

TO: COMMITTEE ON JUDICIARY
FROM: Wendy Gibson-Viviani RN/BSN
RE: HCR132 HD1 SD1 **(In Support)**
HEARING Friday, April 16, 2021, 10:00 a.m. Via Videoconference

Dear Chair, Senator Karl Rhoads, Vice Chair Senator Jarrett Keohokalole and Members of the Committee,

My name is Wendy Gibson-Viviani R.N. and I am an active member of the American Cannabis Nurses Association and the Cannabis Nurses Network (ACNA and CNN). I have been a medical cannabis patient advocate in Hawaii for 16 of the 30 years that I have lived on Oahu.

I'm writing today in **strong SUPPORT of HCR132**. I believe it could benefit our now more than 31,000 patients registered in the medical cannabis program in Hawaii. I have worked in the healthcare field for over 40 years and the medical cannabis patient population is one of the most stigmatized and discriminated against populations I have ever worked with.

Part of the reason that I became a medical cannabis patient advocate is because Marijuana became illegal because of racism. The laws were never based upon any scientific evidence of harm to the user or to the community.

In 1971 Richard Nixon declared drug abuse to be "Enemy number ONE" and launched a vicious, **racist** War on Drugs—now known as a War on People who use marijuana. It specifically targeted Nixon's enemies: **Vietnam War protesters and black people**. Nixon promoted making marijuana and heroin illegal to disrupt Hippy and Black communities. Nixon's counsel and former Assistant to the President, John Ehrlichman later revealed that:

*"We knew we couldn't make it illegal to be either against the war or black. But by getting the public to associate the hippies with marijuana and blacks with heroin, and then **criminalizing both heavily**, we could **disrupt those communities**. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news".*

Soon after, Congress placed marijuana (AKA marihuana) was into the **Schedule I drug** category (of the Controlled Substance Act). This category is reserved for drugs distinguished as being the most dangerous drugs on the planet, drugs and have **no "accepted" medicinal use** and cannot be used safely even under medical supervision. This Schedule I assignment was never based upon public health or safety issues. It was **not based upon any science**.

In 2000, Hawaii legislators "**accepted" the medical use for cannabis** and created a conflict between Federal and State Law.

In 2017, the National Academies of Science, Engineering and Medicine (NASEM) published "Health Effects of Cannabis and Cannabinoids", a review of over 10,000 cannabis studies. They found strong scientific evidence supporting the use of cannabis:

- For the treatment of chronic pain in adults (using all forms of cannabis)
- As antiemetics (anti-nausea) in the treatment of chemotherapy-induced nausea and vomiting (in the form of oral cannabinoids)
- For improving patient-reported multiple sclerosis spasticity symptoms (oral cannabinoids).

Chapter 15 of the NASEM study is entitled “Challenges and Barriers in Conducting Cannabis Research”. Their summary: Health care organizations and insurance providers lack a basis on which to revise their care and coverage policies. The barriers to research imposed by the Schedule I drug status **presents a public health problem.**

Since 2014, States with medical cannabis programs have had some protections from prosecution. The US Congress has prohibited the Federal DOJ from spending money to criminalize and prosecute medical cannabis programs that are following State laws. And, to date, none of the 36 U.S. States, 4 U.S. territories, and the District of Columbia that allow cannabis for medical purposes for millions of patients—have been prosecuted.

The conflict between State and Federal Government has led to the mistreatment and discrimination of medical cannabis users at work, at home, at school and in the medical healthcare system. Patients face loss of employment, housing, disability insurance, life insurance and risk having their medicine taken away from them if they try to use it when they are in a hospital. Physicians and Nurses cannot administer these state-accepted medications and hospitals will not allow patients to bring it with them to self-administer.

Typically, when a patient is admitted to a hospital, skilled nursing facility or assisted living facility, their medicine is taken away from them and replaced with prescription medications. Many of these patients who use cannabis do so because they have tried and failed other treatment options, such as prescription medications.

We need to change hospital policies. This will not happen until healthcare professionals and administrators recognize that they are not in violation of federal law if they allow patients to have access to their state-approved medicines.

HCR 132 is a good first step towards resolving the State/Federal Govt conflict and harmonizing the regulation of cannabis. Such harmonization is necessary to end the current discriminations our patients and dispensaries experience.

Please support passage of this resolution.

Thank you for the opportunity to provide testimony,

Wendy Gibson-Viviani PTA/RN/BSN
Cannabis Nurse Educator
Kailua Resident

HCR-132-SD-1

Submitted on: 4/14/2021 3:48:17 PM

Testimony for JDC on 4/16/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Gerard Silva	Individual	Oppose	No

Comments:

It is still A DRUG!!



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TESTIMONY ON HOUSE CONCURRENT RESOLUTION 132
HOUSE DRAFT 1 SENATE DRAFT 1

REQUESTING THE DEPARTMENT OF HEALTH TO APPLY TO THE DRUG ENFORCEMENT ADMINISTRATION'S OFFICE OF DIVERSION CONTROL FOR AN EXCEPTION UNDER TITLE 21 CODE OF FEDERAL REGULATIONS SECTION 1307.03, AND REQUEST FORMAL WRITTEN ACKNOWLEDGMENT THAT THE LISTING OF MARIHUANA, MARIHUANA EXTRACT, AND TETRAHYDROCANNABINOLS AS CONTROLLED SUBSTANCES IN FEDERAL SCHEDULE I DOES NOT APPLY TO THE PROTECTED ACTIVITIES IN HAWAII REVISED STATUTES

By
Clifton Otto, MD

Senate Committee on Judiciary
Senator Karl Rhoads, Chair
Senator Jarrett Keohokalole, Vice Chair

Friday, April 16, 2021; 10:00 AM
State Capitol, Videoconference

Thank you for the opportunity to provide written testimony in **STRONG SUPPORT** of this resolution.

I hope your committee finds this measure to be a reasonable way for the Legislature to express its will on resolving the current conflict with the federal regulation of marijuana.

Please see my previous [written testimony](#) for the public hearing held by the Senate Committee on Health, which addressed concerns regarding [21 CFR 1308.35](#). A federal exemption for the sale of products made for animals using parts of the cannabis plant that are excluded from the federal definition of marijuana (ie. Stems and sterilized seeds), does not preclude an exemption for the state authorized use of a Schedule I controlled substance under a constitutional authority reserved to the states.

Thank you for considering my testimony on this important measure.

Aloha.