

Dual Use Taskforce - Testimony : Entry # 24

Email

[REDACTED]

Name

Peter Moore

Please enter your phone number

[REDACTED]

Please select the meeting date that you are submitting written testimony for.

April 25, 2022

Please select the agenda items numbers you are submitting written testimony for.

- Agenda Item #8

Please indicate the agenda item numbers you are submitting testimony for and enter your written testimony below:

Apr 25 2022; Agenda item #8;

Adult u e will increa e ale of di pen ary tock

What, if any, affect on di pen ary pricing have other tate experienced due to thi increa ed demand?

Adult U e being legal;

Why would an adult regi ter for a medical card?

Will di pen ary' be able to identify adult for whom medical feedback would be beneficial?

Thank you

Dual Use Taskforce - Testimony : Entry # 23

Email

[REDACTED]

Name

Andrew Simmon

Please enter your phone number

[REDACTED]

Please select the meeting date that you are submitting written testimony for.

April 25, 2022

Please select the agenda items numbers you are submitting written testimony for.

- Agenda Item #5
- Agenda Item #6
- Agenda Item #7
- Agenda Item #8

Please indicate the agenda item numbers you are submitting testimony for and enter your written testimony below:

Aloha, Thank you for your time and consideration today!

Hawaii is known around the world for many things but when it comes to cannabis its known to produce some of the best cannabis flower on earth!

The angle of the sun, the extra uv rays and unique microclimates make for exceptional sungrown cannabis flower. No Ka Oi!!!

Hawaii ungrown cannabi could easily be compared to Napa Valley, CA and wine Dual u e if done properly could bring economic opportunity for Native Hawaiians, craft farmers, Drug War victims and local communities as a whole.

Dual U e licen e should be social equity focu ed giving Native Hawaiian and Drug War Victim fir t opportunitie to enter the new market. Protections should be in place before hand to prevent the license buyouts from Multi State Operators. Let's keep the money in Hawaii!!!! I it po ible to et up a tate wide crowd funding platform to allow local people to inve t in other local people small or large and reap the returns? Low entry barriers should be a focus for small/medium tiered licensing. Many traditional market grower are not wealthy or well connected with uit and tie guy that are Plea e take thi into con ideration!

The Drug War has proven to be failure taking many victims along the way. You have an opportunity to repair some of the harm done with deci ion o plea e take thi very eriou ly No one should be in jail for a plant, No one! Let' make ure to have language that doesn't send folks to jail for a plant no matter the amount. Fees, fines or community service could be a better alternative to incarceration

Let' get it right, let' be the tate that other tate look to going forward a the "Gold Standard" that allow the tate, the people, craft growers and big guys to all flourish!

Thank you, Andrew Simmons

Dual Use Taskforce - Testimony : Entry # 22

Email

[REDACTED]

Name

Jame Anthony

Please enter your phone number

[REDACTED]

Please select the meeting date that you are submitting written testimony for.

April 25, 2022

Please select the agenda items numbers you are submitting written testimony for.

- Agenda Item #5
- Agenda Item #6
- Agenda Item #7
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Honorable Task Force Members:

This year the Legislature begins to acknowledge the particular importance of the social equity issue as the primary framework for cannabis legalization. Legalization can only be considered in the context of justice for Native Hawaiian and other victims of the war on drugs first, then business, not the other way around. The Task Force's "task" is to begin this discussion in this framework now and to generate an appropriate report on that basis.

I am submitting written testimony for the 04/25/2022 meeting, agenda item #5, #6, #7, and #8 on behalf of the Hawaii Cannabis Hui. The Hui has been meeting weekly for over a year now, specifically on social equity issues. The Hui includes cannabis activists, 329 patient and caregiver, hemp farmer, Native Hawaiian and other Hawaii kama'aina even some licensed dispensaries are participating and supporting the social equity initiative.

Who should benefit from the economic opportunities from legalizing the sale of cannabis to adults? The billion-dollar big money interests who are hellbent on raking in cannabis profit on the continent and who are banking on federal legalization to lock in their stranglehold on the new industry? (The "industry" that used to be the medical/adult use cannabis liberation movement...)

What about the individuals, families, and communities that have suffered and been devastated by decades of the war on drugs and its racial mass incarceration? Shouldn't some or all of this opportunity go to them? (See a longer definition of social equity below my signature block.)

Every subsequent state that legalizes has taken social equity a step further. New York is the latest. They just issued their first set of licenses all of them to convicted felons. And they are finding funding to help them launch their new business. Hawaii can go even farther and better in providing economic empowerment and social equity for Native Hawaiians and other victims of the war on drugs.

This Task Force must study and report on this issue, as the first step on the road to proper framing of the cannabis legalization issue: Ethical Issues of Social Equity in Cannabis Legalization First; Business and Regulatory Issues Second. Not all legalization is good legalization. California's system is failing badly. Let's take the time to do it right in Hawaii.

Dual Use Taskforce - Testimony : Entry # 22

Hawaii must consider social equity first in legalizing cannabis. It only makes sense that the first opportunities in this newly decriminalized industry should go to people who suffered most from its criminalization—ironically and cruelly, the First People of this 'aina. And the existing medical and hemp growers should also be given a chance to share their skills and passion in agriculture with other patients and responsible adult consumers. Any other approach is as hewa, as sinful, as the war on drugs itself. Social equity is the only pono way, the only compassionate and just way, to legalize cannabis.

The current Hawaii medical cannabis dispensary program system fails to provide a social equity framework, through no fault of the current operators who are operating under current rules designed in a previous era of cannabis law and policy.

The war on drugs has been acknowledged throughout the United States (see Michelle Alexander's seminal historical analysis in her award-winning treatise, "The New Jim Crow" republished 2020) and in Hawaii (see the 2010 Office of Hawaiian Affairs report on "The Disparate Treatment of Native Hawaiians in the Criminal Justice System") to have been and to still be a racist campaign devastating and destroying immigrant, indigenous, and low-income individuals, families, and communities.

The mass incarceration that began with the war on drugs, and includes cannabis prohibition, continues to destabilize immigrant, indigenous, and low-income individuals, families, and communities.

Cannabis prohibition has deprived impacted individuals' access to higher education, housing, and employment, and of liberty, property, and the right to vote.

To counter the effects on individuals, families, and communities, almost all state adult use and medical cannabis legalization programs now contain or are built around social equity considerations, including without limit, exclusive licensing, technical assistance, and capital investment in businesses owned by social equity qualified individuals.

While the term "social equity" in the cannabis industry most often refers to the efforts to create an equitable industry, social equity programs should encompass all pillars of equity to ensure the efforts to redress the harms of cannabis prohibition are as broad as the harms.

Respectfully submitted on behalf of the Hawaii Cannabis Hui,

Jas Anthony

James Anthony
Acting Chair, Hawaii Cannabis Hui
(Hui Ho'okaulike, a Hawaii Nonprofit Corporation)

What is meant by "Social Equity?"

"Equity" is defined as the quality of being fair and impartial: equity of treatment. Per the Minority Cannabis Business Association (MCBA), it defines "social equity" in the cannabis industry using four pillars that encompass the breadth of the restorative policies necessary to adequately address the harms of cannabis prohibition on impacted communities and create an equitable and just cannabis industry.

- Equitable access & resources which promotes the inclusion and success of minorities.
- Equitable reinvestment for those communities most negatively impacted by the War on Drugs.
- Equitable justice restoring basic rights of citizenship to those with non-violent cannabis offenses.
- Equitable access to safe legal cannabis products without risk of social benefits or immigration status.

The mass incarceration that began with the War on Drugs, and includes cannabis prohibition, continues to destabilize Black, Latino, Indigenous, and other communities of color. Cannabis prohibition has deprived impacted individuals' access to higher education, housing, employment, and the right to vote. To counter the effects on both individuals and communities, many states and localities have developed and implemented cannabis "social equity programs" with, or following, the legalization of adult use or medical cannabis.

Dual Use Taskforce - Testimony : Entry # 21

Email

[REDACTED]

Name

Aimee Donzis

Please enter your phone number

[REDACTED]

Please select the meeting date that you are submitting written testimony for.

April 25, 2022

Please select the agenda items numbers you are submitting written testimony for.

- Agenda Item #5
- Agenda Item #6
- Agenda Item #7
- Agenda Item #8

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This year the Legislature acknowledges the particular importance of this issue. Cannabis legalization should only be considered in the context of justice for Native Hawaiians and other victims of the war on drugs, not the other way around. The time to begin this discussion is now.

Who should benefit from the economic opportunities from legalizing the sale of cannabis to adults? The billion-dollar big money interests who are hellbent on raking in cannabis profits on the continent--and who are banking on federal legalization to lock in their stranglehold on the new industry? (The "industry" that used to be the medical/adult use cannabis liberation movement...)

What about the individuals, families, and communities that have suffered and been devastated by decades of the war on drugs and its racist mass incarceration? Shouldn't some--or all--of this opportunity go to them? (See a longer definition of social equity below my signature block.)

Every new state that legalizes has taken social equity a step further. New York is the latest. They just issued their first licenses to convicted felons--and they are finding funding to help them launch their new businesses. Hawaii can go even better in providing economic empowerment and social equity for Native Hawaiians and other victims of the war on drugs.

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Dual Use Taskforce - Testimony : Entry # 21

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To counter the effects on individuals, families, and communities, almost all state adult use and medical cannabis legalization programs now contain or are built around social equity considerations, including without limit, exclusive licensing, technical assistance, and capital investment in businesses owned by social equity qualified individuals.

While the term "social equity" in the cannabis industry most often refers to the efforts to create an equitable industry, social equity programs should encompass all pillars of equity to ensure the efforts to redress the harms of cannabis prohibition are as broad as the harms.

Respectfully submitted on behalf of the Hawaii Cannabis Hui,

Aimee Donzis

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- Equitable access & resources which promotes the inclusion and success of minorities.
- Equitable reinvestment for those communities most negatively impacted by the War on Drugs.
- Equitable justice restoring basic rights of citizenship to those with non-violent cannabis offenses.
- Equitable access to safe legal cannabis products without risk of social benefits or immigration status.

The mass incarceration that began with the War on Drugs, and includes cannabis prohibition, continues to destabilize Black, Latino, Indigenous, and other communities of color. Cannabis prohibition has deprived impacted individuals' access to higher education, housing, employment, and the right to vote. To counter the effects on both individuals and communities, many states and localities have developed and implemented cannabis "social equity programs" with, or following, the legalization of adult use or medical cannabis.

Dual Use Taskforce - Testimony : Entry # 20

Email

[REDACTED]

Name

Margaret Dor ey

Please enter your phone number

[REDACTED]

Please select the meeting date that you are submitting written testimony for.

April 25, 2022

Please select the agenda items numbers you are submitting written testimony for.

- Agenda Item #6
- Agenda Item #7
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- Agenda Item #10

Please indicate the agenda item numbers you are submitting testimony for and enter your written testimony below:

Dual Use Taskforce - Testimony : Entry # 20

TESTIMONY ON DUAL-USE TASKFORCE

Monday, April 24th, 2022

Aloha Chair and members of the committee,

My name is Margaret Dorsey.

Regardless of the Cannabis-treatable disease you or a loved one may suffer from, it is imperative that you look in your heart and find empathy. Our voices are limited. We are patients. We are not professional lobbyists. We are volunteers. We are not regulators or state employees. We do not make money from regulating patients or dispensaries.

I'm a Mom of 3 living with Lupus. An estimated 1.5 million Americans have Lupus. At least 16,000 new cases are reported each year. I experience pain and inflammation on a daily basis. Nearly any strain of Cannabis will mask the pain. However, certain Cannabinoids that reduce inflammation get to the root of the problem.

Symptoms arise less often and there's less pain when patients are treated with the correct medicine. We need to be able to source the right Cannabinoids. Not all Moms can drive to Hilo to see if an appropriate strain is available. My local growers are prevented from growing enough plants to offset the costs of dispensary Cannabis. Regulating the number of plants someone can grow to treat me is confusing. Not being able to bring my kids into a dispensary is limiting. Thousands of people will go through a Long's Drug store drive-through today with their kids in the car. But we're not here to regulate opioids.

The state realizes that many patients have trouble buying medicine. So the legal market is the next step. More consumers with more money for dispensary investors. Since you are all here to regulate, I'm sure you'll be able to find a way to make medicine affordable or at least available to treat all of the state-regulated medical conditions. I couldn't afford to make the trip today. I don't know who you are or if you're here to help people suffering from disease.

Patients like me want a steady, affordable supply of Cannabis. We have Cannabis-treatable diseases. Our doctors have recommended Cannabis to treat our symptoms. Regulators have prevented others who are suffering from Cannabis-treatable diseases from participating in the program. If you have any recommendations for new regulations, I hope they will be focused on helping more people, affordable medicine and less stigma.

Mahalo for your time. I appreciate your continued work and support for our communities here in Hawai'i. I am very thankful for the opportunity to share this information through this series of talks. Aloha.

Dual Use Taskforce - Testimony : Entry # 19

Email

[REDACTED]

Name

Richard Ng

Please enter your phone number

[REDACTED]

Please select the meeting date that you are submitting written testimony for.

April 25, 2022

Please select the agenda items numbers you are submitting written testimony for.

- Agenda Item #5
- Agenda Item #6
- Agenda Item #7
- Agenda Item #8

Please indicate the agenda item numbers you are submitting testimony for and enter your written testimony below:

Aloha my name is Richard Ng and I am a member of the Hawai'i Cannabis Hui. I am submitting written testimony for the 04/25/2022 meeting, agenda item #5, #6, #7, and #8. Now is the time to conduct research to explore and prioritize what a social equity framework in Hawai'i looks like. The inequities that exist now in the medical retail system will exist in the legal market if not addressed now (See MCBA's National Equity Report <https://mjbizdaily.com/wp-content/uploads/2022/02/National-Cannabis-Equity-Report-1.pdf>). Hawai'i cannabis legalization should be for the people of Hawaii. It must be focused on social equity and economic empowerment for Native Hawaiians and other victims of the war on drugs including existing medical growers who continue to suffer from the effective prohibition of their most efficacious medicine. Other states have made many mistakes upon implementing their social equity initiatives, this can not happen in Hawai'i.

There must be a criteria that defines social equity that focuses on the communities identified above: Native Hawaiians and other victims of the war on drugs including existing medical growers. Research must be conducted to see how to prioritize licensing for Kanaka and local owned businesses, there must be a robust technical assistance program to help transition legacy operators in the legal space, also no interest grants that support the transition of these legacy businesses into the regulated market, records for Kanaka and other local victims of the war on drugs must be expunged for non violent criminal offenses, licensing for delivery and consumption lounges must be exclusive for social equity operators. Also businesses that are operational in Hawai'i's cannabis industry must operate in a transparent manner to display their commitment to the community and the 'Aina, this can be done by mandating companies incorporate as public benefit corporations and report out their practices. If these areas are not addressed the industry will continue to hurt patients and consumers with exorbitant prices that make the underground market attractive, and making social equity a secondary consideration, just an afterthought. Instead, make social equity primary, focus on the people and creating an inclusive and equitable industry for the people of Hawai'i Ne. Mahalo for the consideration and your commitment to Aloha 'Aina. Imua Kakou!

To learn more about cannabis social equity: https://drive.google.com/file/d/1QUFWPV_ykxqDIL5V1dsliSoYgVdIsbXO/view

Dual Use Taskforce - Testimony : Entry # 18

Email

[REDACTED]

Name

John Anderson

Please enter your phone number

[REDACTED]

Please select the meeting date that you are submitting written testimony for.

April 25, 2022

Please select the agenda items numbers you are submitting written testimony for.

- Agenda Item #1
- Agenda Item #2
- Agenda Item #3
- Agenda Item #4
- Agenda Item #5
- Agenda Item #6
- Agenda Item #7
- Agenda Item #8
- Agenda Item #9
- Agenda Item #10

Please indicate the agenda item numbers you are submitting testimony for and enter your written testimony below:

I am submitting written testimony for the 04/25/2022 meeting, agenda items number 1-10.

I would like to see a Medical patient and 21 and over recreational program. In addition, a tier canopy license for local people would also be helpful to our medical patients who prefer craft cannabis targeted for specific ailments. This would allow patients who prefer a cannabis cooperative over the dispensary system to have an option. A system similar to what is happening in Maine.

Dual Use Taskforce - Testimony : Entry # 17

Email

[REDACTED]

Name

Davin Anderson

Please enter your phone number

[REDACTED]

Please select the meeting date that you are submitting written testimony for.

April 25, 2022

Please select the agenda items numbers you are submitting written testimony for.

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Dual Use Taskforce - Testimony : Entry # 16

Email

[REDACTED]

Name

Robert Anderson

Please enter your phone number

[REDACTED]

Please select the meeting date that you are submitting written testimony for.

April 25, 2022

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Dual Use Taskforce - Testimony : Entry # 15

Email

[REDACTED]

Name

Mark Gordon

Please enter your phone number

[REDACTED]

Please select the meeting date that you are submitting written testimony for.

April 25, 2022

Please select the agenda items numbers you are submitting written testimony for.

- Agenda Item #5
- Agenda Item #6

Please indicate the agenda item numbers you are submitting testimony for and enter your written testimony below:

Aloha

Thanks for allowing me to share my testimony for the 04/25/2022 meeting, Agenda items 5 and 6.

- Recreational cannabis is legal in 20 states, almost half of the U.S. States.
- Use of Cannabis is much safer and has much less detrimental and long term effects than smoking and alcohol. The latter two both being legal
- No fatal overdoses have been reported in the medical Literature
- Recreational use would be a tremendous increase in tax revenue for the State
- The DOH has done a great job managing and controlling medical marijuana. We have confidence that they can effectively manage recreational as well.

Dual Use Taskforce - Testimony : Entry # 14

Email

[REDACTED]

Name

Madelyn McKeague

Please enter your phone number

[REDACTED]

Please select the meeting date that you are submitting written testimony for.

April 25, 2022

Please select the agenda items numbers you are submitting written testimony for.

- Agenda Item #8

Please indicate the agenda item numbers you are submitting testimony for and enter your written testimony below:

Dual Use Taskforce - Testimony : Entry # 14

I am submitting written testimony for the 04/25/2022 meeting, agenda item #8 relating to identifying key cannabis issues for further Task Force investigation.

Aloha kākou, my name is Madelyn McKeague and I am a law and public health graduate student currently at the Richardson School of Law. I am submitting written testimony for the 04/25/2022 meeting, agenda item #8 relating to identifying key cannabis issues for further Task Force investigation.

While we were one of the first states to legalize medical uses for cannabis, we have stagnated in our cannabis reforms since. As the task force begins its investigations, I implore that they take an intersectional approach that weighs the scientific, social, and economic impacts that cannabis legalization could have.

Medical effects

Cannabis is the most commonly used psychotropic drug in the U.S., after alcohol. Proponents of the drug will taut its positive effects, including feelings of euphoria, relaxation, amusement, and creativity. The National Academies of Sciences has also found substantial evidence that cannabis is an effective treatment for chemotherapy-induced nausea and vomiting, multiple sclerosis-related spasticity, and chronic pain. Certain compounds extracted from cannabis are shown to have beneficial physiological effects; THC has been shown to slow growth or cause death in certain types of cancer cells while CBD can reportedly help with insomnia, anxiety, spasticity, pain, and epilepsy.

Despite its popularity, cannabis has also shown some negative side effects. One study found that marijuana smoke shares many of the same mutagens and carcinogens found in tobacco; however, data is inconclusive as to whether cannabis use increases risk of cancer in comparison to tobacco use. Other research shows that cannabis use affects work that requires cognitive involvement and decision-making. Meta-analyses have found an association between cannabis use, increased risk of schizophrenia, and earlier onset of psychosis.

While many people have personal experience and anecdotal evidence, it's important to emphasize how much we still don't know about cannabis that stands up to scientific rigor. Due to its federal scheduling, research on cannabis is notably difficult because of funding restraints; about half the money spent on cannabis research has been to investigate potential harms, misuse, and negative effects. Even if there is debate about the medical effects of cannabis, there is general consensus among the scientific community that significantly more research is needed.

Legal effects

Current cannabis laws are a significant contributor to racial injustice. This is not a bug, but rather a feature of the law. A top Nixon aide, John Ehrlichman, admitted that the War on Drugs was a way to target "the antiwar left and black people" and criminalizing cannabis and heroin would "disrupt those communities." The American Civil Liberties Union found that a Black person is 3.64 times more likely than a white person to be arrested for marijuana possession, despite similar rates of usage. Marijuana possession makes up nearly forty percent of all drug arrests in the U.S. and disproportionately affects young people of color. In New York, a state that has formally decriminalized cannabis unless it is in the "public view," police arrested nearly 17,000 people in 2015 for lowest-level marijuana possession; 86 percent of those arrested were Black or Latine. When decriminalization is effectively implemented, evidence shows a substantial reduction in misdemeanor cannabis arrests.

Though Hawai'i recently decriminalized low-level cannabis possession in favor of a \$130 fine, this is a regressive means of punishment that disproportionately affects low-income individuals. This modest reform could be made much more impactful through full legalization of cannabis for recreational use. Attitudes around cannabis have changes dramatically; Gallup reported that support for cannabis legalization rose 30% between 2005 and 2018, with 66% of people polled in favor.

Economic effects

Many states that have legalized cannabis have seen an accompanying growth in tax revenue that can be put to use in other sectors. Colorado spent \$40 million from cannabis tax revenue on constructing public schools, while Washington State was able to spend \$314.8 million on funding its state Medicaid program. However, there is evidence to show that this growth is not long-lasting; after cannabis legalization has become more normalized, there is a price collapse as once novel products begin to settle. This isn't to say that a spike in growth isn't useful; one study found that national legalization of cannabis could generate \$128.8 billion in tax revenue and create 1.6 million new jobs.

In summation, I believe that the legalization of cannabis could have significant benefits for research, justice, and the economy. As the task force continues its investigation, I think it is crucial to look into the path set forth by other states that have already legalized cannabis and lessons to learn that we might adapt here at home.

Dual Use Taskforce - Testimony : Entry # 13

Email

[REDACTED]

Name

Kane Mantyla

Please enter your phone number

[REDACTED]

Please select the meeting date that you are submitting written testimony for.

April 25, 2022

Please select the agenda items numbers you are submitting written testimony for.

- Agenda Item #8

Please indicate the agenda item numbers you are submitting testimony for and enter your written testimony below:

I am submitting written testimony for the 4/25/2022 meeting, agenda item #8.

The current dispensary framework restricts me from accessing the medication I need. The vertical production and distribution system where a single entity is required to grow, process, and sell cannabis has made a choke point for access.

For example, I require activated cannabis concentrate to take orally because smoke is irritating to my lungs. Since the original medical cannabis bill was passed in 2015, we only have 2 dispensaries in the county of Hawaii (which is likely due to the high barrier of entry of \$1M in assets that a full vertical production system requires) and one of the two dispensaries processes activated concentrates with chemicals that I am sensitive to leaving me with a single dispensary who often runs out of the activated concentrate and when they do have it, only a single strain is available which may or may not be the most effective for my specific needs.

While I do not know the reasons for why the state has elected to go with this approach, the result is restriction of access, not facilitation of access and needs to be reorganized, in my opinion.

If we rescind the vertical production and distribution requirement and decrease the barrier to entry, we can increase the access to medication and the competition will increase the quality and lower the price making it easier to get better medication.

Thank you for your consideration.

Dual Use Taskforce - Testimony : Entry # 12

Email

[REDACTED]

Name

Richard Eckert

Please enter your phone number

[REDACTED]

Please select the meeting date that you are submitting written testimony for.

April 25, 2022

Please select the agenda items numbers you are submitting written testimony for.

- Agenda Item #8
- Agenda Item #9

Please indicate the agenda item numbers you are submitting testimony for and enter your written testimony below:

I am submitting written testimony for the first task force meeting, 05/25/22.

Regarding agenda item #8, "Discussion regarding identification of key cannabis issues for further Task Force investigation" please find the listed issues:

1) "Social Equity, Restorative Justice and Opportunity"

in the context presented in the Cannabis Regulators Association's 9/23/21 "Response to the Discussion Draft of the Cannabis Administration and Opportunity Act":

" Restorative Justice and Opportunity

x Consider reconstituting the Cannabis Opportunity Program as a grant program. Entities and individuals should be allowed to apply for Opportunity Trust Fund Program grants directly, and grant funding should be set aside specifically for economic development.

x Support should be provided directly to and specifically for demographic populations traditionally left out of farming opportunities supported by the federal government (e.g., Black, Hispanic/LatinX, and Native farmers).

x Methods to incentivize state participation in restorative justice programs beyond social equity dollars are needed. If carefully implemented alongside members of communities disproportionately impacted by the criminalization of cannabis, reinvestment in communities is likely to have substantial impact in terms of improving a range of social, economic, and health indicators.

x Expungement processes should be automated and specifically funded, broadening eligibility for expungement.

x Consider alternatives to criminalization as a deterrent to illicit market activity. It is important that cannabis is treated as a legal substance in any quantity once it is no longer a controlled substance.

x Consider the impact of a significant federal tax on programming currently funded by cannabis tax dollars at the state level (including programs related to community reinvestment). With an additional tax imposed, state tax levels will necessarily decrease, increasing the importance of robust federal programming to fill the inevitable gap.

x Include historically disadvantaged communities in research grants for the National Institutes of Health and the U.S. Department of Veterans Affairs to study cannabis. Include specific

Dual Use Taskforce - Testimony : Entry # 12

funding to historically black college and universities, particularly those that are land grant institutions."

The intended audience of the previous is the federal government but its correlatability to Hawaii can be divined.

2) Labor Peace Agreements:

extending to both medical and adult use frameworks?

"States that have enacted laws supporting unions in the cannabis industry include California, New York, New Jersey, and Virginia. While California and New York specifically mandate labor peace agreements, New Jersey and Virginia provide more general protections. Several other states, such as Massachusetts, Connecticut, and Minnesota, are considering similar laws".-Justia 9/21. There are other complex legal issues with implementing LPA's and the issue requires study to determine if LPA's are appropriate for the dual use programs in Hawaii.

3) Annual Corporate Compliance.

There is discussion that some existing dispensaries have no "disaster preparedness" annual education. Annual education provides "best outcome" inculcated responses to incidents such as fire, active shooter, chemical spill, using an aed, natural disaster, etc. discussion is required on the development of corporate compliance programs that will correlate with Hawaii dual use programs.

4) Safest vs. safe. No evidence exists that Hawaii cannabis consumers, whether accessing dispensaries or otherwise have been involved in any documented health crises'. Thousands of patients, consume cannabis daily in Hawaii and have an annual physician exam requirement.... 5)Testing and choice.

Presently some patients choose to safely access cannabis that is not lab tested and that is the permissive process that the State of Hawaii has allowed them to pursue in their normal daily routine of acquiring cannabis from their trusted providers, even if that is themselves.

6) Medical cannabis Cooperatives and Private Health Information:

Presently the number of cooperatives, the number of cardholders in each respective cooperative, and the location of these cooperatives is data that is known to the database at the OMCCR. Medical cooperatives have become a mechanism for patients to protect who has access to their private health information.

7)Current medical dispensary licensees and dual use. The exodus of patients from the medical program for adult use may profoundly impact the existing dispensaries. Those dispensaries that have local shareholders will do better than those who are leveraged with high power finance teams and shareholders. No guarantees of business success are legislated into the licensing agreements, are there?

8) Safety as it pertains to employees of the dual use programs.

9) Transparency and obsolete IT systems at OMCCR. The current system at OMCCR still requires analog paperwork for changes to caregivers, and grow locations, etc. The data needs to be public record in as far as HIPPA will allow. TMKs and/or grow site addresses are a known digital data input for card approval.

Not allowing access, or not being forthcoming about the existence to all to important information during the creation of policy moving forward presents exposure? Data systems supporting both programs should be state of the art.

Respectfully

R. Eckert

Dual Use Taskforce - Testimony : Entry # 11

Email

[REDACTED]

Name

Brent Norris

Please enter your phone number

[REDACTED]

Please select the meeting date that you are submitting written testimony for.

April 25, 2022

Please select the agenda items numbers you are submitting written testimony for.

- Agenda Item #1
- Agenda Item #2
- Agenda Item #3
- Agenda Item #4
- Agenda Item #5

Please indicate the agenda item numbers you are submitting testimony for and enter your written testimony below:

Note: Agenda items 5,6,7,8, and 9 were not made available in the check boxes above. If the public is not allowed to comment on all agenda items please consider my testimony as both a welcome to the new task force and comments on agenda item 3.

Congratulations on joining the State of Hawaii's 4th Marijuana Task Force. As a member of the task force you will be asked to withhold information from the public/patients.

I would implore you to ask for the testimony and actions of the previous task forces so that you may become educated on the successes and failures of those before you.

A common theme will emerge that goes something like this; testimony will reflect patient needs, task force members will vote to do the opposite.

Now that you are a member your responsibility will never be forgotten. In case you are not aware, hundreds of people in our state are dying today from a Cannabis treatable disease. Some have a special Doctor that can certify them for Cannabis. Most do not and likely do not know that their suffering can be eased with the right Cannabinoids.

Your responsibility now includes learning about the endocannabinoid system. Responsible for regulating nearly all areas of your health your ECS is the foundation of medical Cannabis. If you did not have Cannabinoids ie; Cannabis in your body right now you would be dead.

Children suffering from a Cannabis treatable disease do not have a voice on your "TASK FORCE". Their parents or Pediatrician may not be present. Please consider how you can participate on a "TASK FORCE" that does not include a majority of medical professionals and patients, yet claim to serve a medical program.

Should you find yourself to be involved in a scheme to regulate the abundance of Cannabis we could otherwise experience in the patient community I would implore you to resign now.

Dual Use Taskforce - Testimony : Entry # 11

The most dangerous thing about Cannabis is losing your ohana. When a patient requires large amounts of Cannabis medicine, many do not have the 20,000 per year to spend. Uninsured against these costs, a patient's decision making process must be considered. Do I treat myself then my family or do I suffer while buying food for my family. These decisions are being made every day and you are now part of that process. Will you limit the number of plants a patient can grow. Or will you act like God and set a limit on the amount of medicine a patient requires for treatment of their condition? Or will you let these decisions be made between a Doctor and a Patient?

New regulatory agencies are springing up everywhere filled with eager regulators seeking new ways to justify their work and appease investment teams and their lobbyists. All of these people make money from regulating access to medicine. Let me repeat that in another way. You are responsible for creating a system that supports patients. There is no investment program. In the State of Hawaii we have laws for a medical program, not an investor program.

Should you decide to become an investor through your own lobbying efforts please consider the 55 investment teams that applied for but did not get a license. Consider the tens of thousands of patients who are currently keeping the program alive. Consider that no single investment team has ever grown their allowed limit of plants and no investment team has ever reduced their prices to compete in the home care market.

There is no magical regulatory scheme that overrides supply and demand. The current War on Drugs can not stop growers. You cannot stop growers. You can only criminalize, penalize and exclude to the benefit of investors.

Please consider the costs of the last large Cannabis patient trial. For 4 years the state spent hundreds of thousands of dollars to prosecute a patient for one ounce of Cannabis and a vape pen. The state effectively empowered law enforcement to create a fake ID card from the DMV, use that card to get a recommendation from a local doctor so the state would issue a fake 329 card. That fake documentation was shared by an undercover officer to prosecute a patient for compassion. The 3 task forces before your turn made this possible.

In the exact same moment law makers in California are deregulating Cannabis possession, consumption, distribution and growth you are being asked to add more regulations to a program that has yet to deliver affordable medicine.

If you ever wanted to help a single patient, you could form a representative group of patients to guide you. Repeating the same steps over and over will get you the same results.

My personal goal is to work with donors to setup a legal fund to protect patients from more test cases. A test case occurs when a task force member suggests a particularly onerous regulation that gets included in a recommendation that becomes a bill or amendment to a bill and that bill gets signed into law. This new law may not be legal so a test case is created by arresting a patient, prosecuting the patient and receiving a judgement. The details in the resulting plea bargain for a patient's freedom make be enough to support the intended case law test. Congratulations, your new test case just destroyed another family. The economics of multi-year court battles or fines or probation should be considered in your new role as there is currently no help for anyone that gets arrested for having the wrong plant.

Another personal goal is to work with donors to create a class-action lawsuit in which every member of this task force, government agency and elected officials are sued for harm. This is already working in other states.

If patients can ever afford to sue each of you as individuals we will immediately do so if for no other reason than to be heard officially. Sending testimony into the blackhole of regulators is an act, not an impact. You can decide whether you want to feel like you've done something or if you will improve the lives of patients. As we wait for old regulators to die and more sensible legislators to be elected, we will follow your actions and we will share the legacy you create with your grandchildren, your business associates, customers and friends. You will say you "tried" and I will show them this message of warning to you. Trying is not enough.

Until then we will yell, scream, send you hateful messages and basically lash out at you for continuing the suffering. Considering

Dual Use Taskforce - Testimony : Entry # 11

the fact that you now have access to twenty years of patient testimony, we are assuming you have read previous patient requests for help. The state requires and assumes patients have read twenty years of Cannabis laws so as to be able to possibly assert their rights under the penalty of an affirmative defense. So we will make similar assumptions about your preparedness.

Your failures will not be forgiven or forgotten like the first task force more than ten years ago. I promise that patient suffering will leave an impression on you. Patients, their families and caregivers have but one saving grace, everyone gets sick. So you may cause more undue harm but you may also get sick. That's fair.

Consider asking your new chair if it's possible to simply follow the laws of supply and demand. Ask what would happen if you increased supply to the point that a parent could afford to medicate their child to stop a seizure with Cannabis "IN ADDITION TO" buying food, gasoline and other medications. Consider asking if there is a constitutional right to the pursuit of happiness. Consider asking whether anything you do will alienate patients from their God-given rights. Consider asking your chair if the war on drugs is over or how much the state will need to profit before Cannabis medicine can be affordable.

Everything you do to prolong suffering is a trigger for those of us who get the call from a suffering patient. Looking forward to watching your actions unfold. My hope is that you understand patient needs and everything in this testimony rings true with what you already know. If it doesn't, I hope you have the capacity to learn and to first, do no harm.

With that said, mahalo for giving you time and for taking a chance to help patients overcome the dirty regulations of the past.

Sincerely,
Brent Norris
Hawaii Cannabis Organization
support@hawaiicannabis.org

Dual Use Taskforce - Testimony : Entry # 10

Email

[REDACTED]

Name

Paul Klink

Please enter your phone number

[REDACTED]

Please select the meeting date that you are submitting written testimony for.

April 25, 2022

Please select the agenda items numbers you are submitting written testimony for.

- Agenda Item #1

Please indicate the agenda item numbers you are submitting testimony for and enter your written testimony below:

How can I be named to this task force. I'm a patient advocate to thousands of medical cannabis patients in Hawaii and would love to represent their interests as their Patient-Advocate... mahalo for your consideration.

Dual Use Taskforce - Testimony : Entry # 9

Email

[REDACTED]

Name

Kai Luke

Please enter your phone number

[REDACTED]

Please select the meeting date that you are submitting written testimony for.

April 25, 2022

Please select the agenda items numbers you are submitting written testimony for.

- Agenda Item #3

Please indicate the agenda item numbers you are submitting testimony for and enter your written testimony below:

In regards to Dual Use of Cannabis Task Force, I am submitting written testimony for the April 25, 2022 meeting, agenda item #3, The creation of the task force must include various personnel of the current and previous cannabis industry. Stakeholders such as patients, prospective patients, certifying providers, and other local based advocates should work with DOH and Dispensaries to help eachother. Please add a certifying physician, APRN, previous industry worker, patient, prospective patient, all having lived in hawaii for more than 5 years to understand the landscape for the duration of the current program, to the task force before the next meeting.

I would like to offer my services for consideration/consultation .

Please contact [REDACTED] ,

Kai Luke

Dual Use Taskforce - Testimony : Entry # 8

Email

[REDACTED]

Name

Mona Heydarian

Please enter your phone number

[REDACTED]

Please select the meeting date that you are submitting written testimony for.

April 25, 2022

Please select the agenda items numbers you are submitting written testimony for.

- Agenda Item #3
- Agenda Item #5

Please indicate the agenda item numbers you are submitting testimony for and enter your written testimony below:

I am Mona Heydarian, a law student at the University of Hawai'i at Mānoa William S. Ruchardson School of Law. I am submitting written testimony, without any affiliation, for the 04/25/2022 meeting, agenda items #3 and #5. As an individual from Texas I find it refreshing when a state's rules are able to change and adapt with the times and with what is appropriate for the public. I support agenda items #3 and #5.

I support agenda item #3 because it makes sense to allow registered patients from other states to benefit from the program while visiting the island. This will also make it easier for those visiting the island to receive certain medical use if needed. Additionally, it seems like a good starting point for states to interact with each other and potentially grow a network of programs distributed throughout the different states so patients can easily gain access to different state programs if they visit. I also support agenda item #5 because this can have positive implications for patients who do not possess the means to make trips to clinics or hospitals. Allowing a provider-patient relationship to continue via telehealth after a face-to-face consultation has happened may make things easier for patients who do not have the time or means or funds for transportation. This may also give the patient peace of mind for privacy, knowing people will not be seeing them at clinics.

By allowing agenda items #3 and #5 this can help improve the lives of all people who use medical cannabis. For these reasons I support items #3 and #5. Thank you for your time and giving me an opportunity to testify.

I can be reached through my email at: [REDACTED].



April 25, 2022

State of Hawaii
Department of Health
Office of Medical Cannabis Control & Regulation

DUAL USE OF CANNABIS TASK FORCE MEETING

Dear Chairs and Members of Taskforce:

My name is DeVaughn Ward, and I am the senior legislative counsel at the Marijuana Policy Project (“MPP”), the largest marijuana policy reform organization in the United States. As you may know, MPP has been working to improve marijuana policy for more than 25 years.

I am here today to testify in support of the taskforce undertaking this critical work. Hawaii has long been a pioneer in the field of plant-based, alternative medicine. Indeed, Hawaii was the first state to adopt medical cannabis by legislature in 2000. Since then, the proliferation of states that recognize the medical and therapeutic benefits of cannabis has exploded, growing to 37 states that offer medical programs and 18 states that allow access to adults over the age of 21.

As this taskforce begins its work, MPP respectfully asks that the taskforce consider a few things as they undertake their work. Legalization touches every facet of government from public safety to economic development, social justice to public health, and the list goes on. In each of these arenas, it is imperative that the taskforce keep social equity for native Hawaiians and other communities ravaged by the war on drugs at the forefront of policies. Social equity has been a cornerstone of modern cannabis reform and this taskforce, and indeed the state of Hawaii, can build on the restorative justice foundation paved by other states.

Equally important is ensuring continued and seamless access for thousands of 329 cardholders. Proposals that allow medical patients the means to access their medicine in ways that don’t add additional cost or red tape will be key to any dual use program this task force recommends.

Lastly, of great importance is the goal of creating pathways to incorporate Hawaii’s legacy market into the regulated market. Building on the lessons of California, Oregon and Colorado, it is crucial that Hawaii find ways to offer jobs, ownership opportunities and resources for Hawaii residents with experience in this billion-dollar industry. Failure to do so will only result in the proliferation of the underground market and failure to harness the true economic potential of this industry and the public health objectives of legalization.

Thank you Chairs and members of the committee for your time and attention. If you have any questions or need any additional information as you conduct this work, MPP stands ready as a resource. I would be happy to help and can be reached at the email address below.

Sincerely,

DeVaughn Ward, Esq.
Senior Legislative Counsel
Marijuana Policy Project
Honolulu, HI
[REDACTED]

From: [REDACTED]
To: [DOH.OMCCR](#)
Subject: [EXTERNAL] Testimony
Date: Sunday, April 24, 2022 10:25:54 AM

I Jesse C would like to submit my Testimony in regards to Legalization of Cannabis in Hawaii. I'm 49 yrs old and a 329 card holder..I grow my own Meds because I don't like dispensary Medicinal Cannabis..They are ok but not to my liking. Dispensaries are too expensive and for the most part Rubbish, over dried over priced junk I always feel ripped off when i obtain meds from Them. Also patents should still be able to Cultivate without any Harrasment from Federal or State law enforcement by checking out personal grows and or testing to prove that homegrown Cannabis is unsafe via pesticides 100% BS.. further more I believe Hawaii should be part of the American way and legalize this amazing plant for all to enjoy recreational meds and not let the Big Cannabis corporations take away our rights by having patients or rec users solely purchasing through Dispensaries! Only! I DO! agree to hold very strict Laws for Teenagers who are underage and Adults involved in providing to our Keiki's we should definitely protect them to the highest degree and educate the kids from Schools and Teachers to inform them of the Dangers in early consumption and possibly making learning difficult for some..Ive been Growing from the early days passed on from Generation to Generation..now at 49 I'm suffering from Chronic pain due to 7 operations and metal in parts of my body.. Growing Cannabis on a personal level not only helps my Chronic pain but also helps me get through major Depression! Being home and not being able to work my HVAC and Refrigeration job and watching my wife struggle to make ends meet drives me Crazy and very Depressed so! just being in my Garden tending to my Plants helps me cope with Depression..I'm currently filing for full disability..please here my Testimony Mahalo Nui Loa for your time..Jesse C..

Sent from my Verizon, Samsung Galaxy smartphone

From: [REDACTED]
To: [DOH.OMCCR](#)
Subject: [EXTERNAL] TESTIMONY SLH, 2021 Act 169.
Date: Sunday, April 24, 2022 9:24:29 AM

Aloha,

To whom it may concern.

I live here in Maui and facilitate sacred plant medicine journeys using cannabis as a psychedelic to help people with PTSD, Trauma, anxieties and addictions. I am a trained professional psychedelic guide and certified life coach and use cannabis as the medicine. I closely follow the protocols of MAPS—the Multi Disciplinary Association for Psychedelic Studies. They work closely with Jon Hopkins Medical Center and other leading Centers and Universities to conduct clinical trials that are proving the efficacy of cannabis (as a psychedelic) to help people with psychiatric disorders brought on mainly from trauma.

I have my medical marijuana card and help people who also hold cards. The work is transformative and allows someone who has deep rooted trauma to see their afflictions from different angles and then bring those insights into their everyday experience. I help them integrate the inspirations and insights into practical every day actions that allow them to break deeply held destructive and emotional and physical patterns, ranging from rage to other sabotaging behaviors.

I wrote a book called, Breathe, Your Guide to Cannabis, Yoga and Spirituality. In that book I detail the expansive historical and religious use of cannabis, as well as, document the healing benefits that come from combining cannabis with breathing to rebalance the sympathetic and parasympathetic nervous system.

It is important to me, in fact it is my life's mission to be a conduit of healing and help folks offset the traumas that can arise from simple everyday life, not too mention horrific tragedies no one should ever have to experience. So that all people can be contributing happy and balanced members of society.

If I can be of assistance in anyway by providing feedback from clients, or if you need to know anything else to prove the efficacy of using medical marijuana for ailments that surpass the physical body into psychological issues as well, please let me know.

Best regards,

Bre Wolfe

p.s my website and contact info is below

Br Wolfe



"Sacred Plant Medicine Yoga and Journeys' mission is to act as conduits of light for planet earths' healing and protection. We uplift and heal everything around us as channelers of higher vibrations and frequencies. We protect all species on the planet and live and play in harmony using ancient wisdom teachings and tools to clear anything that blocks the flow of higher light frequencies. We playfully help others achieve freedom, adventure, joyful health, illuminated personal transformation and connection to their true essence."

Dual Use of Cannabis Task Force Meeting

Aloha Task Force. I am providing testimony in regard to “other states cannabis programs” and the model that will be most successful for Hawaii.

My name is Jason Hanley and I am the owner of Care Waialua Farm the largest 329 patient cooperative farm in Hawaii with over 1000. 329 card holder patients. In the last testimony submitted for HB2260, many questions were asked of the DOH regarding cooperatives and how to regulate cooperatives. I hope to address this issue and how Hawaii can tackle both regulation of cooperatives, and build a successful program that allows both dispensaries and a local cannabis industry to co-exist.

The state of Maine is now the leading program in the U.S. The Maine Office of Marijuana Policy has now developed a 21 and over program recreational program, established in 2016, that coexist with their current medical program, established in 2009. The program now set up laws and regulation to address the many issues dealing with establishing a recreational program. Issues such as equality in the market, safety, compliance, taxation, licensing, etc.

Maine has a population of 1.5 million people, almost identical to Hawaii’s population. In 2016, Maine took the same journey by allowing dispensaries to take the lead. After a failed attempt to get affordable medication to people, the medical system started growing fast with cooperatives and local business needing a legal avenue to sell cannabis patient to patients. Laws were quickly adapted to do so within the medical cannabis system with a simple caveat that all business register through the state and pay taxes on their good sold. It succeeded.

In 2016, The Marijuana Legalization Act was created which includes both mandatory and discretionary rulemaking intended to establish a regulatory framework governing adult use marijuana in Maine. Broadly, Title 28-B, Section 104 states that the Department of Administrative and Financial Services shall “adopt all rules necessary to implement, administer and enforce” the Marijuana Legalization Act. In addition, the statute specifies rulemaking in areas including, but not limited to, tracking marijuana plants and product, enforcement and compliance, health and safety data, labeling and packaging, and licensing and fees.

In my opinion the most important goal that was achieved by the Marijuana Legalization Act was the development of fair costs for a local person to join the cannabis industry. To date Maine has given out 190 cultivation licenses, 117 manufacturing licenses, 268 store licenses, 5 testing licenses through the Adult License Program. The state of Maine has succeeded in providing affordable medicine for the community and earned 81 million dollars in retail cannabis products sold in 2021.

I have spoke to Josh Green and other about recreational cannabis and my biggest concern is their needs to be a solid policy in place for the local people and communities of Hawaii to create our cannabis industry and not allowing big business to control the legacy cannabis industry developed by the people of Hawaii for over 50 years now. Hawaii must develop a horizontal industry with controls on outside state entities. All our current dispensaries are

funded by big business and this drives the prices to be unaffordable to medical patients. A Maine style policy will control large entities at a minimum by capping the size of a cultivation site to 20,000 sq ft.

In conclusion, the DOH and the task force have a chance to lead Hawaii into the most successful models in history resulting in access to affordable medicine to all and thousands of needed jobs resulting in needed tax revenue.

Mahalo,
Jason Hanley
Care Waialua Farm (owner)

[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
To: [DOH.OMCCR](#)
Subject: [EXTERNAL] testimony 4/25/2022
Date: Friday, April 22, 2022 12:21:16 PM
Attachments: [ATT00001.htm](#)
[ATT00002.htm](#)

Sanford Hill
Maui Tales



4/22/2022

Dual Use of Cannabis Task Force

I would like to give testimony at the 4/25/2022 hearing about the current medical cannabis situation. I am an original Maui grower who developed and distributed high potency cannabis in the early 1970's that became known as "Maui Wowie". The Buds I grew 50 years ago were as good and safe as any current medical marijuana. This is well documented on my [mauitales.com](#) website and will be featured in the next international issue of "[Broccoli](#)" Magazine.

I am now a 70 year old Kupuna with a medical cannabis card. I live on a fixed income in senior HUD housing with Medicare/Quest. I have a very hard time affording the all the cost of getting medical cannabis which is not covered by Medicare/quest. So I use oxycodone which I get at no cost from Medicare/quest. This makes no sense.

Although I am perfectly capable of growing my own 10 cannabis plants, I have nowhere to grow it. HUD does not allow growing of cannabis or even using it on its property and finding somewhere else to grow it is impossible. I believe many low income disabled and elderly have the same problem.

We know the cabal that controls medical cannabis does not want users growing their own cannabis because it cuts into their profits. This is not fair! Low income people who really need medical cannabis cannot afford to get it in the current setup. When I grew cannabis I always gave it to people who needed it medically and could not afford it because it was the pono thing to do.

Maybe the State could find a way people like me could grow our own cannabis

safely or at least find a way for the cost to be covered by Hawaii Quest. If you have any questions please let me know.

Aloha, Sanford

From: [REDACTED]
To: [DOH.OMCCR](#)
Subject: [EXTERNAL] Testimony for 4/25/2022 Task Force Meeting
Date: Saturday, April 23, 2022 12:56:01 PM

Aloha

Thanks for allowing me to share my testimony for the 04/25/2022 meeting, Agenda items 5 and 6.

- Recreational cannabis is legal in 20 states, almost half of the U.S. States.
- Use of Cannabis is much safer and has much less detrimental and long term effects than smoking and alcohol. The latter two both being legal
- No fatal overdoses have been reported in the medical Literature
- Recreational use would be a tremendous increase in tax revenue for the State
- The DOH has done a great job managing and controlling medical marijuana. We have confidence that they can effectively manage recreational as well.

--

Mark Gordon
Waikoloa HI.

From: [REDACTED]
To: [DOH.OMCCR](#)
Subject: [EXTERNAL] Testimony
Date: Thursday, April 21, 2022 10:24:20 PM

I'm a retired Military Man diagnosed with Terminal Prostatic Cancer since 2016. One year ago I was given 4-6 months to live. Thank God for this program and the dedication it's shown to me and many others. January of this year I started the RSO concentrates. Today I'm pain free on most days and have recovered from all Cancer symptoms. This program has given me a second chance and new outlook on life. It has improved my eye sight, diabetes, snoring, tremors in my hands are gone. If this isn't enough proof. Try it yourself.

From: [REDACTED]
To: [DOH.OMCCR](#)
Subject: [EXTERNAL] Testimony
Date: Friday, April 22, 2022 11:05:03 AM

Aloha,

My name is Elizabeth Rodgers and I have debilitating fibromyalgia and had to quit my job as an RN which I loved because one day I felt achy. The ache never went away! It just got worse and worse and is still absolutely awful!! I have suffered for the last 15 years with this disorder! I have been on as much as 240 mgs of morphine a day and that just got me out of bed! I have been able to wean myself down to 60 mgs of morphine by using medical cannabis!

I can not tell you how grateful I am that the State of Hawaii has this program in place. The medical cannabis truly quells the pain I deal with everyday! It has improved the quality of my life beyond my expectations. Please don't discontinue this program. The people who grow the cannabis really, truly know what they are doing! I took one puff and my pain went from a 6 - 7 down to a 3!! I was so excited and happy that I finally had something to ease my pain!

According to the McGill pain scale Fibromyalgia is directly under 'Childbirth' as one of the most painful things a person can endure! Fibromyalgia pain ranks higher than sprains, bone breaks, tooth fractures, arthritis, post-shingles nerve pain, chronic back pain, phantom limb pain and cancer!

You have no idea how much pain those of us with this type of debilitating fibromyalgia suffer! It is like the worst flu you've ever had and it doesn't go away! Day after day all we think about is what will my pain be like today!? To get out of bed every morning my pain is a solid 8!! With "MEDICAL CANNABIS" available to those of us who have tried every known to mankind, I.e., white willow bark, wild lettuce tincture, essential oils, massage, exercise, positive thinking. Medical cannabis has been a true blessing! Please remember that many of us are on social security / disability and the medical cannabis is pricey but it works!

Mahalo for your time and consideration for keeping the Medical Cannabis program in place.

Most sincerely,
Elizabeth M. Rodgers

[REDACTED]

Sent from my iPad

From:

To:

[DOH.OMCCR;](#)

Cc:

Subject:

[EXTERNAL] Cannabis Dual Use Testimony Presentation: HI Department of Health

Date:

Saturday, April 23, 2022 1:43:31 PM

Attachments:

[BiteOutOfCrime_4.25.22.pdf](#)

Department of Health Medical Cannabis Registry Program
4348 Waialae Ave # 648
Honolulu, HI 96816-5767

Aloha e DOH Dual Use Cannabis Task Force,
Please accept my written comments in advance of Monday's meeting, April 25, 2022, at 12:00 PM - 1:30 PM.

Agenda Items:

1. Cannabis Legalization Takes a Bite Out of Crime
2. Younger Residents (Under 50) Highly Supportive of Cannabis Legalization
3. Cannabis Legalization Protects our Keiki
4. Cannabis Legalization Reduces Burden on Law Enforcement and Courts
5. Cannabis Legalization Stimulates Small Business and Innovation
6. Cannabis Reform Support Agriculture
7. Racist War on Cannabis Has Failed
8. Cannabis Reform Requires 21 Century Testing

Scott Goold

"I Believe We Can"

TIME TO TAKE A BITE OUT OF CRIME

Department of Health Medical Cannabis Registry Program
Dual Use of Cannabis Task Force
April 25, 2022

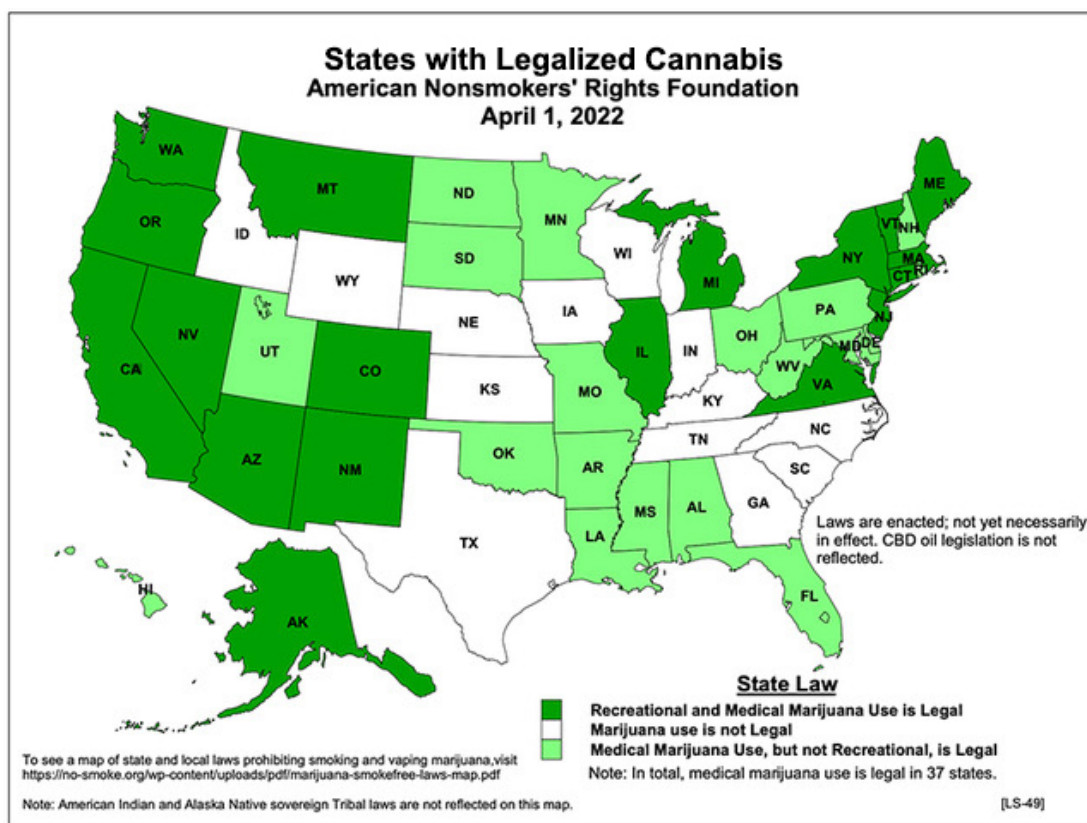
Scott Goold

On 4.20 this past week, I rallied with local officials and politicians interested in cannabis reform to commemorate the national and state observation. Legalization will make it safer for users and the public, while taking advantage of the revenue legal sales will bring to small businesses, increased tax revenue for government, and job opportunities for workers.

Our current cannabis decriminalization model has not been competently designed. We somewhat accept use, but consumers purchase products from illicit and illegal operations. We are funding drug cartels, criminals and gangs, It's time to take a *Bite Out of Crime* — by legalizing.

Hawai'i legalized medical cannabis in 2000. For 22 years, we have witnessed responsible behavior by the current 35,000 patients and 18 dispensaries (1 Kaua'i, 3 Maui, 8 O'ahu, and 6 Big Island). This history documents amazing innovation and business development by the industry.

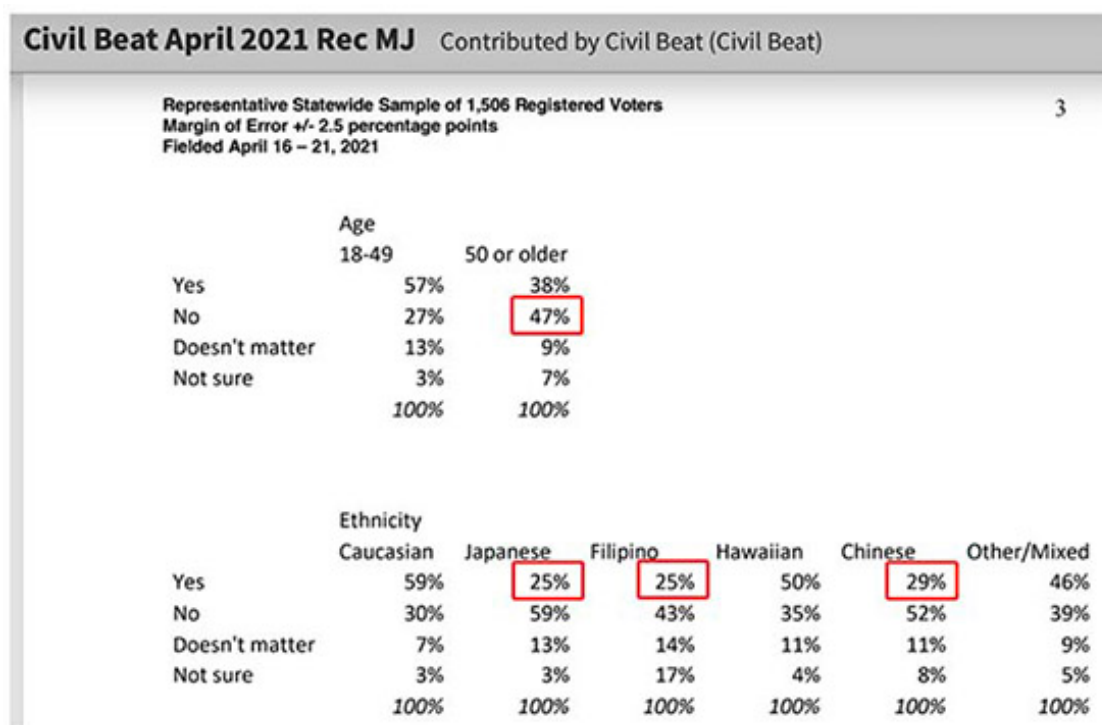
The medical cannabis model provides a framework for legalization of recreational cannabis in Hawai'i. Canada, Mexico, and most of the entire western U.S. have legalized.



Cannabis reform does not mean you plan to consume cannabis or support use. You might oppose use. Yet over 25% of our local population use cannabis recreationally. We can't ignore this fact.

I do not use alcohol. Consumption leads to domestic violence issues, drunk driving, addiction and health problems. However, I do not shame those who drink responsibly, nor would I call for return to 1920 prohibition. We accept people are FREE to decide in America. Thus, we focus on education programs to teach responsible use of cannabis and all recreational substances.

Although a strong majority of residents support cannabis reform, older people are less enthused. Many are "Just Say No" *Reaganites*. In addition, our Asian population is socially conservative and quite opposed to cannabis. They drink barrels of alcohol, heavily smoke tobacco, vape nicotine, and tolerate deadly, addictive opioid prescription and other drugs.



DO YOU SUPPORT LEGALIZATION OF RECREATIONAL CANNABIS?

Gov Dave Ige, Asian heritage from Okinawa, refused to sign the cannabis decriminalization bill in 2019. He still prefers to put cannabis users in prison, while accepting friends and family who smoke a cigar and enjoy an alcoholic beverage.

We are smart and compassionate people. We need to end this broken public policy.

PROTECT OUR KEIKI AND MOST VULNERABLE

We can better protect our keiki using a regulated framework. We recognize illegal operations sell their products to anyone — including teens and kids — and these sales support drugs cartels, gangs, criminals and human sex trafficking. Legal operations do not sell to kids.

REDUCE THE BURDEN ON LAW ENFORCEMENT AND COURTS

Our police, courts, jails, prisons and justice system are overcrowded in part due to cannabis prohibition. We have far more important concerns facing us.

Legalization relieves law enforcement of the burden of enforcing — saves departments money. Saves court and corrections resources as well.

We permit responsible consumption of alcohol, smoking tobacco, vaping nicotine, and use of many prescription drugs that can be deadly. The example set by the medical cannabis community has been outstanding. Prohibition has not reduced use or supply. We have more and stronger cannabis than in 1970. The war has failed. We must move forward.

STIMULATE SMALL BUSINESS AND INNOVATION

Life is challenging in the islands. Cannabis legalization has proven to create good paying jobs, stimulate small business innovation and energize new sectors of the economy.

In 2019, Colorado Cannabis Tax Revenue Surpassed \$1 Billion. Total sales exceeded \$6.56 billion since recreational market opened in 2014.

New Mexico legalized April 2022. First week of operation, small businesses in New Mexico reported over \$6.1 million in adult-use sales. Combined with medical cannabis sales, retailers generated nearly \$10 million in sales.¹ The state has issued 151 retail licenses, covering nearly 250 locations for the state's 2 million residents.

“New Mexicans supported cannabis businesses in record numbers this week. Through careful regulatory planning hand-in-hand with industry, New Mexico cannabis producers have done something that’s never been done before. This week is something we can all be proud of.”

CCD Director Kristen Thomson

The new industry in New Mexico is projected to generate over \$300 million annually in sales, create more than 11,000 jobs, and bring in \$50 million in state revenue in the first year alone.

On April 21, 2022, New Jersey became the 18th state in the nation to legalize the sale of recreational cannabis to consumers 21 and older. The state prioritizing granting licenses to dispensaries run by minorities, women and disabled Veterans, especially those whose careers have been harmed by *marihuana* convictions on their records.

¹ <https://www.krqe.com/news/marijuana/new-mexicos-earnings-from-one-week-of-cannabis-sales/>

Cannabis represents a \$25 billion industry. At least three states are expected to legalize it in 2022. Hopefully, Hawai'i will be one. Trends estimate the cannabis industry will increase to over \$100 billion within the decade.

CANNABIS REFORM SUPPORTS AGRICULTURE

Farm commodities fluctuate wildly. Sustainable income is challenging. Cannabis growers can partner with Farmer's Markets to provide more reliable income streams.

Our colleges can provide students with hands-on training in farm-to-table agriculture products, hemp and cannabis cultivation. Small business can develop innovative uses for hemp products, such as disposable plates, containers and cups that are environmentally friendly. CBD products have many applications.

Grown and produced locally. Keep Hawai'i dollars in the islands.

RACIST WAR ON CANNABIS HAS FAILED FOR 50 YEARS

"Insanity is doing the same thing over and over and expecting different results."

Albert Einstein

In an article by Samantha Cole,² Vice, she pointed out cannabis remains illegal for recreational purposes in Missouri It is, however, legal for medical purposes, and dispensaries in Missouri generated nearly \$30 million in state tax revenue in 2020, while 10,650 Missourians were arrested on possession charges.

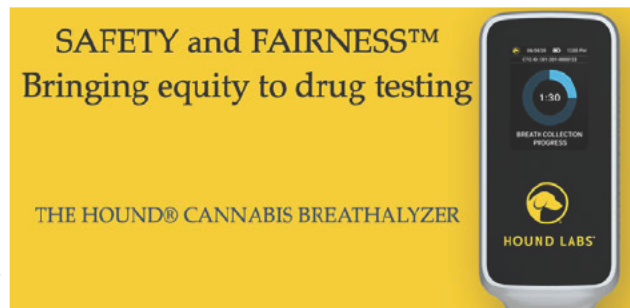
Black people are 2.6 times more likely than White people in the state to be arrested for marijuana possession, despite similar rates of consumption to the rest of the country.

Cannabis prohibition constitutes institutional racism. The good people of Hawai'i are not racist. It is time to courageously live aloha and accept reform on this issue.

CANNABIS REFORM REQUIRES 21st CENTURY TESTING ³

Drug tests that analyze oral fluid, hair, blood, and urine can only detect whether someone used cannabis at some point in the past – hours, days, weeks, or months ago – long after impairment subsides.

Good employees are worth keeping. Don't risk losing them by using outdated cannabis tests.



² <https://www.vice.com/en/article/4aw9gn/500-pounds-of-weed-spilled-on-this-interstate-on-420>

³ <https://houndlabs.com>

From: [REDACTED]
To: [DOH.OMCCR](#)
Subject: [EXTERNAL] testimony
Date: Friday, April 22, 2022 6:28:00 PM
Attachments: [Cannabis in Hawaii Dual Use Task Force-1.pdf](#)

Aloha,

I am submitting written testimony for the 04/25/2022 meeting, agenda item #8.

Please see attached PDF.

mahalo,
JC

April 22, 2022

FROM: John Calvert, [REDACTED]
TO: Hawaii DOH Dual Use of Cannabis Task Force
RE: Testimony for Agenda Item 8, Discussion regarding identification of key cannabis issues

Aloha Members of the Task Force:

The subject of my testimony is *medicinal cannabis* in the state of Hawaii.

(Abbreviations used: MCP = Medical Cannabis Program; DOH = Dept. of Health; DOA = Dept. of Agriculture.)

I'm a former Hawaii hemp pilot program licensee and current Hawaii MCP licensee.

I strongly urge the Hawaii state government to modernize and update its legal interpretations and regulations regarding cannabis, which is a uniquely valuable plant with very diverse characteristics.

My first point is: all types of cannabis that contain significant amounts of cannabinoids are, in fact, *medicinal*. This includes some types of hemp.

The current classification of cannabis as either "medical cannabis," "recreational cannabis/marijuana," or "hemp" is erroneous and misleading. The use of the term *industrial hemp* should be restricted, legally, to cannabis that contains little to no cannabinoids (THC, CBD, etc.) This means high-CBD hemp should not be classified as industrial hemp from a legal standpoint. The term, *industrial hemp*, should mean cannabis grown solely for food (seed or oil), fuel (oil), fiber, or for soil bioremediation, while also meeting the federal government's classification as *hemp* (cannabis with 0.3% THC or less).

The term *medicinal* rightly conveys the use of cannabis as a medicine, not as a recreational drug or intoxicant. How many cannabis users in Hawaii are using cannabis as a medicine? How many of these are not licensed under the state Medical Cannabis Program? What are the demographics? These are very good questions, and the DOH should conduct an unbiased survey to determine the answers.

Legitimate *medicinal* uses of cannabis include: pain relief, stress relief, anti-anxiety, anti-depressant, sleep aid, anti-inflammatory, hunger-inducing, mood elevation.

It's easy to see that medicinal cannabis is an "old person's drug"; but, it goes beyond that, because people of all ages can suffer from physical or mental health conditions for which the above mentioned medicinal uses are helpful. These conditions often don't overlap the state MCP classifications for qualifying *medical* conditions, or don't reach the degree of severity to meet the qualifying conditions. Yet these are still legitimate, helpful uses of medicinal cannabis. Why keep this away from people who benefit from proper use?

There are thus two types of *medicinal* cannabis: 1) that which contains significant amounts of THC, and 2) that which contains very low amounts of THC, but high amounts of either CBD or CBG.

The scientific term for (1) above is "Cannabis chemotypes I and II". The scientific term for (2) above is "Cannabis chemotypes III and IV". (I abbreviate these classifications as: Type 1/2 and Type 3/4. Industrial hemp is Type 5 and has no medicinal value.)

Current legal language in Hawaii differentiates these forms of cannabis as "medical cannabis" and "hemp".

Again, these misleading terms paint cannabis as something that's not generally *medicinal*, even though it is. The word *medical* implies being used only for medical reasons, meaning specific debilitating medical conditions. The word *hemp* (or *industrial hemp*) implies no medicinal use at all, but rather an agricultural product grown by the acre, tens of acres, or hundreds of acres (i.e. Type 5).

Neither of these currently used terms convey what cannabis really is. Federal legal language also doesn't convey the true value of cannabis, and hence the historic and ongoing federal war against this plant. Although Hawaii allows some growing of cannabis for medicinal purposes, the state government is still largely playing along with the federal war on cannabis.

The current situation is, the state DOH regulates the growing of Type 1/2 medicinal cannabis, while the state DOA regulates the growing of Type 3/4 medicinal cannabis. Why is the DOA regulating medicinal cannabis? The reason is because of the federal government's erroneous classification of Type 3/4 as hemp, and the fact that the state government is still playing along with the federal war on cannabis.

Type 3/4 medicinal cannabis flowers and extracts – i.e high CBD or CBG, with very low THC – should be widely available to adults in the state of Hawaii, and not just available to those who have a state MCP license, or those who have a federal DOA hemp license. How low is low THC? The most logical threshold, in terms of the logistics of cultivating Type 3/4 (high CBD) plants, is 1% THC. (The federal war on cannabis sets the max. amount of THC in "hemp" to 0.3% – an arbitrary threshold that is completely detached from both the realities of cultivation, and any concern around possible psychoactive effects.)

Why does growing medical cannabis plants in Hawaii require a state license, while growing hemp plants require a federal license – when medical cannabis flowers usually contain lots of THC, and CBD/CBG hemp flowers contains little to no THC? If the state allows the growing of high-THC plants with a state license, the state should then also allow the growing of low-THC plants with a state license, or *no license*. This would, of course, run the state afoul with federal regulations, but in a vastly less serious way than state MCP cultivation and sales are currently afoul with federal regulations.

I conclude by strongly recommending that the Hawaii DOH should regulate the growing and processing of all *medicinal* cannabis in the state, meaning Type 1/2 (THC) and Type 3/4 (CBD/CBG).

I urge the DOH to:

- draft legislation to open the licensing of medicinal cannabis to all adults in Hawaii.
- draft legislation to legalize the flowers and extracts of all types of medicinal cannabis.
- not to use the word "recreational" in its official designation of legal, non-medical cannabis.

Further, the Hawaii DOA should submit a hemp production plan to the federal DOA, and that plan should specify that the Hawaii DOH will regulate the growing and processing of all types of cannabis in the state, except for industrial hemp (Type 5) which would be regulated by the Hawaii DOA.

mahalo,
John Calvert

Farmer, father, and business owner
Kapoho, Big Island

From: [REDACTED]
To: [DOH.OMCCR](#)
Subject: [EXTERNAL] Testimony for Dual Use of Cannabis Task Force Meeting 04/25
Date: Friday, April 22, 2022 12:17:00 PM
Attachments: [2022-04-25_Testimony_DualUseOfCannabisTaskForce.docx](#)
[2022-04-25_Testimony_DualUseOfCannabisTaskForce.pdf](#)

Aloha,

My name is Tatyanna Serraro, and I am currently a student at the University of Hawaii at Manoa William S. Richardson School of Law. I have prepared and attached testimony for the Dual Use of Cannabis Task Force Meeting scheduled for Monday, April 25, 2022 at 12:00pm. Thank you for your time and consideration.

Best,
Tatyanna

Tatyanna Nichele Serraro | she/her/hers
Juris Doctor Candidate, Class of 2023
University of Hawai'i at Manoa | William S. Richardson School of Law
[REDACTED]

Testimony in support of Dual Use of Cannabis in Hawai'i

Department of Health
Office of Medical Cannabis Control & Regulation

April 25, 2022
12:00pm

Aloha, my name is Tatyanna Serraro and I am a student at the University of Hawai'i at Mānoa William S. Richardson School of Law. I write to lend my support to the dual use of cannabis in Hawai'i. Legalizing cannabis use can provide greater access to non-medical registrants to alleviate pain from other conditions, and the recreational use market would generate significant tax revenue that could be spent on community reinvestment.

The past few years have made abundantly clear that access to non-emergency healthcare can be limited by safe-at-home orders and the prioritization of treating pandemic patients. With regard to medical cannabis patients, the legalization of cannabis can provide other means of seeking relief and symptom management when the medical appointments required for patient registry are unavailable. There are also potential cannabis users who do not necessarily meet the qualifying debilitating condition requirement. For patients with other conditions, such as occasional migraine sufferers, not meeting the qualifying debilitating condition requirement prevents them from accessing medical cannabis. I am not suggesting that the list of qualifying conditions becomes a laundry list attempting to include every possible ailment, only that legalization would allow cannabis use for pain and symptom management for non-qualifying conditions.

The recreational use of cannabis is a multibillion dollar industry that will continue to grow whether or not Hawai'i legalizes.¹ Hawai'i should legalize so that tax revenue generated by legalization can be used to reinvest in communities disproportionately affected by prior criminalization. Prior to decriminalization, Native Hawaiians represented twenty-nine percent of adult cannabis possession arrests despite comparable use among other groups² and only representing roughly ten percent of the population in Hawai'i.³ It is clear to me that treating these groups differently has left communities mistrusting and alienated over time, and cannabis legalization presents a unique opportunity to address these concerns.

Thank you for your time and consideration of my testimony. I support the dual use of cannabis for its benefit to cannabis users who cannot qualify as medical registrants and for promoting community reinvestment.

¹ Chris Morris, *Legal marijuana sales in the U.S. expected to hit \$33 billion this year*, Fortune (April 11, 2022), <https://fortune.com/2022/04/11/legal-marijuana-sales-33-billion2022/#:~:text=Pot%20is%20popular,2021's%20total%20of%202425%20billion.>

² Carl Bergquist, *Hawaii Can and Should Legalize Cannabis*, Honolulu Civil Beat: Community Voice (January 2, 2018), <https://www.civilbeat.org/2018/01/hawaii-can-and-should-legalize-cannabis/>.

³ "QuickFacts Hawaii" U.S. Census Bureau. <https://www.census.gov/quickfacts/HI> (July 2021).