

LINDA LINGLE
GOVERNOR



STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
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Honolulu, Hawaii 96814

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DIRECTOR

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Deputy Director
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Deputy Director
Corrections

JAMES L. PROPOTNICK
Deputy Director
Law Enforcement

No. _____

TESTIMONY ON HOUSE BILL 1635
A BILL FOR AN ACT RELATING TO
CONTROLLED SUBSTANCES
Clayton A. Frank, Director
Department of Public Safety

Committee on Public Safety
Representative Faye P. Hanohano, Chair
Representative Henry J.C. Aquino, Vice Chair

Thursday, February 5, 2009, 5:00 PM
State Capitol, Room 309

Representative Hanohano and Members of the Committee:

The Department of Public Safety supports House Bill 1635 that proposes to set minimum standards that a physician must perform to be in compliance with Hawaii's Medical Use of Marijuana Program. House Bill 1635 proposes language to mandate that a physician recommending that a patient utilize marijuana for medical purposes keep copies of the "written certification" for a period of five years. This requirement is consistent with record keeping requirements for physicians administering, prescribing, or dispensing controlled substances.

House Bill 1635 also proposes penalties for physicians that do not comply with registration, record keeping and conditions for use requirements as designated under Part IX of Chapter 329. House Bill 1635 also makes it illegal for a physician to store, dispense, sell, provide pre-signed written certification

forms, or to refuse any lawful entry into any premises for any inspection authorized by this chapter.

The department would like to recommend that on page 2, lines 15 through 17 be amended to read as follows:

“(b) It shall be unlawful for any person subject to part IX to recommend the use of marijuana for medical purposes without a bona fide physician-patient relationship.” This amendment is necessary due to the fact marijuana cannot be administered, prescribed or dispensed under current Hawaii law.

House Bill 1635 also clarifies the legislature's original intent that this program was to be utilized for patients with severe debilitating medical conditions listed in 329-121 listed as cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, and the treatment of these specifically listed chronic or debilitating diseases that cause cachexia or wasting syndrome, severe pain, severe nausea, seizures, including those characteristic of epilepsy or severe and persistent muscle spasms, including those characteristic of multiple sclerosis or Crohn's disease. Presently there is already language in section 329-121 (3) to allow other medical conditions approved by the department of health pursuant to administrative rules to be added to the list of debilitating medical conditions in response to a request from a physician or potentially qualifying patient.

House Bill 1635 also amends section 329-123 to raise the annual fee from \$25.00 to \$75.00 to better cover the cost of this program. Due to the increasing

volume of work generated by this program the Narcotics Enforcement Division has had to reassign one of its controlled substance registration clerks on a full time bases to process the applications of Hawaii's 4560 medical use of marijuana patients, 488 caregivers and 88 physicians presently participating in the program. NED's registration staff and Investigators are called on daily to conduct verification checks for State and County law enforcement officers on individuals claiming to be authorized medical use of marijuana patients or caregivers. The increase in the registration fee from \$25.00 to \$75.00 will help offset the cost of running this manpower intensive program.

House Bill 1635 also amends section 329-123 relating to registration requirements and increases the penalties for physicians that abuse Hawaii's Medical Use of Marijuana Program who do not provide basic medical care by physically examining their patients, reviewing their medical records and having a bona fide physician patient relationship before authorizing these patients to use marijuana for an authorized debilitating medical condition. Presently the States top ten physicians issuing medical use of marijuana certificates accounts for 90% (4160) of all certificates issued statewide (4560). With the number one rated physician accounting for 45% (2057) of all certificates issued statewide.

In summary the Department of Public Safety supports passage of House Bill 1635 which will better accomplish the original intent of Hawaii's Medical Use of Marijuana Program to give physicians an alternative drug for patients who are not responding to, or where conventional medications have not worked, and

where in the physician's professional opinion, the potential benefits of the medical use of marijuana would likely outweigh the health risk for that particular patient.

I would like to thank the committee for this opportunity to testify on this matter.

POLICE DEPARTMENT
CITY AND COUNTY OF HONOLULU

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MUFI HANNEMANN
MAYOR



BOISSE P. CORREA
CHIEF

PAUL D. PUTZULU
KARL A. GODSEY
DEPUTY CHIEFS

OUR REFERENCE LK-TA

February 5, 2009

The Honorable Faye P. Hanohano, Chair
And Members
Committee on Public Safety
House of Representatives
State Capitol
Honolulu, Hawaii 96813

Dear Chair Hanohano and Members

Subject: House Bill No. 1635, Relating to Controlled Substances

I am Louis Kealoha, Captain of the Narcotics/Vice Division of the Honolulu Police Department, City and County of Honolulu.

The Honolulu Police Department supports House Bill No. 1635, Relating to Controlled Substances.

This bill seeks to amend chapter 329, Hawaii Revised Statutes requirements and penalties relating to medical marijuana. The recommended amendments will serve to strengthen Chapter 329 and discourage those who may be tempted to violate and exploit Hawaii's medical marijuana program for their own benefit.

The Honolulu Police Department urges you to support House Bill No. 1635, Relating to Controlled Substances.

Thank you for the opportunity to testify.

Sincerely,

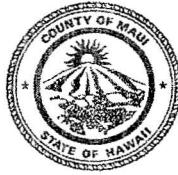

LOUIS KEALOHA, Captain
Narcotics/Vice Division

APPROVED:

for: 
BOISSE P. CORREA
Chief of Police

Serving and Protecting With Aloha

CHARMAINE TAVARES
Mayor



BENJAMIN M. ACOB
Prosecuting Attorney
PETER A. HANANO
First Deputy Prosecuting Attorney

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

February 4, 2009

HONORABLE FAYE P. HANOHANO, CHAIR
HONORABLE HENRY J.C. AQUINO, VICE CHAIR
COMMITTEE ON PUBLIC SAFETY

HONORABLE JOHN M. MIZUNO, CHAIR
HONORABLE TOM BROWER, VICE CHAIR
COMMITTEE ON HUMAN SERVICES

HONORABLE RYAN I. YAMANE, CHAIR
HONORABLE SCOTT Y. NISHIMOTO, VICE CHAIR
COMMITTEE ON HEALTH

HOUSE OF REPRESENTATIVES
THE TWENTY-FIFTH LEGISLATURE
REGULAR SESSION OF 2009
STATE OF HAWAII

TESTIMONY OF BENJAMIN M. ACOB,
PROSECUTING ATTORNEY FOR THE COUNTY OF MAUI,
IN SUPPORT OF H.B. NO. 1635
RELATING TO CONTROLLED SUBSTANCES

The Honorable Chairpersons and Committee Members:

The Department of the Prosecuting Attorney for the County of Maui strongly supports H.B. 1635 Relating to Controlled Substances. We agree with the intent of the bill.

At the outset, it appears that the general intent of this bill is to hold physicians who issue medical marijuana certificates more accountable.

For example, the proposed bill requires physicians to maintain a copy of each "written certification" for a period of five (5) years.

In addition, the proposed bill makes it a class C felony for any physician to unlawfully authorize the medical use of marijuana in violation of Hawaii's medical marijuana law.

Furthermore, the proposed bill requires the physician to allow reasonable access to any medical records relating to the physician's recommendation for a patient to utilize medical marijuana, and allow entry into any premises for any inspection as authorized by Hawaii law.

Moreover, the proposed bill also affords protections to treating physicians from arrest or prosecution provided that certain reasonable measures are taken in recommending medical marijuana to a patient.

Our Department fully supports this bill for several reasons. First, the bill places greater accountability on physicians who recommend medicinal use of marijuana to their patients. Here, the physician's recommendation to use medical marijuana should not merely be a "rubber stamp", but should also be supported by proper documentation and justification.

Second, the bill provides for stiff penalties in the event a physician fraudulently or unjustifiably recommends medical use of marijuana. These penalties are not unreasonable considering that the physician is essentially legally allowing someone to engage in conduct, i.e. possess and utilize a controlled substance, which would otherwise be illegal.

Finally, we support the bill's "immunity" provision (326-126) provided that the four conditions, as proposed, are strictly complied with.

Accordingly, for the reasons discussed above, our Department strongly supports H.B. 1635. Thank you for the opportunity to testify.

(H.B. 1635, Relating to Controlled Substances)



CHARMAINE TAVARES
MAYOR

OUR REFERENCE

YOUR REFERENCE

POLICE DEPARTMENT

COUNTY OF MAUI

55 MAHALANI STREET
WAILUKU, HAWAII 96793
(808) 244-6400
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THOMAS M. PHILLIPS
CHIEF OF POLICE

GARY A. YABUTA
DEPUTY CHIEF OF POLICE

February 4, 2009

The Honorable Faye P. Hanohano, Chair
and Members of the Committee on Public Safety
House of Representatives
State Capitol
Honolulu, HI 96813

The Honorable John M. Mizuno, Chair
and Members of the Committee on Human Services
House of Representatives
State Capitol
Honolulu, HI 96813

The Honorable Ryan I. Yamane, Chair
and Members of the Committee on Health
House of Representatives
State Capitol
Honolulu, HI 96813

Dear Chairs Hanohano, Mizuno, Yamane and Members of the Committees:

**SUBJECT: House Bill No. 1635, Relating to Controlled Substances –
Medical Marijuana**

The purpose of this bill is to establish new recordkeeping requirements and establish penalties; amends and adds definitions; requires physical examination of a patient by physician; and increases penalties relating to medical marijuana.

This bill sets minimum standards in which a physician must perform to be in compliance with Hawaii's Medical Use of Marijuana Program. It also mandates that a physician recommending a patient's use of medical marijuana keep copies of the written certification for a period of five years and proposes penalties for physicians that do not comply with the registration and recordkeeping conditions.

This bill will also increase the annual fee from \$25.00 to \$75.00 to assist the Narcotics Enforcement Division with processing of applications, registration, and investigative duties related to this intensive program.

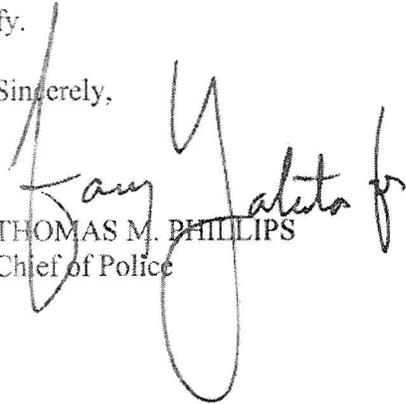
The Honorable Faye P. Hanohano, Chair
The Honorable John M. Mizuno, Chair
The Honorable Ryan I. Yamane, Chair
February 4, 2009
Page 2

This will increase the penalties for physicians that abuse Hawaii's Medical Use of Marijuana Program by not providing basic medical care by physically examining their patients, receiving their medical records or having a bona fide physician patient relationship before authorizing the patient to use marijuana for a debilitating medical condition.

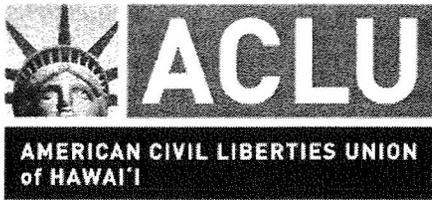
The Maui Police Department strongly supports passage of House Bill No. 1635 which would better accomplish the original intent of Hawaii's Medical Use of Marijuana Program.

Thank you for the opportunity to testify.

Sincerely,



THOMAS M. PHILLIPS
Chief of Police



Via E-mail: PBSTestimony@Capitol.hawaii.gov
Committee: Committee on Public Safety
Hearing Date/Time: Thursday, February 5, 2009, 5:00 p.m.
Place: Room 309
Re: Testimony of the ACLU of Hawaii Opposing HB 1635, Relating to Controlled Substances

Dear Chair Hanohano and Members of the Committee on Public Safety:

The American Civil Liberties Union of Hawaii (“ACLU of Hawaii”) opposes HB 1635, which increases penalties relating to medical marijuana.

This bill creates new crimes to prohibit conduct that is already illegal under existing law, and as such, is redundant. The penalties in HB 1635, however, will further intimidate doctors, many of whom are already fearful of prescribing marijuana to their patients.

Additionally, this bill requires that a “bona fide physician-patient relationship” exist. In this era of specialization and HMOs, when patients frequently see several doctors for a single ailment (and might see a particular doctor only once for a few minutes), a “bona fide physician-patient relationship” exists the moment a patient seeks medical care from a physician; however, because this phrase is not defined, there will be significant confusion over whether a physician is authorized to treat her or his patient.

The mission of the ACLU of Hawaii is to protect the fundamental freedoms enshrined in the U.S. and State Constitutions. The ACLU of Hawaii fulfills this through legislative, litigation, and public education programs statewide. The ACLU of Hawaii 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 Hawaii has been serving Hawaii for over 40 years.

Thank you for this opportunity to testify.

Sincerely,

Daniel M. Gluck
Senior Staff Attorney
ACLU of Hawaii

American Civil Liberties Union of Hawaii
P.O. Box 3410
Honolulu, Hawaii 96801
T: 808.522-5900
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E: office@acluhawaii.org
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Richard S. Miller
Member, Board of Directors, Drug Policy Forum of Hawai'i
Attorney at Law, Professor of Law, Emeritus, and former dean,
The Wm. S. Richardson School of Law, The University of Hawai'i at Manoa
Phone: (808) 254-1796, Email: rmiller@aya.yale.edu

To: Committee on Public Safety
For: Hearing, 5:00PM, Thursday, February 5, 2009, Conference Room 309
Bill Number: HB 1635

Testimony in Opposition to HB 1635

Chairs Hanohano, Vice Chair Aquino, and Distinguished Committee Members:

The Hawai'i Legislature deserved great praise for its compassion and courage in adopting, in 2000, a law permitting persons with severe debilitating conditions to use marijuana as a palliative to reduce their pain and other seriously negative effects of their condition and, often, to regain the will and ability to consume healthful food.

The target group for the medical marijuana law are those among us who have debilitating conditions, described in the original bill, who may have the pain and adverse consequences of these conditions mitigated by the considerable positive effects of cannabis.

This bill would impose unnecessary restrictions and requirements on the medical marijuana program that would probably kill it. That would be tragic, as the positive data from cannabis studies, as set forth below, would indicate.

It is possible, if not likely, that some current marijuana users might enjoy having the protection of a medical marijuana certification even though they might not have a debilitating condition. However, the fact is – as virtually everyone knows -- including even young middle school and high school students -- marijuana is widely available for purchase. Anyone who wants marijuana and is not concerned with the legality of the transaction that involves a transfer of possession or the risk of being caught using it, can get it, and they usually do. And most of those who use marijuana recreationally do so without the benefit of a certification.

On the other hand, most of the people who may really need marijuana to help with their medical condition, particularly the older members of our population, will scrupulously avoid any unlawful acquisition or use of marijuana. If they cannot acquire it legally and reasonably easily, they are likely to forego its use, no matter how beneficial it might be or how painful their condition.

If the requirements for medical marijuana were changed in the manner provided in this bill, it would become much more difficult for these people to acquire marijuana for medical use. That is, first, because it increases the requirements and penalties for physicians, many of whom are already intimidated by the risk of violating the medical marijuana law and by the fact that it is the “enforcers” of Narcotics Enforcement Division

that administer the program. It is also because this bill ridiculously requires severe conditions, such as pain, nausea, seizures, muscle spasm, “including those characteristic of multiple sclerosis or Crohn’s disease” to be produced by cancer, glaucoma, HIV, AIDS “or the treatment of these conditions.”

That outcome would be tragic and inhumane. As the following research statistics (from ProCon.Org) make clear, there are many legitimate scientific studies that recognize the important therapeutic value of cannabis:

“Peer-Reviewed Studies on Marijuana

“Peer-Reviewed Medical Studies Involving Cannabis and Cannabis Extracts (1990 - 2008)

“Studies are listed as Pro, Con, or **Not Clearly Pro or Con**, based on their conclusions regarding cannabis' potential medical benefit. Extracts, such as Sativex, are derived directly from the plant, and are not synthetically created. Studies involving man-made substances, such as Marinol, Nabilone, Cannabinor, and others were not included in this review. If there are any peer-reviewed studies involving marijuana that we have not included, please [let us know.](#)”

Type of Study	Pro		Not Clearly Pro or Con		Con		Totals	
	# of studies	% of total	# of studies	% of total	# of studies	% of total	Total # of studies	% of total
I. Double-Blind Human Studies	7	46.7%	6	40%	2	13.3%	15	100%
II. Human Studies	18	42.9%	15	35.7%	9	21.4%	42	100%
III. Animal Studies	4	100%	0	0%	0	0%	4	100%
TOTALS	29	47						

Note that the “Pros” are more than double the “Cons.” It must be recognized by those who would lightly impose new and onerous restrictions on the acquisition of medical marijuana by truly debilitated and honest fellow citizens who need its beneficial qualities, that they are creating real harm and genuine unmitigated pain.

I strongly urge you to hold HB 1635.

Your consideration of this testimony is very much appreciated.

Mahalo nui loa,





the
**Drug Policy
Forum**

February 5, 2009

To: Committee on Public Safety
Committee on Human Services
Committee on Health

From: Jeanne Ohta, Executive Director

RE: HB 1635 Relating to Controlled Substances
Hearing: February 5, 2009, 5:00 p.m., Room 309

Position: Strong Opposition

I am Jeanne Ohta, Executive Director of the Drug Policy Forum of Hawai'i. Thank you for this opportunity to testify in strong opposition of HB 1635.

HB 1635 makes unnecessary and burdensome changes in the medical marijuana program. It seeks to place restrictions on the program so that fewer seriously ill patients can participate; it is an attempt to seriously cripple the program.

It requires more record keeping for physicians, when the department has copies of those same records.

This bill is meant to scare physicians from participating in the program. It increases penalties for physician, where penalties for violating marijuana laws already exist. The department laments the fact that so few physicians see so many patients, yet their actions make the participation of more physicians less appealing.

Some of the new provisions actually codify some of the overreaching administrative requirements that the department currently has in place.

This bill also narrows the qualifying conditions. We should be adding conditions rather than reducing them. Other states are adding conditions since more conditions have been shown to benefit from medical marijuana.

.I respectfully ask the committee to hold this bill. Thank you for the opportunity to testify.

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INFORMATION ON MEDICAL MARIJUANA

Federal Laws do not Preempt State Medical Marijuana Laws

In December 2008, the U.S. Supreme Court refused to review a landmark decision in which California state courts found that its medical marijuana law was not preempted by federal law. The state appellate court decision from November 28, 2007, ruled that "it is not the job of the local police to enforce the federal drug laws."

Many Organizations Support Access to Therapeutic Cannabis

American Academy of Family Physicians, American Medical Association's Council on Scientific Affairs, American Nurses Association, American Public Health Association, and many others.

"ACP urges an evidence-based review of marijuana's status as a Schedule I controlled substance to determine whether it should be reclassified to a different schedule. ... ACP strongly supports exemption from federal criminal prosecution; civil liability; or professional sanctioning, such as loss of licensure or credentialing, for physicians who prescribe or dispense medical marijuana in accordance with state law. Similarly, ACP strongly urges protection from criminal or civil penalties for patients who use medical marijuana as permitted under state laws. ... Evidence not only supports the use of medical marijuana in certain conditions but also suggests numerous indications for cannabinoids."

— American College of Physicians, *Supporting Research into the Therapeutic Role of Marijuana*, 2008

Marinol is not the same as Marijuana

Marinol, available as a prescription pill, is THC, the active ingredient of marijuana. Many patients cannot tolerate marinol and have better results by using the whole plant. Scientists believe that the whole plant contains other ingredients that work with THC and thus is better tolerated and more effective for some patients.

Prescription Drugs

Available prescription drugs often come with far more serious side effects than marijuana, and many patients who find relief from marijuana simply do not respond to prescription medications. Smoking or vaporizing marijuana are much more effective delivery methods than pills for many patients: The drug works instantly, the dosage may be controlled by the patient, and there is no problem "keeping it down" since it cannot be vomited back up.

Cocaine, morphine, and methamphetamine may all be legally administered to patients — so why not marijuana, which has a far lower rate of dependency and on which no one has ever overdosed?

From: Bill Best [bestb002@hawaii.rr.com]
Sent: Wednesday, February 04, 2009 3:03 PM
To: PBStestimony
Subject: supporting bills HB1192, 1194,967,1191,1635,1149

Categories: Green Category

As a sufferer of chronic pain for whom no prescription or over-the-counter drugs work, I so appreciated when my doctor suggested that I get a registered with a patient ID certificate. I always felt grateful to live in this humane state of Hawaii. Anything I can do to help in keeping patients' right to use this benign drug, I'd be happy to. Science is on our side, and I am glad to see politicians representing the citizens on this rather than drug or alcohol lobbyists who want to demonize marijuana.

Mahalo for allowing me input.

Barbara Best
280 Hauoli Street
Wailuku, HI 96793

From: Danielle Bass on behalf of Rep. Ryan Yamane
Sent: Wednesday, February 04, 2009 2:59 PM
To: HLTtestimony; PBStestimony
Subject: FW: Testimony for hearing on several bills this Thursday, 02-05-09 at 5:00 PM

Categories: Green Category

-----Original Message-----

From: Bill [mailto:divrb@netzero.net]
Sent: Wednesday, February 04, 2009 2:40 PM
To: Rep. Ryan Yamane
Cc: Rep. Scott Nishimoto
Subject: Fw: Testimony for hearing on several bills this Thursday, 02-05-09 at 5:00 PM

----- Forwarded Message -----

Aloha,

I am in support of the following House Bills and urge you to support them also. These are HB 1191, HB 226, HB 967, HB 1194, and HB 1192.

As a medical marijuana patient I have known only too well the difficulties encountered with growing and/or acquiring my medicine. The state of Hawaii supports and allows for persons with a medical marijuana recommendation from a physician to utilize cannabis in their treatment, but provides no means for them to obtain their medicine in a safe and legal manor. This not only forces people to seek out sources on the black market (thus encouraging this illegal market) but also forces patients unable to acquire or grow their medicine to take other prescribed medications proven to more harmful to the health than cannabis.

The state of Hawaii has shown that they believe in and support medical marijuana and it is about time that they do something to help the patients further. I have seen and know of many people that have turned their lives around by treating their medical ailments with cannabis instead of prescription drugs or narcotics. People unable to function due to the effects of narcotics finally functioning because they were able to eliminate them. An elderly gentleman that was hardly able to walk due to diabetic neuropathy finally walking without issues due to cannabis. No other medications helped him. Cancer patients eating instead of wasting away, people that have eliminated the need to take multiple medications (which has been proven to increase the likelihood of side effects) by switching to cannabis, and I could go on and on. Cannabis has been proven to be beneficial for a multitude of medical ailments and any bills regarding the support of medical marijuana in this state, especially those that provide an easier means for patients to acquire or grow their medicine, should definitely be encouraged to become law.

At this time I am also asking and encouraging you to oppose HB 1635.

Mahalo and Aloha,
Bill Cox

From: Matt Rifkin [mattrifkin28@gmail.com]
Sent: Tuesday, February 03, 2009 6:08 PM
To: PBStestimony
Subject: Committee hearing on February 5th regarding medical marijuana legislation

Follow Up Flag: Follow up
Flag Status: Flagged

Aloha to the Public Safety Committee members....

I am a medical marijuana patient on the Big Island, and I would like to add my comments to the record for a variety of bills that have been proposed....

HB 1192 - Civil penalties for possession of marijuana - SUPPORT

The voters of the county of Hawaii passed a "Lowest Law Enforcement Priority" bill in November 2008, and I feel that this should be extended state wide. I do not feel that possession of small amounts of marijuana merits jail time.

HB 1191 - Medical Marijuana Distribution System - SUPPORT

Growing medical marijuana is not easy, and many patients are unable to do. Having a secure location where plants can be safely grown is a far better alternative than being forced to purchase medicine from the illegal black market. Increasing the number of plants and quantity of dried, usable medicine is also a good idea, as each patient has their own unique needs.

HB 226 - Medical Marijuana - SUPPORT

Removing the "location of marijuana" from the ID card is a good idea. Protecting sensitive information, such as a patient's qualifying condition, is also important. Law enforcement does not need to know the specific illness of a patient, only that the patient is legally allowed to possess and grow medical marijuana.

HB 1194 - Medical Marijuana - OPPOSE UNLESS AMENDED

I support moving the medical marijuana program from the Narcotics Enforcement Division to the Department of Health. It makes sense for the Health Department to administer this program. I think a state wide distribution system is an excellent idea, but it should not be the only option for a patient. The patient (or caregiver) should be allowed to grow medical marijuana too. Many patients are on a fixed income, and raising the application fee from \$25 to \$50 could be a hardship for such people.

HB 967 - Medical Marijuana - OPPOSE UNLESS AMENDED

Law enforcement has no need of being given information about caregivers on a weekly basis. If illegal activities take place, there are penalties already in place. Raising the application fee during these difficult times from \$25 to \$50 could be a hardship for many patients.

HB 1635 Controlled Substances, Medical Marijuana - STRONGLY OPPOSE

Qualifying Conditions should NOT be reduced or limited, they should be expanded. There are already criminal penalties for violating Hawaii's medical marijuana, we don't need more. Educating the police force on what the law is and having them stop arresting patients is more important.

Respectfully submitted,
Matthew Rifkin
HC 1, Box 4078
Keeau, HI 96749

Testimony of Michael Foley
University of Hawaii at Manoa
tel: 808-281-7043 e-mail: mfoley@hawaii.edu

In support of HB 1192, HB's 1191 and 226,

Opposed to HB's 1194 and 967 unless amended,

And strongly opposed to HB 1635.

Public Safety Committee, Human Services Committee, Health Committee

February 5, 2009 at 5:00 p.m.

Aloha members of the Committee:

My name is Michael Foley. I am from Maui and currently a full-time graduate student at the University of Hawaii at Manoa where I study biomass renewable energy. Last year, while conducting research on how to sustainably produce energy from agriculture in Hawaii, I began looking into the marijuana issue.

Having read the findings of numerous studies published in respectable science, engineering and medical journals, I am taken by the miraculous nature of the cannabis plant. Not only can this fast growing hardy plant be used to create a host of sustainable non-toxic products from fuel to plastics to lumber, but its flowers have also been proven to provide numerous medical benefits to human beings.

In this time of global change, it is important to reform public policies to allow our society to evolve. Recent polls by news media organizations have shown that an overwhelmingly majority of the Americans support the decriminalization of cannabis. With a well-informed logic, and the deepest respect and Aloha for the people and lands of Hawaii, I support any change to public policy that will bring our society closer to harnessing the full potential of the cannabis plant. It is with this perspective, that I:

- Support HB 1192, which would make possession of less than an ounce of marijuana a citable offense punishable by a \$100 fine;
- Support HB's 1191 and 226, which would improve Hawaii's medical marijuana program;
- Oppose HB's 1194 and 967 unless amended so that patients or a caregiver can grow medical marijuana in addition to having the option of obtaining it from state-registered organizations. The law should allow patients to obtain their medications in the most economical and convenient way possible.
- Strongly oppose HB 1635, which would place unnecessary restrictions on medical cannabis program participants and limit qualifying conditions to cancer,

glaucoma, and HIV/AIDS. Medical doctors are the experts on the benefits of cannabis treatment and they should not be limited from prescribing it for a condition that it will treat.

Please take the time to question your previous assumptions about marijuana and be open to learning new information. It is time for us to accept and harness all the benefits that the cannabis plant has to offer. Mahalo for your consideration.

With Aloha,

Michael Foley
Research Assistant
University of Hawaii at Manoa
4477 Kahala Ave.
Honolulu, HI 96816
808-281-7043

From: lionel [lionel@cruzio.com]
Sent: Thursday, February 05, 2009 11:13 AM
To: PBStestimony
Subject: HB 1191, 1192, 226, 1194, 1635 and 967

Aloha,

Please support HB 1192, which would make possession of less than an ounce of marijuana a citable offense punishable by a \$100 (one hundred dollar) fine.

I also support HB 1191 and 226, which would improve Hawaii's medical marijuana program. HB's 1194 and 967 need to be amended so that they improve the state's medical marijuana program, and I strongly oppose HB 1635, which would place unnecessary and arbitrary restrictions on program participants and limit qualifying conditions to cancer, glaucoma and HIV/AIDS.

HB 1192

SUPPORT

Possessing small amounts of cannabis should not in and of itself, something that warrants jail time.

Arresting people for possession of cannabis saddles them with a damaging criminal record that can make it impossible for otherwise law abiding citizens to obtain a job, housing or student loans.

Laws and policies should never cause more harm than that which they seek to regulate and control.

Massachusetts, along with eleven other states, has already passed laws that make the possession of small amounts of cannabis a citable offense. State legislatures in Connecticut, Texas, Vermont and Washington are currently considering bills that would do the same.

HB 1191

SUPPORT

Patients who cannot grow for themselves need help producing enough medicine to keep them adequately supplied. Allowing state-registered growers to serve several patients at once is smart because it creates an alternate source of medicine that patients can rely on when they need to.

Patients shouldn't have to resort to the unreliable and often dangerous criminal market to get their medicine - they should be able to get it from an organization like those HB 1191 establishes.

HB 226

SUPPORT

Doing away with the mature/immature distinction will make it much easier for patients and police to determine who is within the bounds of the law and who is not.

Allowing state registered caregivers to grow for up to five patients is a good idea because it allows for growers to serve the needs of several patients at once, and in one place. Also, growing several marijuana plants is often easier than growing only a couple; plus, it enables caregivers to better account for unseen problems, such as plant disease, insects, or a power outage that can wipe out an entire yield of medicine.

Protecting sensitive information like a patients qualifying condition is the right thing to do. Law enforcement officers do not need to know anything about a medical marijuana patient other than whether or not they are legal.

HB 1194

OPPOSE UNLESS AMENDED

Transferring the medical marijuana program from the department of public safety to the department of public health makes sense because the department of health is better equipped to deal with health issues and should be the agency responsible for handling confidential patient information.

Just this past June, the public safety department's Narcotic Enforcement Division (NED) mistakenly released the names and personal information of 4,200 patients to the Hawaii Tribune-Herald. This was a huge breach of confidentiality that resulted in an official apology from NED to patients, along with instructions for patients to take necessary precautions to protect any information NED may have released.

Although establishing a state distribution system is a good way to improve patient access to medicine, it should not be the only source of medicine. Patients or a caregiver should be allowed to grow medical marijuana in addition to state-registered organizations.

Many patients are on fixed income, and increasing the application fee from \$25 to \$50 will be a financial hardship for many.

HB 967

OPPOSE UNLESS AMENDED

Transferring the medical marijuana program from the department of public safety to the department of public health makes sense because the department of health is better equipped to deal with health issues and should be the agency responsible for handling confidential patient information.

Although creating an advisory board to review and approve additional qualifying conditions and develop a distribution system to provide medical marijuana to patients is a good idea, law enforcement should have no interest in receiving information about caregivers on a weekly basis unless a caregiver is engaging in illegal activity, for which there are already penalties established.

Many patients are on fixed income, and increasing the application fee from \$25 to \$50 will be a financial hardship for many.

HB1635

OPPOSE

There are already criminal penalties for violating Hawaii's marijuana laws - we do not need more.

Requiring a physician to physically examine a terminally ill cancer patient just so that patient can continue to use medical marijuana does not make sense and is unnecessary.

We should be looking to expand conditions that qualify patients for Hawaii's medical marijuana program, not limiting them

The government of Israel and numerous independent studies have established that marijuana consumption prevents conditions and offers protection from including but not limited to, dementia, stroke, brain damage from trauma or stroke, degenerative nervous disorders, cancers and also extends life.

The Canadian Broadcast Corporation recently aired a two hour special entitled, "Run From The Cure, the Rick Simpson Story". CBC documents that Mr. Simpson has cured, with doctor supervision, dozens of people in his community of melanoma's and other cancers, as well as diabetes using a potent marijuana oil.

According to the CBC, manufacture of Mr. Simpson's oil requires one pound of cannabis flowers per one ounce of oil. Patients require one ounce of oil per month.

These realities should play a role in the crafting and implementation of intelligent and humane medical marijuana policy.

Aloha,
Lee Eisenstein
Hawaii

From: Pam Lichty [pamelalichty@gmail.com]
Sent: Wednesday, February 04, 2009 11:27 AM
To: PBStestimony
Subject: testimony for 2/5, 5 p.m. hearing re HB1635

Categories: Purple Category

TO: HOUSE COMMITTEE ON PUBLIC SAFETY
FROM: PAMELA LICHTY, MPH, PRESIDENT, DRUG POLICY ACTION GROUP
RE: HB1635 RELATING TO CONTROLLED SUBSTANCES
DATE: FEBRUARY 5, 2009

Aloha, Chair Hanohano and members of the Committee on Public Safety.
Again thank you very much for scheduling this hearing today; I'm sorry I could not be there in person since I'm currently on the mainland. My apologies also for the appearance of this testimony.

The Drug Policy Action Group is strongly opposed to this measure which is antithetical to the intent of the program and demonstrates a degree of hostility to it. There are plenty of existing criminal penalties in place for violating Hawaii's marijuana laws - we do not need additional ones, especially ones creating penalties for physicians who are already reluctant to participate in this program.

Narrowing the qualifying conditions for the program is not only unconscionable, but also goes the opposite way of other states which are expanding the potential patient pool as research indicates that more and more medical conditions are helped by medical marijuana. The new record keeping provisions are also burdensome.

In short, in our view this bill which seeks to tighten a program that's functioning relatively well, is unnecessary and mean spirited.
We respectfully ask you to hold it..
Mahalo for the opportunity to testify.

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