CLAYTON A. FRANK DIRECTOR

DAVID F. FESTERLING
Deputy Director of
Administration

TOMMY JOHNSON Deputy Director Corrections

JAMES L. PROPOTNICK
Deputy Director
Law Enforcement

No.	

TESTIMONY ON HOUSE BILL 226
A BILL FOR AN ACT RELATING TO
MEDICAL MARIJUANA
Clayton A. Frank, Director
Department of Public Safety

Honolulu, Hawaii 96813

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 opposes House Bill 226 that attempts to amend the definition of "adequate supply" as listed in section 329-121 Hawaii Revised Statutes by increasing the number of marijuana plants to 12 plants that can jointly be possessed between the qualifying patient and the primary caregiver and possess seven ounces of usable marijuana. Presently Hawaii law allows a qualifying patient and the patient's primary caregiver to possess 3 mature plants and 4 immature plants and one ounce of usable marijuana per mature plant, which would bring the total amount of usable marijuana to 3 ounces. Presently there are twelve states with medical use of marijuana programs, most of which have kept the number of allowable marijuana plants to around 6 mature plants and varying amounts of authorized processed marijuana, with only one state allowing over 14 cunces (Refer to Table 1).

TABLE 1: State Limits on Possession of Medical Marijuana

State	Year Enacted	# Of Plants	Amount of Processed Marijuana
Alaska	1999	6 (3 mature)	1 oz
California	1996	12 (6 mature)	8 oz
Colorado	2000	6	2 oz
Hawaii	2000	7 (3 mature)	3 oz
Maine	1999	6 (3 mature)	1.25 oz
Montana	2004	6	1 oz
Nevada	2000	7 (3 mature)	1 oz
New Mexico	2007	16 (4 mature)	6 oz
Oregon	1998	(6 mature)	24 oz
Rhode Island	2006	12	2.5 oz
Vermont	2004	7 (2 mature)	2 oz
Washington	1996		60 day supply
Michigan	2008	12	2.5 oz

The Department feels that the possession of 12 plants and 7 ounces of usable marijuana is too much for medical use and would increase the possibility of diversion to the streets and schools. The Department would agree that the number of authorized marijuana plants should be simplified to seven plants and that the amount of usable marijuana be set at not more than three ounces.

The department feels that the amendments being proposed by House Bill 226 to not require the signing physician on the certificate to be the patient's primary care physician would invite abuse of the program by physicians that just sign certificates and never examine or establish a medical relationship with the patient. 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, which leads to questioning the abilities of these physicians to adequately treat these patients purportedly diagnosed with severe debilitating medical conditions.

Section 4 of House Bill 226 is not necessary since under present department procedures the patient's debilitating medical condition is not listed on the patient's registry card.

House Bill 226 also proposes to increase the patient to caregiver ratio from one patient to one caregiver (7 plants and up to 3 ounces of marijuana), to five patients to one caregiver. If House Bill 226 were signed into law it would allow a caregiver (who was not a patient) to grow on his property up to sixty plants and possess up to 35 ounces of processed marijuana at any given time. Hawaii already has a problem with marijuana being the number two drug used by minors in our schools (Alcohol being #1). The Department feels that the one to

House Bill 226 February 5, 2009 Page 4

one patient caregiver ratio is one of Hawaii's Medical Use of Marijuana Program's best features and that 7 plants and up to three ounces of usable marijuana is adequate supply due to the fact that the patient is able to constantly refill his 3 ounce bag as it runs low.

Due to these reasons and other real possibility of abuse of this program with these amendments, the Department requests that this bill be held.

Thank you for the opportunity to testify on this bill.



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 OPPOSITION OF H.B. NO. 226
RELATING TO MEDICAL MARIJUANA

The Honorable Chairpersons and Committee Members:

The Department of the Prosecuting Attorney for the County of Maui strongly opposes H.B. 226 Relating to Medical Marijuana.

This proposed bill seeks to increase the "adequate supply" that a medical marijuana patient may possess. In addition, this bill appears to prohibit the Department of Public Safety from accessing vital information pertaining to an individual's medical marijuana application/certification. We oppose this bill in its entirety for the following reasons.

First, we do not support the proposal to expand the definition of an "adequate supply" to "twelve marijuana plants and seven ounces of usable marijuana at any given time." In our view, based upon discussion with the Department of Public Safety, the current definition of "adequate supply" sufficiently allows a

medical marijuana patient to utilize the drug in a meaningful and therapeutic manner.

Second, the extreme confidentiality with regard to certain information proposed by the bill is troublesome. For example, the bill prohibits the disclosure of the address of the location where the marijuana is grown on the registry card. This will be problematic for police in the event that police stumble upon any marijuana plants on private property.

Finally, the proposal also prohibits the physician from naming or describing the specific debilitating medical condition for which the patient requires medical marijuana. This type of confidentiality will likely result in the lack of physician accountability, promote fraud, and make it difficult to determine whether an individual has a bona-fide medical condition which permits the use of medical marijuana.

Accordingly, for the reasons discussed above, our Department strongly opposes H.B. 226. Thank you for the opportunity to testify.

(H.B. 226, Relating to Medical Marijuana)



CHARMAINE TAVARES MAYOR

OUR REFERENCE
YOUR REFERENCE

POLICE DEPARTMENT

COUNTY OF MAUL

55 MAHALANI STREET WAILUKU, HAWAII 96793 (808) 244-6400 FAX (808) 244-6411



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. 226, Relating to Medical Marijuana

The purpose of this bill is to allow a qualifying patient to possess 12 marijuana plants and 7 ounces of marijuana at one time; prohibits the identification of the site where marijuana is grown on a registry card; prohibits a certifying physician from naming a patient's particular debilitating condition; and allows a caregiver to grow marijuana for more than 5 patients.

Presently, Hawaii law allows the qualified patient and the primary caregiver to possess 3 mature plants, and 4 immature plants and one ounce of usable marijuana for each mature plant, or 3 usable ounces, which is a substantial amount. We feel that increasing this amount will ultimately lead to further abuse of the law.

Not requiring the signing physician on the certificate to be the patient's primary care physician will be cause for abuse of the program by physicians.

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

Increasing the caregiver ratio from one patient to one caregiver, to five patients to one caregiver, would again lead to possible abuses. An example provided by the Department of Public Safety notes that under this bill, a caregiver (who is not a patient) could grow on his/her property up to 60 plants and possess up to 35 ounces of processed marijuana.

The Maui County Police Department humbly asks for you support in opposing House Bill No. 226.

Thank you for the opportunity to testify.

THOMAS M. PHIL

Chief of Police



CHARMAINE TAVARES MAYOR

OUR REFERENCE
YOUR REFERENCE

POLICE DEPARTMENT

COUNTY OF MAUI

55 MAHALANI STREET WAILUKU, HAWAII 96793 (808) 244-6400 FAX (808) 244-6411



THOMAS M. PHILLIPS
CHIEF OF POLICE

GARY A. YABUTA
DEPUTY CHIEF OF POLICE

February 3, 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. 226, Relating to Medical Marijuana

My name is Gerald Matsunaga, Captain of the Narcotics Division of the Maui Police Department, speaking on behalf of Chief Thomas M. Phillips. I have been the Commander of the Narcotics Division for over ten years. Due to my vast experience and knowledge in this area, I would like to take this opportunity to submit written testimony expressing my profound opposition to the passage of this bill. I believe that other law enforcement entities throughout the State of Hawaii will also oppose this bill along with the Law Enforcement Coalition (LEC), as well as other similar bills being presented during this Legislative Session.

The Honorable Faye P. Hanohano, Chair The Honorable John M. Mizuno, Chair The Honorable Ryan I. Yamane, Chair February 3, 2009 Page 2

The value of medicinal marijuana is suspect at best. The Food and Drug Administration (FDA) and the United States Supreme Court do not recognize medical marijuana. Marijuana is still considered a controlled substance under federal and Hawaii State law. Thus, it is still a federal crime to possess and distribute marijuana, whether it is for medicinal, profit, or recreational purposes. If such a bill is passed, the State of Hawaii would be legally and civilly liable for breaking federal law.

If this bill is passed, it has the propensity for total abuse of the medical marijuana laws. If the care giver ratio is increased from one to five, in conjunction with an increase in the amount of marijuana permitted for each patient/care giver, the amounts that one care giver could possess would be significantly over the threshold for a felony amount (one pound or more of processed marijuana and 25 or more marijuana plants) in accordance with state laws. The increase being proposed would allow a care giver to be in possession of 35 ounces of marijuana and 60 marijuana plants. One mature marijuana plant could produce from 4 ounces to 16 ounces of processed marijuana. There is no conceivable way that all of this marijuana could be smoked in a reasonable period of time by five people. Therefore, what will become of the remainder of the marijuana? It will undoubtedly end up on the streets being sold illegally, as law enforcement has contended.

This bill proposes that, "The form may request the address of the location where the marijuana is grown, but the information shall be confidential, and shall not appear on the registry card issued by the department." This would provide for further abuse, as law enforcement would not be able to verify if the marijuana was in compliance with the medical marijuana laws. There would be nothing to prevent the cultivating of marijuana at multiple sites, and to possess marijuana grows that were over the limit that is established by State law. What is to prevent children from taking some of the marijuana from the grow sites and ingesting the illicit drug? This may also promote violence when people steal the marijuana, and/or impose strong arm tactics such as taxing the growers for protection of the marijuana or from other thugs. Over the years, there have been several medial marijuana patients on Maui that have violated the limit set forth by State law and were selling the marijuana for a profit.

This bill also proposes that, "The form may not require that the signing physician be the patient's primary care physician. ..." "The information shall include the physician's attestation that the patient has one of the debilitating medical conditions defined in section 329-121, but shall not name or describe the particular condition." This would encourage abuse as there would be no doctor/patient relationship, and no verification why the doctor gave a medical marijuana recommendation.

The Honorable Faye P. Hanohano, Chair The Honorable John M. Mizuno, Chair The Honorable Ryan I. Yamane, Chair February 3, 2009 Page 3

If this bill is passed, there is an immense potential for abuse by people trying to legalize it and those trying to make a profit by selling and distributing it. There is also the potential for more violence and marijuana abuse that has recently occurred on the Island of Maui involving the growing and distribution of marijuana.

Marijuana has been determined to be the gateway drug. It is no wonder that we consistently rank in the top seven states in the nation in regards to marijuana plants eradicated, and consequently have one of the worst crystal methamphetamine problems in the nation. Maui County and the State of Hawaii do not need more marijuana related crimes and more people addicted to marijuana.

I humbly ask for your favorable support in opposing House Bill No. 226. Passage of this bill will considerably enhance the potential for marijuana abuse and violence relating to marijuana. Hawaii does not need the negativity that is associated with a safe haven for medical marijuana users. Open marijuana use has always been a concern of our tourists and residents alike, and we need not project a drug haven atmosphere that could have a negative impact on tourism. We need to protect our communities from these detrimental entities and build a prosperous and safe community for our future generations.

Sincerely,

GERALD MATSUNAGA Captain, Narcotics Division William P. Kenoi

Mayor



Harry S. Kubojiri

Police Chief

Paul K. Ferreira
Deputy Police Chief

County of Hawai`i

February 4, 2009

POLICE DEPARTMENT

349 Kapiolani Street • Hilo, Hawaii 96720-3998
(808) 935-3311 • Fax (808) 961-2389

Representative Faye Hanohano Chairperson and Members Committee on Public Safety 415 South Beretania Street, Room 309 Honolulu, Hawai'i 96813

Re: House Bill 226, Relating To Medical Marijuana

Dear Representative Hanohano and members:

The Hawai'i Police Department strongly opposes the passage of the following House Bill:

• HB 226, Relating to Medical Marijuana: Allows a qualifying patient to possess 12 marijuana plants and seven ounces of marijuana at one time; prohibits identification of the site where marijuana is grown on a registration card; prohibits a certifying physician from naming a patient's debilitating condition; allows a caregiver to grow marijuana for no more than five patients.

Under federal law, marijuana is treated like every other controlled substance, such as cocaine and heroin. The federal government places every controlled substance in a schedule, in principle according to its relative potential for abuse and medicinal value. Under the Controlled Substance Act, marijuana is classified as a Schedule I drug, which means that the federal government views marijuana as highly addictive and having no medical value.

In Gonzales v. Raich (2005), the United States Supreme Court held that the federal government has the constitutional authority to prohibit marijuana for all purposes. Thus, federal law enforcement officials may prosecute medical marijuana patients and/or their caregivers, even if they grow their own medicine and even if they reside in a state where medical marijuana use is protected under state law.

Within the last two years, the Hawai'i Police Department has conducted investigations into the illegal growing of marijuana and, upon executing search warrants, discovered that the occupants possessed medical marijuana permits. In one instance, a search warrant was executed on a home after hashish was purchased there and officers recovered hashish, hashish manufacturing paraphernalia and marijuana. The home was found to have three occupants who possessed medical marijuana permits, one of whom was the suspect in the sale of the hashish. Another incident involved the execution of a search warrant on a home for an indoor marijuana growing operation. The occupant possessed a medical marijuana permit. He had seven mature marijuana plants, each of which contained more than one pound (dried weight) of marijuana leaves and buds.

In 2007, in East Hawai'i police executed 63 marijuana-related search warrants on properties for either indoor or outdoor growing of marijuana. Of these, 13 occupants possessed medical marijuana permits;

Representative Faye Hanohano Chairperson and Members February 4, 2009 Page 2

however, only one of the 13 was found to be in compliance with the permit. The remaining 12 had, on average, more than 100 marijuana plants.

Just one mature marijuana plant can produce several ounces of processed marijuana, so, what is the justification for increasing the permissible number of marijuana plants? If this bill were to be adopted, what would become of the excess processed marijuana? Is the State of Hawai'i sending a message that we condone the distribution of a controlled substance? Law enforcement actively participates in proactive "sting" operations that seek to enforce the numerous state and federal laws that prohibit the sale and distribution of tobacco and alcohol to minors. However, by increasing the number of marijuana plants allowed by this measure, is the state of Hawai'i potentially creating a surplus of processed marijuana, which could be distributed to minors, with no possibility of proactive enforcement activity?

Marijuana is still a controlled substance under both Federal and Hawai'i state law. Therefore, it would be hypocritical for law enforcement to support the passage of a law seeking to circumvent federal and state laws. The message could be interpreted as the State of Hawai'i Legislature legalizing drug trafficking within the state.

To expand the medical marijuana laws and amend our current statutes from their current restrictions would only assist those individuals now growing marijuana illegally and generating huge profits by allowing them to use the medical marijuana law to aid in avoiding detection. Passage of these bills would further hamper law enforcement organizations in their efforts to control this drug and the related crimes that come with it.

Before you vote on these bills, I urge you all to watch a television documentary called "Marijuana, Inc." on CNBC. The program documents the widespread marijuana business in Mendocino, California, and the huge influx of marijuana growers into the area after marijuana laws were relaxed there. The program, which airs on CNBC on February 8, February 16 and February 23, makes it clear just how hard it would be to undo the damage caused by lax marijuana laws if we passed these bills now and later changed our minds.

For the reasons above, we urge this committee to reject these pieces of legislation.

Thank you for allowing the Hawai'i Police Department to testify on these bills.

Sincerely,

PAUL K. FERREIRA ACTING POLICE CHIEF



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 Supporting HB 226, Relating to

Medical Marijuana

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

The American Civil Liberties Union of Hawaii ("ACLU of Hawaii") writes in support of HB 226, which enhances patient confidentiality and increases the amount of marijuana allowable per patient.

This bill helps patients avoid the black market by allowing them to possess an adequate supply of medical marijuana. The State of Washington, for example, recently adopted administrative rules allowing patients to possess a "60-day supply" of marijuana, defined as "a total of no more than twenty-four ounces of usable marijuana, and no more than fifteen plants." In other words, the amounts proposed in HB 226 are far less than those already deemed appropriate and necessary by the State of Washington.

Furthermore, we support the additional privacy protections offered by HB 226, especially given the Department of Public Safety's release of confidential patient data last year.

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

¹ Wash. Admin. Code § 246-75-010, available at http://www.doh.wa.gov/hsqa/medical-marijuana/docs/FinalRule.pdf.

COMMUNITY ALLIANCE ON PRISONS

76 North King Street, Honolulu, HI 96817 Phone/E-Mail: (808) 533-3454/kat.caphi@gmail.com



COMMITTEE ON PUBLIC SAFETY

Rep. Faye Hanohano, Chair Rep. Henry Aquino, Vice Chair Thursday, February 5, 2009 Room 309 5:00 P.M.

STRONG SUPPORT - HB 226 MEDICAL CANNABIS

PBSTestimony@capitol.hawaii.gov

Aloha Chair Hanohano, Vice Chair Aquino and Members of the Committee!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative working to improve conditions of confinement for our incarcerated individuals, enhance our quality of justice, and promote public safety. We come today to speak for the 6,000+ individuals whose voices have been silenced by incarceration, always mindful that more than 2,000 of those individuals are serving their sentences abroad, thousands of miles from their homes and loved ones.

HB 226 allows a qualifying patient to possess twelve marijuana plants and 7 ounces of cannabis at one time.

Community Alliance on Prisons is in strong support of this measure which addresses some of the main problems with the state's medical marijuana program. We see this as a justice issue, individuals should have the right to use medications recommended by their doctors to help relieve their symptoms without fear. Smoked cannabis seems to work better than the synthetic form, marinol, which many patient report left them unable to function. Dosage can be regulated with smoked cannabis and the patient can take a few puffs when needed to relieve nausea, stimulate appetite, or deal with pain. The amounts of usable cannabis and plants permitted under the current law, while adequate for a few patients, are deemed inadequate by many we know.

The increase in plants is necessary because of the difficulties in cultivation by the non-gardeners, and when one is ill, caring for a plant is the last thing on the mind. The uncertainties of growing a supply and the inconsistencies in supply that result it hard for patients to have a reliable steady source of medicine under current limits. There have been several arrests on Hawai`i Island because of the ambiguity of some provisions of the law, such as the mature/immature distinction. Eliminating the mature/immature distinction is a change that law enforcement has supported in the past since police officers are not agricultural experts and should not be required to make this arcane distinction.

And increasing the number of patients per caregiver is also important since many seriously ill people have no idea how to find someone who will care for them and grow their medicine. Sometimes patients share housing and this, too, has presented a problem for law enforcement, who see multiple plants and don't account for the number of registered patients in the home.

Hawai'i should take pride that we were the first Legislature to pass a compassionate medical marijuana law. After almost a decade, it is time update the program in accordance with the latest research findings and experiences of the many states who have enacted similar laws.

HB 226 contains many of the things that patients need, please pass this.

Mahalo for the opportunity to testify.

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: <u>rmiller@aya.yale.edu</u>

To: Committee on Public Safety

For: Hearing, 5:00PM, Thursday, February 5, 2009, Conference Room 309

Bill Number: HB 226

Testimony in Favor of HB 226

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 to regain the will and ability to consume healthful food.

But as I, and many others have discovered, the current medical marijuana law can become a cruel joke when, because of its deficiencies, it prevents patients deeply in need from actually getting and using the needed drug.

These are the improvements which will cure and eliminate major deficiencies, revealed by calls and complaints received by the Drug Policy Forum from patients with severe debilitating conditions:

- Increasing the caregiver-patient ratio to insure that there are enough caregivers to grow the needed medical marijuana for patients unable to grow their own. This will deal with a serious problem which resulted from the law's failure to permit the commercial sale of marijuana for medical purposes. It will go a long way to making the illegal commercial sale of marijuana for medical use unnecessary.
- It is difficult, especially for many of the more seriously debilitated patients, to maintain an adequate supply of needed marijuana. This bill increases the amount permitted for each patient to resolve this difficulty.
- Marijuana can be a subject of theft if its growing location becomes known.
 This bill keeps the location of the place where lawful marijuana is grown off the registry card issued by the Department of Public Safety.
- For many patients requiring medical marijuana, filling out onerous forms can be a daunting burden. This bill insures that the Department of Public Safety's forms require only that information required by the medical marijuana law

- This bill eliminates any requirement that the certifying physician must be the patient's primary care physician.¹
- There is considerable risk of a serious privacy violation if the name of the particular condition must appear on the certification. This prohibits the listing of the condition on the certification.

I strongly urge you to pass HB 226.

Your consideration of this testimony is very much appreciated.

Mahalo nui loa,

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¹ A patient with a debilitating medical condition in great need of medical marijuana may discover that his or her own physician is afraid or unwilling to certify the patient. That patient should be allowed to see and be examined by another physician, other than the primary physician, who may not be afraid or unwilling to provide the certification in an appropriate case.



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Email: info@dpfhi.org Website: www.dpfhi.org February 5, 2009

To: Committee on Public Safety

Committee on Human Services

Committee on Health

From: Jeanne Ohta, Executive Director

RE: HB 226 Relating to Medical Marijuana

Hearing: February 5, 2009, 5:00 p.m., Room 309

Position: Strong Support

I am Jeanne Ohta, Executive Director of the Drug Policy Forum of Hawai'i. Thank you for this opportunity to testify in strong support of HB 226.

HB 226 makes changes in the current medical marijuana program. These changes have been requested by patients participating in the program. The goal of these changes is to improve the program, make the program more accessible to patients and to increase physician participation while recognizing that people who register with the program are law abiding citizens who want to remain law abiding.

Increasing the caregiver ration from 1:1 to 1:5; other states allow caregivers to assist up to five patients. Patients report that caregivers are difficult to find; some patients share housing and could be more efficiently assisted by the same caregiver. A Colorado court ruled that by setting the caregiver to patient ration at 1:5 without consulting doctors, patients, and horticulturists, the department's decision was arbitrary and capricious, and struck down the limit.

Increase the amount of marijuana patients are allowed to possess from 7 plants to 12 plants and dried marijuana from 3 ounces to 7 ounces. Patients say the current law does not provide them with enough marijuana and they do not want to resort to the illegal market. The current limit does not allow for the grow cycles of the plants, for failure of some plants to mature, and for other conditions that can affect plants. When the current law was written, the number of plants did not take into account how long it takes to grow a plant to maturity. Only female plants produce the buds with concentrated medicinal compounds. After the first appearance of their flowers, it typically takes months for female bud to fully mature.

Requiring that the address where the marijuana is grown not appear on the registry card issued by the department enhances patient confidentiality and security of the grow site.

Drug Policy Forum of Hawaii

The bill also prevents overreaching administrative rules by limiting the information requested on the department's forms to those specifically required or permitted by the medical marijuana chapter. For instance, the form has been changed several times. One change was designating that the signing physician be the primary care physician. The medical marijuana chapter does not limit the authorizing physician to primary care physicians.

The program has remained unchanged since 2000. Please pass this bill and make the changes the participating patients have requested.

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 notpreempted 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?

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From: Sent:

To:

Carol Stringer [carols@saveoursociety.org] Thursday, February 05, 2009 3:51 AM

PBStestimony

Attachments:

Medical Marijuana Dispensary Information.doc

Importance:

High

Categories:

Green Category



February 5, 2009

Dear Members of the Committee on Human Services, Committee on Health and Committee on Public Safety:

I am writing to you on behalf of Save Our Society From Drugs (SOS), a national non-profit drug policy organization with constituents in your state, to urge you to reject both House Bill 226 and House Bill 1191, bills that seek to expand current "medical" marijuana laws in Hawaii. It is our understanding that these bills will be heard today, and I would like to take this opportunity to share with you our findings.

- HB 226 seeks to increase the amount of marijuana an individual is able to possess to seven ounces of marijuana and 12 plants. A typical marijuana plant produces 1 to 5 pounds of materials to be smoked a year. It is estimated that 1 ounce of marijuana rolls approximately 60-120 joints. If you take a moment and do the math, you will see that seven ounces could equal 420-840 joints and 12 plants could equal 11,520 to 115,200 joints. This amount of pot brings to mind questions of trafficking- not medicine.
- HB 226 prohibits a physician from naming the debilitating condition they are recommending "medical" marijuana to treat. This will allow significant abuses of the system.
- This bill also prohibits a registry card to identify the site where a person's marijuana is grown. This will be problematic for law enforcement in determining "legitimate" marijuana grows.

HB 1191 seeks to establish a marijuana distribution system as well as allow for large marijuana grow facilities.

- Grow facilities attract criminal behavior and are dangerous. According to the California Police Chiefs Association, a pound of marijuana can sell for \$5,000 on the street. The allure of easy money and victims unwilling to involve the police, due to the illegal nature of the transaction, make robbery of a grow house an easy choice for criminals.
- We ask that you look to the problems that the State of California is having with dispensaries and grow houses. Over a dozen cities in the state have banned such establishments and are, in turn, engaged in lawsuits with the state over whether they should have to tolerate dispensaries in their neighborhoods.

Do not allow Hawaii to suffer the same fate as California, vote NO on HB 1191 and HB 226.

Sincerely,

Calvina L. Fay Executive Director

Calina Day

2600 9th Street North, Suite 200 • St. Petersburg, FL 33704 • 727-828-0210 Fax: 727-828-0212 • <u>www.saveoursociety.org</u>

Medical Marijuana Dispensary Information

Cal Chiefs, in conjunction with the California State Sheriff's, Narcotics Officers and District Attorneys' Associations and the California Highway Patrol, has formed a Medical Marijuana Dispensary Task Force. The Task Force was formed to address state versus federal law enforcement issues as well as the crime and qualify of life issues, including the burgeoning indoor grow business, that accompany them. The Task Force is in the process of gathering data on dispensaries to use to assist in the development of a white paper and wanted to share the results of the research with any other agencies facing problems/issues surrounding dispensaries. The documents contain a wide variety of information, including Marty Mayer's sample ordinance prohibiting dispensaries and an excellent white paper by the Riverside County District Attorney's Office. Agencies are encouraged to download any documents they may find of interest or value.

Agency Documents:

- Medical Marijuana Dispensaries and Associated Issues Presented to the California Chiefs of Police Association
- Modesto Medical Marijuana "California Health Care Collective" Modesto PD
 - PPT With Narration (33mb)
 - PPT Without Naration (97mb)
- New Mexico Attorney General Opinion Exposure to Federal Prosecution -Contra Costa County District Attorney's Office
- Agency Regulations of Medical Marijuana Dispensaries Orange County
- Compliance With State Government Code 65858(d) Placentia PD
- <u>CPCA Issue/Medicinal Marijuana Dispensary Information Medicinal Marijuana Investigation Redding PD</u>
- Dispensary Moratorium Claremont PD
- El Cerrito PD Memorandum El Cerrito PD
- o El Cerrito PD Memorandum El Cerrito PD
- Fact Sheet Medical Marijuana Facilities Los Angeles PD
- o Humbolt Marijuana Problems Arcata PD
- Medical Marijuana Dispensaries Memorandum Fullerton PD
- Medical Marijuana Dispensaries Potential Secondary Impacts Concord PD
- Medical Marijuana Dispensary (MMD) Ban Ordinance Anaheim PD
- o Medical Marijuana Dispensaries San Diego (Requires Power Point)
- Morro Bay PD and Dispensaries Morro Bay PD
- Report on Medical Marijuana Dispensaries Moratorium Davis PD
- Synopsis of the Rex Farrance Murder Investigation Pittsburg PD
- Zoning Amendment for Medical Marijuana Fullerton PD

Related Statutes/Ordinances:

- o Coloma PD Staff Report and Medical Marijuana Dispensary Ordinance
- Regulating/Prohibiting Medical Marijuana Dispensaries and Sample Ordinance - Martin J. Mayer (CPCA Legal Counsel)
- o Healdsburg City Council Agenda Item Summary Report Healdsburg PD
- o Healdsburg Medical Marijuana Ordinance Healdsburg PD
- Healdsburg Ordinance Banning Medical Marijuana Dispensaries Healdsburg
 PD
- Health and Safety Code Section 11357 11362.9
- Health and Safety Code Section 11362.5(e)
- o Interim Urgency Ordinance City Councel Agenda City of Placentia

- o Interim Urgency Ordinance City of Placentia
- Lakeport Medical Marijuana Ordinance
- o Medical Marijuana Dispensary (MMD) Ban Ordinance Anaheim PD
- o Medical Marijuana in the Jail
- o San Deigo County Court Ruling
- o Summary of State Medical Marijuana Laws Medical Marijuana ProCon.org
- Text of California Proposition 215 Medical Marijuana ProCon.org

Court Cases

- o Affidavit for a Search Warrant San Diego County
- Superior Court of California County of Sonoma Case No. SCR- 499108

Press Reports:

- o 60 Minutes: California's medical marijuana system in 'chaos' The Raw Story
- o Proposal takes aim at liberal pot rules Press Democrat
- Medical Marijuana Dispensaries and Associated Issues Various News Articles/Agencies
- Study: Too Much Marijuana Makes Pain Worse, Not Better Fox News
- A Smokescreen for Criminals Portland Oregonian
- Marijuana House Fire Khum Humboldt Review
- The Debate On California's Pot Shops. 60 Minutes CBS News (09.23.2007)
- Raid in hills above Cupertino yields pot plants. Contra Costa County District Attorney's Office
- Surveillance Video of Medical Marijuana Robbery Contra Costa County District Attorney's Office
- o Medical Marijuana Store Robbed Contra Costa County District Attorney's Office
- Robbery at a Santa Barbara Medical Marijuana Dispensary Contra Costa County District Attorney's Office
- Telltale Isotopes in Marijuana are Nature's Tracking Devices California District Attorneys Association
- August 2007 Articles in the Press Contra Costa County District Attorney's Office
- <u>Cigerettes in Relationship to Marijuana</u> Contra Costa County District Attorney's Office
- Marijuana May Increase Psychosis Risk California District Attorneys Association
- Quarterly Report for March/June 2007 Multiple News Articles El Cerrito PD
- o Arbitrator rules Tracy pot club "a public nuisance" Inside Bay Area
- Bellflower Man Shoots Medical Marijuana Thief L.A. Times
- Big fee hike soon for medical pot ID cards Bay Area Reporter
- o Cannabis: An Apology The Independent
- DEA Raids 11 Pot Clubs Los Angeles Daily News
- High School Students Getting Medical Marijuana Cards In California News Channel Five
- Marijuana Dispensaries Are Targeted L.A. Times
- Marijuana Can Effect Memory When Adolescents Are Learning USA Today
- New medical pot rule delayed Tulare Co. has 6 more months to write ordinance -The Fresno Bee
- o Pot Triggers Psychotic Symptoms AP Medical Writer
- o Six Arrested in Medical Marijuana Sweep Union-Tribune
- U.S. drug agents raid 13 medical marijuana sites Union-Tribune
- Ziegler and company create a medical marijuana cooperative in Susanville -Lassen County Times

Ziegler Sidebar - Medical marijuana battle rages in Susanville - Sam Williams
 News Editor

Field of Medicine:

o Does marijuana contribute to psychotic illness? - Joseph M. Rey, MD, PhD

Miscellaneous Letters and Papers:

- o Rent to a Pot Dispensary Go To Jail By Marty Mayer
- Medical Marijuana: History and Current Complications Riverside County DA White Paper
- Los Angeles City Attorny Report Oct. 19, 2006
- Letter from Humboldt State University Chief of Police
- o Medical Marijuana Dispensaries
- o Medical Marijuana Dispensaries Spreadsheet
- o Marihuana Growing Operations in British Columbia Revisited
- Marihuana Growing Operations in British Columbia
- Medicinal Marijuana
- o NIDA Releases New Drug Abuse Treatment Publication
- o Talking Points 07,06.2006 from San Diego

Related Links:

o National Drug Threat Assessment 2007 - National Drug Intelligence Center

From: Sent: Danielle Bass on behalf of Rep. Ryan Yamane

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] Tuesday, February 03, 2009 6:08 PM

Sent: To:

PBStestimony

Subject:

Committee hearing on February 5th regarding medical marijuana

legislation

Follow Up Flag:

Follow up Flagged

Flag Status:

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 I, Matthew Simmons UH Social Work Student Support HB 226.

Committee on Public Safety

Thursday February 5, 2009 @ 5:00 pm

With hundreds of studies to site pros and cons of medicinal marijuana, I believe that it is extremely valuable to note that the 1999 Institute of Medicine report had found that there was overwhelming evidence to support the use of medicinal marijuana including but not limited to the types of illnesses that it helps with: AIDS (HIV) & AIDS Wasting, Alzheimer's Disease, Appetite / Nausea, Arthritis, Asthma / Breathing Disorders, Chemotherapy, Crohn's / Gastrointestinal Disorders, Epilepsy / Seizures, Glaucoma, Hepatitis C, Migraines, Multiple Sclerosis / Muscle Spasms, Pain / Analgesia Psychological Conditions, Tourette's Syndrome, & Terminally III.

Although the report did discuss in detail some of the cons of marijuana the report concluded that it was not outside the realm of potential risk factors that current prescription medicines fall in.

It is my hope that with the signing of this bill we can eliminate big business in medicine by offering a natural alternative, which in most instances will be cheaper, less toxic, and as accessible as other prescription medicines.

I further support this bill because it provides oversight and accountability for services that a large portion of our population in Hawaii can benefit from. I also believe that the appropriate department to handle issues pertaining to Medical Cannabis is the DOH since this is a medical discrimination issue. Thank you for affording me the time and opportunity to share with you my thoughts on this issue.

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 it 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 breed 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 disstinction 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 intest 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, stoke, 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: Sent: Pam Lichty [pamelalichty@gmail.com] Wednesday, February 04, 2009 11:17 AM

To:

PBStestimony

Subject:

testimony for 2/5, 5 p.m. hearing re HB226

Categories:

Purple Category

We are in strong support of this measure which addresses some of the main problems with the state's medical marijuana program as expressed by the scores of registered patients we speak with every month.

The amounts of usable cannabis and plants permitted under the current law, while adequate for a few patients, are deemed inadequate by the majority. The uncertainties of growing a supply and the inconsistencies in supply that result make it hard for patients to have a reliable steady source of medicine under current limits.

Eliminating the mature/immature distinction is a change that law enforcement has supported in the past since police officers are not agricultural experts and should not be required to make this arcane distinction.

It also makes more sense for each caregiver to be permitted to care for more than one patient because caregivers are difficult to come by, especially in rural areas and registered patients often share housing or live close together.

Please pass this bill which will help patients to better utilize this program which was enacted as a compassionate care measure.

Mahalo for the opportunity to testify.

Pamela G. Lichty, MPH
President
Drug Policy Forum of Hawai'i
P.O. Box 61233
Honolulu, HI 96839

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