



# UNIVERSITY OF HAWAII SYSTEM

## Legislative Testimony

---

Testimony Presented Before the  
House Committee on Health & Human Services  
Wednesday, March 14, 2018 at 8:40 a.m.

By

Jerris Hedges, MD  
Professor & Dean

John A. Burns School of Medicine

And

Kathleen Cutshaw

Vice Chancellor for Administration, Finance and Operations  
University of Hawai'i at Mānoa

### SB 2407 SD1 – RELATING TO MEDICAL CANNABIS

Chair Mizuno, Vice Chair Kobayashi, and members of the committee:

SB 2407 SD1 allows medical cannabis to be used for the treatment of opioid addiction, substance abuse or withdrawal symptoms resulting from the treatment of these conditions by expanding the definition of “debilitating medical condition”. We respectfully oppose this measure and provide these comments regarding our concerns.

We note that the language of SB 2407 SD1 does not limit the use of medical cannabis to opioid use disorders. “Opioid addiction” and “substance abuse” are no longer part of the medical lexicon, and may have a more expansive meaning than intended.

Some may believe (1) that cannabis may or should be used in the management of opioid use disorder, either in the withdrawal phase or other points on the timeline of recovery, (2) that cannabis efficacy has been demonstrated in such treatment, or (3) that cannabis is implicitly safe for such use in opioid use disorders. However, none of those implications has been demonstrated to be true. There is currently no body of evidence that compellingly supports the use of cannabis or its components in the management of opioid use disorders.

While the objective of finding a solution to relieving suffering is commendable, achieving that objective must include procedures for validating both efficacy and safety. A medication’s dynamics, effects, safe therapeutic range and route of delivery, and adverse effects must be known before it is used. Use of a non-validated treatment approach may derail those seeking care from receipt of appropriate and validated medications. Individuals with substance use disorders are particularly vulnerable to offers of a “quick fix”, particularly one with the possibility of euphoria. For opioid use disorders, medications with known effectiveness such as methadone, buprenorphine, and naltrexone should be used.

Rather than expanding the use of medical cannabis to include treatment for opioid use disorders and substance abuse, we suggest that efforts be made instead to support research to determine both the safety and efficacy of the component chemicals in medical cannabis.

Thank you for the opportunity to provide testimony on this matter.