LATE TESTIMONY

LAW ENFORCEMENT AGAINST PROHIBITION

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Representative Faye Hanohano, Chair
Representative Henry Aquino, Vice Chair and
Members of the Committee on Public Safety

Representative Ryan Yamane, Chair
Representative Scott Nishimoto, Vice Chair and
Members of the Committee on Health

SB 2213, SD1 Relating to Counties
Hearing: Thursday, March 11, 10:45 a.m, Room 309
Position: Support

Submitted by:
Jay Fleming
Law Enforcement Against Prohibition
www.CopsSayLegalizeDrugs.com

Thank you for allowing me to submit this statement in favor of SB 2213 SD 2. I fought against the drug trade for 15 years, including time spent as an undercover narcotics officer. I am a speaker for Law Enforcement Against Prohibition, an organization of 16,000 current and former criminal justice professionals and civilian members. We are cops, sheriffs, prosecutors, judges, prison guards and others from nearly every level of law enforcement.

As a former officer, I know that the voice of police is crucial in the dialogue about drug policy. But in the case of medical marijuana, physicians, caregivers, and patients are the ones who should be making decisions about medical care. It is inappropriate for the police to substitute our judgment for that of physicians and those in need of the care of physicians.

In its February 3, 2010 letter opposing SB 2141, the County of Hawai'i Police Departments asks, "Is the State of Hawai'i sending a message that we condone the distribution of a controlled substance?" The answer to this is simple. The message should be the same as for all other medicine: that medicine is to be used under a doctor's care and not to be abused.

As someone who is both a law enforcement officer and a patient, I can tell you that the only parties with authority on who requires what type of medicine and how much medicine is an "adequate amount" are the doctor, the patient, and the caregiver.

One area where law enforcement is qualified to speak regarding medical marijuana is in the area of public safety. Patients need to have access to adequate amounts of medicine so that they do not need to search for that medicine in the streets, risking their safety and benefiting illicit drug dealers. Just how much of a medicine is considered "adequate" should be decided by patient, doctor, and caretaker. Patients need dispensaries as a secure and safe place to access medicine. Forcing resident and visiting patients to go into the streets to buy marijuana benefits the criminal element and threatens patient safety. It goes beyond reason to suggest, as the County of Maui Police Department does in its February 3 letter opposing SB 2141, that children might break into the grow sites and ingest marijuana. Children under the age of 18 consistently report that it is easier for them to obtain illicit drugs like marijuana than legally regulated drugs like tobacco and alcohol. There is no need for them to break into grow sites in order to obtain marijuana. Drug dealers do not ask for ID, but legal operations do.

We urge you to take the opinions of doctors, caregivers, and patients into account and pass the improvements to the Hawai'i medical marijuana laws contained in SB 2213 SD 2.

LATE TESTIMONY

the Drug Policy Action Group
A sister organization of the Drug Policy Forum of Hawai'i
PO Box 61233, Honolulu, HI 96839 ~ (808) 988-4386

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

TO: House Committee on Public Safety & House Committee on Health

FROM: Pamela Lichty, MPH, President

DATE: March 11, 2010 ; 10:45 a.m.

RE: SB 2213, SD 2 RELATING TO COUNTIES – **IN STRONG SUPPORT**

Aloha Representatives Hanohano, Yamane and members of the Committees. My name is Pam Lichty and I'm testifying on behalf of the Drug Policy Action Group and as Co-Chair of the Medical Cannabis Working Group. The latter group met from October 2009 until January to examine the state's Medical Marijuana Program and make recommendations for ways to improve it. Attached to my testimony is the Executive Summary of our report with our most important recommendations.

The top priority for each of the five subcommittees in the Working Group was developing and implementing some type of legal distribution system for medical cannabis in Hawai`i. We strongly support SB 2213, SD 2 which addresses that critically important issue.

Since Hawaii's program was enacted in 2000, obtaining a safe and legal supply of cannabis has been a tremendous problem. Many, if not most, of the more than 5000 registered patients have been forced to acquire their medicine from the black market with all the uncertainties and dangers that entails. When the Legislature enacted the program ten years ago, the intent was to assist the many ill people in our state who fit the qualifying criteria and whose physicians believe could benefit from the medical use of marijuana. Unwittingly however, by not addressing how patients are to obtain a legal and safe supply of cannabis, they have been forced to turn to the black market. This is highly ironic since those who sign up for the program want to be legal, but are unable to acquire their medicine through legal means. Yes, the current law permits patients to grow their own supply, but this option does not work for many. Some are too ill, some lack space or horticultural know-how, and some face an urgent need for chemotherapy.

I don't have to tell you that the issue of dispensaries has become a contentious one in some of the fourteen medical marijuana states. (New Jersey is the most recent; signed into law by their governor in January.) In Honolulu our two daily papers differ on the lessons of Southern California where the distribution system has become a free-for-all. On January 30th the *Star*

the Drug Policy Forum of hawai'i

LATE TESTIMONY

March 11, 2010

To: Representative Faye Hanohano, Chair
Representative Henry Aquino, Vice Chair and
Members of the Committee on Public Safety

To: Representative Ryan Yamane, Chair
Representative Scott Nishimoto, Vice Chair and
Members of the Committee on Health

From: Jeanne Ohta, Executive Director

Re: SB 2213 SD2 Relating to Counties
Hearing: Thursday, March 11, 2010, 10:45 a.m., Room 309

Position: Support

The Drug Policy Forum of Hawai`i thanks the committees for hearing this measure and writes in support of SB 2213 SD2 Relating to Counties which would allow each county to license medical marijuana compassion centers and makes them subject to a special medical marijuana tax and the state general excise tax. The measure also imposes an annual registration fee of $5,000 per compassion center. The medical marijuana tax and the registration fee are to be split between the state and the county in which the center is licensed.

This measure does not expand the medical marijuana program; eligibility requirements of patients remain the same. The measure merely addresses the source of medical marijuana for patients. The most urgent need according to most patients is the establishment of a legal, safe, and reliable source for their medicine.

Allowing the counties to establish and regulate their own system of dispensaries or compassion centers is certainly one way of fulfilling the need of patients and solving a gray area in the law that established the current medical marijuana program.

Although current law allows patients to grow their own plants, the law is silent as to where patients should acquire seeds or clones to start their supply. Even more confusing is that the Department of Public Safety has said that the only legal transfer of marijuana is between a registered patient and that patient's registered caregiver. Caregivers are difficult to find and they are currently limited to assisting a single patient.

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These centers are necessary because many patients want a legal, reliable and safe source for their marijuana. Many patients are unable to grow their own medicine because some live in apartments or condominiums; others live in areas where their plants are not secure and are subject to vandalism or theft; others are just too sick to provide the care needed for their plants to grow to maturity. Patients should not be forced to go to neighborhood drug pushers for their medicine. **73% of Hawai`i patients responding to a survey by the Medical Cannabis Working Group expressed a preference to acquiring cannabis from a regulated establishment.**

We emphasize that we are recommending **regulated** compassion centers. Although local law enforcement entities express concern over problems experienced in certain California jurisdictions, those examples mainly come from counties where dispensaries are largely unregulated. For example, Oakland, California has not experienced a proliferation of dispensaries because of regulations. Hawaii has an opportunity to create sensible regulations, this measure allows their establishment.

Dispensaries Do Not Attract Crime

From *The Los Angeles Daily News* (1/16/10):

> "Despite neighborhood complaints, most medical marijuana clinics are not typically the magnets for crime that critics often portray, according to Los Angeles police Chief Charlie Beck.
>
> 'Banks are more likely to get robbed than medical marijuana dispensaries,' Beck said at a recent meeting with editors and reporters of the Los Angeles Daily News.
>
> Opponents of the pot clinics complain that they attract a host of criminal activity to the neighborhoods, including robberies. But a report that Beck recently had the department generate looking at citywide robberies in 2009 found that simply wasn't the case.
>
> 'I have tried to verify that because that, of course, is the mantra,' said Beck. 'It doesn't really bear out.'"

Medical Marijuana Does Not Lead to Increased Teen Usage

The Congressional Research Service reported in 2009 that "California, the state with the largest and longest-running medical marijuana program ranked 34th in the percentage of persons age 12-17 reporting marijuana use in the past month during the period 2002-2003....Clearly, more important factors are at work in determining a state's prevalence of recreational marijuana use than whether the state has a medical marijuana program." (page 32). The Institute of Medicine Report (1999) found no evidence for the supposition that the state medical marijuana programs lead to increased use of marijuana or other drugs (pp. 6-7).

Diversion of Medical Marijuana

Diversion of medical marijuana to the illegal market is often cited by opponents to dispensaries. The price of marijuana for medical use has most often followed the price of marijuana on the illegal market, lowering the financial incentive for diversion. Prescription drugs such as oxycodone, oxycontin, and adderall have experiencex diversion. The fact that they have been diverted, however, has not affected their availability to those legal patients who benefit from them. Those drugs are still legal and available. In the same way, patients who benefit from medical marijuana should not be prevented from obtaining their medicine from a safe and legal source.

Police Are Not Against Medical Marijuana

In June 2009, Police Magazine reported on the results of a survey of their readers. 1,775 readers responded.

- 54.6% would permit medical marijuana
- 43% of officers said they had not witnessed problems with medical marijuana

Taxing Medical Marijuana

It is difficult to find general agreement on taxing medical marijuana. While it may be appropriate to collect fees from the dispensary as a business, through licensing fees, for example; medical marijuana patients should not be singled out for excise tax when other medical goods and services are not. Medical marijuana is an expense

which is not covered by health insurance. Many patients suffer from chronic illnesses and should not be burdened with additional expenses.

Estimated Tax Revenues

Although it is difficult to estimate the tax revenues that will result from the proposed $30 per ounce tax and the current general excise tax; we provide three estimates which project revenue to the state of between $3.5 million and $10 million.

Estimate 1:

Cost of marijuana: $400 per ounce (since this measure does not legalize marijuana, its price is not likely to decline from the current black market levels. Other jurisdictions have not seen a drop in price for medical use vs. black market use.)

Number of patients: 6,000 (the current level)
Usage per patient per month:
1,200 patients use ½ oz. per month
3,000 patients use 1 oz. per month
1,800 patients use 3 oz. per month

Medical Marijuana Tax Revenue:	$3.2 million ($1.6 million to the state)
Excise Tax Revenue:	$1.9 million
Total State Revenue:	**$3.5 million**

Estimate 2:

Cost of marijuana $400 per ounce
6,000 patients, average use of 2 oz. per month each

Medical Marijuana Tax Revenue:	$4.7 million ($2.3 million to the state)
Excise Tax Revenue:	$2.7 million
Total State Revenue	**$5.0 million**

Estimate 3:

Cost of marijuana $400 per ounce
6,000 patients, average use of 4 oz. per month each

Medical Marijuana Tax Revenue:	$9.4 million (4.7 million to the state)
Excise Tax Revenue:	$5.4 million
Total State Revenue:	**$10.1 million**

We urge the committee is pass this needed measure. Thank you for this opportunity to provide testimony.

INFORMATION ON MEDICAL MARIJUANA

Marijuana IS Medicine—NEW REPORT

UC Studies Show Marijuana Has Therapeutic Value (February 17, 2010)

First results in United States in 20 years from clinical trials of smoked cannabis

Researchers from the University of California's Center for Medicinal Cannabis Research (CMCR) have found "reasonable evidence that cannabis is a promising treatment" for some specific, pain-related medical conditions. Their findings, presented to the California legislature and public, are included in a report available on the CMCR web site at http://www.cmcr.ucsd.edu.

"We focused on illnesses where current medical treatment does not provide adequate relief or coverage of symptoms," explained CMCR director, Igor Grant, MD, Executive Vice-Chair of the Department of Psychiatry at the UCSD School of Medicine. "These findings provide a strong, science-based context in which policy makers and the public can begin discussing the place of cannabis in medical care."

Researchers have completed five scientific clinical trials, with more in progress. These studies showed that cannabis can be helpful in easing pain in selected syndromes caused by injury or diseases of the nervous system and possibly for painful muscle spasms due to multiple sclerosis.

"These scientists created an unparalleled program of systematic research, focused on science-based answers rather than political or social beliefs," said Senator John Vasconcellos, original author of The Medical Marijuana Research Act of 1999 (SB847) which led to the creation of the CMCR.

Study results have been published in high-impact medical journals, garnering national and international attention which prompted leading experts to come together and foster scientific dialog on the possible uses of cannabis as a therapeutic agent. More study will be necessary to figure out the mechanisms of action and the full therapeutic potential of cannabinoid compounds, according to the UC researchers.

About The Center for Medicinal Cannabis Research:
The CMCR was created in 2000 (through the passage of SB847) to conduct clinical and pre-clinical trials of cannabinoids, including smoked marijuana, to provide evidence, one way or the other, to answer the question "Does marijuana have therapeutic value?" The program's purpose is to oversee objective, high-quality, medical research that would enhance understanding of the efficacy and adverse effects of marijuana as a pharmacological agent. The project was never to be construed as encouraging or sanctioning the social or recreational use of marijuana. http://www.cmcr.ucsd.edu

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?

Marijuana is NOT a Gateway Drug

Marijuana is not now, nor has ever been a "gateway drug." The National Academy of Sciences found, "there is no conclusive evidence that the drug effects of marijuana are causally linked to the subsequent abuse of other illicit drugs."

Bulletin editorialized that "The Legislature should provide for a distribution system with safeguards to protect against the kind of carnival atmosphere that has jarred Los Angeles."

On the other hand the *Advertiser* opined just yesterday (3/10/10), that "the state is not in a position to be a gatekeeper of medical marijuana." I assume this means that they prefer it to remain in the hands of the black market profiteers where it is now.

More than 81% of the American public now approves of medical use of marijuana (ABC News/*Washington Post* poll, Jan. 18, 2010). What then is the objection to our state and counties getting tax revenues from the sale of this product in highly regulated, tightly controlled venues?

Looking at the example of California and now Colorado where state and county officials are scrambling to put the toothpaste back in the tube in terms of controlling the hundreds of dispensaries that have sprung up, we should be grateful that, for a variety of reasons, this hasn't happened in Hawai`i.

This means that we have a unique opportunity to design a distribution system from scratch. And now that the Department of Justice has decided that they will no longer target patients or dispensaries in medical marijuana states, Hawai`i no longer has an excuse for inaction. Moreover, the approach in this bill is a sensible one. Unlike California which has 58 (!) counties, we have only four. And like the theory about states being a laboratory of ideas for the nation, it would be instructive to see what kind of system each county would develop – based on their different profiles.

There is a lot of information available about various distribution systems, and there are many workable models available. Rhode Island provides a good, recently developed model and New Mexico has another carefully designed one. The report of the Medical Cannabis Working Group, which is available in its entirety on our website (or in hard copy upon request), has information about comparative models. The LRB report (Report no.2, 2009), drafted in response to ACT 29, also has an interesting discussion of various state approaches.

The idea of tax revenues is, of course, appealing, and I believe that most legitimate dispensary operators would be open to a business tax to benefit their county and state. I would not want to see the patients taxed, however, as many of these people are very ill and are already struggling with medical bills and the high cost of living in Hawai`i.

I am certain you will hear dire predictions from law enforcement about what will happen if Hawai`i authorizes dispensaries. In fact there are police, sheriffs, and prosecutors coming to Hawai`i next week from the Los Angeles area who will be lobbying against this and other measures and regale us all with horror stories of a system out of control. I would like to remind you once more, that Hawai`i can learn from the mistakes of other jurisdictions and develop dispensaries the right way. And it seems that even in Los Angeles all law enforcement officials do not agree about the extent of the problems:

http://www.dailynews.com/news/ci_14206441

LAPD chief: Pot clinics not plagued by crime

Despite neighborhood complaints, most medical marijuana clinics are not typically the magnets for crime that critics often portray, according to Los Angeles police Chief Charlie Beck.

"Banks are more likely to get robbed than medical marijuana dispensaries," Beck said at a recent meeting with editors and reporters of the Los Angeles Daily News.

Opponents of the pot clinics complain that they attract a host of criminal activity to the neighborhoods, including robberies. But a report that Beck recently had the department generate looking at citywide robberies in 2009 found that simply wasn't the case.

"I have tried to verify that because that, of course, is the mantra," said Beck. "It doesn't really bear out."

Many Northern California jurisdictions are finding few problems with their dispensaries and are benefiting greatly from the tax revenues. In Oakland in particular there has been good cooperation between dispensary operators and law enforcement and few problems have been reported. Below are a couple of commentaries from Sebastopol and Redding:

By Tony Castro, Staff Writer
Updated: 01/16/2010 03:10:08 AM PST

<http://www.martinezgazette.com/news/story/i567/2010/01/09/committee-discusses-medical-marijuana-dispensaries>http://www.martinezgazette.com/news/story/i567/2010/01/09/committee-disc\ usses-medical-marijuana-dispensaries

CoCo Times:
Martinez: Committee discusses medical marijuana dispensaries

[This article has testimony from the Sebastopol police chief regarding alleged problems w/ MMJ dispensaries:]

"To be honest, I'm often asked `tell me all the bad things' [that have occurred involving the dispensary], and sometimes other chiefs are frustrated with me when I tell them I can't give them ammunition against dispensaries based on our experience," said Weaver. "In a little over two years, we've had two calls for service of any nature [at Peace in Medicine]. We've had no increased crime associated, no fights, no loitering, no increase in graffiti, no increase in littering, zip."

Redding Police Chief Peter Hansen echoed his Sebastopol colleague's sentiments, stating that he too was initially against allowing dispensaries in his city, but that once U.S. Attorney General Eric Holder announced a reversal of federal drug policy regarding prosecution of medical cannabis dispensaries legally operating under state laws, "the roof came off,"in Redding.

"We did not have an ordinance or zoning or anything in place. To be honest we were caught off guard and were behind the curve," Hansen said on Thursday, adding that 35 dispensaries had popped up through the Redding area over the last six months.

"[Last Fall] the Planning Director, City Attorney and myself met with the City Council and we created a city permitting ordinance to allow storefronts to operate," said Hansen. The Redding City Council put the police department in charge of all permitting and onsite inspections. "We see this as a process that will evolve. Our ordinance is reasonably strict, granting police access to inspect randomly. There is a lot of give and take on this issue, and [the police department] has to give a little to allow this process to work."

Hansen stressed, "we have not had the associated crime or problems that one would expect."

I have a few specific suggestions of how to improve this bill:
In Section 3, 329-A [p.2], the purpose of the compassion centers should be broadened to permit their selling of seeds, clones and cannabis products such as edibles and tinctures which encourage safer modes of ingestion.

In Section 3. (b)(2) [p.2] the requirement forbidding the hiring of "any convicted felon" is overly broad. This provision should not apply to felonies committed in the past, say, more than ten years ago, and should only apply to crimes directly related to the business of the compassion centers.

In 329-B [p.4] which deals with reciprocity with other states it might be good to time limit the authorization. I would suggest looking to language in other medical marijuana states such as Montana which have reciprocity agreements.

I assume the effective date of 2112 is intended to speed the bill on it's way to conference committee. Let's hope it doesn't take 102 years to enact something like this into law!

In sum, Hawai`i should pass this measure and incorporate the best practices of states and other jurisdictions that have regulated medical cannabis compassion centers. The Drug Policy Forum and the Action Group would be pleased to assist in researching details and connecting our state and county officials with their counterparts elsewhere so that we can develop a system that ensures safe and legal access to medicine for patients without compromising the security and safety that we all want.

It has been ten years since Hawaii's forward looking program was established and not a single change has been made to the law. It is past time to make some well thought out changes so that this compassionate program can achieve what it was intended to do. Ensuring safe and legal access to medicine for the patients in the program is the most important single action the legislature can take on medical cannabis this year. Please pass out SB 2213, SD2. Mahalo Representatives Hanohano and Yamane for hearing this bill and for the opportunity to testify today.

MEDICAL CANNABIS WORKING GROUP REPORT
FEBRUARY 2010 ~ HONOLULU, HAWAI'I
EXECUTIVE SUMMARY

The Medical Cannabis Working Group ("MCWG") convened in October 2009 to conduct a study and make recommendations to the 2010 Hawai'i State Legislature to improve the state's ten-year-old medical marijuana program.

The MCWG, tasked with completing the mission of ACT 29 which was enacted over a veto by Governor Lingle but never convened, examined current state statutes, state administrative rules, and all county policies and procedures relating to the medical marijuana program. Further it examined issues and obstacles that qualifying patients, physicians, caregivers, and law enforcement officials have encountered with the medical marijuana program. MCWG also compared and contrasted Hawaii's medical marijuana program with all other states' medical marijuana programs.

Based on the results of its study and a public survey, MCWG recommends that the following immediate actions be taken by the Legislature to improve Hawaii's medical cannabis program:

1. Create a distribution system so that patients do not need to resort to the black market to obtain their medicine;
2. Increase the allowable number of plants and the amount of usable cannabis to ensure that patients have an adequate supply of their medicine;
3. Allow caregivers to care for at least five patients to ensure that patients are assured of an adequate supply and a competent caregiver; and
4. Transfer medical marijuana program oversight from the Department of Public Safety – a law enforcement agency -- to the Department of Health.

Further, MCWG recommends that the Legislature take action to ensure that the program addresses patient needs such as enhanced confidentiality, presumptive eligibility, faster certification, and forms accessible on the program website.

MCWG also urges the Legislature to facilitate the development and implementation of policies and procedures to facilitate inter-island transport of medical cannabis, and direct the counties and relevant administrative agencies to educate law enforcement and public safety officers on the medical cannabis law as a whole.

Other recommendations address healthcare matters such as creating a protocol for adding new covered medical conditions; expediting coverage for hospice patients; and extending the validity of program certification for more than one year for patients with chronic conditions.

Finally, since not all of the problems with the program need to be addressed by legislative action, MCWG recommends that the Medical Cannabis Working Group be permanently convened to identify and help implement strategies, both legislative and administrative, to improve Hawaii's program.

LATE TESTIMONY

Testimony in Opposition to SB 2213, SD2- Relating to Counties
March 11, 2010

To: Representative Faye Hanohano, Chair
Representative Henry Aquino, Vice Chair
Committee on Public Safety

Representative Ryan Yamane, Chair
Representative Scott Nishimoto, Vice Chair
Committee on Health

Fr: Alan Shinn, Executive Director
Coalition for a Drug-Free Hawaii
1130 N. Nimitz Hwy, Suite A259
Honolulu, Hi 96817

Thank you for accepting my testimony opposing SB 2213 SD2-Relating to Counties, which portrays marijuana as a benign drug and a medicine that can be regulated. Hawaii should not create another out of control situation like the one in Los Angeles, California that legalizes marijuana use through numerous marijuana dispensaries and lack of regulation.

Those qualified medicinal marijuana patients with debilitating pain or terminal illnesses should have access to not just marijuana, but other pain remedies as well that are homeopathic as well as drug-therapeutic through their primary physicians.

The loosening of state law on marijuana will increase the lack of perceived harm, a major risk factor that hampers substance abuse prevention efforts, especially for our youth. There are many drugs that can cause physical and psychological harm to individuals including marijuana. Marijuana today is not the same as in the 60's and 70's, and is much more potent in the chemical THC (Tetrahydrocannabinol), which produces the high. Drugs like marijuana act on the brain and can alter perception, attention, balance, mood, and reaction time. Vehicle accidents are leading cause of death among youth 16-19 years due to inexperience and many times combined with alcohol, marijuana or other substances (CDC, NIDA). Local research studies show that youth who are long term users of marijuana seem to have higher levels of paranoia and depression than none users.

Prevention efforts have shown results, but need to be maintained. Nationally, marijuana past month use rates among youth 12-17 years has been constant between 2005 and 2007, 2002 (8.2%) to 2005 (6.8%) (NSDUH). In Hawaii lifetime use in 2003 at 7% 8th graders, 15% 10th graders, and 18% for 12th graders, a slight decrease since 2002 (ADAD).

SB 2213 SD2 will not create the kind of revenues projected after government and law enforcement, treatment, and loss of productivity costs are figured into the equation.

We need to continue substance abuse prevention/education efforts to increase the level of perception of harm among youth for marijuana as well as alcohol and other drugs and maintain legal sanctions against its use.

LATE TESTIMONY

March 9, 2010

Representative Ryan Yamane
Chairperson
House Committee on Health
37th Representative District Hawaii State Capitol, Room 419,
415 S. Beretania Street, Honolulu, HI 96813

RE: LETTER AGAINST SB 2213, SB 2141 AND SB2450

Dear Chairman Yamane:

As the Human Resources Director for the Kauai Veterans Memorial Hospital, Samuel Mahelona Memorial Hospital and West Kauai Clinics which employs over three hundred employees under the State of Hawaii's Hawaii Health Systems Corporation – I do not support SB 2213, SB 2141 and SB 2450.

It would seem ironic that being a part of one of Kauai's largest health care providers that I would choose to not support these bills purporting *medicinal* marijuana - however as an employer of healthcare professionals whose primary focus is to protect and provide medical care to sustain life – increasing the availability of medical marijuana (SB 2213); increasing the amount of medical marijuana from what is presently allowed (SB 2141) and removing the criminal penalties of the illegal use of medical marijuana creates an employer's nightmare.

Our laws presently provide for the legal use of marijuana under the supervision and care of a physician. This law provides the proper amount and supervision for someone who legitimately needs it for relief or uses it to provide quality of life for specific medical conditions.

As a HR Director for the state of Hawaii, I am dealing with healthcare employees who have received certificates and permits to obtain and possess marijuana who now proclaim that this gives them the right to work even after testing positive for marijuana. That "legally" they have the right to smoke it – we should consider them disabled and, they *do not* consider themselves impaired – this is *with* a negotiated collective bargaining agreement permitting random drug testing.

So let's look at the myths and what the facts say:

Myth #1: Marijuana Impairs Memory and Cognition. *Under the influence of marijuana, people are unable to think rationally and intelligently. Chronic marijuana use causes permanent mental impairment.*

Fact: *Marijuana produces immediate, temporary changes in thoughts, perceptions, and information processing. The cognitive process most clearly affected by marijuana is short-term memory. In laboratory studies, subjects under the influence of marijuana have no trouble remembering things they learned previously.* ***However, they display diminished capacity to learn and recall new information.*** This diminishment only lasts for the duration of the intoxication. There is no convincing evidence that heavy long-term marijuana use permanently impairs memory or other cognitive functions.

- Wetzel, C.D. et al., "Remote Memory During Marijuana Intoxication," Psychopharmacology 76 (1982): 278-81.
- Deadwyler, S.A. et al., "The Effects of Delta-9-THC on Mechanisms of Learning and Memory." Neurobiology of Drug Abuse: Learning and Memory. Ed. L. Erinoff. Rockville, MD: National Institute on Drug Abuse 1990. 79-83.
- Block, R.I. et al., "Acute Effects of Marijuana on Cognition: Relationships to Chronic Effects and Smoking Techniques." Pharmacology Biochemistry and Behavior 43 (1992): 907-917.

Myth #2: Marijuana Use is a Major Cause of Highway Accidents. Like alcohol, marijuana impairs psychomotor function and decreases driving ability. If marijuana use increases, an increase in of traffic fatalities is inevitable.

Fact: There is no compelling evidence that marijuana contributes substantially to traffic accidents and fatalities. At some doses, *marijuana affects perception and psychomotor performances- changes which could impair driving ability.* However, in driving studies, marijuana produces little or no car-handling impairment- consistently less than produced by low moderate doses of alcohol and many legal medications. In contrast to alcohol, which tends to increase risky driving practices, marijuana tends to make subjects more cautious. Surveys of fatally injured drivers show that when THC is detected in the blood, alcohol is almost always detected as well. For some individuals, marijuana may play a role in bad driving. The overall rate of highway accidents appears not to be significantly affected by marijuana's widespread use in society.

- Center on Addiction and Substance Abuse. "Legalization: Panacea or Pandora's Box". New York. (1995):36.
- Swan, Neil. "A Look at Marijuana's Harmful Effects." NIDA Notes. 9.2 (1994): 14.

- Moskowitz, Herbert and Robert Petersen. Marijuana and Driving: A Review. Rockville: American Council for Drug Education, 1982. 7.

- Mann, Peggy. Marijuana Alert. New York: McGraw-Hill, 1985. 265.

The facts are there:

- *Marijuana produces immediate, temporary changes in thoughts, perceptions, and information processing. The cognitive process most clearly affected by marijuana is short-term memory. In laboratory studies, subjects under the influence of marijuana have no trouble remembering things they learned previously. However, they display diminished capacity to learn and recall new information.*

- At some doses, *marijuana affects perception and psychomotor performances- changes which could impair driving ability.*

Ironically, the facts you just read, were from a pro-marijuana article.

All controlled substances, marijuana and alcohol, must remain *controlled.* I don't want the fact that it is considered "medicinal" in controlled situations to impair the decision of our legislators. Employers have rising unemployment costs and mounting workers compensation claims (Third party carriers for workers compensation programs state that many of those employees are presently using medical marijuana).

I do not want it to be acceptable or tolerable that we have impaired citizens operating cars, trucks or school vans. Nurses, whose perceptions maybe a "little" off while they are giving medication (our HGEA nurses do not have random drug testing). Physicians whose perception and psychomotor performance may be suspect. Hospitals and private care homes where there is no random drug test program – no law which requires disclosure as this is protected by HIPAA.

I do not want the perception of my granddaughter's Mililani Uka second grade teacher to be impaired on the day that they are on a fieldtrip at the beach.

These bills are testing the fabric of our society- challenging the core values of our families. Establishing a future for our children who already will be burdened by the economic debt of our decisions – but who will also need to clean-up the mess of a permissive society. Selling and taxing marijuana is not the legacy I want to leave to our children.

Aloha & Malama Pono,

Solette Perry

Solette Harvest Perry

Formerly 94-342 Hokuala Street #107 Mililani, Hawaii 96789 (for 28 years)
Now – 3936 Alala Street Lihue, Hawaii 96766
Cell phone: 351-5005

LATE TESTIMONY

COMMITTEE ON PUBLIC SAFETY
Rep. Faye Hanohano, Chair
Rep. Henry Aquino, Vice Chair

COMMITTEE ON HEALTH
Rep. Ryan Yamane, Chair
Rep. Scott Nishimoto, Vice Chair

Thursday, March 11, 2010
10:45 a.m.
Room 309
SUPPORT SB 2213 SD2 – Relating to Counties
PBStestimony@capitol.hawaii.gov

Aloha Chairs Hanohano and Yamane and Members of the Committees!

My name is Kat Brady and I have been a caregiver to several terminally ill patients over the years. I have seen the effect of medical marijuana/cannabis has on patients and am, therefore, a strong supporter of Hawai`i's Medical Marijuana Program.

I support SB 2213 SD2 that provides that each county has the power to establish compassion centers for the dispensing of medical marijuana and requires that compassion centers shall only provide service to qualified patients and primary caregivers registered with the department of public safety. This bill makes compassion centers subject to the general excise tax by making inapplicable the exemption for amounts received from sales of prescription drugs or prosthetic devices and imposes a general excise tax on marijuana sales. (Effective 8/7/2112.)

Hawai`i's Medical Marijuana Program was enacted a decade ago as a compassionate measure to help relieve the suffering of members of our communities. Unfortunately the law is silent on how to obtain medical marijuana/cannabis. The law allows seven plants, however, a patient who needs the medicine in order to eat or become more comfortable can't wait the months it takes for a plant to reach maturity.

Establishing *regulated* compassion centers for qualifying patients and/or their caregivers by learning from the experiences of other places gives Hawai`i a huge advantage. We can avoid the pitfalls that others found. We have the opportunity to do it right – from the start.

Compassion centers would enable qualified patients and/or their caregivers to purchase their medicine in a safe place, without the threat of prosecution. It would also ensure patients and caregivers a reliable and quality-assured supply of the medicine.

On the economic side, it would bring millions of dollars in revenue to the state, as outlined in testimony by the Drug Policy Forum of Hawai`i.

In this time of economic crisis, how can law enforcement spend its precious resources going after marijuana? Is this the most prudent use of their resources?

Please amend the effective date to something reasonable and pass this measure along to the JUD Committee. Mahalo for this opportunity to testify.

LATE TESTIMONY

TESTIMONY ON SENATE BILL 2213 SD2
A BILL FOR AN ACT RELATING TO
COUNTIES

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

Committee on Health
Representative Ryan I. Yamane, Chair
Representative Scott Y. Nishimoto, Vice Chair

Thursday, March 11, 2010, 10:45 AM
State Capitol, Room 309

Representative Hanohano, Yamame and Members of the Committees:

I am Dr. Kevin Kunz, a Big Island physician licensed in Hawaii and practicing in Kona for 30 years. For the last 10 years, I have focused my practice on pain management and addiction medicine, and this has been my only clinical focus for the last 6 years. I am also the Program Director of Pu'ulu Lapa'au – The Hawaii Physicians' Health Program (a non-profit with the mission of improving patient safety thru advancing the health of physicians), as well as past President of the Hawaii Society of Addiction Medicine, past Director of the American Society of Addiction Medicine, and current President of the American Board of Addiction Medicine. My testimony today is not as a representative of these organizations, but as a concerned physician with extensive clinical and community experience in the treatment of pain, and of addictive disorders.

I do not support Senate Bill 2213 SD2 in its present form.

It has been my direct observation that the majority of physicians prescribing medical marijuana do so at the request of patients, and not after clinical consideration of benefits or adverse effects. This can be expected, as training in the use of medical marijuana is unavailable in medical school, and is not required to obtain prescriptive privileges.

Physicians have asked my opinion on their current prescribing of medical marijuana, and shared and reviewed anonymous patient cases. In nearly every case these physicians have agreed that there was no strong indication, merely a strong request from the patient, and they felt they had to respond to the patient request. Further, these physicians generally have no special credentials or interest in the treatment of chronic pain. Unfortunately they, like many Hawaii

physicians, are not aware of current guidelines and recommendations for the treatment of chronic pain. As you may know, this has contributed to the current epidemic of dependence, addiction and consequences of prescribed controlled opioid medications. To add marijuana to this mix has been, and is of questionable clinical value. This is not to say that medical marijuana does not have a place in appropriate patients. There is no evidence that physicians prescribe it appropriately. It would be useful is a study on this, as well as other prescribed controlled substances, could be commissioned by the legislature.

I also note that the majority of patients on the Big Island receive their medical certification from a very small number of physicians. In general, these physicians might be considered "outliers"; they are not connected professionally with the larger medical community. They are, so to speak, "doing their own thing". What is the view of the larger medical community? Good question.

I do not believe that the state should get into the controlled substance pharmacy business without the support of the professional sector that has the most expertise in this area. This legislation should be delayed until a formal report is obtained from that sector of Hawaii's regulated and licensed professional community.

Finally, I see many patients who have had their pain mis-diagnosed, or who have become dependent or addicted to medications prescribed for pain. Even when pain resolves, these patients continue receiving controlled substances because they and their physicians are uncertain how to comfortably discontinue the dependence producing medications. Physicians need more training in this area; there is a great need for statewide physician education. Some states already mandate this, and at the federal level a "Risk Evaluation and Mitigation Strategies" program will soon be mandated for certain prescribed controlled substances.

Please do not rush into the pharmacy business without your eyes fully open. Stop this bill today, and give this matter the study it needs.

Thank you for the opportunity to present this testimony.

LATE TESTIMONY

From: Robert Bacher [bacher.robert@gmail.com]
Sent: Wednesday, March 10, 2010 10:14 PM
To: PBStestimony
Subject: Robert Bacher in Support of SB 2213

Aloha Public Safety & Health Committees,

I'm writing today ask for science based and practical policy regarding cannabis. The American Medical Association is one of many groups that strongly support the re-scheduling of cannabis, which by anyone's definition DOES have medicinal value, IS safe to use under a physician's supervision (or without), and does not cause a strong or serious addiction. 25-50 million Americans use cannabis regularly for a variety of reasons from medical and spiritual reasons, to a safe recreational alternative to alcohol. They are not "addicts" just because they disregard unjust laws. Compare the temporary short-term memory loss and increased enjoyment of food and music, to the typical side-effects of drugs advertised during your favorite sporting event or on prime-time television program. Schedule V is the only way it would make sense for the DEA to remain in control of medical cannabis, which they have irrationally fought tooth and nail at every step.

After seeing my grandparents very worried about the future of health care and upset with the current prices of their many medications, I want to explain that safer and more affordable medicines could be widely available if the FDA worked together with the Dept. of Education and the Dept. of Agriculture to regulate medicinal cannabis research. Good people on both sides of the debate must agree that research and studies that have found THC effective in treating cancer and other serious illnesses like Multiple Sclerosis and Alzheimer's Disease are worth-while. Personal financial and political ambitions of a few and not scientific reasons have kept cannabis in Schedule I since it was placed there originally "provisionally" until more research is done and more data is available. Common sense and the data from hundreds of studies provides bountiful and irrefutable proof that medical cannabis fits most appropriately into Schedule V because of its MANY accepted medical uses, safety in use and low abuse potential. The La Guardia Committee and the Shafer Commission both It is and has been one of the SAFEST therapeutic substances known to man for thousands of years. To drive the point home, in the history of thousands of years of use there has NEVER been ONE documented human fatality from overdosing on THC or cannabis. An effective dose of cannabis is about a half a joint to 2 joints worth and if someone smoked approximately 1500 pounds would somehow have to be smoked in 15 minutes! Thats about 1.3 MILLION half gram joints in 15 MINUTES to overdose! Substitute purer hash or other derivatives instead and hunger, sleep, and may a headache are still the most common side-effects. Even if set-up like Reagan's monkeys, without ANY oxygen and with pure smoke, its just not possible to overdose from cannabis! Most doctors would lean toward edibles and other derivatives instead of recommending ingesting combusted plant materials and Safe Access providers small and large are already cooking up innovative and delicious alternatives. Cannabis is as useful as it is safe.

There is no "safer" substance possible to substitute for cannabis. My brother recently injured himself and was given the choice of vicodin or morphine, both FDA approved as "safe" medicine despite creating real dependency and overdoses. I told him to be careful, you never know how those "safe" medicines will react with your body especially if its light on food, with alcohol, or in synergy with other "safe" medicines. The FDA regularly approves foods and medications with "side-effects" "including death", that cause more than 100,000 unnecessary deaths each year. Millions of Americans refuse to use FDA approved valium or similar pills to cope with stress, relieve anxiety, and relax. As a friend remarked to me, he'd rather not use any pills that treat one symptom, but have dozens of serious possible "side-effects", including a heavy grogginess that could cost fingers at work. I've lost friends to pills, but never from cannabis. Instead of ensuring the safety of our foods and drugs, the FDA rubber-stamps corporate interests and the DEA ensures their competitors are officially discouraged.

I moved out to Hawaii 9 years ago from New York, after high school to do my own thing. I'd rather scuba dive than snow ski. I told my friends and family it as much to go to school as the ideal weather and beautiful scenery, but I really felt Hawaii would give me the most independence possible. As they may have suspected, I was also largely motivated by Hawaii having just become one of 13 states that currently have medicinal cannabis laws, which I wanted to learn more about. More than go to school to become like everyone else, I wanted to open my own business. I wanted start providing access to people in Hawaii that had no dispensaries like in California at the time. I saw a huge niche market that I thought I had the skill to fill. In the first month I did a lot of growing up. I was ripped

off for my start-up money and a friend, hugging his girlfriend, fell to his death from a balcony in front of me. I tried to concentrate at school. I did well at first, but most classes didn't interest me, and I easily found excuses in Hawaii to not go to class. I didn't go back to class the next fall, but an HPU friend from Chicago, IL, drove to Rochester, NY to pick me after 9/11. I lived with my friend's family in Chicago till Christmas and we both return to Hawaii to work instead of going to school. Back in Hawaii, I worked 60-80 hours a week until suffering a bad surfing accident. It cost me a few teeth, a few months of time, my dashing good looks and my self confidence (temporarily). I broke my nose and ripped the tip off. I bit through my top lip and cut the lip and knocked 3 front teeth out on the bottom. The hard impact with shallow reef split my forehead and tore a chunk out of the top of my nose right between my eyes! It was very painful, but I was lucky to feel pain and to be conscious at all! I was also very lucky to receive excellent medical care at Queen's Hospital In Honolulu, HI. They cleaned me up and because of the severity of my wounds opted to wait for a plastic surgeon to get done in his office across town before coming in to do the stitches. Four excruciating hours of pain was well worth waiting for an experienced specialist to come in and give me my face back! I don't think I could ever thank all the nurses and doctors enough for treating me with the care of family. My parent's insurance eventually covered a large portion of the bills, but automatic denial of coverage IS standard practice. Minimizing care provided maximizes profits in the short term for insurance companies, so if someone can afford coverage, they must also be patient, polite, and persistent enough to convince good people working within the insurances' ranks that they should receive care. It was human understanding and empathy that saved me from drowning in medical bills and pulling myself from the surf. Although I did still deliver pizzas and drove limos, it was inconsistent, and I didn't work full-time again for over 2 years! My family and friends who came to visit put me it touch with my neighbor, who drove me to some doctors appointments, gave me hemp oil to put on my wounds, gave me cannabis and baked goods for my pain. My neighbor showed me the severity of the DEA's bipolar policies. He is a good person, who taught me many things, showed me the island well beyond Waikiki, and even gave me a discount on some premium cannabis to getting me making money again. He did this for me because he is a caring human being and because the whole community comes to people like him when they need something. He and community oriented businessmen like him loan people money for school, medicine and/or medical care, vehicles, and family trips or emergencies, no matter what the Federal Reserve rates are. When my mouth was healed enough to attempt replacing my retainer-like "flipper teeth" with a permanent crown-bridge, it cost almost $5,000.00 and my insurance company wouldn't cover even half. My parents sent me $1500 and where do you think the rest came from? I refer to my old neighbor as "my uncle" because he was there for me like family whenever I needed him. In addition to my teeth, I owe my uncle for teaching me how to move on when I experience loss. One night I called him frantically after being stabbed during the course of being robbed by a couple, I later realized were iceheads. He sped over to my location, drove me to the hospital and stayed with me until I had received a couple more stitches. I was extremely upset that someone had thought so little of my life that they had held a knife to my throat for about $3000! Instead of promising to help me retaliate or get revenge, he scolded me for ignoring my better judgement and warning signs. He warned me to avoid those people and be more careful. He told me its not the movies and that revenge doesn't end, it just escalates. He taught me that instead dwelling on losses, the world is about learning from mistakes and moving forward. His promised that there was much more money to make. He advised I use my network of many good people who used cannabis regularly with his network of growers and logistics experts who consistently provided him with B+ to A+ quality cannabis. Although, it was slightly more expensive than I was accustomed to in New York, my business quickly grew, because of the combination of fairly portioned high quality cannabis that I often re-trimmed and my personal and convenient NYC-style delivery service. Avoiding the cliche street-corner hand-to-hand transaction, brought me to warm and personal interactions in peoples' living rooms, garages, or at my home. While I haven't been robbed at knife-point again, my peers and I have experienced losses from time to time. The government's gunpoint "recovery" of almost $50,000 has hurt me the most. But, the requests of friends and patients for my unique products and services continues to promise income long into the future. No one offers to bail us out, and we do not resort to violence, because we view a loss, that cannot be worked through, as a reason to avoid people that are counter-productive or as an expensive lesson. When someone with an idea wants to start a business and the banks don't share their vision, often folks like my uncle supply the capitol. Every year in this country millions of small businesses are started by or because of the entrepreneurial spirit of businesspeople who make their decisions based on the bottom line. Eventually, I paid all my medical bills and my scars healed, but I would never again desire to work 60-80 hours a week for someone else, when I could make as much or more working more or less as an independent sales representative for the multi-billion dollar cannabis trade. I've tried to go back to work for a few companies, but my spirit is independent and I prefer to work in a smaller company that pays competitively while allowing a flexible schedule and the use of my own judgement. Please let me and others like me pay taxes and live safely! The Department of Agriculture, Commerce, Education and of course the IRS should all get there fair share of the pie, which should benefit everyone. Like I said in the first Work Group Meeting I went to, I think it would be wise to tie a portion of the tax

revenue to the Department of Education, and a portion of that tied to the study of Medical Cannabis and Hemp at the University of Hawaii.

You see I had issues with staying interested at school since about the 7th grade. Interestingly enough, that was about the time I was prescribed ritalin to keep me from demanding new books when we repeated math curriculum, and I began to question the whole cannabis being dangerous part of DARE programs. At first I took the DARE program very seriously, because my grandmother died of lung cancer from smoking cigarettes heavily since the doctors told said it was good for you. I wondered how cannabis, which I observed to be fairly similar to tobacco, but not nearly as toxic and with an effect more similar to alcohol, was "known" to be "dangerous" decades before the American Medical Association told us that tobacco is dangerous? I didn't try smoking cannabis till years later, after hosting several parties where I observed people acting differently after using different substances. DARE told me cocaine could cause me to overdose and become addicted the first time! I didn't really observe that at first, but I did think people who used cocaine acting like assholes. I didn't have to see anyone addicted, because I didn't want to be anymore of an asshole than I already am. I didn't like the taste of alcohol when my parents had let me try it, and I let my observations confirm most of what Health Class had told me about drugs, alcohol and tobacco. However, about half of my peers preferred to experiment for themselves, as soon as they became curious. If ever there was a "Gateway Drug" I can testify it is tobacco that most kids that I went to school with tried first. It was alcohol that caused the most trouble with my peers. These "drugs" were included in Health Class, but are also legally legitimate businesses, which made me wonder about what made them different from other drugs. This basic question should be addressed in drug education, such as DARE, and in the regulatory approach that is applied to "controlling substances". After watching my peers for a couple of years I decided that I would try to use moderation with alcohol on new year's eve and enjoyed cannabis for the first time around a bonfire during spring break, listening to music and making smores. At first I didn't think I felt it, but after I devoured the smores while rediscovering Led Zeppelin, I realized that cannabis was not only pleasurable, but it helped me to drink with moderation more easily.

Much Mahalos for your time and careful considerations,
Robert Bacher

P.S. Included should be the following studies:

1. The La Guardia Committee was the first in depth study into the effects of smoking marijuana. It systematically contradicted claims made by Anslinger and the Treasury Department that smoking marijuana results in insanity, deteriorates physical and mental health, assists in criminal behavior and juvenile delinquency, is physically addictive, and is a "gateway" drug to more dangerous drugs. The committee's finding were as follows;

- 1 Marijuana is used extensively in the Borough of Manhattan but the problem is not as acute as it is reported to be in other sections of the United States.
- 2 The introduction of marijuana into this area is recent as compared to other localities.
- 3 The cost of marijuana is low and therefore within the purchasing power of most persons.
- 4 The distribution and use of marijuana is centered in Harlem.
- 5 The majority of marijuana smokers are Blacks and Latin-Americans.
- 6 The consensus among marijuana smokers is that the use of the drug creates a definite feeling of adequacy.
- 7 The practice of smoking marijuana does not lead to addiction in the medical sense of the word.
- 8 The sale and distribution of marijuana is not under the control of any single organized group.
- 9 The use of marijuana does not lead to morphine or heroin or cocaine addiction and no effort is made to create a market for these narcotics by stimulating the practice of marijuana smoking.
- 10 Marijuana is not the determining factor in the commission of major crimes.
- 11 Marijuana smoking is not widespread among school children.
- 12 Juvenile delinquency is not associated with the practice of smoking marijuana.
- 13 The publicity concerning the catastrophic effects of marijuana smoking in New York City is unfounded.

2. Nixon's Shafer Commission

The **National Commission on Marijuana and Drug Abuse** was created by Public Law 91-513 to study marijuana abuse in the United States. While the Controlled Substances Act was being drafted in a House committee in 1970, Assistant Secretary of Health Roger O. Egeberg had recommended that marijuana temporarily be placed in Schedule I, the most restrictive category of drugs, pending the Commission's report. On March

22, 1972, the Commission's chairman, Raymond P. Shafer, presented a report to Congress and the public entitled "Marijuana, A Signal of Misunderstanding," which favored ending marijuana prohibition and adopting other methods to discourage use.

Specifically, the Commission recommended "a social control policy seeking to discourage marijuana use, while concentrating primarily on the prevention of heavy and very heavy use." The report noted that society can provide incentives for certain behavior without prosecuting the unwilling, citing the example that "the family unit and the institution of marriage are preferred means of group-living and child-rearing in our society. As a society, we are not neutral. We officially encourage matrimony by giving married couples favorable tax treatment; but we do not compel people to get married."

The Commission recommended decriminalization of simple possession, finding:

[T]he criminal law is too harsh a tool to apply to personal possession even in the effort to discourage use. It implies an overwhelming indictment of the behavior which we believe is not appropriate. The actual and potential harm of use of the drug is not great enough to justify intrusion by the criminal law into private behavior, a step which our society takes only 'with the greatest reluctance.

The Commission found that the constitutionality of marijuana prohibition was suspect, and that the executive and legislative branches had a responsibility to obey the Constitution, even in the absence of a court ruling to do so:

While the judiciary is the governmental institution most directly concerned with the protection of individual liberties, all policy-makers have a responsibility to consider our constitutional heritage when framing public policy. Regardless of whether or not the courts would overturn a prohibition of possession of marihuana for personal use in the home, we are necessarily influenced by the high place traditionally occupied by the value of privacy in our constitutional scheme.

The Commission also recommended that the distinctions between licit and illicit drugs be dropped, finding that "the use of drugs for pleasure or other non-medical purposes is not inherently irresponsible; alcohol is widely used as an acceptable part of social activities"

In 1972, Richard Nixon commissioned a comprehensive study from the National Commission on Marijuana and Drug Abuse. The Commission found that the constitutionality of cannabis prohibition was suspect, and that the executive and legislative branches had a responsibility to obey the Constitution, even in the absence of a court ruling to do so. Unfortunately, the Richard Nixon administration did not implement the study's recommendations.

3. The British Indian Hemp Report

4. The Siler Report

5. Canada's LeDain Commission

6. California Research Advisory Commission

7. The Jamaica Study

8. Cannabis in Costa Rica

P.P.S. Included should be the following documents:

1. USDA's 1916 Bulletin 404 "Hemp Hurds as Paper-Making Material"

2. Popular Mechanics, February 1938 "Billion Dollar Crop"

3. Mechanical Engineering, February 1938

P.P.S.S. The following experts could be consulted:

1. Dr. Donald Tashkin, M.D. of UCLA, for the last 3 decades the U.S. government's and worlds leading cannabis researcher on pulmonary functions

2. Dr. Thomas Ungerlieder, M.D. of UCLA, appointed by Richard Nixon in 1969 to the President's Select Committee on Marijuana, reappointed by Ford, Carter and Reagan. Former head of California's "Medical Marijuana Program"

3. Dr. Tod Mikuriya, M.D., former national administrator, and grant distributor of the U.S. government's cannabis research programs in the late 1960s

4. Dr. Lester Grinspoon, M.D. Harvard Medical School, Professor Emeritus

5. Dr. Paul Hornby, PhD, Biochemist & Human Pathologist

LATE TESTIMONY

From: oirwin@san.rr.com
Sent: Wednesday, March 10, 2010 11:04 PM
To: PBStestimony

To: House Committee on Public Safety
Representative Faye Hanohano, Chair

House Committee on Health
Representative Ryan Yamane, Chair

From: Orrie Irwin
March 10, 2010

I support SB 2213 SD2.

LATE TESTIMONY

From: James Anthony [mcdlawyer@gmail.com]
Sent: Thursday, March 11, 2010 5:59 AM
To: PBStestimony
Subject: SB2213 SD2 Medical Cannabis Compassion Centers: Support

To:
Representative Faye Hanohano, Chair
Representative Henry Aquino, Vice Chair and
Members of the Committee on Public Safety

To:
Representative Ryan Yamane, Chair
Representative Scott Nishimoto, Vice Chair and
Members of the Committee on Health

Re: SB 2213, SD2 Relating to Counties
Hearing: Thursday, March 11, 2010, 10:45 a.m, Room 309 (3 copies)
Position: Support

Hon. Chairs, Vice-Chairs and Members of the Committees:

I am a native Hawaiian lawyer, licensed to practice in Hawaii and in California where I have lived and practiced for over 10 years. I am a former prosecutor for the City of Oakland where I prosecuted problem properties, including drug houses. I support this bill for Hawaii's counties because I have seen first-hand many times the positive effects of compassion centers for California patients, communities, and local government.

In Oakland, San Francisco, Sonoma County, and many other Northern California communities, nonprofit compassion centers (called "dispensing collectives" or "dispensaries"), licensed under sensible local regulation, are a positive benefit to the community.

It is only in Southern California, and particularly in the City of Los Angeles which failed to regulate for three years, and failed to enforce its own moratorium, where the sheer number of hundreds of unlicensed compassion centers created some concern. This failure rests squarely on the Los Angeles City Council, its City Attorney, and its law enforcement apparatus. Their irresponsibility created an environment of uncertainty that lead to an "anything goes" atmosphere. Like any other new emerging land use, compassion centers need guidelines for local operation so as to harmonize with neighboring uses.

In Oakland, which at 6 years now has the oldest local regulations in the state, the four licensed compassion centers (one of which I am proud to represent) are documented good neighbors that actually reduce crime. The City Administrator's Office issues annual licenses to them after annual inspection. Annual city reports affirm that there are no complaints or

problems with Oakland's compassion centers, but that rather, they are a benefit to their patients and to the surrounding business community by providing foot traffic, security, and other good neighbor services such as litter abatement. They are also able to support free services for their patients (such as acupuncture and chiropractic and other health services, safe cultivation classes, social services, etc.) They provide a safe wholesome place to obtain lab tested cannabis (as "marijuana" is properly known).

As for the taxation issue, I authored the original Oakland tax on medical cannabis tax last year--the first of many local taxes now in process across the state. While taxing medicine is always controversial, this is a compromise that most patients are willing to make to ensure safe local access.

I have testified before the Hawaii State Legislature previously as an expert on these issues and I remain available to you to answer any questions and correct any misunderstandings arising from Los Angeles's failure to regulate. I urge you to follow the models of Oakland, San Francisco, Rhode Island, and the many other jurisdictions across the nation that are successfully providing safe access through sensible local regulation.

Finally, here are three critical policy documents supporting this legislation. There are many more, including the Oakland reports, that I am happy to provide on request.

NATIONAL POLICY ORGANIZATION REPORT ON COMPASSION CENTERS AND LOCAL REGULATION
http://www.safeaccessnow.org/downloads/dispensaries.pdf

VIDEO PORTRAIT OF EXEMPLARY OAKLAND COMPASSION CENTER (HARBORSIDE HEALTH CENTER)--6 MINUTES
http://www.youtube.com/watch?v=5SclmOWG1ZA

SF CHRONICLE COLUMNIST OPPOSED COMPASSION CENTERS, THEN REVISED POSITION AFTER REGULATION
http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2008/10/14/BAS313G9VL.DTL

Thank you all for all your good work.

Yours very truly,

James Anthony, Jr.

James Anthony
Counselor and Attorney at Law

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From: Teri Heede [theede@hawaii.rr.com]
Sent: Thursday, March 11, 2010 7:31 AM
To: PBStestimony
Subject: SUPPORT

DATE: Thursday, March 11, 2010
TIME: 10:45 a.m.
PLACE: Conference Room 309

To:
Representative Faye Hanohano, Chair
Representative Henry Aquino, Vice Chair and
Members of the Committee on Public Safety
To:
Representative Ryan Yamane, Chair
Representative Scott Nishimoto, Vice Chair and
Members of the Committee on Health

SB2213 RELATING TO COUNTIES
Provides that each county has the power to establish compassion centers for the dispensing of medical marijuana. Requires that compassion centers shall only provide service to qualified patients and primary caregivers registered with the department of public safety. Makes compassion centers subject to the general excise tax by making inapplicable the exemption for amounts received from sales of prescription drugs or prosthetic devices. Imposes a general excise tax on marijuana sales. Eff 8/7/2012. (SD1)

TESTIMONY IN SUPPORT OF SB2213

Aloha Rep. Hanohano and Yamane and Members of the Committees!

I would like to thank you for the opportunity to testify in support of SB2213.

I have been a patient with Multiple Sclerosis for 18 years. I have mobility and vision issues associated with the progressive deterioration of my neurological functions. There is no cure and there is currently no treatment other then prescriptions to alleviate symptoms and there is no cure. I have been prescribed years of medications that have permanently damaged my stomach and bowels and have what's called Barrett's Esophagus Syndrome. Finally, I even agreed to something I never thought I even could do, I agreed to take injections (first, subcutaneous and then intramuscular). The side effects were so severe that it damaged my liver and I was diagnosed with chronic hepatitis.

When I started consuming marijuana medicinally, I had not been able to walk for about a year and I had no idea why or how marijuana worked but I was able to start walking and working again. I started doing my own research. Traveling in 3 countries and seeking the advice of healthcare professionals, I found out that I require specific strains in specific amounts to gain optimum mobility and vision. This was not easy and very expensive both financially and with regards to my health. If I do not get the correct strain and amount I need, I can lose my ability to walk and see.

<u>Patients need a safe, adequate, high quality and diverse source of medication.</u>

I started researching what was going on. I found that I required specific strains in specific amounts to target my symptoms. For example, Multiple Sclerosis responds to Cannabis Sativa more then an Indica. Patients in Hawai'i have no mechanism to obtain the different varieties of Cannabis needed to address my disease.

Patients do not have access to a safe and legal supply of medicine.
I, or my caregiver, are often forced to find black market sources to obtain medication where the risk of violence and robbery always exists. Using a black market source for medication is the least acceptable methodology for acquiring medicine.

Nobody loses their kidneys, a pancreas, or a liver, no matter how much cannabis they consume. And now studies are conclusive that cannabis smoke is non-carcinogenic. There is no such thing as a pot-o-holic. Cannabis does not create any physiological addiction. We need dispensaries and we need them now. Please pass this bill and implement it as soon as possible.

Respectfully and with Faith in your Compassion,

Teri Heede
Patient
92-994 Kanehoa Loop
Kapolei, HI 96707

LATE TESTIMONY

Maureen Andrade

From: Robyn Marrich [robyn_marrich@yahoo.com]
Sent: Thursday, March 11, 2010 10:50 AM
To: PBStestimony
Subject: testimony/ bill SB2213

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To Whom It May Concern,

In relation to bill SB2213. I am sending a copy of my testimony to senator Joshua Green to you. This will help you understand my health conditions. However, I would like to testify to your committee, as to the role Medical Marijuana serves in my daily life. Without marijuana I would have no quality of life whatsoever. I have many yers of treatment ahead of me.

As stated in my testimony to senator green, because I am "so medically complicated", I have trouble just finding good Doctors, let alone Doctors who support Medical Marijuana. This is do to lack of education of the medical community on the subject of Medical Marijuana. A well known and very published Doctor from the mainland wants to establish a medical center here in Hawaii. This will atract quality medical tourism from around the world. I hope to someday be apart of the establishment of this center and medical marijuana will help me to regain the health to make this possible.

Please feel free to contact me.

e-mail: robyn_marrich@yahoo.com

phone: (808) 982-4647

Thank You for time.

Sincerely,

Rima Marrich

Dear Senator Green,

My name is Rima Marrich and I am 54 years old. I have lived in Hawaii for over 30 years, minus a few years in Pittsburgh where I went for medical treatment which was unavailable in Hawaii at that time. I had a good Blue Cross Plan at that point. But when I returned to Hawaii three years ago, everything changed.

I have been disabled and unable to work for many years because other than going to medical appointments, I am bed-ridden and in a great deal of pain. I presently suffer from several major physical problems. They include the following:

- A 23 centimeter wide ventral hernia hole. Put simply, this is an extreme hernia condition needing a top bariatric surgeon. To look at me, I appear as a full term pregnant woman ready to give birth.

- A brain tumor.

- Two ovarian tumors.

- A complete lack of cartilage in my right knee causing the bones to rub against one another when I move or walk.

- Severe, nearly constant nausea.

- Constant, debilitating pain resulting from all of these conditions.

Though I am obviously in need of a solid healthcare plan and team, in Hawaii, I have run into many obstacles. For example, there are a lack of specialists on the Big Island. I therefore must travel to Honolulu, and sometimes the mainland, to receive adequate care. In addition, many doctors will not accept EverCare Insurance alone, asking for a secondary insurance, which I do not have. Finally, last week my primary care physicianpolitely asked me to find a new PC doctor as her clinic is new and my case is too "medically complicated". When I asked her what to if I do if I could not find someone within a month to do follow-up care, bloodwork, and monthly meds, I was told, "go to urgent care or the emergency room."

As you can see, the medical situation for "complicated" patients on the Big Island is dire. It is nearly impossible to receive consistent quality care here and change is desperately needed. On behalf of myself and many others, I urge you to fix healthcare in Hawaii.

Thank you,

Very truly yours,

Rima Marrich
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