

From: [REDACTED]
To: [REDACTED]
Subject: WRITTEN TESTIMONY
Date: Thursday, November 10, 2022 11:35:04 AM

Email

[REDACTED]

Name

Alan Shinn

Please enter your phone number

[REDACTED]

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

November 14, 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:

Testimony Against Legalization of Cannabis in Hawaii
RE: November 14, 2022 Meeting Agenda

To: Representative Ryan Yamane, Chair
Senator Joy San Buenaventura, Vice-Chair
Dual Use of Cannabis Task Force

Fr: Alan Shinn, SAM Hawaii*
1130 N. Nimitz Hwy
Honolulu, HI 96817

There is no compelling reason for legalization of cannabis in Hawaii. Possession of small amounts of pot is already decriminalized to a citation and possible monetary fine. No one goes to jail for possession and use of small amounts of pakalolo. Medical use of marijuana has been widely expanded to include an array of health and psychological issues including pain and anxiety. Legalization will not decrease black market sales of marijuana. With regulations, testing, and production costs, legal weed will cost too much for most users, who will instead seek cheaper product on the black market. Projected revenues from legal marijuana sales appear to be minimal even after several years of operation. The industry does not appear to be able to generate enough sales tax revenues to support a government regulatory system much less education, mental health and substance abuse services.

Marijuana commercialization comes with associated and unintended health and social costs. These include increased drugged driving and fatal crashes, ER visits by children ingesting marijuana infused candies, increased substance abuse and mental health issues among adults as well as our youth, and additional law enforcement costs. In addition, the country is still dealing with an opioid epidemic worsened by the COVID 19 pandemic, with over 107,000 deaths in 2021 from opioid related overdoses (CDC, 2022). Like other states, Hawaii has on-going and significant issues with opioid use. Crystal meth or Ice has never gone away and is still our number one cause of accidental deaths and reason people seek treatment. Legalizing a drug in Hawaii that can be addicting and cause psychological harms, especially to our youth and young adults makes no sense.

Instead of legalization, we should implement a public health-based strategy for marijuana. This means not only decriminalization for possession of small amounts of pot, but more funding for mental health and substance abuse services that include prevention/education, assessment, early intervention, and treatment as needed. No one should go to jail, lose their job, or have their lives ruined due to simple possession of marijuana. There should be treatment on demand for those with abuse or mental health issues. President Biden's recent statement on marijuana reform is an example of how the federal government is relooking at its position. Federal pardons for those convicted of marijuana possession, encouraging states to do the same, and re-examining marijuana as a Schedule I drug are good first steps in policy reform.

In summary, there is no compelling reason for cannabis legalization in Hawaii. On a the national level, there was no tsunami wave of support for legalization in state initiative elections as only two states voted to legalize and three rejected it. Thank you for the opportunity to provide testimony against cannabis legalization in Hawaii.

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

From: [REDACTED]
To: [REDACTED]
Subject: WRITTEN TESTIMONY
Date: Monday, November 7, 2022 2:21:28 PM

Email

[REDACTED]

Name

Daniel Martin

Please enter your phone number

[REDACTED]

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

November 14, 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 agenda item #3 the public health and safety committee should also consider public consumption licensing. As recreational cannabis becomes more popular on the item you will need special licensing distinctions for cannabis related businesses. In example, cannabis whale watch tour, cannabis circle island tours, etc. These licensing considerations should be implemented in the starting process. Many states implement this late and have to deal with gray areas in the law. Additionally, this will allow for increased monitoring of usage by cannabis adjacent business to ensure they are meeting compliance with usage and distribution. Finally, from experience in Colorado, smoke clubs will be a secondary business once rec is legal, creating regulations for this secondary market will be an important aspect many states overlook in start up.

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Subject: WRITTEN TESTIMONY
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Email

[REDACTED]

Name

Daniel Martin

Please enter your phone number

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From: [REDACTED]
To: [REDACTED]
Subject: [EXTERNAL] TESTIMONY - Dual Use of Cannabis Task Force Meeting - November 14, 2022
Date: Wednesday, November 9, 2022 5:11:34 PM

TESTIMONY Dual Use of Cannabis Task Force Meeting - November 14, 2022

Aloha Task Force members,

I entered testimony before your last meeting on Halloween and testified live at that meeting but since the meeting went way over time you guys decided not to vote on what I was testifying about until this coming Monday's meeting. So I resubmitting my written testimony here. For the health and safety and sanity of all Hawaii residents, please do not recommend removal of the 500' buffer zones between future cannabis operations and any pre-existing residences.

I'm the spokesman for the Omaopio Piliwale Ohana which is a group of 40+ individuals living in 15 residences on 12 different parcels that surround a hemp farm in Kula on Maui. When the hemp farm started operating under the Hemp Pilot Program in early 2020 they caused immediate problems for our neighborhood including 24/7 noise, health damaging low frequency vibrations, grow lights lighting up the neighborhood all night long, and the stench of hundreds of hemp plants (that are indistinguishable in look and smell from marijuana) invading every room in our houses like a fog. As a result of all the testimony submitted by our group and many other concerned citizens, the legislature saw fit to include in ACT 14 signed by the Governor in August, 2020, the following language -

Hemp shall not be grown within 500 feet of any pre-existing house, dwelling unit, residential apartment, or other residential structure that is not owned or controlled by the license holder.

This effectively protected neighborhoods around the state from the type of destruction caused to our neighborhood by any new hemp farms. But it did not solve our neighborhood's problem

because all the hemp farms operating under the Hemp Pilot Program were grandfathered in and not subject to the 500' 'buffer zone.'

The Agenda for your 10/31 meeting includes the following recommendation on page 5), item 50, second paragraph -

The State should keep, but modify, its current restrictions on the locations of retail, manufacturing, and grow locations to also include new license types and protect children but provide accessible locations for all license types across the islands. The state should remove restrictions that prevent small growers from using their land for cannabis cultivation, including, but not limited to, the restriction that all cultivation must take place at least 500 feet from a residence on agricultural land.

If the 500' buffer zone is removed from the final cannabis legislation/rules, and cannabis cultivation is allowed as close as the grower wants to their neighbors, it will cause unbelievable damage to residents across the state. In our situation, the hemp farm grows less than 50' from the closest neighbor's front door. She has had to move out of her house and sleeps since then in a shed at the farthest away portion of her property. Another neighbor has had to rent an apartment miles away from her house since she can no longer sleep in her own house next to the hemp farm. We have had Maui County Council members visit our neighborhood to see the mess created by our hemp farm neighbor first hand. One council member became physically ill after just being there for 15 minutes and had to leave the property. In our experience a 500' buffer is barely enough. A 2500' or a mile buffer zone would make much more sense. The two legal marijuana farms on Maui intentionally placed their operations in remote areas nowhere near surrounding residences and so have caused no problems for their neighbors nor

themselves. Our neighborhood is a clear example right here on Maui of what happens when a non-pono cannabis operator is allowed to grow without a buffer zone. If you look outside the state to California where marijuana farms have been legalized for years you can see overwhelming evidence of the disasters that occur to the surrounding neighborhoods. Here's a link to just one story.

<https://www.latimes.com/california/story/2022-09-08/reality-of-legal-weed-in-california-illegal-grows-deaths>

Please help protect Hawaii's residents from this pending disaster by keeping at least a 500' buffer zone between any cannabis operation growing more than 20 plants and their nearest residences.

Mahalo,

Peter Fay
Omaopio Piliwale Ohana

From: [REDACTED]
To: [REDACTED]
Subject: WRITTEN TESTIMONY
Date: Wednesday, November 9, 2022 5:43:12 PM

Email

[REDACTED]

Name

Emma Fay

Please enter your phone number

[REDACTED]

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

November 14, 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:

I am submitting written testimony for the 11/14/22 meeting, agenda item III, A, Service Equity, item 5.

As someone who has had the mess of living next to a cannabis farm for the past two years I can tell you personally that the noise and smell and non stop vibrations and the all night grow lights have ruined our life. This operation was grandfathered around the requirement that all new hemp farms have to be at least 500 feet away from any neighbors. So our neighborhood will continue to suffer from this nightmare even if the rest of Hawaii's residents will be spared due to that 500' provision in the law.

I beg you to please remove the language in support of getting rid of the 500' rule from your recommendations to the legislature. Hawaii's citizens should not be subject to the abuse we have been.

Aloha,

Emma Fay



November 14, 2022

Hawaii Dual Use of Cannabis Taskforce Meeting

Good afternoon taskforce members:

Thank you for the opportunity to testify before you today. My name is DeVaughn Ward, and I am the senior legislative counsel at the Marijuana Policy Project, 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 would like to focus my written testimony on agenda items #2 and #3.

Agenda Item #2

As the taskforce prepares to hear from officials about banking options available for state authorized cannabis businesses, I'd ask that the members keep in mind the implications of last week's elections on federal cannabis policy. With Democrats now believed to have retained control of the US Senate, and Republicans only expected to hold a slim majority in the US House of Representatives, there will be increased pressure and political will to adopt the Secure and Fair Enforcement ("SAFE") Banking Act either before the end of the year in a lame duck session or sometime in 2023. The ("SAFE") Banking Act would protect financial institutions that service state-legal marijuana businesses from being penalized by federal regulators and alleviate many of the concerns you will likely hear today. The SAFE Banking Act has passed the current Congress seven times, most recently in July 2022, with bipartisan support. Hawaii's congressional delegation including, re-elected Rep. Case (D-HI1) are co-sponsors. Just last month, the NAACP passed a resolution calling for the immediate passage of SAFE Banking Act. With that in mind and with all due respect to the banking presentation, the entire landscape of cannabis banking in the US is anticipated to change within the next few months.

Separately, several states have taken independent action to address banking for cannabis related businesses. In July 2022, Pennsylvania passed a law adding a section entitled "legitimate cannabis-related business" to the state's commerce and trade statutes, giving them broad protections to financial service. Connecticut also included similar language in their bill that was signed into law in 2021.

Agenda Item #3

Social Equity Working Group Recommendations:

Criminal Justice Reform:

1. We agree and support this recommendation.
2. We agree and support this recommendation.
3. We recommend this recommendation be condensed to recommend the creation of a social equity fund that can be used for any number of social justice and reparative justice measures.
4. We agree and support this recommendation.
5. We agree and support this recommendation.
6. We agree and support this recommendation.

Service Equity recommendations:

- i. We agree and support this recommendation.
- ii. We agree and support this recommendation.
- iii. We agree and support this recommendation and offer the following language for inclusion:
*"Such protections do not prevent a government employer from disciplining an employee or contractor for ingesting cannabis in the workplace or for working while impaired by cannabis.
(2) The protections provided by this section do not apply to the extent that they conflict with a governmental employer's obligations under federal law or regulations or to the extent that they would disqualify the entity from a monetary or licensing-related benefit under federal law or regulations."*
2. We agree and support this recommendation and offer the following language for inclusion: "
 - (a) A person shall not be subject to arrest, prosecution, or penalty in any manner, or be denied any right or privilege, including but not limited to disciplinary action by a business, occupational, or professional licensing board or bureau, solely for conduct permitted under this chapter.
 - (b) (1) Except as provided in this section, neither the state nor any of its political subdivisions may impose any penalty or deny any benefit or entitlement for conduct permitted under this chapter or for the presence of cannabinoids or cannabinoid metabolites in the urine, blood, saliva, breath, hair, or other tissue or fluid of a person who is 21 years of age or older.
(2) Except as provided in this section, neither the state nor any of its political subdivisions may deny a driver's license, a professional license, housing assistance, social services, or other benefits based on cannabis use or for the presence of cannabinoids or cannabinoid metabolites in the urine, blood, saliva, breath, hair, or other tissue or fluid of a person who is 21 years of age or older.
 - (c) A person shall not be denied custody of or visitation with a minor for acting in accordance with this act, unless the person's behavior is such that it creates an unreasonable danger to the minor that can be clearly articulated and substantiated.
 - (d) Except as provided in this section, neither the state nor any of its political subdivisions may discriminate against a person in hiring, termination, or any term or condition of employment, or otherwise penalize a person in employment or contracting, if the discrimination is based upon either of the following:
 - (1) a prior conviction for a non-violent cannabis offense that does not involve distribution to minors; or
 - (2) testing positive for the presence of cannabinoids or cannabinoid metabolites in the urine, blood, saliva, breath, hair, or other tissue or fluid of the individual's body.
 - (f) For the purposes of medical care, including organ and tissue transplants, the use of cannabis does not constitute the use of an illicit substance or otherwise disqualify a person from needed medical care and may only be considered with respect to evidence-based clinical criteria."
3. No comment
4. No comment

5. We agree and support this recommendation. The state should establish a startup capital fund for equity businesses. New York and Connecticut have adopted this approach.
6. We agree and support this recommendation to pursue methods of incentivizing state-chartered financial institutions to engage with cannabis businesses and to subsidize access to financial services, technical assistance and job training for social equity licensees.
7. We agree and support this recommendation. Please see suggested language in number 2.
8. We agree and support the recommendation that social equity and environmental considerations should be considered for licensure and licensure renewal.

Equity in the market:

1. We agree and support the recommendation that there should be low barriers to entry. Social equity applicants should receive priority in licensing.
2. We agree and support the recommendation that the regulatory entity should create or work with an entity to provide business services to social equity applicants. New York and California have adopted this model.
3. We agree there should be a transition committee and plan to stand up the regulatory authority and market. We disagree with the second part of this recommendation and believe it should not be in the equity section. First mover advantages for existing medical operators have proven to disfavor equity applicants. This proposal is better addressed in the market structure section.
4. We agree equity applicants could be used to meet increased demand from adult use sales and to ensure adequate patient supply. However, we do not think this level of specificity is appropriate at this time and would be best left to be decided by the regulatory authority.
5. We agree tiered cultivation licenses, priority in licensing and startup capital should be made available to equity applicants.
6. While we believe this recommendation is well intended it is likely to result in significant legal challenges that would slow down the implementation of a dual use program.
7. We agree that native Hawaiians should be given social equity applicant status. We also agree with imposing a requirement that social equity applicant businesses be majority controlled by a social equity applicant. We caution that 75% may be too high of percentage which could limit the equity businesses ability to raise capital.

Medical Use Working Group recommendations:

Medical considerations:

1. We agree and support this recommendation.
2. We agree and support this recommendation.
3. We agree and support this recommendation.
4. We agree and support this recommendation.
5. We agree and support this recommendation.
6. We agree and support this recommendation.
7. We agree and support this recommendation.
8. We agree and support this recommendation.
9. We agree and support this recommendation.

10. We agree and support this recommendation as it supports ensuring adequate patient supply.

Patient protections:

1. We agree and support this recommendation.
2. We agree and support this recommendation.
3. We agree and support this recommendation.
4. We agree and support this recommendation.

Patient and Public Health Education:

1. We agree and support this recommendation.
2. We agree and support this recommendation.
3. We agree and support this recommendation.

Public Health and Safety Working Group recommendations:

- 1.) We agree and support this recommendation.
- 2.) We agree and support this recommendation. Colorado's annual report on cannabis provides a wealth of data that lawmakers rely on in making decisions. We strongly recommend that the relevant state agencies be charged with developing an annual report using public surveys to deliver to the Governor and legislature.
- 3.) We agree and support this recommendation.

Sincerely,
DeVaughn Ward, Esq.
Senior Legislative Counsel
Marijuana Policy Project
Honolulu, HI

From: [REDACTED]
To: [REDACTED]
Subject: WRITTEN TESTIMONY
Date: Sunday, November 13, 2022 10:20:37 AM

Email

[REDACTED]

Name

Greg Tjapkes

Please enter your phone number

[REDACTED]

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

November 14, 2022

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- Agenda Item #3

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I am submitting written testimony for the 11/14/2022 meeting, agenda item III. D. Public Health and Safety Working Group recommendations.

November 13, 2022

To: Representative Ryan Yamane, Chair
Senator Joy San Buenaventura, Vice-Chair
Dual Use of Cannabis Task Force

Fr: Greg Tjapkes, SAM Hawaii*
1130 N. Nimitz Hwy
Honolulu, HI 96817

RE: Testimony in Opposition of Cannabis Legalization in Hawaii

In considering marijuana legalization we must first ask whether this policy promotes the health and welfare of our keiki and families. Normalizing marijuana use will only increase exposure and risk factors for youth. Sixty-two percent of adolescents receiving state funded substance abuse treatment identify marijuana as their primary reason for seeking treatment. Further:

- Children under 17 years of age who smoke marijuana daily are over 60 per cent less likely to complete high school than those who never smoke weed.
- Daily marijuana use is associated with increased odds of psychosis compared with never users, increasing to nearly five-times increased odds for daily use of high-potency types of cannabis
- People diagnosed with cannabis dependence may experience a loss of up to 6 IQ points
- Children of parents with adolescent-limited or chronic marijuana use were 2.5 to 4.4 times more likely to use marijuana themselves.

Hawaii has a history of holding addiction-for-profit businesses like big tobacco and opioid manufacturers accountable for health harms to our citizens. While Hawaii is battling a vaping epidemic in our schools, what logic is there in introducing another addictive substance into our community? The task force must be well aware that tobacco conglomerate Altria, whose subsidiaries include Philip Morris, with brands that

include Marlboro, Copenhagen, Skoal, also owns equity investments in Anheuser-Busch, JUUL (vape), and Cronos Group (cannabis).

Big tobacco has built their industry on lies to Americans, our kids are addicted to vaping, Big Pharma just did it with opioids, it won't be different with cannabis.

Thank you for the opportunity to provide testimony opposed to cannabis legalization in Hawaii.

footnotes:

[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(14\)70307-4/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(14)70307-4/fulltext)

[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(19\)30048-3/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(19)30048-3/fulltext)

<https://www.pnas.org/content/109/40/E2657> (Proceedings of the National Academy of Sciences)

<https://www.drugabuse.gov/news-events/nida-notes/2020/06/parents-marijuana-use-may-increase-childrens-risk-of-marijuana-use-and-favorable-views-of-marijuana>

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<https://www.drugabuse.gov/news-events/nida-notes/2020/06/parents-marijuana-use-may-increase-childrens-risk-of-marijuana-use-and-favorable-views-of-marijuana>

From: [REDACTED]
To: [REDACTED]
Subject: WRITTEN TESTIMONY
Date: Saturday, November 12, 2022 11:27:43 PM

Email

[REDACTED]

Name

Denise Boisvert

Please enter your phone number

[REDACTED]

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

November 14, 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:

Aloha, I am submitting written testimony for the 11/14/22 meeting, agenda item #3 (although that is a guess, I'm not sure where else to put my concern).

Although I am not against dual use or a person's right to use cannabis, I would like to defend the rights of persons who do not want the residual effects of a drug forced into their noses, mouths, and lungs. My concern is about the equity of rights for those persons who do not use it and do not want their apartments or houses engulfed by the intensely strong smoke and smell of non-edible usage.

This has happened so many times to my apartment over the years by different neighbors who move in and out around me. Many times the smell was so incredibly strong that it caused me to wake up from a sound sleep in the middle of the night. It takes hours for the smell to diminish and it gives me headaches. I know it has upset many other neighbors with little children as well.

I also know people who have lived next to a house where many plants were grown. The thick resinous smell, especially on hot days, was so strong that it went into their house and overwhelmed their children.

Please include in the legislation some protection for neighbors who, although understanding of both types of use, do not want to be forced to smell it in their personal residences; and should not have to constantly keep their doors and windows closed.

One person's enjoyment or medical treatment should not infringe on the health and well-being of another person, and the results of any usage should be contained within the user's own space. The rights should be equitable.

Thank you for your kind understanding and consideration.



The Senate

STATE CAPITOL
HONOLULU, HAWAII 96813

November 13, 2022

Aloha Cannabis Task Force Members:

I am writing in opposition to having cannabis completely legalized and descheduled in Hawai'i. Act 228, SLH 2000 allows the use of marijuana for medical purposes, such as but not limited to: multiple sclerosis, lupus, HIV/AIDS, and other debilitating diseases. This act was set in place at a time when the Legislature recognized other states taking the initiative to legalize the use of marijuana for medical reasons. As sufficient evidence has shown favorable responses to the use of medically controlled marijuana to these conditions and disease, I continue to strongly support its use for medicinal purposes.

Currently, more than half of the US allows the medical and recreational use of marijuana, but I firmly believe that our state should not completely legalize and deschedule cannabis, allowing the use of recreational marijuana. Federal law on marijuana has not changed and our State should continue to follow suit- keeping the categorized substance as Schedule I as it is highly likely to be potentially abused. In addition, according to American Addiction Centers, marijuana increases the odds of being in a car accident by more than 80%. As there are its benefits, there are also its consequences as a result from its misuse.

Thank you for your time and consideration of my testimony.

Mahalo,

Senator Kurt Fevella
State of Hawai'i, District 19
Minority Leader/Minority Floor Leader

State Capitol, Room 231
415 S. Beretania Street
Honolulu, HI 96813
Phone: (808) 586-6360
Fax: (808) 586-6361
senfevella@capitol.hawaii.gov

From: [REDACTED]
To: [REDACTED]
Subject: WRITTEN TESTIMONY
Date: Saturday, November 12, 2022 12:30:19 PM

Email

[REDACTED]

Name

TY Cheng

Please enter your phone number

[REDACTED]

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

November 14, 2022

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

- Agenda Item #2

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

I am submitting written testimony for the 11/14/2022 meeting, agenda item #2.

Aloha Green Apothecary is a state licensed medical cannabis dispensary licensee operating on Oahu.

Aloha Green Apoth. appreciates the work Commissioner Iris Ikeda has done for the medical cannabis industry. Ms. Ikeda was instrumental in allowing both CanPay online payments and Partners Colorado Credit Union provide services to the medical cannabis industry shortly after the start of the dispensary program. These tools have made it much safer for patients and businesses owners in Hawaii.

CanPay allows for an ACH and debit solution so that patients may pay directly from their bank accounts into a dispensary's bank account.

Partners Colorado Credit Union provides banking services to all Hawaiian medical cannabis dispensaries.

We are hopeful that a local banking solution will emerge in the coming year. We have been working with local banks and credit unions to meet their compliance and audit standards. We believe that we will have a local banking solution in 2023.

Although we are a primarily cash business, Aloha Green Apoth is able to pay its employees through direct debit to their bank accounts. We pride ourselves on safety. Over the last 6 years, we have not had one robbery or security incident arising from doing business in mostly cash. We implement redundant systems (video, motion, sound, thermal, audits) that provide additional security layers to protect patients, employees and cash. Aloha Green Apoth experienced one attempted burglary at its King St. location in our 2nd year of operation. The perpetrator was unable to enter our premises before being arrested by the Honolulu police.

Aloha Green Apoth must also submit an annual CPA financial audit which provides additional security and peace of mind to State regulators. This audit requirement tests each licensees product and cash handling procedures and inventory systems.

I am available for any questions or comments.

TY CHENG
PRESIDENT
ALOHA GREEN APOTH

From:
To:
Subject:
Date:

[REDACTED]
[EXTERNAL] Testimony for agenda item C for upcoming meeting of Dual Use of Cannabis Task Force 11/14/22
Saturday, November 12, 2022 9:02:56 AM

I respectfully submit that the Medical Use Working Group recommendations should include a provision to add licensed naturopathic physicians to the list of providers eligible to certify patients for medical cannabis.

Legislative history:

In 2020 SB2097 was introduced to amend chapter 329D HRS to clarify legislative intent, ensure smooth administration of the medical cannabis dispensary law, allow for adequate patient access, and resolve other issues that have arisen under the existing law.

Current Hawaii law states allows a Hawaii-licensed Medical Doctor, Doctor of Osteopathy, or Advanced Practice Registered Nurse to certify a patient for the Medical Cannabis Program.

We request that you consider amending SB2097 to allow naturopathic physicians to certify a patient for the Medical Cannabis Program and to amend the law to authorize naturopathic physicians to obtain a Drug Enforcement Agency (DEA) number and a Hawaii Controlled Substance License, as stipulated in SB2476, which passed Third Reading unanimously on March 3, 2020, with 25 Ayes. This bill was received from the Senate in amended form (SD 1), and passed First Reading in the House on March 5, 2020. The COVID outbreak then derailed this legislation,

In November 2019, in anticipation of successful passage of legislation as we suggest here, the Board of Naturopathic Medicine (BNM) removed the prohibition of controlled substances from the naturopathic formulary.

- SB2476SD1, in its current form, states on p.2 "that this shall not be construed to authorize any naturopathic physician to manufacture, distribute, prescribe, dispense, or conduct reverse distribution with any controlled substance within this State"

And on p.10 "the naturopathic formulary shall not include any narcotic drugs or other controlled substances, as defined in section 329-1," which conflicts with the BNM's recent decision to remove the prohibition of controlled substances from the naturopathic formulary.

- We respectfully request that these two sections of SB2476SD1 be deleted, so that no

conflict exists between the BNM's authority with respect to controlled substances. As stated in the preamble of SB2476SD1 "The legislature further finds that, as determined by the state board of naturopathic medicine, it is within the scope of naturopathic practice that medical cannabis can be prescribed by naturopathic physicians."

- The BNM, has, for the past 13 years, been clear in its position to not include narcotic drugs in the naturopathic formulary, while at the same time has supported legislation that would allow the inclusion of testosterone (a controlled substance).

- The BNM is in support of the amendments as suggested above.

- The Department of Public Safety has testified in previous sessions of this legislature in favor of adding testosterone to the naturopathic formulary and is supportive of registering naturopathic physicians for controlled substances.

- Tamara Whitney, Program Coordinator for the DOH Medical Cannabis Registry Program, is supportive of including naturopathic physicians in the program and has stated that passage of this bill will have no financial impact on the program.

- In addition to their expertise in botanical medicine, naturopathic physicians are primary care physicians and manage prescriptions for many of their patients. There are approximately 135 naturopathic physicians with active licenses in Hawaii. There are fewer than 200 physicians and APRNs who have certified the 27,000 patients in Hawaii for the Medical Cannabis Program (data provided by DOH). Adding naturopathic physicians to the provider types eligible to certify patients for the Hawaii Medical Cannabis program would significantly increase access to healthcare and benefit the people of Hawaii for whom medical cannabis may be a good therapeutic option.

Thank you for your careful consideration of this suggestion. Unfortunately, I will be unable to attend the upcoming meeting due to air travel plans that conflict with the meeting time.

Sincerely,

Michael Traub ND

From:

Subject:

Date:

[REDACTED]
[EXTERNAL] Marijuana legalization "testimony"

Friday, November 11, 2022 6:50:57 PM

Dear Committe

I work with teenage children. I really hope you make strict laws to make marijuana unavailable to children and young adults.

Children are easily influenced and access to marijuana should be strictly controlled.

Production facilities and dispensaries should also be way out of areas to places where families gather. Please do not allow ANY growers into any neighborhoods, near playgrounds and schools. Keep a large buffer zone!!!

Protect our keiki !

Mahalo

Moku Kuikane

From:



: TASK FORCE COMMITTEE/Testimony in regards to buffer zone removal

Date:

Friday, November 11, 2022 2:44:23 PM

To whom this may concern ;

In regards to removing the 500ft buffer zone for Marijuana operations would be a disaster to the safety of our health and sanity to all Hawaii residence.

My property is just located behind the Cannabis operation and have had to move off island because not only of the noise 24/7 but also the awful smell and grow lights that shine directly on my residence.

Please help protect the 500 ft buffer zone from any Cannabis operation from Hawaii's residence's as I myself have witnessed the disastrous effect it has caused our once quiet peaceful neighborhood .

Mahalo,

Candace Keiser

Sent from my iPhone

From:

To:

Subject:

Date:

[EXTERNAL] TESTIMONY Dual Use of Cannabis Task Force Meeting - November 14, 2022

Friday, November 11, 2022 2:28:55 PM

Aloha Dual Use Task Force Members,

For many years I spent the winter months in a cottage on my son's property in Kula, Maui. Two years ago a hemp farm moved in and the noise and stink was so disgusting that I was unable to continue to live there and was forced to leave the property. I have not be able to return to the cottage since. My son tells me that there is a move to legalize marijuana growing in Hawaii and that one of the recommendations your task force is presenting to the legislature is to remove the 500' spacing between marijuana farms and the neighboring houses. From my personal experience with a Maui hemp farm neighbor, I strongly OPPOSE that recommendation and would ask that you remove it from your final report.

Mahalo,

Chuck Fay
312A Piliwale Rd.
Kula, HI 96790

From: [REDACTED]
To: [REDACTED]
Subject: WRITTEN TESTIMONY
Date: Friday, November 11, 2022 2:01:25 PM

Email

[REDACTED]

Name

Dolly Fontanilla

Please enter your phone number

[REDACTED]

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

November 14, 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:

I am submitting written testimony for the 11/14/22 meeting, agenda item III, A, Service Equity, item 5.

For many years my co-workers and I enjoyed having our office Christmas party at my ex-bosses house in Kula, Maui. But a couple years ago a hemp farm moved in the neighborhood and that year's party was made horrible by the nonstop noise and the overpowering stink of marijuana in my bosses house. Since then we have not been able to have the party there and I can't imagine how my ex-boss and his wife continue to live there in those disgusting conditions.

I also understand that your task force is considering sending a recommendation to the legislature to remove the 500' distance requirement between a marijuana farm and their neighbors. Even from our very limited personal experience with being too close to a hemp farm, it's clear that not having AT LEAST a 500' space would be devastating to Hawaii's residents across the state.

I strongly support removing that recommendation and would have you urge the legislature to keep at least a 500' space between marijuana farms and their neighbors. I would hate to have a hemp farm move into my neighborhood and ruin the enjoyment of my property.

I'm sure you will hear from my work colleagues about this as well as they have all had the same experience as I have.

Mahalo,
Dolly Fontanilla
Makawao, Maui

From: [REDACTED]
To: [REDACTED]
Subject: WRITTEN TESTIMONY
Date: Friday, November 11, 2022 1:59:31 PM

Email

[REDACTED]

Name

Heather Gomes

Please enter your phone number

[REDACTED]

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

November 14, 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:

I am submitting written testimony for the 11/14/22 meeting, agenda item III, A, Service Equity, item 5.

For many years my co-workers and I enjoyed having our office Christmas party at my ex-bosses house up the street from where I live in Kula, Maui. But a couple years ago a hemp farm moved in the neighborhood and that year's party was made horrible by the nonstop noise and the overpowering stink of marijuana in my bosses house. Since then we have not been able to have the party there and I can't imagine how my ex-boss and his wife continue to live there in those disgusting conditions. My family lives about a mile away and there's times when even we can smell the marijuana stink all day long.

I also understand that your task force is considering sending a recommendation to the legislature to remove the 500' distance requirement between a marijuana farm and their neighbors. Even from our very limited personal experience with being too close to a hemp farm, it's clear that not having AT LEAST a 500' space would be devastating to Hawaii's residents across the state.

I strongly support removing that recommendation and would have you urge the legislature to keep at least a 500' space between marijuana farms and their neighbors. I would hate to have a hemp farm move into my neighborhood and ruin the enjoyment of my property.

I'm sure you will hear from my work colleagues about this as well as they have all had the same experience as I have.

Mahalo,

Heather Gomes
Kula, Maui

From: [REDACTED]
To: [REDACTED]
Subject: WRITTEN TESTIMONY
Date: Friday, November 11, 2022 1:53:56 PM

Email

[REDACTED]

Name

Erik Wong

Please enter your phone number

[REDACTED]

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

November 14, 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:

I am submitting written testimony for the 11/14/22 meeting, agenda item III, A, Service Equity, item 5.

For many years my partner and my employees enjoyed having our office Christmas party at my partner's house in Kula, Maui. Two years ago a hemp farm moved in the neighborhood and that year's party was made horrible by the nonstop noise and the overpowering stink of marijuana in my boss's house. Since then we have not been able to have the party there and I can't imagine how my partner and his wife continue to live there in those disgusting conditions.

I also understand that your task force is considering sending a recommendation to the legislature to remove the 500' distance requirement between a marijuana farm and their neighbors. Even from our very limited personal experience with being too close to a hemp farm, it's clear that not having AT LEAST a 500' space would be devastating to Hawaii's residents across the state.

I strongly support removing that recommendation and would have you urge the legislature to keep at least a 500' space between marijuana farms and their neighbors. I would hate to have a hemp farm move into my neighborhood and ruin the enjoyment of my property.

I'm sure you will hear from our employees about this as well as they have all had the same experience as I have.

Mahalo,

Erik Wong
Paia, Maui

From: [REDACTED]
Subject: WRITTEN TESTIMONY
Date: Friday, November 11, 2022 1:41:11 PM

Email

[REDACTED]

Name

Norine Kalaiwaa

Please enter your phone number

[REDACTED]

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

November 14, 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:

I am submitting written testimony for the 11/14/22 meeting, agenda item III, A, Service Equity, item 5.

For many years my co-workers and I enjoyed having our office Christmas party at my ex-bosses house in Kula, Maui. But a couple years ago a hemp farm moved in the neighborhood and that year's party was made horrible by the nonstop noise and the overpowering stink of marijuana in my bosses house. Since then we have not been able to have the party there and I can't imagine how my ex-boss and his wife continue to live there in those disgusting conditions.

I also understand that your task force is considering sending a recommendation to the legislature to remove the 500' distance requirement between a marijuana farm and their neighbors. Even from our very limited personal experience with being too close to a hemp farm, it's clear that not having AT LEAST a 500' space would be devastating to Hawaii's residents across the state.

I strongly support removing that recommendation and would have you urge the legislature to keep at least a 500' space between marijuana farms and their neighbors. I would hate to have a hemp farm move into my neighborhood and ruin the enjoyment of my property.

I'm sure you will hear from my work colleagues about this as well as they have all had the same experience as I have.

Mahalo,

Norine Kalaiwaa
Wailuku, Maui

From:
To:
Subject:
Date:

[REDACTED]
[EXTERNAL] TESTIMONY Dual Use of Cannabis Task Force Meeting - November 14, 2022
Friday, November 11, 2022 1:04:38 PM

Aloha Task Force members,

My name is Elisabeth Bluml; I am a farmer and direct neighbor of a hemp farm in Kula on Maui, and I am a member of the Omaopio Piliwale Ohana which is a group of 40+ individuals.

When the hemp farm started operating under the Hemp Pilot Program in early 2020, they caused immediate problems for our neighborhood including 24/7 noise, health damaging low frequency vibrations, grow lights lighting up the neighborhood all night long, and the stench of hundreds of hemp plants invading every room in our houses like a fog. As a result of all the testimony submitted by our group and many other concerned citizens, the legislature included in ACT 14 signed by the Governor in August 2020, the following language -

Hemp shall not be grown within 500 feet of any pre-existing house, dwelling unit, residential apartment, or other residential structure that is not owned or controlled by the license holder.

This effectively protected neighborhoods around the state from the type of destruction caused to our neighborhood by any new hemp farms.

Please keep the 500 feet buffer zone in place to protect our lives and the lives of our children.

If you look to California, Oregon and Washington, you can see the disasters that occur to the surrounding neighborhoods and their residents when Hemp and/ or marijuana operations are allowed to operate anywhere they want.

Here's a link to just one story from California.

<https://www.latimes.com/california/story/2022-09-08/reality-of-legal-weed-in-california-illegal-grows-deaths>

Please help protect Hawaii's residents from this pending disaster by keeping at least a 500' buffer zone between any cannabis operation growing more than 20 plants and their nearest residences.

Mahalo,

Elisabeth Bluml,
owner Khandro Farm

From:

Subject:

Date:

[EXTERNAL] Testimony

Friday, November 11, 2022 12:55:16 PM

Aloha to all,

Thank you so much for taking the time to learn and educate yourselves about the benefits of cannabis. It was a lifesaver and a game changer for me when you allowed Hawaii residents legal access to this wonderful medicine and I am eternally grateful.

I am a current, Hawaii medical cannabis, patient and gave an unscheduled brief testimony during the last meeting.

Do you believe in miracles?

My story takes place while I was attending the University of Minnesota. On December 31, 1982 in Minneapolis, Minnesota, at approximately 2 AM, my girlfriends ex-boyfriend smashed the door down, chased me out of house with a gun and shot me three times in the head and once in the hip before he committed suicide. The first bullet that hit me in the back of the head left me blind in my right eye, and I wear a prosthetic glass eye now. The second bullet hit me in the side of my head and left me deaf in my left ear. Now lying on ground, third bullet shot me in the hip exited the buttocks. Then he put the gun in my face and I'm staring down the barrel of a gun and he pulled the trigger and I took a 22 caliber bullet right between the eyes, and it is still lodged in the back of my brain. I was shot three times in the head and once in the hip and remain lying conscious in the snowbank in the median of a freeway.

As he reloaded the gun, I thought he was going to shoot me again and I yelled "Steve, please don't shoot me anymore I'm almost dead". I heard 2 more gun shots as I clenched my body to ready myself to get shot 2 more times... as I heard his body drop to the ground next to me. He committed suicide next to me.

I'm lying in a snowbank on the median of a freeway left for dead. No cell phones. No one stopping to help. My only hope is to pray. I said a prayer and He heard it. It made the news. I got up and ran over 100 yards with four bullets in me to the nearby Perkins family restaurant open 24 hrs. The ambulance took me to Hennepin County Medical Center where they give me 19 hours of brain surgery, leaving all the bullets still in my brain and told my family if I ever woke up out of the coma, I would be institutionalized for the remainder of my life with no memory.

Only 20 days after I entered the hospital, (in coma, for 7 days of 20) the hospital is announcing over the public address system that "Paul Peterson is leaving the hospital, Paul Peterson is leaving the hospital" now the doctors were coming up for me just to shake my hand telling me there's no medical reason I'm alive and have a nice life. To them it was a miracle that I survived. On the discharge papers they wrote one word in all capitals. "REMARKABLE!!!!"

When the other medical cannabis patients testifying, tell you that this cannabis plant is the only thing that works for them... It's true! Thank you for helping us. I believe the dual use task force taking cannabis recreational will surely eliminate the stigma that cannabis patients

have had to endure and it will help the common man as they become aware of this wonderful medicine.

I enjoyed the Hawaiian herbs so much that I created a company called Maui Farma and I'm bringing these Hawaiian whole plant-based medicine formulations to the world. It's taken over two years of work, but we are starting to get recognized. Former NFL pro bowl quarterback for the Philadelphia Eagles. Donovan McNabb has just agreed to a national ad campaign promoting Maui Farma on TV.

Anyway, thank you so much for educating yourselves on the benefits of cannabis and allowing legal access to your residence.

I will make myself available for the dual use cannabis task force Zoom meeting on Monday. Please let me know how I can help.

Mahalo nui loa,
Paul

Paul Peterson
CEO / Founder
MauiFarma.com
808-214-2199
541-625-3354
paul@mauifarma.com



From:

Subject:

Date:

[EXTERNAL]

Friday, November 11, 2022 11:36:32 AM

Cannabis should be legal. Research should be done by federal government. The pyramid on the dollar bills pharos sarcophagus was found with cannabis residue on it. People have been using cannabis as medicine for thousands of years!

From: [REDACTED]
To: [REDACTED]
Subject: [EXTERNAL] Testimony for removal of buffer zone
Date: Friday, November 11, 2022 10:24:23 AM

Aloha task force members

My testimony is in regards to the removal of the 500ft buffer zone to preexisting homes.

When you apply for a medical marijuana card and if you want to grow your own plants the DOH recommends " to be a good neighbor".

Meaning don't plant the 10 plants right next to neighbors. Even if someone plants just 100 plants close to another home, lets say less than 250 feet, the strong smell WILL penetrate the adjoining house.

Marijuana can NOT be considered regular Agriculture!

GROWLIGHTS, FANS AND THE STRONG ODOR MAKE THIS A DIFFERENT KIND OF AGRICULTURE!

YOU AS THE AUTHORITIES HAVE THE DUTY TO PROTECT FAMILIES AND CHILDREN SO THEY ARE NOT EXPOSED TO THE NUISANCES OF A COMMERCIAL GROWING FACILITY!

PLEASE KEEP A 500ft BUFFER ZONE!

Mahalo for your time.

Jutta Mueller
Kula

[REDACTED]



HIPHI Board

Kilikina Mahi, MBA
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JoAnn Tsark, MPH
Secretary
John A. Burns School of Medicine,
Native Hawaiian Research Office

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John A. Burns School of Medicine,
Department of Pediatrics

Misty Pacheco, DrPH
University of Hawai'i at Hilo

Michael Robinson, MBA, MA
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Kathleen Roche, MS, RN, CENP
Kaiser Permanente

Dina Shek, JD
Medical-Legal Partnership
For Children in Hawai'i

Garret Sugai
HMSA

Titiiimaea Ta'ase, JD
State of Hawai'i, Deputy Public Defender

HIPHI Initiatives

Coalition for a
Tobacco-Free Hawai'i

Community Health
Worker Initiative

COVID-19 Response

Hawai'i Drug & Alcohol Free
Coalitions

Hawai'i Farm to School Hui

Hawai'i Oral Health Coalition

Hawai'i Public Health Training Hui

Healthy Eating + Active Living

Kūpuna Food Security Coalition

Date: November 9, 2022

To: Members of the Dual Use of Cannabis Task Force

Re: Dual Use of Cannabis Task Force Meeting

Mtg: November 14, 2022

The Hawai'i Public Health Institute would like to highlight the inherent need for public health regulations needed to ensure that any dual use of cannabis would create the safest possible protections for our youth and the community-at-large.

A public health focused cannabis regulatory system should prioritize the following five goals:

1. Preventing youth cannabis use;
2. Reducing cannabis-related harms to individuals and communities;
3. Ensuring accurate information about the risks of cannabis use;
4. Controlling the prevalence, frequency, and intensity of cannabis use; and
5. Minimizing the influence of the cannabis industry and the profit motive in setting cannabis policies. ¹

While we appreciate the recommendations presented by the Dual Use of Cannabis Task Force, we would recommend the following recommendations to strengthen and enhance public health in the proposed plan. We specify these recommendations below.

1. Social Equity Working Group, Cannabis Justice Reform, Number 5

Recommendation: Designate the “Department of Health” rather than an independent entity to oversee the regulation and enforcement of any dual-use system.

From a public health perspective, we support having the oversight of this public health issue in the Department of Health (DOH) for a number of reasons. First, they are equipped with the public health knowledge, expertise, and experience with regulating medical cannabis to create regulatory structures that follow best-practice public health guidelines. The **DOH's primary focus on health will ensure that the health and safety of the community** is at the forefront of regulations of dual use of cannabis. We commend the Department in its ability to protect public health as it concerns medical cannabis, and we believe that they would be successful at prioritizing public health interests if they were to oversee the dual use system as well. Additionally, because the overall Department structure, licensing, testing systems, and other regulatory systems are already in place for medical cannabis, the expansion of the Department to oversee dual use will likely come at a significantly **less cost to taxpayers** than if the state were required to create an entirely new department.

Minimize the influence of the cannabis industry and profit motive in setting cannabis policies

Numerous studies have documented the harmful influence of the tobacco and alcohol industry in setting policy guidelines on their respective commodities, so much so that the World Health Organization excludes the tobacco industry from policy discussions in setting global tobacco policy recommendations.¹ One way to ensure that public health and safety are priority in setting cannabis policy is to establish the Department of Health as the regulation and enforcement entity.

For these reasons, **we strongly recommend that the “Department of Health” oversee any dual use system.**

1. Market Structure Working Group, Number 1

Recommendation: Regulate Market Structure in order to establish equitable practices that reduce exposure to and use of cannabis by youth and other vulnerable populations.

The most recent statewide Youth Risk Behavior Survey (2019) shows that 17.2% of all high school students in Hawai'i are current cannabis users,¹ while nearly 1 in 3 high school students (31.1%) report using cannabis at least once in their life.² These use rates suggest generally favorable youth attitudes toward cannabis use, and relative ease of access of cannabis for youth. Studies show that youth who use cannabis are more likely to drop out of high school, are more likely to experience mental health issues, and are more likely to become addicted.³ As such, delaying the initiation of cannabis use by youth will decrease the potential for negative consequences associated with use.

Significant research in recent years establishes a link between alcohol and tobacco marketing exposure and youth consumption and that of vulnerable populations such as communities of color, economically disadvantaged groups, women, and the LGBTQ community.⁴

As such, **we recommend the following regulations to reduce exposure to and use of cannabis by youth and other vulnerable populations:**

1. Cannabis products must include requirements for prominent, clear, rotating pictorial **health warnings on all cannabis product packages** and prominently posted health warnings in stores and on advertisements. Required warnings must address all key conditions with substantial evidence of associated harm, at a minimum those identified in the National Academies of Sciences 2017 report, and be updated periodically to reflect the best available science.⁵
- 2.
3. To reduce exposure and use of cannabis for youth and vulnerable populations, it is recommended that marketing regulations be established. Historically, the alcohol and tobacco industries have focused marketing efforts on targeted populations, including communities of color, economically disadvantaged groups, women, and LGBTQ (lesbian, gay, bisexual, transgender, queer or questioning) individuals. Beyond broad marketing regulations,

¹ Centers for Disease Control and Prevention, Hawaii School YRBS 2019 Results. <https://nccd.cdc.gov/youthonline/app/Results.aspx?LID=HI>

² Hawaii Health Data Warehouse, State of Hawaii, Hawaii School Health Survey: Youth Risk Behavior Survey Module, [2017]. http://ibis.hhdw.org/ibisph-view/query/result/yrebs/DrugUseMarjEver/DrugUseMarjEver_HS_ST.html

³ “What You Need to Know About Marijuana Use in Teens.” Centers for Disease and Prevention Control, <https://www.cdc.gov/marijuana/factsheets/teens.htm>

⁴ Anderson, A., de Bruijn, A., Angus, K., Gordon, R. Hastings, G. (2009). Impact of alcohol advertising and media exposure on adolescent alcohol use: A systematic review of longitudinal studies. *Alcohol & Alcoholism*; 44: 229-243.

⁵ A Public Health Approach to Regulating Commercially Legalized Cannabis.” American Public Health Association, Policy Number 20206, October 24, 2020, <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2021/01/13/a-public-health-approach-to-regulating-commercially-legalized-cannabis>

attention must be given to mitigating harm from targeted population campaigns.⁶ Recommendations for **marketing regulation should follow the current guidelines and regulations set forth by the Medical Cannabis System** as they significantly reduce marketing exposure to the vulnerable populations mentioned above.

4. Require **all cannabis products use plain, black-and-white packaging** to reduce attraction of youth audiences and vulnerable populations mentioned above. Require products to be contained in generic packaging that uses only black lettering, contains no colors, pictures, cartoons, or images that might appeal to children and youth.
5. **Limit the number of retail outlets to ensure health equity** to prevent the over-availability in low-income communities and sensitive areas.

Washington's outlet density rules restrict the total number of outlets allowed, and regulate license distribution according to consumption data maps (i.e. areas with lower consumption have lower number of outlets and vice versa).⁷ A lesson learned from the alcohol field is that restricting outlet density can prevent lower-income neighborhoods from having high numbers of outlets located in their areas and thereby reduce the related harms associated with the exposure to excess outlet density.⁸

In addition to regulation on the number of retail outlets in any area, it is recommended that **distance requirements be established** near sensitive areas such as schools, parks, and treatment and recovery centers/homes. While there is no specific distance recommended in the literature, Washington State's law created a default 1,000-foot buffer distance from youth-serving uses that include schools, playgrounds, recreational facilities, child care centers, and public parks.⁹

6. **Clear licensee guidelines** that ensure proper oversight of production, transportation, and sale of cannabis. To ensure proper safety and oversight of cannabis production, transportation, and sale of cannabis, it is recommended that the State utilize the current model under the Medical Cannabis Dispensary program already established through the Department of Health. This model ensures proper testing of products, and tracks the product throughout the process from cultivation to sale.

3. Public Health and Safety Working Group, Numbers 1 and 3

Recommendation: Expand on the recommendations of the 2020 American Public Health Association Policy Statement, "A Public Health Approach to Regulating Commercially Legalized Cannabis" (Policy Number 20206) to include some of the specific recommendations included in this policy statement and other public health literature.

Policy recommendations to reduce cannabis-related harms to youth and other vulnerable populations:

1. Provide the proposed Public Health Advisory Committee with the regulatory authority to propose and act swiftly on arising issues that pose serious public health threats to youth and/or the community-at-large. An important lesson from alcohol and tobacco policy is the need to monitor potentially harmful products and practices allowed on the market that attract youth and vulnerable populations and make it easy for them to access and consume.¹⁰ Once such products are introduced, it is very difficult to have them removed. This can clearly be seen by the current youth vaping epidemic Hawai'i is experiencing.
2. Prohibit products that appeal to youth. This includes candies, candy bars, and lollipops.

⁶ Ibid.

⁷ Caulkins, J., Kilmer, B., Kleiman, M., MacCoun, R., Midgette, G., Oglesby, P., . . . Reuter, P. (2015, January 16). Insights for Vermont and other states CONSIDERING marijuana legalization. Retrieved February 15, 2021, from https://www.rand.org/pubs/research_reports/RR864.html

⁸ Morrison, C., Gruenewald, P., & Ponicki, W. (2015, May). Socioeconomic determinants of exposure to alcohol outlets. Retrieved February 15, 2021, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4440301/>

⁹ Dille, J.A., et al., Community-level policy responses to state marijuana legalization in Washington State. *Int J Drug Policy*, 2017. 42: p. 102-108.

¹⁰ Pacula, R., Kilmer, B., Wagenaar, A., Chaloupka, F., Caulkins, J. (2014). Developing public health regulations for marijuana: Lessons from alcohol and tobacco. *American Journal of Public Health*; 104(6): 1021-1028.

3. Prohibit flavored cannabis e-liquids and juices for vaporizing devices that are disproportionately marketed towards and used by youth and other vulnerable populations.

Allow local counties to have regulatory control that is stricter than the state level

States with medical and non-medical cannabis laws vary widely in regards to the regulatory authority given to local jurisdictions. While some regulatory authority at the state level is necessary, lessons learned from the alcohol and tobacco field suggest that there are public health benefits in providing local jurisdictions with regulatory authority. It is critical to recognize that unique public health challenges may arise within different counties, and giving counties the ability to respond to these challenges will ensure the health and safety of those local communities. Additionally, local law enforcement, first responders, and public health officials will be “front line” people addressing any adverse impacts of legalization, and will need the authority to create local solutions and mitigate any unforeseen problems, as needed. It is recommended that local counties be given regulatory authority to allow for stricter regulations than the state level.

Establish a clear taxation structure that ensures tax generation, establishes a price target that minimizes excessive use, and appropriates funding to offset the burden of cannabis misuse

Lessons learned from the alcohol and tobacco field show that raising prices decrease youth and adult consumption and related problems.¹¹ As such, it is recommended that cannabis prices be set high. However, they must not be set too high so as not to foster underground illegal markets. This can be accomplished by using taxation as a mechanism to achieve a price target that is set high enough that it minimizes excessive use, but not so high that it encourages black market cultivation and sales.¹² However, a further analysis would need to be completed that considers the black-market cost of cannabis and the cost of legal cannabis production to determine a price target. In addition to establishing a price target, pricing policy could also include prohibiting free samples, discounts, giveaways, coupons so as not to foster “price wars” and foster excessive consumption.

It can be assumed that the legalization of cannabis will create financial and social burdens on the State. It is important to set up appropriations that offset this burden on the State. Recommendations include establishing special funding for prevention and treatment services, schools, public spaces, first responders, and behavioral health.

Smoke-free laws for public spaces, multi-family housing, workplaces, bars and restaurants should mirror those of our tobacco laws in HRS Chapter 328J

Similar to tobacco, research has found that there are several toxic compounds in cannabis smoke that can cause respiratory symptoms.¹³ Most states that have legalized recreational cannabis prohibit cannabis use in public spaces.¹⁴ Much of this is in regards to the concerns of second-hand smoke. In addition to public spaces, consideration should be given to prohibiting cannabis smoking in multi-family housing where [there](#) is higher risk of exposure to second-hand smoke. Some states have adopted policy language that adds cannabis use to all of their clean-air and smoke-free tobacco laws.¹⁵ It is recommended that the State consider adding cannabis use to all current clean-air and smoke-free tobacco laws.

¹¹ Wagenaar, A. Salois, M., Komro, K. (2009). Effects of beverage alcohol price and tax levels on drinking: A meta-analysis of 1003 estimates from 112 studies. *Addiction*; 104(2): pp. 179-190.

¹² Caulkins, J., Kilmer, B., Kleiman, M., MacCoun, R., Midgette, G., Oglesby, P., . . . Reuter, P. (2015, January 16). Insights for Vermont and other states CONSIDERING marijuana legalization. Retrieved February 15, 2021, from https://www.rand.org/pubs/research_reports/RR864.html, pg. 110

¹³ National Academies of Sciences, Engineering, and Medicine. *The Health Effects of Cannabis and Cannabinoids: Current State of Evidence and Recommendations for Research*. Washington, DC: The National Academies Press; 2017.

¹⁴ Kerry Cork, Tobacco Control Legal Consortium, *Toking, Smoking, and Public Health: Lessons from Tobacco Control for Marijuana Regulation* (2nd ed. 2018, 2015)

¹⁵ Marijuana smoke. (n.d.). Retrieved February 15, 2021, from <https://nonsmokersrights.org/marijuana-smoke>



Dedicate funding required to support evidence-based alcohol, tobacco, and other drug prevention education

Dedicated funding of cannabis-related prevention education programming could reduce harm to youth and adolescents much in the same way that has been effective in tobacco and alcohol prevention education. Dedicated funding from taxation of cannabis products must be set aside for designing, implementing, and evaluating these programs and supporting community efforts.

Many of these proposed regulations stem from lessons learned from the tobacco and alcohol field, as well as lessons learned from other states that have legalized cannabis for dual use. In addition to the proposed regulations above, there are likely further regulations needed that need additional research (e.g. drugged driving laws). We hope that you find these recommendations helpful in ensuring that the health of our community is prioritized when creating policy. Should you have any questions, please do not hesitate to contact me.

Thank you for the opportunity to provide testimony.

Mahalo,

A handwritten signature in black ink, appearing to read 'Rick Collins' followed by 'CPS' in a smaller font.

Richard Collins, MS, CPS
Project Director
Rick@hiphi.org



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3615 Harding Ave, Suite 304
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DUAL USE OF CANNABIS TASK FORCE

MEETING 10: November 14, 2022

TESTIMONY ON AGENDA ITEM III

Clifton Otto, MD

Thank you for the opportunity to provide testimony on the following agenda item:

III. Decision-Making on Working Group Recommendations:

>>> DE-SCHEDULING

B. Social Equity Working Group recommendations:

Cannabis Justice Reform

*1. Cannabis should be completely legalized and **de-scheduled** subject to the civil licensing restrictions for cultivation, production, sell, transport, consumption, and other plant-touching activities as recommended here-in and enforced by an independent regulatory authority.*

*6. The State should comprehensively legalize and **de-schedule** cannabis as a first step towards preventing further abuses of the civil asset forfeiture system and fund direct grants; educational scholarships; job training and placement; and/or low interest home, vehicle, and business loans directly to the individuals and their families whose property was subject to civil asset forfeiture.*

>>> De-schedule based upon what?

21 USC 811:

(c) FACTORS DETERMINATIVE OF CONTROL OR REMOVAL FROM SCHEDULES

In making any finding under subsection (a) of this section or under subsection (b) of section 812 of this title, the Attorney General shall consider the following factors with respect to each drug or other substance proposed to be controlled or removed from the schedules:

- (1) Its actual or relative potential for abuse.
- (2) Scientific evidence of its pharmacological effect, if known.
- (3) The state of current scientific knowledge regarding the drug or other substance.
- (4) Its history and current pattern of abuse.

- (5) The scope, duration, and significance of abuse.
- (6) What, if any, risk there is to the public health.
- (7) Its psychic or physiological dependence liability.
- (8) Whether the substance is an immediate precursor of a substance already controlled under this subchapter.

[21 USC 812\(b\)](#):

(1) SCHEDULE I.—

- (A) The drug or other substance has a high potential for abuse.
- (B) The drug or other substance has no currently accepted medical use in treatment in the United States.
- (C) There is a lack of accepted safety for use of the drug or other substance under medical supervision.

[HRS 329-11\(a\)](#) - Authority to schedule controlled substances.

In making a determination regarding a substance, the department of public safety shall assess the degree of danger or probable danger of the substance by considering the following:

- (1) The actual or probable abuse of the substance including:
 - (A) Its history and current pattern of abuse;
 - (B) The scope, duration, and significance of abuse; and
 - (C) A judgment of the degree of actual or probable detriment that may result from the abuse of the substance;
- (2) The biomedical hazard of the substance including:
 - (A) Its pharmacology: the effects and modifiers of effects of the substance;
 - (B) Its toxicology: the acute and chronic toxicity, interaction with other substances whether controlled or not, and liability to psychic or physiological dependence;
 - (C) Risk to public health and particular susceptibility of segments of the population; and
 - (D) Existence of therapeutic alternatives for substances that are or may be used for medical purposes;
- (3) A judgment of the probable physical and social impact of widespread abuse of the substance;
- (4) Whether the substance is an immediate precursor of a substance already controlled under this part; and
- (5) The current state of scientific knowledge regarding the substance.

>>> What would de-scheduling look like in Hawaii? Is it necessary?

>>> FEDERAL SCHEDULE I

The White House has finally [admitted](#) that federal Schedule I is a failed approach to marijuana and needs to change.

*“Too many lives have been upended because of our **failed approach to marijuana**. It’s time that we right these wrongs.”*

HHS Secretary Becerra [said](#) there is no new science, because there is still not an FDA-approved drug product made from the cannabis plant that has THC as the active pharmaceutical ingredient, so they will be focusing on state data.

*“It’s not new science, but there’s **lot of information to gather** because in many states marijuana has been legalized for either medical purposes or recreational purposes.”*

This is the first time that the FDA will be performing a scheduling review for marijuana that will be based upon state data and not “accepted medical use”.

Secretary Becerra is the same person who, along with twenty other Attorney Generals, wrote a [letter](#) to Congress in 2019 as the Attorney General of California that discusses the problems created by the federal conflict:

*“We are a bipartisan group of state and territorial attorneys general who share a strong interest in **defending states’ rights**, protecting public safety, improving our criminal justice systems, and regulating new industries appropriately.”*

*“Beyond imposing on states’ rights, **the status quo poses a serious threat to public safety**. Under 18 U.S.C. § 1956 and 1957, financial institutions face substantial constraints in providing financial services to the cannabis industry. The result is that much of this industry is forced to conduct business on a cash-only model. In turn, this contributes to a public safety threat as cash intensive businesses are often targets for criminal activity and make it more difficult to track revenues for taxation and regulatory compliance purposes.”*

>>> Let’s not forget the findings of the Medical Use Working Group Rapid Survey

>>> Most of the problems with our medical cannabis program are because of federal Schedule I

>>> What are we waiting for?

D. Medical Use Working Group recommendations:

Medical Considerations

1. Legislation should require **healthcare facilities** to allow the use of medical cannabis on their premises for terminally ill patients with a valid medical cannabis card or/ recommendation from their physician.

Patient Protections

1. Legislation should provide **employment protections** for registered medical use patients covering hiring, discipline, and termination. A positive test for cannabis metabolites shall not be proof of impairment on the job, and employers and insurance companies must be prohibited from medical discrimination.
2. Legislation should prohibit law enforcement agencies from denying or revoking the right to own permitted **firearms**, solely due to a person's status as a registered medical use patient.
3. Legislation should permit registered medical use patients to possess medical cannabis and cannabis products for personal use when **traveling between counties** within the State.

>>> INTERISLAND TRANSPORTATION

4. Legislation should provide patient **reimbursement** for approved medical cannabis products by state-regulated **insurers**.

>>> The State should take immediate action to stop federal Schedule I from being applied to Hawaii's medical cannabis patients and dispensaries.



October 27, 2022

President

Dr. Rachel Klein, ND, DC,
DACNB, FIBFN-CNDH

Vice President

Dr. Cheri Wood, ND,
IFMCP

Secretary

Dr. Bonnie Marsh, ND

Treasurer

Dr. Corinne M. De Soto,
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Aloha e members of the Dual Use of Cannabis Task Force,

The Hawaii Society of Naturopathic Physicians respectfully requests that the Medical Use Working Group recommendations should include a provision to add licensed naturopathic physicians to the list of providers eligible to certify patients for medical cannabis.

In addition to their expertise in botanical medicine, naturopathic physicians are primary care providers and manage prescription medications and other concerns for many patients. There are approximately 135 naturopathic physicians with active licenses in Hawai'i.

Current Hawai'i law allows a state-licensed Medical Doctor, Doctor of Osteopathy, or Advanced Practice Registered Nurse to certify a patient for the Medical Cannabis Program. We request that the medical work group recommendations include the addition of Naturopathic Physicians to the allowed provider types who may certify a patient for the Medical Cannabis Program and to amend the law to authorize naturopathic physicians to obtain a Drug Enforcement Agency (DEA) number and a Hawai'i Controlled Substance License.

Providing DEA numbers to naturopathic physicians so that they can certify patients does not expand their prescribing capabilities, as the Hawai'i State Board of Naturopathic Medicine maintains an inclusionary formulary which does not include other controlled substances. The State Board of Naturopathic Medicine has previously stated that medical cannabis does fall within the inclusionary formulary list.



Previously proposed legislation, SB2476, had aimed at making this change and passed Third Reading unanimously on March 3, 2020, with 25 Ayes. This bill was received from the Senate in amended form (SD 1), and passed First Reading in the House on March 5, 2020. The consequences of COVID pandemic then derailed this legislation from progressing further.

President
Dr. Rachel Klein, ND, DC,
DACNB, FIBFN-CNDH

Vice President
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The Hawai'i State Board of Naturopathic Medicine is in support of the amendments as suggested above. The Department of Public Safety has testified in previous sessions of the legislature that it is supportive of registering naturopathic physicians for Controlled Substance License.

Tamara Whitney, Program Coordinator for the DOH Medical Cannabis Registry Program, has expressed support for including naturopathic physicians in the program and has stated that this change would have no financial impact on the program.

Based on data provided by DOH, there are fewer than 200 physicians and APRNs who have certified the 27,000 patients in Hawai'i for the Medical Cannabis Program. Adding naturopathic physicians to the provider types eligible to certify patients for the Hawai'i Medical Cannabis program would significantly increase access to healthcare and benefit the eligible patients in Hawai'i for whom medical cannabis may be a good therapeutic option.

Thank you for your careful consideration of this suggestion.

Sincerely,

Rachel M. Klein, ND, DC, DACNB, FIBFN-CNDH

President

Hawai'i Society of Naturopathic Physicians



Steelsmith Natural Health Center

438 Hobron Lane, Suite 314, Honolulu, Hawaii 96815

www.SteelsmithHealth.com

(808)943-0330

November 12, 2022

Dear Members of the Dual Use of Cannabis Task Force –

I am a practicing naturopathic physician in Honolulu who functions as a primary care provider for many patients who would potentially benefit from medical cannabis. However, current Hawaii law does not include Naturopathic Physicians to certify patients for the Medical Cannabis Program. On behalf of my many patients I would like to request that the task force medical work group recommendations include the addition of Naturopathic Physicians to the allowed provider types who may certify a patient for the Medical Cannabis Program. Additionally, I would request that the group amend the law to authorize naturopathic physicians to obtain a Drug Enforcement Agency (DEA) number and a Hawaii Controlled Substance License.

Naturopathic physicians have extensive training in botanical medicine and act as primary care physicians who manage prescription medications. The addition into the Medical Cannabis Program would significantly increase access to healthcare and benefit the eligible patients in Hawaii for whom medical cannabis may be a good therapeutic option.

Sincerely,



Dr. Kristen Coles

Members of the Dual Use of Cannabis Task Force,

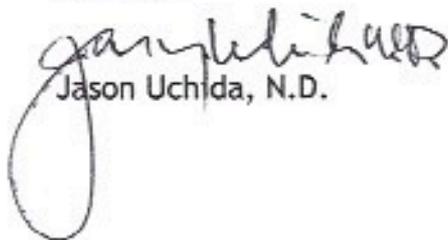
I would like to respectfully request that the Medical Use Working Group recommendations should include a provision to add licensed naturopathic physicians to the list of providers eligible to certify patients for medical cannabis.

In addition to their expertise in botanical and herbal medicine, naturopathic physicians are primary care providers and manage prescription medications for disease and illness and other physical and mental concerns for many patients.

Current Hawai'i law allows a state-licensed Medical Doctor, Doctor of Osteopathy, or Advanced Practice Registered Nurse to certify a patient for the Medical Cannabis Program. I believe it is inconceivable that the experts in natural medicine are not allowed to prescribe cannabis, an herb for medicinal purposes. I request that the medical work group recommends the inclusion of Naturopathic Physicians to the allowed provider types who may certify a patient for the Medical Cannabis Program and to amend the law to authorize naturopathic physicians to obtain a Drug Enforcement Agency (DEA) number and a Hawai'i Controlled Substance License.

Adding naturopathic physicians to the provider types eligible to certify patients for the Hawai'i Medical Cannabis program would significantly increase access to healthcare and benefit the eligible patients in Hawai'i for whom medical cannabis may be a good therapeutic option.

Sincerely,



Jason Uchida, N.D.

From: [REDACTED]
To: [REDACTED]
Subject: WRITTEN TESTIMONY
Date: Thursday, November 10, 2022 7:55:58 PM

Email

[REDACTED]

Name

John Lester

Please enter your phone number

[REDACTED]

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

November 14, 2022

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

- Agenda Item #4
- Agenda Item #5
- Agenda Item #6
- Agenda Item #7

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

Written Testimony for November 14, 2022 meeting on Dual Use Task Force

Aloha,

My name is Sean Lester and I am a 32 year resident and homeowner on Maui. I am a disabled veteran with a medical marijuana card.

I am here to speak to one thing -

PLEASE KEEP A 500 OR MORE FOOT BUFFER FROM HOMES, CHURCHES, PLAYGROUNDS AND SCHOOLS FOR COMMERCIAL GROWERS - ANYONE BEYOND YOUR DEFINITION OF 20 PLANTS.

DO NOT ALLOW THEM TO AGREGATE PLANTS FOR SMALL GROWERS INTO LARGER GROW AREAS.

In your last letter - Page 5 under Service Equity number 5. - With the wide-ranging and comprehensive changes this Task Force is recommending, it is IMPERATIVE that these changes NOT adversely impact in-place neighborhoods. Although you have deeply studied the sweeping reforms here, if you simply release marijuana into all neighborhoods and locations it has the capacity to cause tremendous stress in the lives of Hawaii citizens who do not want this near their children, and do not want to be impacted by the overpowering smell of growing marijuana while in their places of worship, while their children are in school or on a playground, or at home.

They have an inherent right not to be adversely impacted by your decisions regarding commercial growing.

With all of the changes, please keep a 500 foot or greater buffer on place.

Mahalo,

Sean Lester
Maui, Hawaii