laws in Colorado and Washington. Another peer-reviewed paper in [The Economic Journal](#) supports the argument that legalizing cannabis reduces crime by replacing illicit markets with licensed operators.

In regards to the impact on tourism, we know that most of Hawaii's visitors are now coming from places where cannabis is already legal (ie. the US West and Canada). Despite Mr. Alms' ridiculous claims last hearing that we could potentially lose 50-100% of the Japanese tourists, a recent [Civil Beat article](#) points out that Japanese tourism in California actually *increased* after they legalized adult-use cannabis. According to figures provided by [Visit California](#), in 2017 Japanese visitors to Cali was approx 537k. In 2018 when legal sales started it was 548k. It went up again in 2019 to 559k. It was also mentioned that the overwhelming majority of visitors went to counties with legal dispensaries, not the rural counties that opted out.

This measure would establish a new 14% cannabis tax. Together with GET as well as income and corporate taxes the bill has the potential to provide a much-needed revenue stream for the state; upwards of \$40 million within the first year of initial sales; and over \$100 million per year when the industry fully matures.

In conclusion, legalization reduces risks and creates opportunity. I urge you to do what the majority of voters support: let existing licenses generate tax revenue to fund a program where local farms can get licensed to enter the legal framework; encourage police to focus on imported and more dangerous substances; preserve the medical market; and let Hawaii grow!

Additional Sources to Consider:

- [Cannabis as a substitute for alcohol and other drugs](#)
- [Following marijuana legalization, teen drug use is down in Colorado](#)

SD 3335 SD2: Strong Opposition To Your Involvement In My God Given Rights

Aloha Chair and Committee Members,

Mahalo for once again trying to restore my rights. This bill fails to do in new fancy ways but fails miserably. It's as though you're trying to do everything but decriminalize, deschedule or deregulate. As evidenced by your efforts, you have lost your way and it's uncertain to the reader whether you are trying to fool people by calling it a legalization bill or if this body actually does not understand our God given rights to whole plant medicine.

I strongly urge reconsideration of the current approach to increase the regulation of cannabis. Your awareness needs shifting. The establishment of additional state agencies, new and increased taxes will continue to negatively affect cannabis consumers and especially patients and caregivers who must purchase more than recreational amounts of cannabis.

I can only pray that someone you love will be allowed legal access to more than an ounce of flower or a few grams of concentrate when it's their time to die. Surely your church worships a more compassionate God.

Imposing financial burdens on the broader public to enforce regulations that will increase the incarceration of cultivators is palpable in this bill. Please at least read the patient protection acts of other states before conducting your regulatory experiments on patients in Hawaii? It is crucial that those of us with a vested interest in the cultivation and therapeutic use of cannabis are involved in the formulation of these regulations. Our requests and ideas continue to be overshadowed by your investors.

The state's failure to establish a comprehensive medical cannabis program that effectively matches specific cannabis treatments to patient symptoms remains a significant oversight. Patients still face challenges in obtaining cannabis products with clear ingredient labeling. There is currently no way for a patient to purchase CBDV in Hawaii from the people you licensed. The current framework lacks the necessary expertise to craft laws that facilitate, rather than restrict, access to essential medicine.

Federal jurisdictions still prevent patients from legally driving from a dispensary to their homes or taking their medicine to another island without a dispensary investor license.

Historical efforts have shown a consistent lack of effectiveness and transparency in managing cannabis regulation, undermining the intended support for both dispensary investors and the broader community. The pursuit of freedom for everyone who chooses to consume cannabis, without undue legal or financial constraints, is not in this bill. Consider learning from the failures of every other state that has failed to return our God given rights to cannabis? Easing up on incarceration rates is not enough.

It's essential to recognize the unintended consequences of stringent cannabis regulations. This bill's potential to exacerbate issues such as the methamphetamine crisis by inflating the cost of cannabis can shift pain management decisions. Have you not read the federal reports on the meth epidemic?

Increased costs, whether through taxation or the commodification of cannabis creates opportunities for illicit markets. Complicating the distinction between lawful patient growers and investor-labeled, "black market" operations from a helicopter remains unlikely twenty years later. A thorough examination of federal reports on this subject is imperative for informed policy-making. Many of us still want peaceful skies.

The time is now for a pivotal shift in policy, one that respects the autonomy of individuals in managing their health and recreational drug of choice. Past regulatory and policy experiments have already poisoned our food and water and reduced economic opportunities for too many. The smart ones may have left but the ones left will fight you till the end. Please do tell us more about your plans to give us money to grow cannabis. Tell us more about your plans to give money to the people who need it most. Why keep it a secret in a few paragraphs in a 194 page document? Your bill speaks of "minimum prohibitions" but we want minimum regulations. How will this bill make anyone safer? Buying more guns to protect us from less plants is vile in nature.

I would encourage everyone to search the bill for the words, dereg, decrim, prohibition, free, affordable, easier, deschedule, reschedule etc. You can often see intention through what's missing or not being said. The 79 references to marijuana are just your own inability to follow your own laws. If you were sincere you wouldn't delay these new laws for another 18 months if the bill passes. Perhaps you do the same for your pay increases?

Let us not extend your past mistakes. It's an election year. The FDA has made recommendations to the DEA to dramatically reschedule cannabis. How will you protect us from your new laws and administrative rules when federal laws change? Are you counting on schedule 2? How many years will it take for Hawaii law enforcement to reschedule cannabis after the DEA does so? Will more people have to sue the state?

Until you can get the courage to ask for a federal exemption from prosecution for patients you license, you are likely incapable of restoring any of our rights. Many of you voted HCR132 into law which passed unanimously. Were you being sincere?

Wait until the DEA makes a decision and cannabis has been removed from the federal Controlled Substances Act entirely, before moving ahead with recreational use in Hawaii, and in the meantime improve and expand the medical program, to include getting a federal exemption for our patients.

This moment presents an opportunity for meaningful change by simply supporting the rights of individuals to access and cultivate cannabis for their well-being. Get out of our conversations with our doctors. Get out of our homes and gardens and stay away from our children until you can create protections from your agents.

Thank you for taking the time to consider these concerns and perspectives.

Mahalo nui,
Brent Norris
801-896-7656

 Hawaii Patients Union

Hawai'iPatientsUnion.com

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SB-3335-HD-1

Submitted on: 3/18/2024 1:58:34 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kryslin Nishibun	Individual	Oppose	Written Testimony Only

Comments:

I'm a board-certified general psychiatrist who is finishing up a child psychiatry fellowship, and I strongly oppose SB3335 (HB2600) regarding legalization of recreational marijuana. The repercussions of passing this bill could be deleterious for our youth and issues concerning their mental health including the development of serious mental illness and increase in suicide.

Marijuana legalization in other states evolved as part of political agendas without appropriate scientific guidance or mindfulness of public health impacts. As we study the consequences of legalization and commercialization of marijuana, we are finding that commercialization increases youth cannabis access, diversion of parental cannabis, and proliferation of high-potency products. Additionally, we know that cannabis use in adolescents, whose brains do not physiologically complete development until the mid-20s, is associated with an increased risk in mental health problems including schizophrenia and substance use disorders. Community statistics also have revealed that marijuana is the drug of choice for most of our local youth being treated for substance use disorders. Therefore, legalization of recreational marijuana in our state would increase access to the drug (for both accidental and intentional use) and inundate our already limited mental health and substance use resources.

Most concerning is a recent study published in 2023 by Hammond et.al which found that recreational marijuana legalization is associated with an increased rate of suicide in 14- to 16-year-olds. Is there any potential benefit of this bill that is worth risking the lives of our keiki?

A less extreme risk that is already quite commonly seen in our local emergency rooms and pediatric medical floors are cannabis-induced mood disorders like depression and bipolar disorder, cannabis-induced anxiety disorders, cannabis-induced psychosis (generally presenting as hallucinations and/or agitation) and cannabinoid hyperemesis syndrome. The workup and treatment of these disorders is expensive and stressful for families, and in most situations are recurring due to continued marijuana use. During my nearly two years of child and adolescent psychiatry training, I can confidently say that more than 90% of the substance-induced acute

psychiatric disorders I see are related to marijuana, and that I have evaluated at least four adolescents with cyclic vomiting secondary to marijuana use in less than one year.

Any financial gain of legalizing marijuana will become overshadowed by the funds that will need to be put towards expanding our inpatient psychiatric units and implementing greater substance use programs for prevention and treatment in our adolescent population.

I urge you to consider the health impacts that passing this bill could have on our youth.

LATE

RE: SB3335 SD2 HD1 Relating to Cannabis

Dear Chair and Members of the Committee,

It's time for a transformative shift in Hawaii's approach to adult-use cannabis. Across the nation, acceptance and legalization are gaining momentum. Hawai'i, however, continues to deny adults over 21 their freedom of choice, while missing out on potential tax revenue that will fuel our communities.

Senate Bill 3335 (SB3335) offers a solution. By regulating and taxing adult-use cannabis, we can ensure safer consumption, boost our economy, and explore the potential medical benefits of cannabis. However, it's crucial to ensure this reform prioritizes existing medical patients and their rights.

These measures would harm the very people who rely on medical cannabis for their well-being.

Building a Stronger Hawai'i

The economic advantages of SB3335 extend far beyond tax dollars. Revenue generated can be strategically invested in public health initiatives, including educational campaigns to inform the public about new laws and potential health risks, particularly for children. Additionally, financial aid programs for treatment services can be established.

Public Support: A Strong Voice for Change

A Honolulu Star-Advertiser poll revealed clear majority public support for adult-use cannabis legalization across all Hawaiian counties, with nearly 57% of registered voters in favor. This growing sentiment reflects a clear desire for responsible cannabis regulation. Media outlets like @HawaiiNewsReport polled at 89% in favor of Adult-use cannabis.

Safer Access and a Secure Market

The prevalence of illicit cannabis markets in Hawai'i poses a public safety concern. Legalization encourages individuals to abandon these markets and embrace a regulated system offering variety, quality, affordability, and most importantly, security.

Social Equity: A Pillar of Reform

SB3335 prioritizes social equity by creating much needed programs. These programs offer a range of support, including dedicated license types, access to capital, technical assistance, and community reinvestment – all focused on empowering disadvantaged communities disproportionately impacted by the war on cannabis and ganga war veterans.

Hemp: Beyond Recreation, a Sustainable Future

The potential of cannabis extends beyond adult-use. Hemp offers a plethora of industrial applications, including cloth, paper, and hempcrete – a sustainable building material. Furthermore, CBD derived from hemp provides non-psychoactive options for individuals seeking relief from conditions like PTSD, anxiety, and epilepsy.

Legislative and Executive Backing: A Collaborative Effort

The strong support for SB3335 extends beyond the public. .

Governor Josh Green has also voiced his support for responsible adult-use cannabis. The Attorney General's office has commended the well-researched, balanced, and public welfare-focused approach of SB3335's final draft.

Protecting Patients: A Priority

I strongly oppose any aspect of SB3335 that would:

- **Take away existing medical patient rights.**
- **Reduce the current patient count per TMK**
- **Reduce the ability for caregivers to provide for multiple patients.**
- **Reduce the plant count per patient.**
- **Use a blood quantum limit for THC.**

The Time for Change is Now

By passing SB3335, we can take a significant step forward. This bill represents an opportunity to improve public health and safety, create jobs, support communities, and explore the medical benefits of cannabis. Let's foster a continued conversation on how we can best serve Hawai'i by enacting responsible cannabis regulation, while prioritizing the needs of existing medical patients and ensuring a community-centric model that serves everyone.

Thank you for your time and consideration.

Respectfully,

Kai Luke

LATE

SB-3335-HD-1

Submitted on: 3/18/2024 2:01:23 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
SHIRLEY Y. KINOSHITA	Individual	Oppose	Written Testimony Only

Comments:

I am opposed to SB3335.

Those who want the State of Hawaii to protect our Moms and Keiki are opposed to this bill. "No amount of marijuana use during pregnancy or adolescence is known to be safe."

We want less traffic accidents by intoxicated drivers due to alcohol or impending recreational; marijuana legislation. "In Colorado, for every \$1 of tax revenue, the state spends \$4.50 counteracting legalization's effects."

And, "Pediatric poisonings and calls to poison control centers about kids 5 and under consuming edibles containing THC rose 1.375% from 2017 to 2021."

And, what I have written above is just a thimble-full of the negative effects that will plague our families and the community as a whole for generations to come. Please remember, LAW ENFORCEMENT is against this bill as well.

Please RECONSIDER for the sake of our Moms, Keiki, and State of Hawaii communities.

Shirley Y. Kinoshita

LATE

SB-3335-HD-1

Submitted on: 3/18/2024 2:02:47 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Theresa Armbruster	Individual	Oppose	Written Testimony Only

Comments:

PROTECT HAWAII from GOING TO POT!!!

Other states that have legalized recreational marijuana have NOT had increased tax revenues.

They have increase in black market illegal marijuana sales, increased marijuana-related traffic accidents & fatalities, increase crime, increased harmful effects of marijuana on youth/young adults---CDC has proven that marijuana damages the brain/impairs thinking & learning!!!

NO matter how many states legalize marijuana doesn't mean it is good!

DO WHAT IS RIGHT FOR HAWAII--VOTE NO TO RECREATIONAL MARIJUANA!!!

LATE

SB-3335-HD-1

Submitted on: 3/18/2024 2:04:20 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Katherine T. Kupukaa	Individual	Oppose	In Person

Comments:

My opposition to this bill is it provides no benefit to our community regarding health, welfare and safety. But the negative impact is great. Please do the right thing and not pass this bill. Law enforcement department of four counties, Honolulu Prosecutor, Steve Alm are in opposition to this bill. I've heard testimonies from highly respected medical doctors, professors speak about individual's health not only in adults but especially children will be impaired mentally as well as physically. Please I ulrge you tjo use wisdom learn from other communities that now acknowledge legalization of recreatiional use of marijuana was a huge mistake.

Thank you for allowing me to voice my concern.

LATE

SB-3335-HD-1

Submitted on: 3/18/2024 2:30:52 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Dr. Guy Yatsushiro	Individual	Oppose	Written Testimony Only

Comments:

I still oppose this.

LATE

SB-3335-HD-1

Submitted on: 3/18/2024 3:12:19 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Joanna Vance	Individual	Oppose	Written Testimony Only

Comments:

Please vote NO on this measure. I oppose the legalization of recreational cannabis use. I am a local public high school teacher and witness the harm done by marijuana to several of my students every year. As an example, this year a student came back from Winter Break bragging that he drank and smoked weed over the break. He is a very nice young man and had been a good student up to this point. He soon started sleeping through class, cutting class, and then skipping school altogether. Despite interventions from teachers and counselors, he now rarely attends class and has failed the quarter. Without a miraculous turnaround, he will drop out and be another sad statistic, like many others I have known. This is what the weed addiction does--students stop caring about their responsibilities and their futures.

If recreational marijuana is legalized, this problem will get worse. It will give our young people the message that it's ok to smoke weed, and it will make it much easier for them to access it. Despite the fact that vaping is illegal for minors, students are constantly vaping in the bathrooms at school, and admin seems unable to stop it. Imagine if marijuana is legalized for adults--they will be smoking pot in the bathrooms as well.

Besides the risks to our youth, I am also concerned about the degradation of our communities. I already smell marijuana smoke several times a week inside my apartment. It drifts in the air from people smoking out on the street. It is a very strong and pervasive odor, and if it is legalized, those of us who do not enjoy this odor will not be able to get away from it. Maybe the wealthy who live in air conditioned towers do not realize what a problem this is for those of us who must leave our windows open in dense urban neighborhoods.

Please do what is best for the people and don't be swayed by the big financial interests who stand to make money by harming our young people!

LATE

SB-3335-HD-1

Submitted on: 3/18/2024 3:25:13 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sue Jorgenson	Individual	Oppose	Written Testimony Only

Comments:

It is stated that the purpose of this bill is to "legalize" who can grow and dispense cannabis in the State of Hawaii. Home growers of cannabis have been doing it for years and now government over reach wants to penalize such practices. During the Prohibition of alcohol, were home breweries and distilleries hunted down by government agents?

Why must you limit the obtaining of cannabis to a few licensed dispensaries and their growers? Limiting grow sites to 6-10 plants and no more than 5 patients is targeting those cannabis farms that are helping kupuna to afford their medicine. This bill is obviously aimed at eradicating any competition and keeping profits to the few companies who got their licenses because of who they know.

Why are we adding task force and investigative State employees to oversee and enforce this already overly restricted industry? And at the cost of taxpayers? Really?

Adding a 15% tax to the cost of cannabis and charging dispensaries \$50k/retail site and \$25k per production site will only further limit the availability and affordability of cannabis for those who really need it.

My 93-year-old father manages his pain with cannabis because he doesn't want to join the statistics of oxycodone addicted users and overdoses. He doesn't drive while using this medicine but if he did and he was not impaired, why would it be legal to arrest him as a DUI?

So much of this bill reeks of big business influencing legislators in an attempt to keep out competition. It seems the outcome of the vote on whether to make recreational marijuana legal in our State is already determined if this bill is being proposed...

A majority of patients obtain cannabis safely; criminalizing legacy growers and forcing people into the dispensaries is the aim of this bill, and we are opposed to i

LATE

SB-3335-HD-1

Submitted on: 3/18/2024 3:25:36 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Derick	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill.

Thank you.



LATE

DATE: March 18, 2024

TO: Representative Mark Nakashima
Chair, Committee on Consumer Protection and Commerce

Representative Jackson Sayama
Vice Chair, Committee on Consumer Protection and Commerce

Submitted Via Capitol Website

FROM: Mihoko Ito

RE: **S.B. 3335, S.D.2, H.D.1– Relating to Medical Cannabis**
Hearing Date: Tuesday, March 19, 2024 at 2:00 p.m.
Conference Room: 329

Dear Chair Nakashima, Vice Chair Sayama, and members of the Committee:

We submit this testimony on behalf of Cure Oahu in **support** of the intent of S.B. 3335, S.D. 2, H.D. 1. Cure Oahu is a vertically integrated licensed dispensary that has been operating in the State of Hawaii since 2018, with two retail locations in the Kapahulu and Kapolei areas.

S.B. 3335, S.D. 2, H.D. 1 legalizes the personal adult use of cannabis, and among other things, creates the Hawaii Hemp and Cannabis Authority within the Department of Commerce and Consumer Affairs to oversee the program.

We are in support of continuing the discussion regarding adult use cannabis. We believe that comprehensive regulation is necessary to provide clarity for all parties involved in a legal, regulated system of cannabis. We also support the Cannabis Authority functioning as a single regulatory agency, so it has the tools it needs to address product integrity, maintain the medical use of cannabis, establish public safety safeguards and oversee program compliance.

We believe this measure provides a vehicle for these important discussions to continue. Thank you for the opportunity to submit testimony in support.

Aloha,

In reference to SB3335_SD2_HD1.

I have visited the lower 48 U.S states and many countries including consulting & working in Amsterdam for 12 years and have plenty of knowledge on how cannabis works for the good and not so good.

SB3335_SD2_HD1 is a well thought-out bill, very detailed and will help guide the Cannabis Authority Control Board.

If you have concerns on Black Market farmers selling to Cannabis Shops, not to worry.

With the tracking system set up, you can see the purchases from licensed farmers to retail shops.

From there, you cross check that with said farmers and if the numbers don't match, then you issue a fine and/or revoke the license of the Cannabis Shop.

Note: The mainland can't manage this due to the number of shops. We will have a controlled number of shops.

Here are a few quick read notes on SB3335_SD2_HD1.

Page 26 Line 1 - 2 Should include bicycles

Page 92 Line 20

Page 93 Line 1 - 2 Should include alcohol extraction.

I'm not a fan of the health of liquid vaping, only it's pure CO2 extract with no additives.

LATE

Pages 142 - 154

Might want to consider a license for a "Cannabis Café" like the "Coffee Shops" in Amsterdam. (only for smoking cannabis, and not able to sell)

And/Or a license for an existing business to allow people to smoke cannabis.

This will give people a place to smoke (cannabis only, no tobacco) and keep them from smoking out in the open. Las Vegas has done this.

Or would this fall under Page 153 "other licenses authorized special use permit" ???

I don't agree with the transfer license from medical to recreational.

They have their cannabis business, now give other people a chance for a cannabis business.

Change "marijuana" to "cannabis"

Note: Marijuana is a type of racist word, referring to Mexicans or prisoner.

Call it what it is. Cannabis and Hemp.

We need to stop dragging our feet and get this done.

Obviously this will reduce resources needed to combat black market and increase resources to combat meth, fentanyl etc.

We all know the money this would generate for Hawai'i.

There is a big tourist market, especially with the Canadians, Australians, New Zealanders and Europeans.

This will NOT hurt the Japanese tourist market.

You may contact me with any questions or concerns so I may give you answers & solutions.

Mahalo, Pitts Burgh

LATE

SB-3335-HD-1

Submitted on: 3/18/2024 3:54:23 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Teri Heede	Individual	Support	Remotely Via Zoom

Comments:

Aloha!

The "Reefer Madness" surrounding this measure may be a bit intimidating but...the over all benefit of moving legalization forward protects people from the horror of punitive repercussions that surround adult use. It's time to stop the "Madness".

The long term effects of continuing to further criminalize patients and adult recreational use is unprecedented in how damaging to individual and the family. The punishment doesn't fit "the crime" and has no value added to our society as a whole.

Pass this measure, flawed as it is and stop demonizing cannabis use in general. Enough already!

Committee on Consumer Protection & Commerce
Rep. Mark M. Nakashima, Chair
Rep. Jackson D. Sayama, Vice Chair

LATE

DATE: Tuesday, March 19, 2024
TIME: 02:00 PM
PLACE: VIA VIDEOCONFERENCE
Conference Room 329
State Capitol
415 South Beretania Street

RE: STRONG OPPOSITION to SB3335, SD1, HD1 Relating to Cannabis

Chair Nakashima and Committee Members,

I am testifying today as an individual and a former Governor of Hawaii who is deeply concerned about the devastating impacts drugs and alcohol continue having on our community as well as our state's uncertain economic and fiscal future.

I am against legalizing the commercial sale of recreational marijuana for all the reasons others have written and spoken about—it will lead to increased mental health problems, particularly for teenagers; it will negatively impact the state's economy because legalizing marijuana will discourage Japanese tourists and families from everywhere from visiting Hawaii; it will cause more fatal car crashes; it will increase black market sales of the drug; it will result in four times as much in healthcare and related costs over what you might collect in taxes.

But I am particularly opposed to SB3335 because of the disproportionate negative impact it will have on those communities and residents having the hardest time surviving in these times of high crime, high drug use, and high inflation.

SB3335 calls for what it describes as “a well-funded social equity program...with the intent to bring greater economic opportunity to disadvantaged regions of the State and help transition formerly illicit operators into the legal market.”

Under this social equity program, applicants can get state government grants and discounted application fees for marijuana stores: if they live in an area of persistent poverty, if 51% of at least 10 fulltime employees live in an area of persistent poverty, or if they are a community-based organization that addresses needs of communities of persistent poverty such as childcare, afterschool and summer programs and programs that build youth resiliency.

I am sure those who created and support this section of the bill believe they are doing a good thing by trying to help the disadvantaged, but the results of their efforts will be the exact opposite for the impacted communities.

Let me quickly draw your attention to another section of the bill that prohibits signage for marijuana stores within 750 feet of certain areas, including “public housing projects or complex(es).” There is no such restriction on signage near apartment buildings, townhouses, condominiums, or any other domicile, only public housing.

Why are public housing projects singled out? Because the most disadvantaged in our community, those living in areas of persistent poverty, are most at risk from legalized recreational marijuana, and the drafters of this bill know that. That is why they restrict signage near public housing projects.

At the same time, the social equity program that SB3335 describes as one of the “six pillars” of the bill would bring about the concentration of marijuana stores in areas of persistent poverty. None of you, and certainly not the public, would support giving government grants to liquor stores in areas of persistent poverty. So why marijuana stores?

Even if you disagree with me and others regarding the many negative impacts of legalizing commercial recreational marijuana sales, I think you can agree that SB3335’s social equity program will hurt those most in need.

Rather than targeting areas of persistent poverty for favored treatment when it comes to applying for marijuana licenses, instead: increase police protection, mental health and drug and alcohol treatment, childcare, afterschool programs, job training, and cultural renaissance support for these communities.

I ask you to vote no on SB3335. It is a bad law for Hawaii, especially for those communities of persistent poverty. Passage of this bill would be rolling the dice on our economic and social future. It is a gamble not worth the risk.

Thank you for the chance to offer my thoughts on this matter.

Linda Lingle
Governor of Hawaii (2002-2010)

SB-3335-HD-1

Submitted on: 3/18/2024 4:16:37 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

LATE

Submitted By	Organization	Testifier Position	Testify
Wayne	Individual	Oppose	Written Testimony Only

Comments:

Don't want more drugged out people driving on streets. We already have alcohol, texting while driving that may cause fatal accidents.

SB-3335-HD-1

Submitted on: 3/18/2024 4:46:02 PM

Testimony for CPC on 3/19/2024 2:00:00 PM



Submitted By	Organization	Testifier Position	Testify
John C Wert III	Individual	Support	Written Testimony Only

Comments:

Aloha, my name is John C Wert III and I live in Wailuku. I'm testifying in support of SB3335 SD2 HD1. Please ensure SB 3335 SD2 HD1 prioritizes racial justice by fostering equity in licensing by providing that existing Hawai'i farmers are second in line-after medical licenses for cultivation licensing, and increasing the number of social equity licensees. Cannabis legalization rooted in racial justice also means including an amendment that removes the excessive funding allocations to law enforcement and instead increases funding to social equity and community services.

Sold to the public in the name of public safety, Hawai'i's cannabis laws needlessly ensnare hundreds of people -- disproportionately Native Hawaiian adults and youth -- in its criminal justice system every year. These arrests are not just an unnecessary burden on residents and the judicial system, but also negatively affect access to employment, housing, and child custody, among others, for the person arrested. These collateral harms can last for decades, even after someone has served their time or paid any required fines.

It is past time to end Hawai'i's unnecessary and harmful war on cannabis. Mahalo for your time and consideration.

On the bright side, it is a GOLDEN opportunity to increase the tax revenue for Hawaii by making something which is now illegal and UNTAXED, legal and therefore TAXABLE.

Sincerely,

Prof John C Wert III (Ret)

LATE

SB-3335-HD-1

Submitted on: 3/18/2024 4:50:32 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Keoni Jury	Individual	Oppose	Written Testimony Only

Comments:

As a patient, I find that this bill limits the benefits that patients can get from cannabis. If this bill were to go into effect and a patient's blood tests for anything of 10 nanograms they would lose their license for two years, regardless of being impaired or being fully functional. Most medical patients have a qualifying condition and will metabolize THC differently, so they will be over the limit even though they aren't impaired. I am one of these patients who uses cannabis as an aid in my mental health and to help with back pain that has been developing over years. I strongly oppose this bill in its entirety.

LATE

SB-3335-HD-1

Submitted on: 3/18/2024 4:50:57 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Elijah Werner	Individual	Oppose	Written Testimony Only

Comments:

I fully opposed this bill it's not pono we don't need this

LATE

SB-3335-HD-1

Submitted on: 3/18/2024 4:53:00 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Paulette Werner	Individual	Oppose	Written Testimony Only

Comments:

I fully opposed this bill we don't need it in our state

LATE

SB-3335-HD-1

Submitted on: 3/18/2024 4:54:02 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Johnny	Individual	Oppose	Written Testimony Only

Comments:

I fully opposed this bill

LATE

SB-3335-HD-1

Submitted on: 3/18/2024 4:54:05 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Brianna Hong	Individual	Support	Written Testimony Only

Comments:

Aloha, my name is Brianna Hong and I live in Honolulu. I'm testifying in support of SB3335 SD2 HD1. Please ensure SB 3335 SD2 HD1 prioritizes racial justice by fostering equity in licensing by providing that existing Hawai'i farmers are second in line-after medical licenses for cultivation licensing, and increasing the number of social equity licensees. Cannabis legalization rooted in racial justice also means including an amendment that removes the excessive funding allocations to law enforcement and instead increases funding to social equity and community services.

Sold to the public in the name of public safety, Hawai'i's cannabis laws needlessly ensnare hundreds of people -- disproportionately Native Hawaiian adults and youth -- in its criminal justice system every year. These arrests are not just an unnecessary burden on residents and the judicial system, but also negatively affect access to employment, housing, and child custody, among others, for the person arrested. These collateral harms can last for decades, even after someone has served their time or paid any required fines.

It is past time to end Hawai'i's unnecessary and harmful war on cannabis. Mahalo for your time and consideration.

LATE

SB-3335-HD-1

Submitted on: 3/18/2024 4:56:00 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
pua auwae	Individual	Oppose	Written Testimony Only

Comments:

I fully opposed this bill

SB-3335-HD-1

Submitted on: 3/18/2024 5:07:34 PM

Testimony for CPC on 3/19/2024 2:00:00 PM



Submitted By	Organization	Testifier Position	Testify
Ed werner	Individual	Oppose	Written Testimony Only

Comments:

I strongly OPPOSED BILL SB3335 SD2 HD1

SB-3335-HD-1

Submitted on: 3/18/2024 5:12:22 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

LATE

Submitted By	Organization	Testifier Position	Testify
Pamela Kaopua	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose SB3335 SD2HD1. I vote NO...stop this bill from going forward!

LATE

SB-3335-HD-1

Submitted on: 3/18/2024 5:48:47 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
J Kawika Kahiapo	Individual	Oppose	Written Testimony Only

Comments:

March 18, 2024

To: Chair Nakashima, Vice-Chair Sayama, and the members of the House Committee on Consumer Protection and Commerce.

Subject: Opposition to SB3335

Honorable member of the Committee,

I appreciate the opportunity to submit testimony in opposition to Senate Bill 3335. While the intention behind the bill—to establish a regulated cannabis market in Hawaii—is understood, I am concerned that its current structure does not adequately support medical marijuana patients, fails to capitalize on broader economic benefits, and risks creating an oligopoly that could exclude small farmers and entrepreneurs from participating in the cannabis industry.

Senate Bill 3335, in its focus on establishing a recreational cannabis market, may inadvertently undermine the existing medical cannabis program. Medical patients rely on cannabis for essential therapeutic benefits, and any shift that could lead to decreased access or increased costs for patients is deeply concerning. It is crucial that we ensure the continued support and prioritization of medical cannabis patients within our legislative framework.

The bill does not appear to fully consider the economic implications of creating a potentially oligopolistic market. By favoring larger operators through the structure of licensing fees and regulatory requirements, SB3335 could stifle competition, innovation, and diversity in the burgeoning cannabis market. A more inclusive approach would offer greater economic benefits to our state, including job creation and revenue generation across a broader spectrum of our community.

Hawaii's agricultural sector, particularly small farmers, stands to benefit significantly from the legalization of cannabis. However, SB3335 does not provide a clear path for their participation. The absence of provisions to support small-scale cultivation and the high barriers to entry could prevent local farmers from contributing to and benefiting from the cannabis industry. This oversight not only limits opportunities for rural development but also misses a chance to promote sustainable and diversified agricultural practices.

By not addressing the potential for market concentration, SB3335 risks creating an environment where only a few large players dominate. This oligopoly could lead to reduced consumer choice, higher prices, and a market that is resistant to innovation. It is essential for legislation to foster a competitive market that encourages a wide range of participants, ensuring that the benefits of cannabis legalization are widely distributed.

To address these concerns, I urge the committee to consider the following amendments to SB 3335:

- Strengthen protections and support for medical cannabis patients to ensure they are not adversely affected by the legalization of recreational cannabis.**
- Implement licensing and regulatory frameworks that are accessible to small businesses and farmers, encouraging broad participation in the cannabis industry.**
- Establish measures to prevent market consolidation and ensure a competitive and diverse market that benefits all Hawaiians.**
- Prioritize local economic development and reinvestment in communities most impacted by previous cannabis prohibitions.**

In conclusion, while the goals of SB3335 are commendable, the bill in its current form does not adequately protect the interests of medical marijuana patients, small farmers, and the

broader economic landscape of Hawaii. I respectfully request that the committee consider these concerns and work towards amendments that ensure a more equitable and inclusive approach to cannabis legalization.

Mahalo nui loa for considering my testimony.

Sincerely,

Kawika Kahiapo

LATE

SB-3335-HD-1

Submitted on: 3/18/2024 7:01:26 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Judith Ilar	Individual	Oppose	Written Testimony Only

Comments:

How would legalizing marijuana promote health and safety in our community? Who will profit? It's the duty of government to protect the people of Hawaii. Does legalizing marijuana make a Hawaii safer and a much better place? How is a drugged population a good legislation? How much would this cost the taxpayers? Who will pay the bill if a drugged individual who is not working ends up in the ER due to the long term adverse effects of chronic use of drugs, like marijuana? We are dealing with drugged homeless people now. Legalizing marijuana would just add to this problem. Tax Payers should not pay for the healthcare needs of those who are homeless and are drug addicts. Yes homelessness and drug addiction goes hand in hand.

LATE

SB-3335-HD-1

Submitted on: 3/18/2024 7:32:31 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kathrina Carona	Individual	Oppose	Written Testimony Only

Comments:

I oppose

LATE

SB-3335-HD-1

Submitted on: 3/18/2024 8:00:28 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Emily Sarasa	Individual	Support	Written Testimony Only

Comments:

Aloha,

My name is Emily Sarasa and I live in Kaimuki. I'm testifying in general support of SB3335 SD2 HD1. Please ensure SB 3335 SD2 HD1 prioritizes racial justice by fostering equity in licensing by providing that existing Hawai'i farmers are second in line-after medical licenses for cultivation licensing, and increasing the number of social equity licensees. Cannabis legalization rooted in racial justice also means including an amendment that removes the excessive funding allocations to law enforcement and instead increases funding to social equity and community services.

Sold to the public in the name of public safety, Hawai'i's cannabis laws needlessly ensnare hundreds of people -- disproportionately Native Hawaiian adults and youth -- in its criminal justice system every year. These arrests are not just an unnecessary burden on residents and the judicial system, but also negatively affect access to employment, housing, and child custody, among others, for the person arrested. These collateral harms can last for decades, even after someone has served their time or paid any required fines.

It is past time to end Hawai'i's unnecessary and harmful war on cannabis. Mahalo for your time and consideration.

Emily Sarasa

LATE

SB-3335-HD-1

Submitted on: 3/18/2024 8:49:47 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Julio Uyesugi	Individual	Oppose	Written Testimony Only

Comments:

It's difficult enough to deal with all these issues to get my medicine. This bill is in the interest of harming people that are already struggling.

LATE

SB-3335-HD-1

Submitted on: 3/18/2024 9:20:56 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
TERI SAVAIINAEA	Individual	Oppose	Written Testimony Only

Comments:

I oppose to SB3335 SD2 HD1 being legalized in Hawai'i.

Thank you,

Teri Kia Savaiinaea

LATE

SB-3335-HD-1

Submitted on: 3/18/2024 9:28:19 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Tamara Mckay	Individual	Oppose	Written Testimony Only

Comments:

Honorable Members of the Committee,

I writing to you to express my deep concerns regarding the bill proposing the establishment of the Hawai'i Cannabis and Hemp Authority and Cannabis and Hemp Control Board within the Department of Commerce and Consumer Affairs, alongside the legalization of the personal adult use of cannabis beginning January 1, 2026.

While the intent behind regulating the cannabis and hemp industries is understood, the approach outlined in this bill raises several substantial issues that cannot be ignored:

The legalization of cannabis for personal use, despite its regulation, poses significant public health risks. Increasing the accessibility and normalizing the use of cannabis without proven systems in place to manage its consumption can lead to increased rates of substance abuse, mental health issues, and impaired driving incidents. The long term societal health implications have not been fully assessed in the context of our unique island communities.

The creation of a new authority and advisory committee to regulate all aspects of the cannabis plant, while ambitious, may not be adequately prepared to address the challenges associated with such an industry. The transfer of personnel and assets from the Department of Health and the Department of Agriculture to a new entity could lead to gaps in oversight, loss of institutional knowledge, and a period of regulatory confusion that could be exploited.

The legalization and commercialization of cannabis carry the risk of social inequalities. The communities that have historically been most harmed by cannabis criminalization may not benefit from its legalization and could face new challenges. Furthermore, the introduction of commercial cannabis into our communities could alter the social fabric and values that we hold dear.

While the bill proposes establishing taxes for adult-use cannabis and medical use cannabis sales as a potential revenue source, the economic implications extend beyond mere taxation. The impact on local businesses, the agricultural sector, and the potential for a black market should be carefully considered to ensure that the economic benefits do not come at a social and moral cost.

The proposed transfer of personnel and assets from established departments to a new authority could result in operational disruptions, inefficiencies, and a dilution of focus on the core

responsibilities of these departments. The expertise and experience residing within the Department of Health and the Department of Agriculture are crucial for managing the public health and agricultural aspects of cannabis and hemp, and their abrupt realignment could compromise the state's objectives in these areas.

In conclusion, while the regulation of cannabis and hemp is a complex issue that requires thoughtful consideration, the approach proposed by this bill poses significant risks to public health, social equity, regulatory efficacy, and economic stability. I urge the committee to reconsider this bill and to engage in a more comprehensive dialogue with public health experts, community leaders, and law enforcement agencies to ensure that any steps taken to regulate marijuana are done with caution and responsibility for the well being of Hawai'i's residents.

Mahalo for your time and consideration.

LATE

SB-3335-HD-1

Submitted on: 3/18/2024 10:30:05 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Mike Stensrud	Individual	Support	Written Testimony Only

Comments:

Please pass this bill.

The arguments against legalization have been widely debunked. Cannabis is now legal in 23 other states and Washington DC. Pakalolo is widely available in Hawaii and yet it goes completely untaxed. Even if locals all decide to grow their own after legalization (they won't), tourists will still spend substantial amounts on legal cannabis the tax revenues of which can be used to help house the homeless, improve our schools and pay for drug treatment. It's not a panacea but it's better than burying our head in the sand and leaving millions, if not 10's of millions of dollars on the table year after year..

Legalization has benefited the states that have done it. In fact, legalization has gotten more popular over time in the states that have done it. Getting users out of the blackmarket into licensed shops that sell cannabis ONLY, will get most people away from traditional street dealers who are often selling more than cannabis. Legal shops also check ID (higher compliance rates than liquor stores in legal states!) so legalization is an effective public safety measure, as well, despite what the opponents say.

cannabis legalization is not only good public safety policy, it's good financial policy. no state that has legalized runs their program at a loss. All Hawaii needs to do is tax it at a reasonable rate; perhaps let the existing shops sell exclusively 6 months or a year early and use the recreational taxes on these early sales from exiting shops to help staff up the regulating agency for broader legalization from 2026.

Finally, we're also adults who recognize cannabis is safer than alcohol (I'd rather have high drivers on the roads than drunk ones). We now know the sky didn't fall in any state that legalized. Many of us routinely visit states that have legalized cannabis - Las Vegas, LA, Seattle, Portland, Phoenix, NYC and I don't think I have ever heard anyone say that those places have gotten more dangerous BECAUSE of cannabis legalization. Suggestions otherwise are almost certainly highly misleading if not just plain false.

LATE

SB-3335-HD-1

Submitted on: 3/18/2024 11:09:53 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kevin Mita	Individual	Oppose	Written Testimony Only

Comments:

Aloha Legislators.

DOH has been approving multi-card properties since January 1, 2015. Almost nine years later, DOH has not attempted to provide satisfactory regulations regarding multi-card properties. Instead, they have continuously approved 329 cards on multi-site properties, with up to 1500 cards approved on one at any given time at one multi-card property. Care Waialua has been operating for over five years and has not received any noncompliance citations from DOH. Care Waialua has also not received complaints from qualifying patients regarding “unsafe medicine.” We assist in thoroughly testing qualifying patients' medicine.

Outside of the legislative laws, DOH is working with the Attorney General to discriminate against patients and where they can grow. For example, DOH is now targeting Care Waialua, the largest multi-card property in Hawaii, and holding back patients' renewal grow site change packets for over 90 days with no written authority. This action is causing qualifying patients to go without their cannabis medicine. DOH is also revising statutes outside of the legislative authority to force each patient to touch, water, and harvest their own plant when many of these patients are sick or disabled and have no caregiver to assist them. We ask the legislation to review these comments, pass a statute allowing multi-card sites to operate now, and mandate the DOH to develop regulations within the following calendar year. Multi-card properties cannot continue without the following amendments added.

DOH testimony for HB24423 is as follows with comments.

“We feel limiting sites to five cards will act as a community garden and protect patients from legal jeopardy.” This statement is incorrect and will only expand the multi-card properties by dividing them up into hundreds of multi-card properties with no security or safety from intruders.

“We feel exceeding a one-to-one ratio of caregivers to qualifying patients lessens the care the patients are receiving.” This is also incorrect, and we have data proving that a caregiver can provide care to many qualifying patients. The medical cannabis caregiver was established to provide a person to help grow and administer cannabis for qualifying medical patients. Care Waialua, if tasked, could take care of hundreds of qualifying patients through the multi-card property. Automated watering, staffing, and experienced cultivators allow this one-to-many caregiver to exist.

Here are current recommendations to allow multi-site properties to continue. We feel these recommendations are adequate and will protect multi-site operations until DOH can work with the public to develop multi-site regulations. We also believe this will provide immediate regulations to inform law enforcement, relieving the burden of enforcing multi-card properties. Simply passing HB2443 HD2 as is, with no amended regulations, will further jeopardize medical cannabis patients.

We recommend amending HB2443 HD2 to state the following. This recommendation is based on the data collected from a multisite operation with 980 qualifying patients. This site has proven its capacity to care for its qualifying patients.

Primary Caregiver recommendations:

[§329-123] Registration requirements.

(c) Primary caregivers shall register with the Department of Public Safety. Every primary caregiver shall be responsible for the care of only one qualifying patient at any given time.

A caregiver shall be responsible for all qualifying patients registered to that caregiver. A one-to-many (no limit) policy shall be created in the statute to how many patients can be registered to a caregiver.

A caregiver may take payment from the qualifying patient registered to the caregiver for service rendered. Services include growing, manufacturing, or storage of the qualifying patient's marijuana. The cost to run a multi-card properties must be considered when acting as a caregiver and providing quality medicine to the qualifying patient.

If the qualifying patient does not accept the services rendered by the caregiver, the qualifying patient may easily remove the caregiver using the DOH 329 application change form.

Multi-card grow site recommendations:

- Limit multi-card grow sites to 5000 square feet of flowering canopy space and remove the plant tag labeling system. This recommendation will do three things.
 1. Make it easy for DOH compliance inspectors to inspect by quickly measuring the canopy space instead of counting plants and looking for compliance through each labeled plant.
 1. Prevent multi-card properties from becoming too large. Plant counts have proven to be a failure in all cannabis programs because, with no canopy flowering limits, a multi-card property can grow outside of the canopy flowering space and increase yield production by simply growing hundreds of plants across large acreage. This results in an overabundance of marketable cannabis that could leave the multi-card property and feed the illegal market. Canopy space controls this problem and only allows a documented maximum yield at the multi-card property.
 1. The act of labeling each plant with a plastic, waterproof label, results in a large amount of unneeded plastics going into the aina. There is currently no compostable tagging system that is waterproof to deal with this dilemma and be conservation-conscious.
- Allow no limit on the number of qualifying patients at a multi-card property.
- Security alarms are required at muti-card properties.

- Require multi-card grow sites to have private cannabis testing results posted at their site for qualifying patients.

Mahalo legislators. Now is the time to act on HB2443 HD2 and, once and for all, force DOH to take this matter seriously and stop ignoring the duties to provide multi-card property regulations by simply passing HB2442 HD2 as is. There is lots of data collected through multi-card property owners and DOH can sit down with multi-card properties owners and review the data. The recent federal raid at Care Waialua, with no charges as of October 26, 2023, should alarm the legislation on how the DOH has been noncompliant in these matters and could have possibly changed this outcome.

thank you

Kevin m

LATE

SB-3335-HD-1

Submitted on: 3/18/2024 11:20:50 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Damon Deran Decker	Individual	Comments	Written Testimony Only

Comments:

I am HIGHLY opposed to including any kind of blood quantum measurement in Hawaii law! There is ZERO scientific evidence to support any threshold measured by the test as being impaired. Not only do different people process THC differently, THC tends to hang around in the system and be detectable LONG after any impairment. Allowing police to criminalize people by an arbitrary measure is a violation of citizens' rights. A user of medical marijuana should not have to worry about losing their licence just because an arbitrary test says they "should be impaired" when again, there is ZERO science to support this!

LATE

SB-3335-HD-1

Submitted on: 3/19/2024 12:00:00 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Tim Reid	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose SB3335! How would Hawai'i benefit from legalizing a psychoactive drug? Do we need more people under the influence of a mind altering drug? Normalizing Marijuana, even when regulated, creates a new Normal that affects teenagers and society as a whole.

Please please consider the testimony from those who work with teens, criminals and those who use marijuana recreationally. SB3335 is not written by those who deal with the consequences of drug abuse, including marijuana.

Please consider these scientific studies from government sources.

From the NIH National Library of Medicine

Marijuana, Mental illness, and Violence by Alex Berenson

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6913867/>

After an exhaustive review, the National Academy of Medicine found in 2017 that “cannabis use is likely to increase the risk of developing schizophrenia and other psychoses; the higher the use, the greater the risk.” Also that “regular cannabis use is likely to increase the risk for developing social anxiety disorder.

Alex Berenson researched and wrote a book about the link between marijuana and mental illness and violence, especially in young males.

“Tell Your Children: The Truth About Marijuana, Mental Illness, and Violence” is an intensively researched and passionate dissent from the now prevailing view that marijuana is relatively harmless.

*A quote from the book "My wife Jacqueline is a forensic psychiatrist. She evaluates the criminally mentally ill. She told me that nearly all her patients had used marijuana heavily, many at the times of their crimes. ... **Marijuana drives a surprising amount of psychosis, and psychosis—besides being a terrible burden for sufferers and their families—is a shockingly high risk for violent crime.**"*

From the NIH National Institute on Drug

Abuse <https://nida.nih.gov/publications/drugfacts/cannabis-marijuana>

Marijuana over activates parts of the brain that contain the highest number of these receptors. This causes the "high" that people feel. Other effects include:

- altered senses (for example, seeing brighter colors)
- altered sense of time
- changes in mood
- **impaired body movement**
- **difficulty with thinking and problem-solving**
- **impaired memory**
- **hallucinations (when taken in high doses)**
- **delusions (when taken in high doses)**
- **psychosis (risk is highest with regular use of high potency marijuana)**

Long-Term Effects

Marijuana also affects brain development. When people begin using marijuana as teenagers, **the drug may impair thinking, memory, and learning functions and affect how the brain builds connections between the areas necessary for these functions. Researchers are still studying how long marijuana's effects last and whether some changes may be permanent.**

For example, a study from New Zealand conducted in part by researchers at Duke University showed that people who started smoking marijuana heavily in their teens and had an ongoing marijuana use disorder lost an average of 8 IQ points between ages 13 and 38. The lost mental abilities didn't fully return in those who quit marijuana as adults. Those who started smoking marijuana as adults didn't show notable IQ declines.⁵

In another recent study on twins, those who used marijuana showed a significant decline in general knowledge and in verbal ability (equivalent to 4 IQ points) between the preteen years and early adulthood.

How is this beneficial to Hawai'i?

LATE

SB-3335-HD-1

Submitted on: 3/19/2024 12:13:16 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Dylan Ramos	Individual	Comments	Written Testimony Only

Comments:

Aloha, my name is Dylan Ramos and I live in Kaimuki. I'm testifying with comments on SB3335 SD2 HD1.

Please ensure SB 3335 SD2 HD1 prioritizes racial justice by fostering equity in licensing by providing that existing Hawai'i farmers are second in line-after medical licenses for cultivation licensing, and increasing the number of social equity licensees. Cannabis legalization rooted in racial justice also means including an amendment that removes the excessive funding allocations to law enforcement and instead increases funding to social equity and community services.

Sold to the public in the name of public safety, Hawai'i's cannabis laws needlessly ensnare hundreds of people -- disproportionately Native Hawaiian adults and youth -- in its criminal justice system every year. These arrests are not just an unnecessary burden on residents and the judicial system, but also negatively affect access to employment, housing, and child custody, among others, for the person arrested. These collateral harms can last for decades, even after someone has served their time or paid any required fines.

It is past time to end Hawai'i's unnecessary and harmful war on cannabis. Mahalo for your time and consideration.

LATE

SB-3335-HD-1

Submitted on: 3/19/2024 6:44:27 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Deborah McMenemy	Individual	Support	Written Testimony Only

Comments:

I am in favor of legalizing marijuana for all people above 21. In my opinion it is better than alcohol healthwise, and has many health benefits. If alcohol is legal then so should marijuana be.

LATE

SB-3335-HD-1

Submitted on: 3/19/2024 7:00:29 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jacob van Almelo	Individual	Support	Written Testimony Only

Comments:

Aloha, my name is Jake and I live in Kula. I'm testifying with comments on SB3335 SD2 HD1. Please ensure SB 3335 SD2 HD1 prioritizes racial justice by fostering equity in licensing by providing that existing Hawai'i farmers are second in line-after medical licenses for cultivation licensing, and increasing the number of social equity licensees. Cannabis legalization rooted in racial justice also means including an amendment that removes the excessive funding allocations to law enforcement and instead increases funding to social equity and community services.

Sold to the public in the name of public safety, Hawai'i's cannabis laws needlessly ensnare hundreds of people -- disproportionately Native Hawaiian adults and youth -- in its criminal justice system every year. These arrests are not just an unnecessary burden on residents and the judicial system, but also negatively affect access to employment, housing, and child custody, among others, for the person arrested. These collateral harms can last for decades, even after someone has served their time or paid any required fines.

It is past time to end Hawai'i's unnecessary and harmful war on cannabis. Mahalo for your time and consideration.

Jacob van Almelo

LATE

SB-3335-HD-1

Submitted on: 3/19/2024 7:16:15 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Colleen Rost-Banik	Individual	Comments	Written Testimony Only

Comments:

Aloha, my name is Colleen Rost-Banik and I live in Honolulu. I’m testifying with comments on SB3335 SD2 HD1. Please ensure SB 3335 SD2 HD1 prioritizes racial justice by fostering equity in licensing by providing that existing Hawai’i farmers are second in line-after medical licenses for cultivation licensing, and increasing the number of social equity licensees. Cannabis legalization rooted in racial justice also means including an amendment that removes the excessive funding allocations to law enforcement and instead increases funding to social equity and community services.

Sold to the public in the name of public safety, Hawai’i’s cannabis laws needlessly ensnare hundreds of people -- disproportionately Native Hawaiian adults and youth -- in its criminal justice system every year. These arrests are not just an unnecessary burden on residents and the judicial system, but also negatively affect access to employment, housing, and child custody, among others, for the person arrested. These collateral harms can last for decades, even after someone has served their time or paid any required fines.

It is past time to end Hawai’i’s unnecessary and harmful war on cannabis. Mahalo for your time and consideration.

Colleen Rost-Banik

LATE

SB-3335-HD-1

Submitted on: 3/19/2024 7:21:09 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Daniel Bright	Individual	Oppose	Written Testimony Only

Comments:

As a former drug user, making marijuana legal is one of first steps to destroying our state. It opens the door for all drugs, look at the problems we have now. I would guess 97-98% of these people used marijuana. If what you want is to destroy our State and our families pass this bill, if not and keep our families in one piece as well as the State don't pass this bill. us

LATE

SB-3335-HD-1

Submitted on: 3/19/2024 7:32:24 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Flynn Novak	Individual	Oppose	Written Testimony Only

Comments:

Limited space on island to grow, doesn't make it easy for people to grow their own or get their medicine grown by a cooperative farm. Unrealistic parameters put on the producing aspect of the medicine, and unrealistic penalties put on the farmers and patients to cultivate and consume their medicine. Proposed task force would cost more money coming from taxpayers, in an economy that is already the highest taxed in the Nation. The current proposed legislation also does not include enough parameters or information about oversight for the task force, complete duties and tasks, and regulatory measures to ensure fairness and access to medicine for licensed patients.

LATE

SB-3335-HD-1

Submitted on: 3/19/2024 7:57:41 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kayla Kawamura	Individual	Oppose	Written Testimony Only

Comments:

The proposed economic benefits of the legalization of marijuana are highly outweighed by the potential drawbacks of its legalization. For instance, marijuana can cause adverse side effects on mental health, cognition, and the respiratory system. Driving while intoxicated with marijuana may also increase the risk of fatal motor vehicle collision. Marijuana is an addictive substance that should not be readily available for recreational use. Alcoholism, chronic cigarette smoking, and other drugs are already prevalent in Hawaii. We do not need a law to regulate marijuana. In the government’s best intentions and efforts to keep our communities safe, the legalization of marijuana is not the answer.

LATE

SB-3335-HD-1

Submitted on: 3/19/2024 7:59:35 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Merele Leong	Individual	Oppose	Written Testimony Only

Comments:

We need to preserve the Aloha Spirit. By legalizing marijuana in the States, the following will occur:

-Drug users will increase due to the availability and will see increase crime. This will deter visitors to Hawaii.

-Impact teens to acquire it and will see families destroyed because it is addictive. We want to protect the next generation to lead our States.

-Health will be impaired (mental health, irreversible declines in cognition) and may see more homeless people and struggling individuals that impacts the families.

Therefore, I oppose SB3335.

Thank you.

LATE

SB-3335-HD-1

Submitted on: 3/19/2024 8:20:43 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Michael EKM Olderr	Individual	Support	Written Testimony Only

Comments:

Please support this bill. It's long overdue

Representative Mark Nakashima, Chair
House Committee on Consumer Protection and Commerce

LATE

Thirty-Second State Legislature
Regular Session of 2024
State of Hawai'i

Tuesday, March 19, 2024
2:00pm

Re: SB335 SD2 HD1 Relating to Cannabis

Dear Chair Nakashima, Vice-Chair, and members of the committee. I'm submitting my testimony in **strong opposition** to SB3335 SD2.

My name is McKenzie Milton, a local boy from West Oahu. Here's my comeback story. [McKenzie Milton Official Website - #10Hana \(mckenziemilton10.com\)](https://www.mckenziemilton10.com)

I am pleading with all those involved **not to even consider allowing the legalization of marijuana** in our great state. I have seen it almost destroy my own life by excessive use and those I love most in this world as well. I love my home and do not want to see it go down this path I once walked.

During my freshman year of college, I went through a mental psychosis breakdown due to excessive marijuana use. This experience has changed my life and perspective regarding this substance. I went from believing that it's not that big of a deal to realizing the dangers of this drug and how it can ruin people's lives. For months I was paranoid, unable to sleep, and if it weren't for the mercy of Jesus Christ I would have never made it back to a normal way of life. The college I was attending wanted to baker act me because of the severity of the mental psychosis, but thankfully, my parents would not allow it. This could have potentially been the end of my football career, but again, by the grace of God, that was not the case.

As I aimed to commit to a life free of marijuana use, my mental state gradually became better until I was back to normal. This episode caused me to miss most off-season training with my teammates, but when I returned, they got the best version of McKenzie Milton. A sober-minded me. We went on a magical run that year and won every game, and defeated Auburn in the Peach Bowl. However, I fell back into occasional marijuana usage.

The following year life was as good as it could get, according to the world's standards. I was the man on campus...a Heisman contender, a potential first-round draft pick, and we were going undefeated again. All while still occasionally using marijuana, and I thought I had it all figured out. I was living "the dream," but on November 23, 2018, that all changed. I took a hit in my knee and suffered, as some might say, the worst orthopedic injury possible with a knee dislocation with nerve, artery, and ligament damage.

This injury would result in nine knee surgeries in the span of a year in which I was heavily medicated on opioids. To help wean off these heavy drugs, I used marijuana. But even when I didn't need pain relief, I was still using marijuana as a way to "escape". You see, on the surface, before and even after the injury, I knew how to put a smile on my face and tell everyone it's all good but underneath the surface there was some serious character flaws in large part due to marijuana use. Nonetheless, I was a hard-headed

football player, and I did trust God would help me get back on the field when most thought it was impossible.

Fast forward 2.5 years of grueling rehab. I made it back to the field after nine knee surgeries, hundreds of hours in physical therapy working on my knee, and a lot of prayer. On September 5th, 2021, I was able to play football again at Florida State University by God's grace, and it was a day that inspired thousands. However, what this inspired people did not see was what was happening behind the scenes within that locker room. Some decisions were made that I didn't agree with, and I was hurt by them, but instead of committing to being the best I could possibly be, I began to use marijuana and Delta 8 on a habitual basis. While I still had opportunities to play, I did not put my best foot forward because I was angry and was constantly smoking.

Fast-forward to November 23rd, 2021. I am driving to practice, and my wife sends me an ultrasound photo of our son Madden. I get chicken skin because it is three years to the day I got hurt that I see this picture. While my time at FSU was one of the lowest points in my life because I knew football was coming to an end with the way things went, this is what I've always looked forward to: being a father! Ahh, but yes, still smoking weed.

The next year I struggled to be a quality husband and father due to what I believe was in large part marijuana use. Did I pay the bills and give lots of hugs and kisses? Sure. But I was not fully there with the disappointment of losing football and often being high. My wife would often say "babe I don't like when you're high" and I would brush her off. Our marriage was struggling, I wasn't happy, and things looked bleak.

In late February of 2023, I decided to stop smoking for lent (I am not a Catholic, but I do think it's a cool practice) just cause my wife didn't like when I smoked. I believe God used this time to wake me up from the fact that outside of those couple of months of sobriety after my mental breakdown, nothing really changed. I was still an immature, manipulative, lying, uncommitted, and you name it, kid. I wasn't a real man leading a family, I was a kid. This was a gut check for me, and I thank God every day for it.

Fast forward, I took a job at Tennessee to coach football, and my family and I moved up here. Today is March 18th, 2024, and I am proud to say it has been over a year since I have smoked marijuana. I will never touch it again. What are the fruits of this? Well, one is a true commitment to serving Jesus Christ, when prior, it was just surface-level lip service. And two, by His grace and faithfulness, my marriage has never been better, and we just welcomed our second boy, Micah, into the world in October. I am more honest, committed, self-aware, loving, compassionate, and just present with my family. I believe this is in large part to not using marijuana anymore.

And if you don't care about this testimony, that is fine, but let me ask you these questions?

Would it help our kids be better kids?

Would it help our fathers be better fathers?

Would it help keep our families together?

Will it have an overall positive effect on our great state of Hawaii?

If answered yes to any of these I would love to hear a logical explanation. Otherwise, I will hope and pray that we all do the right thing here.

God Bless & Aloha,

McKenzie Milton

LATE

SB-3335-HD-1

Submitted on: 3/19/2024 9:51:39 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Susan Tsuchida	Individual	Oppose	Written Testimony Only

Comments:

I oppose SB3335 to legalize cannabis. If it is legalize, it would be more accessible to everyone. Using cannabis leads to harder drugs. Growing cannabis takes a lot of water which will take away from our precious drinking water.

LATE

SB-3335-HD-1

Submitted on: 3/19/2024 10:14:09 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Yolanda St Laurent	Individual	Oppose	Written Testimony Only

Comments:

I am opposed to this bill that references amendments and/or uses words that speak in generalities and leaves much to interpretation. While I am in favor of medical use of cannabis, what is not clearly stated is 1) the rules that will govern the body who will be given this authority to dictate who grows what and to what extent. While many may see this as a way to increase revenue for the state... the question remains is ... at what cost to not only us but our children's generation? The State has many unresolved issues regarding the enforcement of laws ... like illegal fireworks that has yet to be addressed and yet is trying to push through the growing of cannabis without setting clear rules ahead of time. While it may seem that this could benefit some of our "local" farmers... what our state tends to do is invite outsiders to come in and take over our precious land needed for food and housing with the justification that it is generating income for the state. Please refer to the Constitution of the United States that references making decision for the "Moral Good" of its constituents based on the foundational principles upon which it was ORIGINALLY created and sustained over 247 years, unlike any other country in the world. As Representatives voted into office... you represent the PEOPLE in your district. To truly know your constituents, I personally would be interested in knowing from my state and house representatives directly through email, text and or zoom, conference calls etc about all issues that will impact me and mine and not just wait till I hear about it after the fact, such as SB 3381 that is being passed along in Maui regarding "the board" given authority to dictate what happens to people's property. THEREFORE, I am against rushing through the passing of SB3335 until it is clear what this bill truly covers, with greater thought for not just those in medical needs but for our future generations and our limited aina.

Sincerely,

Yolanda St. Laurent

SB-3335-HD-1

Submitted on: 3/19/2024 10:16:08 AM

Testimony for CPC on 3/19/2024 2:00:00 PM



Submitted By	Organization	Testifier Position	Testify
Matt	Individual	Oppose	Written Testimony Only

Comments:

I urge you to oppose legalizing recreational use of this drug. It is a drug like alcohol and alcohol has claimed many innocent lives and so will legalizing recreational use of this dangerous drug.

It further degrades society with no benefit other than making it easier to perform crimlnl acts and while you may criminalize the acts deriving from it and think you are doing good, making it easier to do those acts to begin with is not benefiting society except for druggies who want to justify their addictions.

LATE

SB-3335-HD-1

Submitted on: 3/19/2024 10:38:59 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lorraine	Individual	Oppose	Written Testimony Only

Comments:

I oppose legalizing marijuana in Hawaii. Drug addiction is already a major problem in our state. Passing laws that enable people in that direction is harmful, not beneficial to the people of Hawaii. Let's find other ways to raise revenue in Hawaii. Mahalo!

SB-3335-HD-1

Submitted on: 3/19/2024 10:39:04 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

LATE

Submitted By	Organization	Testifier Position	Testify
Frank J Cuzzo	Individual	Oppose	Written Testimony Only

Comments:

As a concerned citizen of Hawaii, I am very much opposed to this bill which would make cannabis use legal in Hawaii by 2026. I am aware that this is for adults but I believe it will trickle down and effect our youth in a detrimental way. Increase in accidents due to impairment, health issues caused from physical organ damage due to prolonged usage. It's just overall, I believe a bad decision to legalize this addictive and often abused substance. Thank you for listening to my concerns. Frank J Cuzzo

LATE

Dear Representative Jackson Sayama:

I live in your district, a block from 10th Ave. on Sierra Drive.

I found out about this bill yesterday. My heart sank. I was surprised to hear and disappointed to learn that you voted for what I see as a foolish, destructive piece of legislation. To make revenue for our State by addicting our State is a scary thought. Please, please oppose this bill for the sake of our keiki and the quality of life of our State.

That four County Chiefs, and the Mayor and Prosecutor oppose this bill... is this not an alarm or warning not to go forward. They are closest to our communities and oversee the well being of our State on a closer level than legislators and thus should be listened to and worked with and not run counter to, especially since they will bear the consequence and impact of this bill. Have you met with them and heard their concerns? I entreat you to reconsider your position and to see the far reaching impact of your vote. This bill is absolutely not good for Hawaii.

Every state that has legalized marijuana for recreational use has seen significant increase in traffic accidents and fatalities and, more worrisome, under age use. Once legalized, we can't stop its spread and increasing harm to our land and society. This fuels addiction and will degrade our aina. We have enough problems. Why do we want to add to them? And make life harder for understaffed, overworked departments of our State that will need to deal with the consequences.

Sincerely,
Susan Kuwaye
(808) 387-4864

LATE

SB-3335-HD-1

Submitted on: 3/19/2024 11:01:26 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Regina Gregory	Individual	Support	Written Testimony Only

Comments:

This will reduce demand for more harmful, addictive, violence-inducing drugs.

SB-3335-HD-1

Submitted on: 3/19/2024 11:10:46 AM

Testimony for CPC on 3/19/2024 2:00:00 PM



Submitted By	Organization	Testifier Position	Testify
Louella Vidinha	Individual	Oppose	Written Testimony Only

Comments:

I'm a Waipahu resident, district 39.

I'm in opposition to SB3335.

Medical Marijuana is sufficient.

Recreational Marijuana is deficient.

1) minors will have more access, even if they can't get it legally.

2) Don't want to see it or smell it being done in plain view for everyone.

3) The states that have it legalized for recreational purposes have logistical issues and can have irreparable harm to the public, like with any new passage of a bill that questions the health of the public.

Louella Vidinha

LATE

SB-3335-HD-1

Submitted on: 3/19/2024 11:13:03 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Besilluan Mokihana Komoda	Individual	Oppose	Written Testimony Only

Comments:

I "OPPOSE" the legalization of recreational marijuana because:

1. Marijuana is a "gateway drug" that encourages chronic use through its deception that using is; just to relax then escalates to the full blown dependency, just to feel normal.
2. Dependency on any substance will encourage the break-down of ohana, criminal activity & deteriorate Hawaii's tourist industry.
3. It will encourage organized crime (the fight for territory).
4. Compromise our already "compromised Police force." We 're not ready for the "hewa" waiting to be unleashed if you vote yes.

Follow your heart, it will tell you that "legalization of marijuana is absolutely wrong."

LATE

SB-3335-HD-1

Submitted on: 3/19/2024 11:19:17 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Mary Buck	Individual	Oppose	Written Testimony Only

Comments:

There are so many problems with drugs in Hawai'i now. Legalizing cannabis would only increase those problems

LATE

SB-3335-HD-1

Submitted on: 3/19/2024 11:41:24 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Donna Brooks	Individual	Oppose	Written Testimony Only

Comments:

Here are current recommendations to allow multi-site properties to continue. We feel these recommendations are adequate and will protect multi-site operations until DOH can work with the public to develop multi-site regulations. We also believe this will provide immediate regulations to inform law enforcement, relieving the burden of enforcing multi-card properties. Simply passing HB2443 HD2 as is, with no amended regulations, will further jeopardize medical cannabis patients.

We recommend amending HB2443 HD2 to state the following. This recommendation is based on the data collected from a multisite operation with 980 qualifying patients. This site has proven its capacity to care for its qualifying patients.

Primary Caregiver recommendations:

[§329-123] Registration requirements.

(c) Primary caregivers shall register with the Department of Public Safety. Every primary caregiver shall be responsible for the care of only one qualifying patient at any given time.

A caregiver shall be responsible for all qualifying patients registered to that caregiver. A one-to-many (no limit) policy shall be created in the statute to how many patients can be registered to a caregiver.

A caregiver may take payment from the qualifying patient registered to the caregiver for service rendered. Services include growing, manufacturing, or storage of the qualifying patient's marijuana. The cost to run a multi-card properties must be considered when acting as a caregiver and providing quality medicine to the qualifying patient.

If the qualifying patient does not accept the services rendered by the caregiver, the qualifying patient may easily remove the caregiver using the DOH 329 application change form.

Multi-card grow site recommendations:

1. Make it easy for DOH compliance inspectors to inspect by quickly measuring the canopy space instead of counting plants and looking for compliance through each labeled plant.

1. Prevent multi-card properties from becoming too large. Plant counts have proven to be a failure in all cannabis programs because, with no canopy flowering limits, a multi-card property can grow outside of the canopy flowering space and increase yield production by simply growing hundreds of plants across large acreage. This results in an overabundance of marketable cannabis that could leave the multi-card property and feed the illegal market. Canopy space controls this problem and only allows a documented maximum yield at the multi-card property.

1. The act of labeling each plant with a plastic, waterproof label, results in a large amount of unneeded plastics going into the aina. There is currently no compostable tagging system that is waterproof to deal with this dilemma and be conservation-conscious.
 - Limit multi-card grow sites to 5000 square feet of flowering canopy space and remove the plant tag labeling system. This recommendation will do three things.
 - Allow no limit on the number of qualifying patients at a multi-card property.

 - Security alarms are required at multi-card properties.

 - Require multi-card grow sites to have private cannabis testing results posted at their site for qualifying patients.

Mahalo legislators. Now is the time to act on HB2443 HD2 and, once and for all, force DOH to take this matter seriously and stop ignoring the duties to provide multi-card property regulations by simply passing HB2442 HD2 as is. There is lots of data collected through multi-card property owners and DOH can sit down with multi-card properties owners and review the data. The recent federal raid at Care Waialua, with no charges as of October 26, 2023, should alarm the legislation on how the DOH has been noncompliant in these matters and could have possibly changed this outcome.

LATE

SB-3335-HD-1

Submitted on: 3/19/2024 11:49:57 AM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ron Yoshida	Individual	Oppose	Written Testimony Only

Comments:

Aloha Honorable Representatives,

First of all I want to say Mahalo for all you do to help improve the quality of life for all of us in our beloved Hawaii. I'm writing to express my sincere and heartfelt OPPOSITION to SB3335, a bill that would legalize the recreational use of marijuana. I know that marijuana use is rampant all over Hawaii and especially by our youth, especially through vaping and edibles. My concern is that if we legalize recreational marijuana, access to marijuana and marijuana products will be so much easier to get. I know this will add funds to our economy, but the negative impact would far outweigh the financial benefits. Negative impacts such as the increase in marijuana related crime, car accidents due to driving while "high", young people overdosing due to vaping THC oil, and the list goes on and on, as statistics have shown in other States, such as Colorado, and regon.

The marijuana of the 1960s and 70s is nowhere near as strong in its THC content as it is today (5% back then to now upwards of 80%). Also as a former Certified Substance Abuse Counselor (CSAC) in Hawaii, I have seen the detrimental effects Cannabis use has had on youth and their families. Marijuana also continues to be a "Gateway drug" and therefore I cannot agree with the Governor's statement that this will decrease the use of harder drugs by users. Here is an article in Psychology Today that support this:

From Psychology Today:

<https://www.psychologytoday.com/us/blog/all-about-addiction/201807/is-marijuana-gateway-drug?amp>

"Is Marijuana a Gateway Drug?"

There is a lot of debate about whether marijuana is actually a harmful drug and whether it does act as a gateway to more "hard" drugs like cocaine, heroin, and more.

A recent research article sought to examine whether the use of marijuana really produced reductions in opioid use. It used a large dataset from a well established national survey that was conducted between 2001 and 2005 to answer this question. The overall results suggested that **marijuana use actually significantly and substantially increased the odds that a person would misuse opioid medication after using marijuana.** This large study, published in a respected psychiatric journal, was used in some recent articles to remind us of the gateway theory of marijuana use, which I think deserves some more thought."

I humbly asked you to please vote "No" on this bill.

Much Mahalo,
Ron Yoshida
(808) 265-5566

LATE

SB-3335-HD-1

Submitted on: 3/19/2024 12:11:53 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Crystal Germano	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

Thank you for allowing me the opportunity to write in opposition of this bill. As we know through vaping, smoking, and other forms of substance abuse, people abuse the system. In comparison to vaping, adults sell it to minors all the time. One thing leads to another and over a period of time, they are hooked. The same will happen for recreational marijuana. As a community memebr who is always working in community with teens, I have seen how they get hooked. Once they feel like they need it, they get addicted and find any way of obtaining the substance. It's already happening in community and this bill allows more access. According to any drug-free coalition, studies show that there are long term effects to a developing body. There are also slow reactions, for instance, when someone is driving, speaking, etc. The long term effects in Colorado have already proven negative. It's okay to use hemp products to make paper, have wood for homes, etc., but recreational use is not good for community.

Mahalo,

Crystal Germano

LATE

SB-3335-HD-1

Submitted on: 3/19/2024 12:55:01 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Andrew Simmons	Individual	Comments	Written Testimony Only

Comments:

Aloha, thank you for your time and consideration.

I could support this bill with alot of amendments.

Legalization should be about righting the wrongs of cannabis prohibition. There are many thousands of individuals who have directly and indirectly been harmed by cannabis being illegal.

Legalization shouldn't create more oppotunities for folks to go to jail than when being illegal.

25 person task force? Sounds like more raids...Funding to law enforcement? The very folks who played a large role in the harm caused to cannabis consumers for so many years? I get it law enforcement are needed and they could probably use more funding but it's a spit in the face to all of us who have been oppressed because of the use of a natural plant to give tax money to them from cannabis sales.

Cannabis is much safer than alcohol and should be treated as such. Alcohol is very widely accepted and available easily. Even in your office space???

"We're all responsible adults here" Sen Fevella...

There's no expungement language in SB3335.

No social Justice.

No equal opportunities to the many small farmers accross the islands who have carried Legalization efforts for many years so that discussion can even be had today.

Cannabis dui's? Theres currently no accurate and reasonable device that determines if someone is actually too impaired to drive.

We can do better, much better Hawaii.

Mahalo for your time, Andrew

LATE

SB-3335-HD-1

Submitted on: 3/19/2024 1:44:30 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
randall takata	Individual	Oppose	Written Testimony Only

Comments:

We need affordable medicine and knowledge that people at Care Waialua provide.

LATE

SB-3335-HD-1

Submitted on: 3/19/2024 1:48:49 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Deborah Starbuck	Individual	Oppose	Written Testimony Only

Comments:

Protect our children from cannabis use! Make Hawaii a no go zone for cannabis!

SB-3335-HD-1

Submitted on: 3/19/2024 1:55:44 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

LATE

Submitted By	Organization	Testifier Position	Testify
Taryn Murray mccaig	Individual	Oppose	Written Testimony Only

Comments:

Oppose

LATE

SB-3335-HD-1

Submitted on: 3/19/2024 2:29:13 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Denise Veal	Individual	Oppose	Written Testimony Only

Comments:

I am urging a moment of reflection before we let the consideration of recreational marijuana legalization carry us away. This issue creates political divides, reaching into the very soul of our communities, our families, and our values.

The thought of legalization, with its promises of economic and criminal justice reform, is misleading. The consequences, often glossed over in the rush towards legalization demand a more critical examination. Hawaii, with its unique cultural and natural heritage, must consider the broader impacts of such a policy shift, not just the immediate gains.

Firstly, let's consider the impact on our keiki and 'ohana. Proponents argue that regulation will keep marijuana out of the hands of minors, yet evidence from states that have already taken this step tells another story. Increased availability, normalization, and perceived safety of marijuana contribute to higher rates of use among teens, a demographic particularly vulnerable to its harmful effects on developing brains.

Moreover, the impact on public safety and health cannot be ignored. The correlation between marijuana use and increased risks of mental health issues, including psychosis and depression, is well-documented. On the roads, states with legalized recreational marijuana have seen a surge in drug impaired driving incidents, jeopardizing the safety of all residents and visitors.

Economically, while the prospect of additional revenue from marijuana sales is tempting, it is not a solution for our state's fiscal challenges. The costs associated with increased healthcare, addiction treatment, and law enforcement efforts to combat impaired driving and other drug-related offenses may well offset these financial gains. Furthermore, the impact on Hawaii's tourism industry, our state's economic backbone, is unpredictable. We risk tainting our reputation as a family friendly destination with the widespread commercialization of marijuana.

It invites greater government regulation and oversight into our lives, undermines personal responsibility by normalizing drug use, and erodes the values that hold our communities together.

It is also a matter of justice. While reforming our criminal justice system is imperative, legalizing marijuana is not the panacea it is made out to be. True reform addresses the root causes of incarceration and recidivism, such as homelessness, lack of education, and limited access to healthcare. We must focus on comprehensive reforms that uplift our citizens, rather than simply altering the legal status of a substance with profound societal implications.

I urge the people of Hawaii to consider the long-term consequences of recreational marijuana legalization. Let us not be swayed by the siren songs of economic gain and social progress. Instead, let us hold to our values, prioritize the well being of our keiki and communities, and seek solutions that truly reflect the aloha spirit that defines us. Together, we can chart a course that safeguards our health, safety, and unique way of life for generations to come.

LATE

SB-3335-HD-1

Submitted on: 3/19/2024 3:10:09 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Amanda Han	Individual	Oppose	Written Testimony Only

Comments:

I am NOT in favor of legalizing the recreational use of marijuana. I don't want to smell it when I'm walking on a public sidewalk, or out at a public venue/restaurant. The smells makes me feel physically sick, and I know a lot of people that physically react the same way I do.

There are new studies showing that marijuana IS addictive, and studies that show the use of marijuana IS linked to using harder drugs.

I chose to stay in Hawaii and raise my keiki in Hawaii because of many reasons. If this bill passes, and our community starts to go downhill like places such as Colorado, Seattle, etc., it will no longer be a good place to raise a family.

Why give the local people even MORE reasons to leave this beautiful place??

PLEASE vote no.

Amanda Han

LATE

SB-3335-HD-1

Submitted on: 3/19/2024 3:23:07 PM

Testimony for CPC on 3/19/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sharon Worthley	Individual	Oppose	Written Testimony Only

Comments:

I am strongly opposed to legalizing marijuana. No amount of money coming into this state from sales of marijuana will be enough to cover all the damage that will probably occur. There may be some people who will be able to use it "responsibly" but there will be a lot who will not be able to. OH MY GOSH! WHAT A BAD EXAMPLE THIS WOULD BE FOR OUR CHILDREN... PLEASE DO NOT PASS THIS BILL!

Testifier: Nalani Chang
Zip code: 96706
In Support of SB3335
Email: nalanichang@hotmail.com



Aloha esteemed Committee Members,

I write to express my enthusiastic endorsement for SB3335 and its proposal to legalize adult-use cannabis in Hawaii. This bill represents a crucial step forward for our state, presenting a comprehensive framework that prioritizes economic growth, public health, and social equity.

The economic potential of SB3335 is vast, with estimates forecasting substantial revenue generation and job creation. By legalizing adult-use cannabis, Hawaii can harness this economic opportunity while also addressing social inequalities and promoting community development.

Moreover, SB3335 incorporates crucial measures to educate the public about responsible cannabis use and to support individuals affected by past cannabis laws. By allocating resources for education campaigns and treatment services, we can ensure that cannabis legalization is accompanied by measures to mitigate potential risks and promote public safety.

As a resident of Ewa Beach, I have witnessed firsthand the impacts of cannabis prohibition on our communities. SB3335 presents an opportunity to rectify these harms by establishing a regulated cannabis market that prioritizes public health and social equity.

In conclusion, I urge you to support SB3335 and to recognize the immense benefits that legalized adult-use cannabis can bring to Hawaii. Let us embrace this opportunity to enact progressive cannabis policies that serve the interests of our state and its residents. Mahalo for your attention to this important matter.

Testifier: Leilani Kekoa
Zip code: 96701
In Support of SB3335

Email: leilanikekoa@gmail.com

Aloha Chair and Committee Members,

As a lifelong resident of Aiea, I stand in full support of SB3335. This bill presents an unparalleled opportunity for economic growth in our beloved state. With estimates of over \$570 million annually and the creation of 3,000 jobs within the first five years, the potential for Hawaii's economy is immense. By legalizing adult-use cannabis, we open doors for innovation, community education, and social equity. Let's embrace this opportunity and move Hawaii forward.

Testifier: Kaia Mahelona
Zip code: 96782
In Support of SB3335
Email: kaiamahelona@yahoo.com

Testimony: To the esteemed members of the Committee,

I am writing to express my wholehearted support for SB3335 and its proposal to legalize adult-use cannabis in Hawaii. SB3335 represents a pivotal moment for our state, offering a well-thought-out approach to cannabis regulation that balances economic opportunities, public health, and social justice.

The economic benefits of SB3335 cannot be overstated, with projections indicating significant revenue generation and job creation. By legalizing adult-use cannabis, Hawaii can capitalize on this economic potential while simultaneously addressing the inequities and harms of prohibition.

Furthermore, SB3335 includes essential measures to promote public health education and community reinvestment. By providing funding for education campaigns and treatment services, we can ensure that individuals have access to accurate information and support resources related to cannabis use.

As a resident of Pearl City, I believe that SB3335 represents a critical step towards modernizing Hawaii's approach to cannabis and promoting a more just and equitable society. It is time for our state to move beyond outdated prohibitionist policies and embrace the economic, social, and health benefits of legalized adult-use cannabis.

In conclusion, I urge you to support SB3335 and to seize this opportunity to enact meaningful change for our state and its residents. Mahalo for your attention to this important issue.

Makana Wong
Zip code: 96789
In Support of SB3335
Email: makanawong@hotmail.com

Aloha esteemed Committee Members,

I am writing to offer my strong support for SB3335 and its proposal to legalize adult-use cannabis in Hawaii. SB3335 presents an opportunity for our state to enact sensible cannabis regulations that prioritize economic development, public health, and social equity.

The economic benefits of SB3335 are significant, with projections suggesting substantial revenue generation and job creation. By legalizing adult-use cannabis, Hawaii can unlock the potential of this industry while simultaneously addressing the injustices and harms of prohibition.

Additionally, SB3335 includes crucial measures to promote public health and safety. By investing in education campaigns and treatment services, we can ensure that individuals have access to accurate information and support resources related to cannabis use.

As a resident of Mililani, I believe that SB3335 represents a step towards a more progressive and equitable Hawaii. It is time for our state to move beyond outdated and ineffective cannabis policies and embrace a forward-thinking approach that benefits all residents.

In conclusion, I urge you to support SB3335 and to recognize the significant opportunities that legalized adult-use cannabis can bring to Hawaii. Let us work together to create a safer, healthier, and more prosperous future for our state. Mahalo for your consideration.

Testifier: Leilani Koa
Zip code: 96701
In Support of SB3335
Email: leilanikoa@hotmail.com

I write to express my enthusiastic support for SB3335 and its proposal to legalize adult-use cannabis in Hawaii. SB3335 represents a critical opportunity for our state to enact sensible and equitable cannabis regulations that prioritize economic development, public health, and social justice.

The potential economic benefits of SB3335 are vast, with projections indicating significant revenue generation and job creation. By legalizing adult-use cannabis, Hawaii can harness this economic potential while also addressing the injustices and inequities of prohibition.

Additionally, SB3335 includes essential measures to promote public health education and community reinvestment. By allocating resources for education campaigns and treatment services, we can ensure that individuals have access to accurate information and support resources related to cannabis use.

As a resident of Aiea, I believe that SB3335 represents a crucial step towards a more just and equitable Hawaii. It is time for our state to move beyond outdated and ineffective cannabis policies and embrace a forward-thinking approach that benefits all residents.

Testifier: Kekoa Mahelona
Zip code: 96782
In Support of SB3335
Email: kekoamahelona@hotmail.com

I am writing to express my unwavering support for SB3335 and its proposal to legalize adult-use cannabis in Hawaii. SB3335 represents a significant step forward for our state, offering a comprehensive framework for responsible cannabis regulation that prioritizes economic development, public health, and social equity.

The economic benefits of SB3335 are undeniable, with projections indicating millions in potential revenue and the creation of thousands of new jobs. By legalizing adult-use cannabis, Hawaii can tap into a lucrative market while simultaneously addressing the harms of prohibition. Moreover, SB3335 includes provisions to ensure that communities disproportionately affected by past cannabis laws have access to opportunities in the legal market, promoting equity and justice.

Beyond the economic impact, SB3335 emphasizes public health education and community reinvestment. By providing resources for education campaigns and treatment services, we can mitigate potential risks associated with cannabis use and ensure that individuals can make informed decisions. Additionally, SB3335 includes measures to combat the illicit cannabis market, creating a safer and more regulated environment for consumers.

Name: Keanu Kawamoto
In Support of SB3335
Email: kawamotok@gmail.com
Zip Code: 96701

Aloha Chair and esteemed members of the CPC Committee, I wholeheartedly support SB3335. Legalizing adult-use cannabis in Hawaii is crucial for our economic growth. The estimated \$570 million annually and 3,000 job opportunities within the first five years are vital for our state. Let's prioritize education, community health, and economic prosperity by passing this bill.

Testifier: Makana Kane

Zip code: 96789

In Support of SB3335

Email: makanakane@hawaii.rr.com

Aloha esteemed Committee Members,

I am writing to express my unwavering support for SB3335 and its proposal to legalize adult-use cannabis in Hawaii. This bill represents a significant step forward for our state, offering a comprehensive framework for responsible cannabis regulation. The economic benefits alone are substantial, with estimates indicating millions in potential revenue and the creation of thousands of new jobs. But beyond the economic impact, SB3335 addresses key issues of public health, social equity, and community well-being. By legalizing adult-use cannabis, we can redirect resources towards education, treatment, and community reinvestment, ensuring that all residents benefit from this industry. Moreover, SB3335 includes robust provisions for social equity, providing opportunities for those disproportionately impacted by previous cannabis laws to participate in and benefit from the legal market. It's time for Hawaii to embrace progress and take a proactive approach to cannabis legalization. By supporting SB3335, we can unlock the full potential of this industry while safeguarding public health and promoting social justice. I urge you to stand with SB3335 and help shape a brighter future for our state and its residents.

Testifier: Sophia Chang
Zip code: 96706
In Support of SB3335
Email: sophiachang@yahoo.com

To the distinguished members of the Committee,

I am writing to express my strong endorsement of SB3335 and its efforts to legalize adult-use cannabis in Hawaii. This bill represents a watershed moment for our state, offering a forward-thinking approach to cannabis regulation that prioritizes economic development, public health, and social equity. The economic benefits of SB3335 are undeniable, with projections indicating significant revenue streams and job creation. But beyond the economic impact, SB3335 takes a comprehensive approach to cannabis legalization, addressing key issues such as community education, public health protections, and social equity. By legalizing adult-use cannabis, we can create a safer and more regulated market, reduce reliance on the illicit market, and generate revenue for vital public services. Moreover, SB3335 includes provisions to ensure that communities disproportionately impacted by previous cannabis laws have access to opportunities in the legal market, promoting equity and justice. It's time for Hawaii to join the growing number of states that have legalized adult-use cannabis and embrace the many benefits that this industry has to offer. I urge you to support SB3335 and help build a brighter future for our state.

Testifier: Kekoa Mahelona
Zip code: 96782
In Support of SB3335
Email: kekoamahelona@aol.com

To the respected members of the Committee,

I am writing to express my enthusiastic support for SB3335 and its proposal to legalize adult-use cannabis in Hawaii. This bill represents a monumental opportunity for our state to enact responsible cannabis regulation that prioritizes economic development, public health, and social equity. The economic benefits of SB3335 are staggering, with projections indicating millions in potential revenue and the creation of thousands of new jobs. But beyond the economic impact, SB3335 takes a comprehensive approach to cannabis legalization, addressing key issues such as public health education, community reinvestment, and social equity. By legalizing adult-use cannabis, we can create a safer and more regulated market, reduce the harms associated with prohibition, and generate revenue for vital public services. Moreover, SB3335 includes provisions to ensure that communities disproportionately impacted by previous cannabis laws have access to opportunities in the legal market, promoting equity and justice. It's time for Hawaii to embrace progress and take a proactive approach to cannabis legalization.

Makoa Kane

Zip code: 96789
In Support of SB3335
Email: makoakane@hawaii.rr.com

Testimony: Aloha esteemed Committee Members,

I am writing to express my unwavering support for SB3335 and its proposal to legalize adult-use cannabis in Hawaii. This bill represents a significant step forward for our state, offering a comprehensive framework for responsible cannabis regulation. The economic benefits alone are substantial, with estimates indicating millions in potential revenue and the creation of thousands of new jobs. But beyond the economic impact, SB3335 addresses key issues of public health, social equity, and community well-being. By legalizing adult-use cannabis, we can redirect resources towards education, treatment, and community reinvestment, ensuring that all residents benefit from this industry. Moreover, SB3335 includes robust provisions for social equity, providing opportunities for those disproportionately impacted by previous cannabis laws to participate in and benefit from the legal market. It's time for Hawaii to embrace progress and take a proactive approach to cannabis legalization. By supporting SB3335, we can unlock the full potential of this industry while safeguarding public health and promoting social justice. I urge you to stand with SB3335 and help shape a brighter future for our state and its residents.

Aolani Silva
Zip code: 96782
In Support of SB3335
Email: aolanisilva@gmail.com

Testimony: Aloha esteemed Committee Members,

I am writing to express my unwavering support for SB3335 and its proposal to legalize adult-use cannabis in Hawaii. This bill represents a significant step forward for our state, offering a comprehensive framework for responsible cannabis regulation. The economic benefits alone are substantial, with estimates indicating millions in potential revenue and the creation of thousands of new jobs. But beyond the economic impact, SB3335 addresses key issues of public health, social equity, and community well-being. By legalizing adult-use cannabis, we can redirect resources towards education, treatment, and community reinvestment, ensuring that all residents benefit from this industry. Moreover, SB3335 includes robust provisions for social equity, providing opportunities for those disproportionately impacted by previous cannabis laws to participate in and benefit from the legal market. It's time for Hawaii to embrace progress and take a proactive approach to cannabis legalization. By supporting SB3335, we can unlock the full potential of this industry while safeguarding public health and promoting social justice. I urge you to stand with SB3335 and help shape a brighter future for our state and its residents.