

*I Mina'Trentai Dos Na Liheslaturan Guahan*  
**Bill Log Sheet**

BILL NO.	SPONSOR	TITLE	DATE INTRODUCED	DATE REFERRED	CMTE REFERRED	PUBLIC HEARING DATE	DATE COMMITTEE REPORT FILED	FISCAL NOTES
<b>215-32 (COR)</b>	T.R. Muña Barnes, Aline A. Yamashita, Ph.D.	AN ACT TO ADD A NEW ARTICLE 24 TO CHAPTER 12, TITLE 10 OF THE GUAM CODE ANNOTATED, RELATIVE TO ALLOWING THE MEDICAL USE OF CANNABIS, AMENDING PROVISIONS OF THE CONTROLLED SUBSTANCES ACT, PROVIDING PENALTIES, AND FOR OTHER PURPOSES, ALSO KNOWN AS THE JOAQUIN CONCEPCION COMPASSIONATE CANNABIS USE ACT OF 2013.	10/25/13 3:17 p.m.	10/25/13	Committee on Health & Human Services, Health Insurance Reform, Economic Development, and Senior Citizens	12/12/13 5:30 p.m.	01/28/14 3:20 p.m.	<b>Fiscal Note Request Received 10/31/13</b>



**SENATOR DENNIS G. RODRIGUEZ, JR.**

January 22, 2013

**Honorable Judith T. Won Pat, Ed.D.**  
**Speaker**  
**I Mina'Trentai Dos Na Liheslaturan Guåhan**  
155 Hesler Place  
Hagåtña, Guam 96910

**VIA: The Honorable Rory J. Respicio**  
**Chairperson, Committee on Rules**

**RE: Committee Report – Bill No. 215-32 (COR), as Substituted by the Author and further substituted by the Committee on Rules**

**Dear Speaker Won Pat:**

- Transmitted herewith, for your consideration, is the **Committee Report on BILL 215-32 (COR)-as Substituted by the Author, An act to add a new Article 24 to Chapter 12, Title 10 of the Guam Code Annotated, relative to the medical use of cannabis, amending provisions of the Controlled Substances Act, providing penalties, and for other purposes, also known as the Joaquin Concepcion Compassionate Cannabis Use Act of 2013;** Introduced by Sen. Tina Rose Muna Barnes and Sen. Aline A. Yamashita, Ph.D., and referred to the Committee on Health & Human Services, Health Insurance Reform, Economic Development and Senior Citizens. Bill No. 215-32 (COR) was publicly heard on November 27, 2013 and December 12, 2013.

Committee votes are as follows:

- TO PASS**
- NOT TO PASS**
- ABSTAIN**
- TO REPORT OUT ONLY**
- TO PLACE IN INACTIVE FILE**

2014 JAN 28 PM 3:20

Senseramente,

**Senator Dennis G. Rodriguez, Jr.**  
**Chairman**

Attachments

**COMMITTEE REPORT  
ON**

**BILL NO. 215-32 (COR),  
as Substituted by the Author and Further  
Substituted by the Committee on Rules  
Sponsored by Senator Tina Rose Muna Barnes  
And Senator Aline A. Yamashita, Ph.D.**

**BILL 215-32 (COR) – “AN ACT TO PROVIDE FOR A BINDING REFERENDUM DURING THE 2014 GENERAL ELECTION TO DETERMINE WHETHER AMENDMENTS TO TITLE 10 OF THE GUAM CODE ANNOTATED TO ADD A NEW ARTICLE 24 TO CHAPTER 12, RELATIVE TO ALLOWING THE MEDICAL USE OF CANNABIS, AMENDING PROVISIONS OF THE CONTROLLED SUBSTANCES ACT, PROVIDING PENALTIES, AND FOR OTHER PURPOSES, ALSO KNOWN AS THE JOAQUIN (“KC”) CONCEPCION, II COMPASSIONATE CANNABIS USE ACT OF 2013 SHALL BE ALLOWED WITHIN THE TERRITORY OF GUAM.”**



**SENATOR DENNIS G. RODRIGUEZ, JR.**

January 20, 2014

MEMORANDUM

**To:** **ALL MEMBERS**  
Committee on Health & Human Services, Health Insurance Reform, Economic Development and Senior Citizens.

**From:** **Senator Dennis G. Rodriguez, Jr.** *DR*  
Committee Chairperson

**Subject:** **Committee Report on Bill no. 215-32 (COR), as Substituted by the Author and further substituted by the Committee on Rules**

- Transmitted herewith, for your consideration, is the **Committee Report on BILL 215-32 (COR), as Substituted by the Author- An act to add a new Article 24 to Chapter 12, Title 10 of the Guam Code Annotated, relative to the medical use of cannabis, amending provisions of the Controlled Substances Act, providing penalties, and for other purposes, also known as the Joaquin Concepcion Compassionate Cannabis Use Act of 2013;** Introduced by Sen. Tina Rose Muna Barnes and Sen. Aline A. Yamashita, Ph.D. and referred to the Committee on Health & Human Services, Health Insurance Reform, Economic Development and Senior Citizens.

This report includes the following:

- Committee Voting Sheet
- Committee Report Narrative/Digest
- Copy of Bill No. 215-32 (COR)
- Copy of Bill No. 215-32 (COR), as Substituted by the Author and further substituted by Committee on Rules
- Public Hearing Sign-in Sheet
- Copies of Submitted Testimony and Supporting Documents
- Copy of COR Referral of Bill No. 215-32 (COR)
- Notices of Public Hearing (1<sup>st</sup> and 2<sup>nd</sup>)
- Copy of the Public Hearing Agenda
- Related News Articles (Public hearing publication of public notice)

Please take the appropriate action on the attached voting sheet. Your attention to this matter is greatly appreciated. Should you have any questions or concerns, please do not hesitate to contact me.

*Si Yu'os Ma'åse'!*



SENATOR DENNIS G. RODRIGUEZ, JR.

COMMITTEE VOTING SHEET

**BILL 215-32 (COR)- As Substituted by the Author- An act to add a new Article 24 to Chapter 12, Title 10 of the Guam Code Annotated, relative to the medical use of cannabis, amending provisions of the Controlled Substances Act, providing penalties, and for other purposes, also known as the Joaquin Concepcion Compassionate Cannabis Use Act of 2013.** Introduced by Sen. Tina Rose Muna Barnes and Sen. Aline A. Yamashita, Ph.D.

	SIGNATURE	TO PASS	NOT TO PASS	ABSTAIN	REPORT OUT ONLY	PLACE IN INACTIVE FILE
DENNIS G. RODRIGUEZ, Jr. Chairman					✓ 1/22	
V. ANTHONY ADA Vice Chairman					1/22	
BENJAMIN J. F. CRUZ Vice-Speaker					✓ 1/22/14	
TINA ROSE MUNA-BARNES Legislative Secretary					✓	
FRANK B. AGUON, Jr.						
VICENTE C. PANGELINAN						
RORY J. RESPICIO						
ALINE A. YAMASHITA, Ph.D.						
THOMAS MORRISON						
MICHAEL LIMTIACO					✓	
BRANT T. MCCREADIE					✓	
CHRISTOPHER M. DUENAS					1/23/14	



## SENATOR DENNIS G. RODRIGUEZ, JR.

### COMMITTEE REPORT DIGEST

#### Bill No. 215-32 (COR), As Substituted by the Author

**I. OVERVIEW:** The Committee on Health & Human Services, Health Insurance Reform, Economic Development and Senior Citizens conducted a public hearing on November 27, 2013 and December 12, 2013. The hearing convened at 10:10AM and 5:30pm, respectively, in I Liheslatura's Public Hearing Room. Among the items on the agenda was the consideration of **BILL 215-32 (COR)-An act to add a new Article 24 to Chapter 12, Title 10 of the Guam Code Annotated, relative to the medical use of cannabis, amending provisions of the Controlled Substances Act, providing penalties, and for other purposes, also known as the Joaquin Concepcion Compassionate Cannabis Use Act of 2013;** Introduced by Sen. Tina Rose Muna Barnes and Sen. Aline A. Yamashita, Ph.D

#### **II. Public Notice Requirements**

Notices were disseminated via hand-delivery/fax and/or email to all senators and all main media broadcasting outlets on Wednesday, November 20, 2013 and Friday, December 5, 2013 (5-day notice), and again on Saturday, November 23, 2013 and Tuesday, December 10, 2013(48-hour notice).

#### **Senators Present**

Senator Dennis G. Rodriguez, Jr.	Chairman
Senator V. Anthony Ada	Vice-Chairman
Senator Tina Muna Barnes	Committee Member
Senator Benjamin JF Cruz	Committee Member
Senator Mike San Nicolas	Committee Member
Senator Aline A. Yamashita, Ph.D.	Committee Member
Senator Mike Limtiaco	Committee Member
Senator Tom Ada	
Senator Tommy Morrison	

The public hearing on agenda item Bill No. 215-32 (COR) was called to order at 10:10am on November 27, 2013 and 5:30pm on December 12, 2013.

#### **III. SUMMARY OF TESTIMONY & DISCUSSION.**

##### **Statements from Public Hearing on November 27, 2013:**

Marinalyn Hale: Thank you. My name is Marinalyn Hale. I am from the village of Malessa and I am here to testify today in why I think that this bill passing would be as a benefit to not only me, but other people here on Guam. I was diagnosed with systemic lupus at the age of 20 years old. I was



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active duty military at the time, so I did have a good support when it came to getting medical treatment. Currently, I am not active duty, but I do get certain benefits. However, Lupus PTSD a lot of these elements I personally dealt with on a daily basis. With Lupus, there is no cure for this illness. It can be stated as terminal and it is going to get worst for me and it has. I am only 28 and I am still very young. I have a son who I love dearly and I strive to be strong for him every day, but the pain sometimes does get overwhelming. I go through depression and anxiety problems, but I still try and fight. However, I have been prescribed so many medications over the past 8 years dealing with this illness. These medications come with so many side effects. Sometimes I get very weak and I don't have the strength to get up and even when I do have the strength to get up and care for my son or be with my family, I'm in pain. I'm scared to go out to the beautiful beaches on our island because the sun will affect me tomorrow. I've seen what this could potentially help me with. I could probably sleep better at night. I could probably get up in the morning and not be in pain, but I don't know because I haven't been given a chance yet. A lot of people here on Guam are going through the same things I'm going through and they may not feel that they need to speak up, but we do. We all need to speak up. We don't need to be intimidated. We don't need to be scared because our voices are our power. It's a right that we all have and I want to give my support. Thank you very much.

Senator Barnes: You're very welcome. (Short silence) Attorney Rapadas (Lenny Rapadas).

Lenny Rapadas: [Please see written testimony]

Senator Barnes: Thank you Mr. Attorney General. Before we move forward, I would just like to recognize in the audience former retired vice speaker, Ted Nelson, thank you for joining us this morning. Si Yu'os Ma'ase. Next up on the agenda is Ms. Chelsa Muna-Brecht

Chelsa Muna-Brecht: [Please see written testimony] (she also read Victor Rodgers Testimony)  
[Please see written testimony]

Senator Barnes: Thank you Ms. Chelsa. Ladies and Gentlemen also joining us this morning is my colleague, Senator Thomas Morrison, thank you very much. I'm going to go ahead and I do know there is still several people who want to speak, but the attorney general do you still have a pressing meeting or are you able to stay all day?

Lenny Rapadas: (inaudible)

Senator Barnes: Okay. So if it is all right we'll go ahead and entertain Mr. Vice Speaker

Vice Speaker Cruz: General, I was just wondering you decided to focus on 2 states, Washington and Colorado, both states have gone the extra step, pass what this bill is.

Lenny Rapadas: Right.

Vice Speaker Cruz: Have you looked at the states that have limited to just medicinal purposes and what the outcome is in those states.



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Lenny Rapadas: Those are states that I will be looking at. I chose Washington and Colorado because those are the two attorney generals that I have spoken to recently and they have done the gradual move from medicinal to the full on recreational use. I wanted to discuss with them to look at the range because unfortunately it may or may not happen in this case should this happen and what will happen in other cases there might be a move to recreational

Vice Speaker Cruz: I understand but the bill that is before us today is just medicinal and I would really appreciate though I would like to keep the decriminalization on the table for future discussion, I think this is a huge elephant I'd like to say that you would have to do it one bite at a time and it would seem to me if we could just limit our discussion to looking at the facts in the state of California and some of the other states where I've been in some of the dispensaries because the person I love I watch go from 185 pounds triathlete to a 105 pound bag of skin and bones and unable to walk 100 feet and the only relief that we have was in medicinal marijuana and saw the way they handled those dispensaries in California and I was wondering if you have the opportunity to look at the studies that were done in that state and in other states and have that as part of a testimony. This discussion of taking it further I'm hoping that everybody does not decided their going to keep discussing about taking it further. Let us limit it to the first bite. Just for the medicinal purposes right now. And so we can see that one clearly and address whether or not some people who I personally witnessed assisted in proving their quality of their life and the intensity of the pain diminish, at least address that.

Lenny Rapadas: Right, I will look at those also, but I did want to say that Colorado and Washington State. They broken out their experience and I have discuss this with you. Their experience with just medicinal, but I will also look—(interrupted by Vice Speaker Cruz)

Vice Speaker Cruz: Yeah, and so, I would've appreciated just discussing their experience during the period when they just had it as medicinal. The fact that they now broken the, open pan doors/ box completely and their shipping to other states, that is not—I want to know how the states that have dispensaries and controlled growing and controlled distribution; how is that helping their people, their citizens and what is the criminal if any, problems in their states. I would appreciate if we limited our discussion to that.

Lenny Rapadas: I will bring that to the committee when I submit my written testimony, but when I talked about the different periods that Colorado was keeping stats for there was a clear increase when they were just doing medical marijuana. I'm just saying that when you got to the point where there wasn't any and there was medicinal and then they expanded because they do have dispensaries they were on a conference a couple of months ago and you can see the green crosses where the dispensaries were. During that time frame, when the number of caregivers, and the number of licensed patients increased, these problems—this was even before the recreation was enacted—the problems were already showing with just the medicinal. That is why IO brought it up.

Vice Speaker Cruz: And your use of the number of fatalities, I will call your attention to go online to I think it was Monday's newspaper, PDN of that fatality where they finally identified the person who





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drove into the telephone pole who I think he is number 16 in the list and you go down the list and of the 16, if memory serves me right, 13 of them were alcohol related—(interrupted by Lenny Rapadas)

Lenny Rapadas: (inaudible due to interruption by Vice Speaker Cruz)

Vice Speaker Cruz: And we need to start addressing that I'm trying to figure out and not wanting to use your always or never and try to figure out which one of those 16 you can point to were marijuana. And even on Guam, I know that 35 years ago we decriminalize and I kept telling everybody that we really have decriminalized. We were at the forefront of the country when Senator Ted was a member—you were still at the DOE at the time. It was even before you, but we had decriminalized it. The number—the least that I've seen—and I went down and looked at every single one. I'm just saying please let's look at the stats. Let's start focusing as one of the other speakers mentioned of the, the number of people that we have to attend cancer related deaths because of smoking, or alcohol related deaths, and try to figure out how we can try to make the last few years the quality of life of some of these people that are in absolute unbelievable pain. As I was watching, Johnny go, I just could not figure out if I have that strength, I would probably jump out in front of a car just to endure the pain. We just got to find a way to assist these people to deal with the debilitating effect, the pain of the chemo and the wrenching, and the inability to be able to eat, and the only time that I was able to get him to get any food down was when we went to the dispensary and he was able to get something. I wouldn't have been this passionate have I not have to suffer through that.

Lenny Rapadas: I understand your concern and I stated earlier that I am here to talk about the law enforcement aspect of it and I don't want to claim to be a doctor, or an expert of the medical part, I am a biology major, but that doesn't make me a doctor. I am mainly speaking about the law enforcement experience so when we get into the other areas leave it to the doctors and other speakers here because that isn't something I am talking about. I will get to the other states who purely use just medical marijuana and the dispensaries, but again, the two states that I talked to that I reached out to, they had long period of just medical marijuana and their law enforcement experience has not been good already, so that's all I'm saying. I'm not saying that I'm against any alternative treatments there's Marinol; there's other drugs that derive from some of the components of marijuana that can be extracted and used for the various symptoms, the pain, the lack of appetite; all of that is working; maybe not in an individual patient overall generally, my understanding has been working. Again, I am only speaking to the law enforcement aspect that's something I am more acutely aware of.

Senator Barnes: Thank you. Senator San Nicolas has a question for the AG.

Senator San Nicolas: Thank you Madame Chair. I did have some questions for General Rapadas. You know, whenever we start getting into statistics and data, I immediately take a very keen interest because there is so many different ways to look at numbers. You talked about a whole bunch of numbers that of course are concerning. But I kind of want to get a little deep into those numbers. The numbers you spoke about were respect to after marijuana went from being illegal to two other periods, the period of it being approved for medicinal purposes and the period for recreational use decriminalization. I want to focus on just that medicinal period because that is what we're looking at for that bill. We're talking about stats with respect to areas of concern going up during the medicinal



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period. I wanted to ask did you have any stats of areas that also improved during that medicinal period that are actually in favor of the use of medical marijuana for example, did we see any improvements in the quality of life, the quality of care. For example, the cost for individuals needing prescription drugs versus the cost of those individuals being able to go out and avail themselves of medicinal marijuana. Do we see any decrease in their costs presented to us? Another question I have was do we see any decrease in drug related case loads for the attorney generals within those particular states? Do we see any decrease in drug related incarcerations? Do we see any decrease in the operational costs to dictate drug cases? And that is just looking at the statistics of whether or not— because the reality is if we go down this path of legalizing it for medicinal purposes there is of course, going to be an adverse impact in the community but the real question is from an utilitarian perspective is that impact going to have a greater offset to all the benefits that is going to come with it. Even when it comes down to proving prescription drugs, there is going to be that, that concern that is why we have all the listed side effects, the potential adverse effect of taking a drug, all those risks exist in legalized prescription drugs. We take those drugs because the benefit of the drug far outweighs the risk profiles. I've take certain prescription drugs, when I sit down with my doctor, 1% of the population is affected by this, 2% is affected by that, so when we are talking about percentages, 1% of a 100 million people is 1 million people, you know? And so, I just want to make sure that as we talked about data and statistics that ways concern about these medicinal marijuana we always need to make sure that we have in front of us and equal playing field for to analyze with their those risks are offset by the benefits because as of any drug, there are risks, but there are also benefits. And if 99% of the people are going to be affected by 1% side effect, then taking the prescription drug that is legalized through the FDA is something is at risk that the countries are willing to take. As we break it down and look at it at the local level, what exactly are we talking about and the other issue to the data is—you know when you talked about for example, a 200% increase in the 0-5 year age, a 200% increase in emergency room admissions there are two areas that we need to explore—200% of what? There is only one-- marijuana was illegal and now we have two or four, four versus one. I mean, that is 200%, but really isn't only 3 additional and then you can even break that down in further and ask, how many babies were not brought into the ER because they are overexposed to marijuana and marijuana was illegal. Maybe those numbers increase because it was no longer illegal so families felt comfortable taking the baby in. I mean maybe that same family that brought the baby in that was a part of the 200% increase maybe there was a situation previously where another baby should have been brought in but at the time it was illegal and they didn't want to face any prosecution. When we start going down the road of legalizing these things, we are going to see increases in data like that, but a part of it could also be because people are no longer afraid to come forward to seek the help they need and those are the kind of things that are difficult to measure but that's why we need to have everything on the table when we are analyzing these things because I think it is very important first to make sure not only measuring the adverse impact which there will be always in everything we do that has to do with pharmacology. We don't just look at the adverse impact but at the cost benefit, the risk reward, are we going to see small percentages increases at the adverse side and large percentage increases in the benefits side and at what point do we weigh that risk and say that is a valid risk to take for our people. And that's a very big undertaking to be able to research on that, but I would like to get more information on how those percentages play out and as the Vice Speaker brought up also and I think someone testified earlier in the written testimony, there are 26 states that do medicinal marijuana there should be a lot of data that we can pull from all of those different jurisdiction, but I also think that it is



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important for us law makers to look at the rationale behind how those different jurisdictions came to conclusion that it would be a good thing for their people because clearly, there is going to be some risk, but what about benefit? I think we need to look at that carefully.

Lenny Rapadas: Okay. That is a very long question. First one, regarding whether or not I looked into socioeconomic aspects of the legal aspects of marijuana and looking at it from just the medicinal marijuana aspect. From what I reviewed, from what I presented, from what I will eventually present to you in written form is mainly again the law enforcement aspect. It didn't discuss the socioeconomic, the impacts of taxation and so forth and in fact, I think Colorado didn't even do the taxation until recently, it was just essentially and economic free for all at the time and now they are able to tax the actual income that comes in. Regarding some of the statistics, when I talked about the 200% increase, this was regarding the 0-5 age group, so essentially kids, exposed to marijuana some way or somehow either through ingestion or maybe drinking some of the juices or whatever that's out there, you bring out a great point, that was a number that went from 4 to 12 and this is an average per year, but these are again, the youngest, the very—they can be affected much more greatly than an adult like us—that number actually went from 4 to 12 on average these years. The numbers that I've been, stats that I've been giving you, because it is so early in the game I hesitate calling it a game are actually up until and are actually in the middle of the medicinal marijuana period so when I talk about some of these statistics and how they're going up its within those—and I'm not even in fact, the authors say because it's a really rustinian another 3 to 4 years to look into the recreational part of this whole thing so I agree, I'll leave that out because it is not in the table now, but medicinal marijuana the statistics that I've been going over, showed a marketing increase trying to recall any other questions that you have...

Senator San Nicolas: Just the comparative data on the benefits of all the other states—how those risks profound has increased but also to how they benefit us

Lenny Rapadas: I will provide that and just as one thing that I recall dealing with when I was a US attorney because this issue was still just starting to become hot and senators brought it up—there will be abuse, there will always be abuse of the system should this happen, I can recall in the state of Oregon, they prosecuted an individual for getting his dog in a marijuana health card, there will be abuses there's no doubt about that and we as community we need to decide whether or not we need to live with the abuses again the thing I want to make sure is we look as far ahead with as many data that we have and look as far ahead and anticipate the problems that may or may not happen because what's happening is there is no regulation as far as strengths are concern strengths are all over the map, FDA is not looking at a standardized strength or except for Marinol or the other derivative, but marijuana itself is all over the map, there's no standardization which could cause problem with people using it. I will provide the committee with a more comprehensive look at the other statues the other states that deal with medical marijuana and I was thinking and I am fairly sure what was happening in the Washington and Oregon experience is relatively the same, but not taking into account the socioeconomic area this is just the law enforcement part which I am concerned.

Senator San Nicolas: And if I could also request statistically, if we can look at how much were the cost for law enforcement before medicinal marijuana was legalized, and how much was the cost after it was legalized, and then with respect to the bill in particular, do you believe you have the capacity



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to enforce the provisions that are contained in here and what additional resources may you need should this become law to be able to enforce it effectively and mitigate as many adverse factors as possible

Lenny Rapadas: OF course the—one of the discussions I had with the Colorado AG is that they're seeing more youth—for lack of a better word, going to class stoned and that's something we hear about, read about but the numbers have been increasing while the number of prosecutions of adults has gone down, the number of prosecutions for having minors access to marijuana have increased. There's a different law enforcement dynamic that is happening right now in the state of Colorado and Washington that they didn't foresee. And it again one of the things they didn't foresee was the banking regulations and how they don't take into account the marijuana proceeds because banks still cannot—except probably I believed the Philippine banks here they are not covered by FDIC but most not all the banks, except the Philippine banks cannot take in proceeds from marijuana because under federal law under federal regulations it is still an illegal substance. That's an unintended consequence. There are warehouses literally with cash.

Senator San Nicolas: With respect to this bill, do you believe your office has the capacity to be able to enforce the potential outcomes that will be taking place in the results of its passage if it were to pass or have you evaluated that or have you evaluated that if you don't have the capacity what your additional resource need to may be?

Lenny Rapadas: With any new mandate with my office to do prosecutions and so for the there is always going to be a need for resources. I don't want to tell you yes, I am going to need people because like I said, what is happening now is that there are very few marijuana only prosecutions that occur in this jurisdiction. If it is less than an ounce, pay the fine your done. If it is more than an ounce you will not see jail most likely, but if you're selling it right now present with the intent to distribute there's a possibility but I can't really say, but resource wise, there is always going to be a need for resources but we haven't analyzed the statute from that aspect at this point.

Senator San Nicolas: Okay. Thank you.

Chairman Barnes: Thank you Senator San Nicolas. I am going to go ahead and excuse the three. You're more than welcome to stay to hear others and if you need to leave you can be excused.

Lenny Rapadas: Am I a part of the three?

Chairman Barnes: Yes, I will call up Mr. Ken Concepcion, I will call up—(interrupted by Lenny Rapadas)

Lenny Rapadas: Si Yu'os Ma'ase, Thank you very much, committee.

Chairman Barnes: You're welcome. Hold on, I apologize. Attorney General, please, I do apologize, the coauthor would like to ask you a question, I do apologize, but I will still call up Ms. Quinata and Mr. Ken Concepcion.



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Coauthor Yamashita: Thank you very much Madame Chair and Vice Speaker Cruz for letting me use my last minute decision to make a comment, my comment really is to reiterate the statement I believed the Vice Speaker is making and that's we seem to be comparing pineapples and mangoes and I—with what the previous speaker just raised about the Colorado rates and all of that Colorado is recreational and so those numbers—we're proposing here is highly regulated option for those of our families who are in great pain who's decisions are made by their doctors and themselves—that is what this is about. There is no notion of recreational use and there is a lots of comments in here about it being regulated and the body that is going to do it our professionals in this area and I think that really needs to be understood because well, it is already out there that we're going to legalize pot and the kids are going to go to school stoned. That's nowhere on the table and so I appreciate the Vice Speaker making his statement and so I too would like to defined the issue and make sure that as we proceed that it doesn't do that and we have already been saying to those who are saying 'so it's going to be available recreational' no that is not what we are saying at all but we had to many families who had to go off island and had to live the remaining days of their life off island, in pain, away from their family and island and this is an opportunity to say if your doctor says this help you, you can come home and you can pass, you can live your last few months, and you know Mr. AG for those who watched our families die away, for me, this is just what you want, we already know you're going to die, and if this is what is going to do and I know people are saying I'm getting emotional, I'm getting all of that—I am, I am, there is no doubt that I am because if we already know that this can help, and if we already know that is between you and your doctor, and it is highly regulated, so be it. So you know I really do appreciate again what Vice Speaker Cruz and Senator San Nicolas have raised and how do we look at the data and how we look at the paradigm and certainly, we appreciate all those unintended consequences that your saying that our states are learning from, but right now, I don't see any of us going in that particular lane and stuff so Madame Chair that is all that I wanted to say, Thank You.

Lenny Rapadas: If I were to take out, just the recreational part—period in my discussion, my remarks would be exactly the same like I said when we talked about statistics they go up to the medicinal marijuana part and they are still looking and still collecting data on the recreational part. My remarks would be exactly the same if I were to take those stats on.

Coauthor Yamashita: Okay and I appreciate that but I also question how in Colorado all those kids are stoned in medicinal marijuana, so you know I won't prolong we still have many people who want to share their thoughts I agree with Senator Nicolas when we look at any study and kind of statistical set, we can always make a case and for those of us who studied enough and researched, we know that.

Lenny Rapadas: Can I make just one more remark, just one more remark. I don't want you to think—this committee is not the only body who has seen loved ones past away. This committee is not the only one I too have seen the debilitating effects of cancer and other issues—and that's in my mind to when I testify. I am looking at it at a law enforcement aspect and I believe is not a part of this discussion and I want to make sure that it is a part of it and as a legislature in his wisdom goes the marijuana way, that is fine that is something as I, an attorney general can live with. That is absolutely fine I just want to make sure that the legislature makes the decision based on all of the facts out there not just facts from the attorney general not just facts from the normal, not just facts



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from drug court professionals, people who do this day in, day out. I want not just those, I want you, this body to have all the necessary information it needs to make its decision. So I appreciate the opportunity to speak to you. Thank you.

Chairman Barnes: Thank you Mr. Attorney General.

Lenny Rapadas: May I be excused?

Chairman Barnes: Any other questions for the Attorney General? You're excused. I would also like to invite to the table Thomas Buckley, I'm sorry I didn't see him earlier. You're more than welcome to come to the table Mr. Buckley, have a seat. I can also invite Latacia Cruz. Did you wish to speak? What about Ann Marie Camacho? Okay, just here to support. Thank you very much. With that being said, we'll go ahead and start with—you're more than welcome to yield Ms. Quinata because Ms. Emily was waiting or—

Emily Concepcion: Hello, my name is Emily Concepcion and I am the wife of Joaquin Concepcion II. I am here to speak on what I've witnessed my husband go through and how medical marijuana did help him. It really did help him. K.C. underwent—he went through so many different kinds of chemotherapy none specially for his ailment—which was 4<sup>th</sup> stage stomach cancer, the cancer did indeed spread to his liver since day one since we found out, so but then and there he was given a time rame by many oncologists. Did he believe it? No, he didn't. He thought that no one is going to give him a life sentence; no one is going to tell him that his time is up, so what we did was, we moved—we left, we left Guam, so he can get a better shot at saving his life. So, you know we did relocate to Alabama, they were unable to help him there, so we relocated to Washington, which does have medical marijuana available for patients who need who want it. So, with chemotherapy, my husband suffered from nausea, vomiting, loss of appetite, he couldn't grip things, he had numbness and tingling and skin problems—everything a 32 year old shouldn't experience, he was. All I can do is stand there and support him. I was willing to do anything I needed to do to save his life and so was he. So I thank you Senator Barnes and Senator Yamashita for listening, for hearing us because, I watched my husband lose 50 pounds. He was healthy or at least we thought he was. He was healthy and then he wasn't. He lost weight. He was skin and bones. He could not eat. He could not crave anything. He had no appetite due to chemotherapy, and that's chemotherapy in itself. Having gastric cancer is another ball game you have the symptoms that are associated with gastric cancer, on top of that he had to deal with the side effects from chemotherapy. He had everything coming at him. What he did try, he tried over 6 chemotherapies, because he was willing to do anything he could, so he did. He tried chemotherapy. He tried painkillers, many many different kinds of pain killers to the point where it caused constipation, insomnia, and everything he did caused insomnia—he couldn't sleep, he was worried, he was worried about his children, he was worried about his family, he was worried about everything and then his health. He wanted to stay here longer for us, not only for himself, for us and those of you who know of him a lot of people called him KC. He loved his island. He loved his people. He loved everybody. He is the most positive person that I know and he just wanted to be here longer for all of us, so he did try all of that. And then, he got medical marijuana, which I really want to stress which was very very very controlled, it was extremely controlled and the AG said there was no way of measuring the THC in the marijuana. Had he had spoken to one of the



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collectives in any of the states, he would've been notified that there is a way because my husband had 16% THC in the marijuana he was smoking. I wouldn't have known that, he wouldn't have known that, unless he was told by the professionals themselves. So, what I'm trying to get as is KC wanted to come home. He wanted to come home, he wanted to see his grandparents, he wanted to spend his time with his family—families, many family members, but he couldn't. He had to stay where it fit him best, health wise. He couldn't have gone on vacation, he couldn't have a bucket list like most people do, he had to stay put, he had to smoke marijuana to help him get through his everyday life and not only did he smoke marijuana, he also ingested Ricks hemp oil, which helped him, you know a lot of people are saying that marijuana is a cure or is not a cure, for KC, it obviously wasn't, but it did help—a lot. And so with all the medications he was prescribed, he was also hospitalized for cancer patients, you wonder the doctors are able to prescribe you all these painkillers and this and that but with the painkillers, there are so many side effects that you can't even keep track, and that is for one pain killer, you also have another pain killer, you also have your nausea medicine, certain things you can or cannot do, with KC his liver was affected already. 88% of his liver since day 1 was covered with tumors, so he was limited on medications of what he could take for a certain amount of time but his options ran out as far as trying to avoid the painkillers that would go to his liver and would affect his liver more—that was no longer an option for him, not in the later stage of his life. And so, KC would ingest it, there is also something they called metables and they put it in food form so if the smoke bothers you, you can ingest it. If it ingesting it bothers you through a pill form, you can have it in a snack form whatever way you take it, its medical, it's going to help you just as it did my husband because it helped him he lost weight, a lot of weight. He was skin, he was bones, when we left here, but he gradually started gaining the weight back again. He was healthy he continued to do music more, which he stopped, he did stopped. He battled depression. Anything you can possibly think of, he went through. He had an issue with it. And for someone of his age to be depressed, there's nothing I could have done or anyone else could have done or said to help him, but he did find comfort in medical marijuana and so with that he started gaining more weight, he did. His appetite was back he was doing music, he was doing basketball, and he was doing everything that his doctors told him he was unable to do. He shouldn't have been alive, basically. So he did everything, he drove, you know when he drove, when he was not medicated he would be driving. We took a road trip to California but he couldn't stay long because of his medical marijuana. He can only stay in Washington with his Washington state license. It helped him a lot and, and in a sense my husband did have peace. He found peace before he past and we should all be happy that he did. But at the expense of his life, I don't know, which would we rather have? So, I'm here to say please listen to the people, hear them, you know, medically, let them help themselves, who are we to tell them no, no you can't save their life, if they feel like it will help them, let it help them. Should they choose to go a different route, then that's up to them but allow them that option to do so, give them that option don't sit there and tell them what they can or can't do with their life, especially when it comes to saving it. They have people to live for. My husband had people to live for. Thank you.

Chairman Barnes: You're very welcome, Emily. Mr. JC Concepcion

Joaquin Concepcion: [Please see written testimony]

Video Presentation by the Family of Joaquin (KC) Concepcion



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Joaquin Concepcion: That was the end of the presentation; KC did that back in December 2012 about 8 months before he passed on. Like I said, with the absence of data and all the stuff that is required to make further studies as to how to amend the bill that was beforehand here this is what we had. This is the experience—look at that. Si Yu'os Ma'ase again for hearing this. Thank you so much.

Chairman Barnes: My pleasure Mr. Concepcion. Thank you very much for your presentation. Ms. Quinata.

Debbie Quinata: Hafa Adai. Si Debbie Quinata. I am here to testify in support of medicinal marijuana. The reason I am so supportive is because I have some ailments myself one of them is GERDs which may lead to gastric cancer. I have taken so many different medications. I have several here that I have to take on a daily base. I have pain killers that I have to take or I won't be able to function. I can no longer drive. I have difficulty with my appetite. I practically not that—I know I don't look like I'm starving to death or anything, but I work very hard to make sure that I eat. I practically live on tapioca and very fattening but not high cholesterol type food because I have to have food to take all of this. With all this medication that I have taken it has gotten so bad that now I can develop and have develop allergies to several of them which has reduced me to sometimes when I go to bed I can no longer be alone because the allergic reaction will kick in, I stop breathing, I turn blue, I stop breathing, swelling, and if someone isn't there to give me a shot with an epipen which Dr. Perez and my other doctor even in the Philippines is a life saving. I've had several trips to the emergency room where my children were convinced I was dead. I was recently in the Philippines because my daughter was diagnosed with cancer. She is 95% cancer free, but I was given a synthetic drug that was made somewhere from mercury drugs for stomach issues. Normally, I take prylaceth but the doctor there gave me a new pill, it was a supposedly to address the severe pain, diarrhea, and nausea, but what it did, it poisoned me, and put me into anaphylactic shock. I was in the St. Luke's emergency room and I was there with my daughter when we were trying to deal with her—having cancer. I had thought of marinol, I read upon it and it is a synthetic drug. I now realize I can't—that is not an option. Synthetic drugs are manmade, I believe in God. When it comes down to choices, I am going to sit—between man or God, I am choosing God. I drink laguana and eat laguana and I eat papaya cause of the constipation that does comes with taking this medication is very real and very painful. I can no longer work, which is just brilliant because when I—as a mother I did things choose to stay home with them, so you can tell I don't have a pension plan. I was given a choice at my job and the union which was supposed to protect employee's right. Again I was asked to sign a waiver to disregard my doctor's order not to drive, to disregard to stop taking my medicine or I was going to lose my insurance and I guess, so I had to resign. I am thanking this body for taking on this very difficult task. I know it is not easy. I know people look at you guys, I know people look at us. I mean, I've been told I am a druggie. I'm sorry, I guess I am. I'm addicted to Pericardia and Lopressor and some unpronounceable thing. Yes, I'm addicted to an epipen. I don't take illegal drugs, I don't want to be a criminal, but I have to. I want to see my grandchildren grow up. I want to have great grandchildren and I want my doctor to have the option to choose to prescribe if he believes that it will work for me and I think he kind of does because maybe there are three medicines that are reduce from my taking which lessens my allergic reactions. So, as I listen to Mr. Concepcion's family's story and I seen many different stories and seen the pain the people had suffered in trying to deal with what there laud in life which is whatever ailment they would have to





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face. I am—God has given us another medicine like most of our medicines that most of us take. Aspirin came from a tree. Most medication that works is herbs. Marijuana is a plant that was made and it eases nausea, it allows you to eat, it lets you sleep and have a little bit peace and loving time with your family. I beg you guys please do the right thing. Because are people need to have options, some of them can't take anything which is why maybe it's such an early age they try these different medications and their allergic to it and it kills them. This is an herb that has been studied for more years that I've been alive. And everything I read basically states they have not had conclusive evidence proving it to be dangerous. It is a —cigarettes have nicotine and additives marijuana has THC that they're trying to duplicate in a pill. If it is controlled and we have the ability to ensure the environment—the growing environment of this medicinal herb I think we will be doing a great service. I am very sorry the medical association is not in support of this, but I unfortunately do know they get a lot of funding from pharmaceutical companies. Money is very important, I understand, for research and for their practices but not on me please and not on my children. Use the lab rats, please. I understand their desire to stick with prescriptions. It is an advantage and some of these prescriptions are miraculous some of them are poisonous. Thank you for this opportunity from the very bottom of my heart. Thank you.

Chairman Barnes: You're very welcome Ms. Quinata. Before I have Mr. Buckley speak, I'm going to go ahead and invite Mr. Ken Concepcion up here also, if you can just go grab a seat and then I'll have you speak after Mr. Buckley. Mr. Thomas Buckley you may precede, Go ahead and speak into the mic please.

Thomas Buckley: Ladies and gentlemen of the panel, Vice Speaker, BJ Cruz good to see you again sir. Do you need it a little bit closer? Do you want me to speak louder? Madame Secretary, Tina Barnes, thank you, Senator Yamashita, I already said hello, Senator Morrison, good to see you sir, good to see you sir, Senator San Nicolas, good to see you too, sir. My name is Thomas Buckley also known as Captain Tom. My age is 61 years old. I've been on Guam since the year 1990. This is my home. I came here from Hawaii before that, from California. From Hawaii, I delivered a boat here and when I got here—I was wondering before I got here, what is this Guam, I want to see what it is, when I got here, my eyes were open—this is a beautiful place. Anyways, I'm licensed through the Department of Transportation out of all 110 boat license I done international deliveries regulated through the coast guard. Right now, I am full time student at UOG working on towards my degree in believe or not, a new field that is opening up, Chamorro studies. Yes, I'm taking Chamorro language as my staring courses and my teacher (cant understand) we're kind of becoming friends. This all started off on January 24, 2010. I was walking through the parking structure of Micronesia mall and this kid on a double date was kind of hot roding through the parking structure because it was so dark. Never saw me when he was trying to back into a parking space, I never saw him coming either. Next thing I knew, he hit me from behind. I never knew he hit me. All I know is waking up and looking up at a gas tank underneath another car. Since that day, I have not been able to out on a boat. I was a viable member of society. I was taking people out on boats in the tourist industry. I was delivering boats internationally, but since then I can no longer take too much motion on my back. They prescribe me pain pills and stuff. They tried acupuncture. One thing that helps are the injections that I get for the steroids but it is very temporary. The pain pills with my studies and stuff for UOG, I had to pass on the math. I could not function the thought process enough to get through the math so I put it on hold. I'm going to hopefully test out this summer in math. December 1, 2012, I was involved in



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a very bad accident one couple and myself; my left leg was shatter, when I asked Dr. Ballenger, how many pieces? He looked at me and said too many to enumerate to. I didn't wear socks, you don't need to see it—It's kind of crooked and you look at it you'll "ehhh" as far as I do. They had me in the hospital for 62 days on that and when I first checked in I guess from the drugs they have been given me I was pretty delusional and lucid. I was very lucid. I have a memory of an entire Chuukese mafia after me. I have a memory of being in heaven asking an angel if I was dead. When I was finally released from the hospital, I didn't recognize the island. They released me with a lot of pain pills and stuff. Like I said, the pills that gave me had great side effects very bad side effects. I was fortunate in the fact that some friends have access to marijuana and then provided it to me to relive the pain. When I would take a puff of that marijuana because this leg and my back were throbbing—when I would take a puff on that marijuana it's like a door closing on the pain before I even release that first puff. That how immediate it was. Granted it was probably was a very good grade of marijuana and it didn't take much. I'm not going out, looking for a party or anything, I'm just looking for the pain to stop—which it did. It isn't always available so I would have to revert back to the pills which I'm really putting off of as much as I can. Some of the pills they have me on from the original accident in Micronesia mall was a sleeping medication which gave me I believe an adverse side effect—I wound up in the hospital. I don't know I guess delusions at the time. The medications changed it's not as, as effective and it is also not as dangerous for me what I take now. I have never ever wound up in the hospital from smoking marijuana. It has never has caused me any adverse effects in my studies. There were no long term side effects as far as causing me to be aggressive or anything let me just tell you I'm not a home invasionist. I m not the guy who goes out and robs mom and pops stores—I'm not even a shop lifter. Now, there's no halo above my head. There's no horn either. I'm not a criminal. I don't consider myself a criminal. But could you imagine what it would be like to wind up in DOC for doing nothing other than what is my God given right to place what I want in my body where I see fit—to treat my condition. It is what God made. I believe it was a God given right. I would like to thank you all for listening to me. Si Yu'os Ma'ase.

Senator Barnes: Thank you for being here this morning. Mr. Concepcion

Ken Concepcion: Good morning Madame, Mr. Vice speaker, Chairman Rodriguez. My name is Kenneth I. Concepcion. I am a Vietnam Combat Veteran. Let me preference this with my testimony in the interest of remedy during my career in the air force when my first assignment was carrying casualties out of Vietnam to care forces for treatment. I carried a lot of them and most of them are loaded with morphine and I don't fault anybody for it morphine was not to cure their injuries however it was to alleviate their suffering until they can get to an acute place where they can be treated properly. I am kind of disappointed because I looked around and I don't see any of them, experts—medical society or association to present the reasons on this matter. I've been hearing on the radio that the committee is giving them another chance to come forward. Like Mr. Ken Concepcion use this time for compassionate work. This is kind of a paradox to what we're trying to accomplish here, but we got to—let's move on. I'd like to take this opportunity to thank you people for building the courage this rather difficult and very contentious matter and to also I'd like to take this opportunity to provide my support to this bill that was stated earlier. The medical marijuana is not a cure for the ailment, whatever ailment—the captain over air, to cure—to alleviate the pain. I'm sure—I'm certain that he is well aware that his shattered ankle is not going to be repaired, but the pain that he has to endure is his pain alleviated to some degree, and that's all we're asking for. Like



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those veterans who were loaded with morphine to get the acute care. Again, like I said, I would like to register my support for this bill and I hope that this community will continue to pursue this matter and I know it's very difficult because God knows where to derail this, but this is a very noble objective and I hope that you continue it. Thank you very much for hearing my testimony.

Chairman Barnes: You're very welcome Mr. Concepcion. Thank you before I open up the discussion to my colleagues I just want a note for the record based on your inquiry I want to thank the committee and Senator Rodriguez who sent out the proper notices to the media and distinct parties and on the personal note, tomorrow, we did send out invitations to GMA, GMS, there was a response from them and those were tailored exactly taken from the American Medical Association word for word the fonts weren't even changed that was submitted through the GMS via e-mail to our office. Also, those who were invited and needed to come was the Attorney General and the US \General Attorney's office—we did extend invitations out to a lot of the members from the community who felt that they have interest in concern, interest of support and those were out. I want to say the coauthor and myself have been to several TV interviews and radio talk shows. We've also—I want to take the time to thank the Rotary Club of Guam who gave us the opportunity to speak on a couple of occasions but more importantly to have a opposition speak on the day of the presentation in their lunch and meetings. It doesn't stop from here. I also want a note for the record based on the commitment on the committee of health did share from members of the community that because this bill is very sensitive and could be pretentious people may need time to come back to that there will be a second hearing it is schedule it is a markup hearing scheduled for December 12 more than the 10 days required of this date and it will be at 5:30 in the evening, so I'm going to extend as also a form of notice to the listening audience out there if you didn't make it today, you're more than welcome to be here on December 12 at 5:30. I will open for concerns or questions from the coauthor, do you have any. Senator Morrison? Vice Speaker? Senator San Nicolas? With that being said, if additional written testimony is wanted we would take that from the committee on health. I'm sorry committee on health and that can be sent to [senatorrodriguez@gmail.com](mailto:senatorrodriguez@gmail.com). Com you can call their office at 649-8638 which is todu t-o-d-u and their fax simile is 649-0520. Our offices will also receive written testimony or electronic testimony and that would be [senator@tinamunabarnes.com](mailto:senator@tinamunabarnes.com) or 472-3400 is our fax number and our phone number is 472-3556 and Senator Yamashita's office.

Coauthor Yamashita: our email is [alineforfamilies@gmail.com](mailto:alineforfamilies@gmail.com)

Chairman Barnes: We do definitely apologize for the audio here but again to the listening audience and for everyone here we want to thank you for taking time off our very very busy schedule on behalf of the committee on health to present your oral testimonies and we continue to invite you to extend to your family and friends that the continue hearing is for December 12 at 530pm in the afternoon in the public hearing room. I am committed to do a couple more presentations and I do know that at the request of the University of Guam through the social work program and also through Dr. Magnich to do a presentation there and they will also be gathering information from the community to share their findings with us and we hope that they're findings would be submitted on the December 12<sup>th</sup> hearing. And if there are no other questions or comments from my colleagues and if there are anybody else out there that would like to speak. I don't see any; we would like to wish everyone Happy Thanksgiving we would call this public hearing adjourned at 12:06pm. God bless each and every one of you.



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### Statements from hearing on December 12, 2013:

Chairman Rodriguez: Thank you very much Senator. If you wish to testify orally, I ask you to please approach the table on the left to sign in. We're going to put a 5 minute limit on the time of testimonies and if you have any others that you wish to share with the community, I ask you to put it in writing and submit that after the hearing today and as the Senator said, we want to make sure that we get as much input from the community that is why we had a second public hearing which is today. And so, we'll continue to keep the record open until such time the committee reports out Bill 215. I've invited the Director of Public Health to give us the public health perspective on Bill 215, and so he's here today, I think him to deliver his testimony and also provide us some information he'll presenting PowerPoint after his testimony. Mr. Gillan.

Jim Gillan: [Please see written testimony] [PowerPoint presentation]

Chairman Rodriguez: Thank you very much Jim, for that presentation here—your testimony. Senator Barnes, do you have any questions for Mr. Gillan?

Senator Barnes: No, I don't. Not at this time, Senator.

Chairman: Okay. Senator Ada?

Senator Ada: Mr. Gillan, you were mentioning about having the doctors prescribe the—neither wants to prescribe it.

Mr. Gillan: No, we know that Senator Barnes drafted this with Senator Yamashita and what they did is they're not prescribing because but you can't prescribe a schedule or a drug but you can write a certificate in the medical record that says or send me a letter that says John Smith may benefit from the use of marijuana for medical purpose for his medical condition, so they get around it with the prescription issue by issuing a statement.

Senator Ada: So it's just a statement not actually a prescription. Thank you.

Chairman Rodriguez: Thank you Mr. Vice Chair. Other cosponsors, Senator Yamashita.

Senator Yamashita: Thank you Mr. Chair. Mr. Director, thank you so much. I truly appreciate your presentation.

Mr. Gillan: Thank you ma'am.

I think you did a fair job. I think you were open and honest. And I think a lot of the concerns that you raise are concerns that are concerns. And so, and you were right, that the issue will be addressed and nationally, and locally, and as 21 states have already said, that legally, we can prescribe medicinal marijuana. Based on our island, many of our families are saying they would like it as an



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option. I appreciate all the concerns from the funding issues to the regulatory issues to how real are we going to be able to do this. I think the comment you made about the doctor—it isn't a doctor—certified in medical marijuana in that whole field, I think the slate that Senator Tina has put together, the 7 of them, one includes a community member, but those certified—one certified in urology, one in psychiatry, one in pain management, one in family management; there is six of them, but I think the idea was collectively, they be able to say what would make sense or not make sense, but I think also that this is such a baby step right now what we're doing because we would have you as the public health director really craft all of those rules and regulations and I was talking to one of Dr. Donaldson's students in the hallway and saying how this really is just the beginning if this goes forward, if we get the support right, but it's really—we look to you to really get in to the community what is the best way to move forward so that it is safe so that our toddlers don't think oh that's a brownie it's a green brownie oh wow right so those are all the issues, but the focus again of this is, for me, is when we know already, we are going to die, we're all going to die, but when we know we got three months left and we're in such incredible pain, I would like to give our families the option of living with dignity and dying with dignity on our island, here. And if that's the only thing that gives them appetite and lets them live with dignity, then that's an option. But again, Mr. Chair, and Senator Tina, I really appreciate the aspects that our director has raised and there are really critical ones that we do need to address and to highlight and discuss- the smoking issue, absolutely. Smoking is not good for you, so then we can look at the ingestion of the marijuana and how does that look and it does have to be highly regulated but for sure funding is an issue—how is that regulated. And certainly everyone knows that public health is really limited in resources right now. We know that you're having a tough time reaching all of your mandates and that is a reality check and so I do appreciate you making that statement. Thank you Mr. Chair

Chairman Rodriguez: Thank you Senator. Senator Limtiaco.

Senator Limtiaco: Thank you Mr. Chair. Mr. Gillian, just referring to page two of your testimony regarding the Guam Uniform Controlled Substances Act. Could you expand a little bit on that and how it relates to your written testimony? Is this your testimony here? Sorry, I just want to make sure that this is your testimony.

Mr. Gillan: Yes it is, but—(interrupted by Senator Limtiaco)

Senator Limtiaco: Okay, I guess there is some—you have some concerns regarding the no changes to the Guam Uniform Controlled Substances Act as addressed on the last paragraph on page 2

Mr. Gillan: Again, because we can look at packaging, we can look at dosage amounts on—where is it—regularly—how do I put this one—because of the way this is going to happen we will be able to determine what is a safer adequate substance. The fact that marijuana again can be grown in all kinds of strengths and strains, and we have no way to determine and it even states that they've done this for awhile with determining whether their fungus free whether they're mold free you know,



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licensing the dispensing activity, again the quality of the substance. You take us out of having to overlook any of that, okay. By exempting this schedule 1 drug for a certain purpose, okay. We don't deal with it at all basically, because it is not something that we look at because it is not a pharmaceutical that we regulate and now its going to be something that we're going to have to deal with this public health agency because is now for this particular use is acceptable and we have to make sure that it meets quality standards and we don't know what that's going to be and it's going to be a very difficult situation for us. We just don't have people who can deal with that right now and it's not to say we can't. We don't know what it's going to cost, we do—we do want to protect people from the products they get that is suppose to at least alleviate their condition. So again, it's us having difficulty separating the medical use of cannabis from cannabis in general. It's the same thing, right?

Senator Limtiaco: Okay, Thank you.

Chairman Rodriguez: Thank you Senator. Senator Morrison now? Sorry, Senator San Nicolas. Mr. Vice Chair? Mr. Vice Chair go ahead. Okay.

Senator San Nicolas: Thank you Mr. Chairman. Mr. Gillan, thank you for your testimony. I appreciate what you have to say just as much as I appreciate what the Attorney General has to say about the issue. I think that the people of Guam need to be very grateful that our regulatory and law enforcement entities are doing their jobs of making sure that we're looking out for the best interest of the people. I would be more concerned if the AG and yourself were throwing your arms up and saying lets just do it. I think you guys are coming to the table bringing some serious concerns that we do all need to weigh and take into consideration, so I appreciate all the work that when in to your presentation and testimony it is a real service to our people. I do have some questions in regards to the presentations that you just made, particularly in the pages 24 and 48. Each of these pages indicate the health risks associated with the use of marijuana the risks of overdose on page 24 and on page 48, the adverse health effects and as I was reading those of course when you read them you don't want any of that for anybody, but I was thinking of prescription drugs and the long list of health risks and adverse effects that prescription drugs have. I remember just the other day, one of my staff and I were chatting and they were talking about the commercial they saw for Chantix, which is a prescription medication to help in smoking cessation and this staff member of mine was telling me that when they're watching it, that the beginning, her son turned to her and said mom you should try that and by the end of the whole side effect disclosure: suicidal thoughts and all those other kind of things her son said: mom don't try that. So when I weigh what we have already in terms of prescription drugs and all the risks that are also associated to the risks of cannabis use when you compare them apples to apples, it's the same thing in terms of risked and potential benefit prescription drugs have their risks just as marijuana has it's risk, but there is also the benefit side to the use of the prescription drug and what were weighing here is also the benefit side to the use of marijuana, so I just wanted to clarify you stated your opposition to the bill, but how about the concept of moving in to the direction of utilizing marijuana for the medicinal purposes.



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Mr. Gillan: Again if all other mortalities have failed, I really don't have a problem with that. If we can make sure that what we're delivering to people is as safe and clean and well regulated as possible. And I agree with you, prescription drug abuse is an even more serious issue, more deaths related, unintentional use/ misuse, obits responsible for more deaths then probably more illicit drugs again I have not seen a direct relationship with marijuana and mortality except if they ran into a telephone pole, but that is not a direct cause. Again, I am very sympathetic to people in pain who have not responded to any other medical mortality, but I would leave in some states they just leave it up to the physician; if the physician wants to write the certification, the physician would write it; we don't have to require all physicians to write it, it's that those who choose to do so that gets around that issue because there are many number of physicians who are probably very quiet about this right now who wouldn't have a problem with this, but there are others—as I said, on this issue, its either your for or against your issue on the fence, but a study I looked at—I've been doing a lot of research on this because I'm very serious about if this happens I want to do it right. 90 prominent physicians were surveyed about 54% of them were in favor of the use of medical marijuana; there was a group on the fence and there was another group almost close to the 54%, it was about 49 or something like that, but if you halved the group that was on the fence you'll have a fairly good majority who are in favor of it. There are many more on the fence because basically they are free to take the position. We had a long conversation with the governor; he gave us an hour of his time on this. He is very compassionate—he understands that this is something that needs to be dealt with those people in pain who can't get any other relief, but he is very concern about again the regulatory aspect how we're going to do it the diversion of this we're going to allow for home growth how are we going to make sure that's secure; I can't even our guys to inspect all the restaurants we need to inspect every year and now we're going to do this. You know and we want to make sure that it is done right, okay? But you know—again I assure the quality of the product. Arizona has a very good quality control program, but they've got 7 million dollars a year to do it with. Other states are actually looking at this some of my colleagues in other health departments are looking at this as a major revenue source, Massachusetts is going to have 35 dispensing facilities and anybody can apply for a non refundable fee of 30,000 dollars and so just on the initial applications they're going to make some revenue; and then they're going to charge for licensing annually and certifications. Here on Guam, we have no idea what the size is going to be, but I agree with you we need to be reasonable and rational and I when I saw the first set of testimony and the people here who are looking for a relief for their problems I felt it, I know. All of us guys from the Vietnam War from aches and pain we find that some of this stuff helps, but we got to do it right.

Senator San Nicolas: So, Mr. Chair, just last night, I was at a university class, Dr. Guthroot PA233 I'm really bad with the numbers, but they presented on the issue to a handful of the senators they had some very interesting suggestions; one of the things they recommended was—first of all, they shared the concern that you were talking about that I also share about the regulatory side I know that the regulatory side is just a phenomenal challenge with their status quo what more when we take on this



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whole new avenue, but one of the things they recommended was a pilot program like perhaps, if we're going to go in this direction, we do it for one year and we see how we're able to put the pieces together because the reality is, as well as we craft the piece of legislation, we're going to miss something you know when it comes to something this big and so what if we were to move forward and include language in the bill that will have it piloted for a year and the reason why I find it to be a very reasonable point of view is if it's a pilot program everybody who is involved all the stakeholders will invest interest in making sure it is done right if they know that if we don't do it right in this first year its going to sunset and go away forever I think everybody might be on board to self regulate so to speak to make sure the abuse is contained and that the cooperation of the agency are taking place. So if we were to move forward with a pilot program like that more palpable?

Mr. Gillan: It might I think we have to look at what the bench marks are going to be you know how you're going to evaluate whether it's a success or failure, what are the expectations, but I always find that once the camel gets the nose into the tent, it kind of winds up all the way in, so pilot projects could work, but you have to be very very specific about when you decide to pull the plug because it's not working and maybe because this is you know such an absolutely complex issue, although again, you can borrow all kinds of things from the states, my colleagues at the Association of State and Territorial, health officials are very more than willing to give us whatever they have, in terms of regulations, in terms of how the programs work, one has even offered the source code to write the software for the issuant of the cards which would be tamper proof and all this not just the paper kind of thing. There is enough help out there to put this together, but we have to be very make sure—specific on how we're going to determine whether it's working or not. We'll leave it to the legislature and you know if you decide that this is what the policy of the government is going to be and if the governor agrees I've always told you, I'll follow the law.

Senator San Nicolas: Have you gotten an idea of if this were to become law what your additional needs of the agency would be to effectively regulate in terms of dollars and cents, personnel?

Mr. Gillan: I really don't know. I really don't—it's one of those how do you plan for, staffing something that—I'm sure there's something if I talk to some again, colleagues from the states but we're talking about different population size, we're talking about all kinds of things but I guess you can do some algorithm that so okay, it's 40,000 in Arizona and that's a population of X, so we could probably do something like that and see what the staffing require might be, but we're talking about laboratory testing, are we gong to have our own in house capacity, are we going to hire I don't know, somebody from agronomies or somebody from agriculture to determine certain grades of marijuana and how they are you know—those kind of things—(interrupted by Senator San Nicolas)

Senator San Nicolas: If I could, respectfully, Mr. Chair request that, that way we could get a handle on the legislature side because if there are going to be additional costs in implementation and regulation, I would like to have an idea of what those numbers would be, so that we can have the full





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picture because we are talking about relieving people's pain, we're talking about protecting against danger, and a key piece of that is how much is all of that going to cost to do it right. If we can get at least an estimate of what you believe the financial needs might be at the agency that would really help in a policy determination. Thank you Mr. Chair.

Chairman Rodriguez: Thank you very much Senator San Nicolas. Senator Morrison, you have a question?

Senator Morrison: Thank you Mr. Chair. Thank you Mr. Gillan for your presentation—I haven't really—I just heard some thoughts of a—shared with us regarding your colleague in Arizona and I just want to get your perspective of what's been happening in some of the previous hearings that it has been taken place; do you highly believe that there has to be some sort of synergy regards to the legislature, our regulatory community, and our medical community?

Mr. Gillan: You can't do this just one side. The medical community, I don't know. Again, I think we all know the Guam Medical Association stance is, at least the board, but I don't know if that represents the thoughts of all the members, but we really, yeah, we have to do a lot more work together on this; this is not just a go out and do it.

Senator Morrison: So what's your perspective at this point, where we at with regard to that synergy you said that you had some discussions with some physicians and some you say weren't quietly favorless, but I'm sure you talked most to some of these medical professionals. Do you believe that there is some synergy or a progress moving forward in regards to this measure?

Mr. Gillan: I think there are a number of physicians who would not have a problem certifying the need for medical marijuana.

Senator Morrison: From your perspective, of your colleague in Arizona, working with him, did you have any thoughts that there was a complete synergy between all parties regulatory, medical?

Mr. Gillan: In Arizona, it happened—you can't do anything in Arizona without—w what do you call it—a ballad initiative okay? And not that you can't do anything and he was surprised that this is actually passed; Arizona is still kind of the conservative state, but it passed, he was initially very much against it because he did like me, not in my department I'm not going to regulate it we're not going to do it just for some selfish reasons, he saw so much revenue coming in from this he was able to put a very good program together and they have a very good program in Arizona to the point where he has extra money in his budget to fund other substance abuse programs, so he's taking the revenue from the medical marijuana and using it for other public health programs. I don't know if that will happen here, but--and again the resources they have to regulate, look at, and operate are much more vast; he's operating on a 7 million dollar budget on 40,000 people—that's a nice chunk of change—he doesn't need it all so he puts it into other programs. Other states are just starting, I know Massachusetts is just—just beginning, but they also see that as a great revenue source, so they

Chairman, Committee on Health & Human Services, Health Insurance Reform, Economic Development, & Senior Citizens

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kind of put aside even whether it's right or wrong, they're just going to do it and they're going to make some money which is probably not a bad thing because if they put it into other public health programs, that's fine, but again if we were to do this, nobody gets hurt.

Right, and I agree. I just wanted to throw it out on to Mr. Chair because my concern is that there's been a lot of effort on the authors here, the committee, yourself and at the end of the day for a lack of better word, we just got to be on the same page because time is very sensitive. Thank you.

Chairman Rodriguez: Thank you very much Senator. Now I would like to call in Mr. Bradley Hewitt, Ms. Viqui Gayer, and Mr. Bobing Wolford. We have one more follow up from the Vice Chair. Those individuals if you could please, come up.

Vice Chair Ada: Thank you Mr. Chair Director, you know, I was looking at the statue and you being the regulatory agency, do you feel that nine months is a realistic time frame to propagate the rules and regulations for this—(interrupted by Mr. Gillan)

Mr. Gillan: If it's going to be left to the department to do that and not the advisory committee, yeah, because there's any number of states that have already done this that we can get that from. And again, it's not you don't just take the cookie cutter and do it, but you look at what they're doing and how well they do it and we can adapt some of there—(interrupted by Vice Chair Ada)

Vice Chair Ada: So nine months is a realistic time?

Mr. Gillan: Nine months is a realistic time.

Vice Chair Ada: Okay, thank you.

Mr. Gillan: May I be excused?

Chairman Rodriguez: Yes, you're good. Thank you very much Mr. Gillan. Okay, now, Ms. Viqui Gayer.

Viqui Gayer: Wonderful Senators, thank you so much for being here. I wish at least half the senators have come for this. Slightly disturbs that they're going to be voting without hearing the people speaking. Thank you for being here and thank you for the opportunity for bringing this up. For a long time justice hasn't been done. Back when America was a free country, George Washington grew marijuana in the White House garden and he wrote about it in his journal. He preferred the female plants. We weren't told how he consumed them, but we do know that Martha Lincoln was prescribed marijuana by her doctor for depression as a form of a tea. Smoking isn't good for anybody and I, I don't condone the smoking of marijuana for medical purposes. However, I am concerned—I will get back to that, but first I would like to talk about something he brought up about why marijuana became illegal. Most people might be familiar with the story about William Hurst, the newspaper tycoon, 21 newspapers a lot a lot of investment in to pot oil and at that time period the



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hemp was a major crop—1919 hemp was the number one crop in the many states. They made more than rope, they made oil—it was a very important product. It was a competition to do pot because they had come out with polyester cloth. And there had been a new kind of cotton gin made where they can make hemp into a wonderful cloth that competed with polyester and it was actually more comfortable and it wasn't from petroleum like polyester. So, he used his newspapers to turn people against marijuana and he also made a movie his only movie he ever made which was called Room for Madness and he released it across America to convince people how dangerous marijuana was in order to legalize hemp. His purpose was pointless not pharma as one of the biggest people against the legalization of marijuana because Zolaff, Bufferin, and Paxil are such big moneymakers, but unfortunately, once you put it on, they can't get off—sometimes they become suicidal when they try to quit. This is really disturbing. I know three women here on Guam all of them very well to do wives of lawyers, things like that, have not been able to get off these antidepressants and anti-anxiety drugs for 30 years now. They have been hooked on them. One woman told me she was afraid to get off it—she was terrified, and she tried but every time she gets so depressed she wants to kill herself. The thing about marijuana is it doesn't need to be smoke and there are other ways to take it in fact, I think it's very important that people in this marijuana need to understand that medical marijuana, raw medical marijuana doesn't even get you high—and that's the one that cures the cancer. There has been cases, documented cases, where people were cured by using raw marijuana juice, but still died not from the cancer—but all from the chemo and the other treatments that poisoned them. They didn't die from the cancer; they were cured from the marijuana. This raw juice is especially does it. I personally had a miracle experience with a little skin cancer with a little hemp oil, it doesn't get you high. I had that for a couple years and it was very disturbing and I was afraid that it would grow and go through my body. I got a hold of some hemp oil, thank God, and in 3 days, applying it 3 times a day only it actually just dried up and went away. It's a miracle stuff and I know a lot of doctors don't want us to have this because we're not going to be going to them as much. And so right now the people were going to we want to get permission slips from them. Now, this is the concern I have that I was going to get back to if we legalize medical marijuana only for people who are very ill, there's a danger in this because other people are going to want it. I don't know if we're all familiar with what happened to that wonderful guy who grew marijuana and he was robbed, up in Yona and he was actually—

Chairman Rodriguez: We'll give you a few more minutes okay? A few more minutes. The five minutes has passed, but go ahead and wrap it up.

Viqui Gayer: So, right now these antidepressants and the people are getting hooked on—you're not allowed to fly an airplane. Pilots have to be off of them for a year; one of the bad things about these anti-anxiety drugs is that no red flags go up. You don't know when you're in danger. People make very bad life decisions when they're hooked on antidepressant, which they don't make on modern amounts of marijuana. So, what I would like to recommend—I really like this as the first step. Thank you so much. We really needed this. We really need to make sure that we don't—it's a free country.



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People should—like with alcohol—once a person doesn't do what there's suppose to, they abuse. People can abuse chocolate ice-cream; they can abuse anything and once they do, they lose the privilege. If someone were to be driving on marijuana they should lose their privilege, they should be checked with a urine test like somebody who can't drink alcohol. But we should not illegalize ice cream because some people are going to abuse it and also, it maybe smoking we don't want it near schools. There's a lot of particulars, but all in all, we need this. It is our right as human beings to be able to have access George Washington the father of our country says Americans is American apple pie. We need you to move forward on this and although it can be abused by some, it's not a reason we should illegalize it for all. Thank you.

Chairman Rodriguez: Thank you very much. And ma'am, if you would like to also provide a testimony in writing, the community will accept that after this hearing tonight. Thank you very much. Mr. Bradley Hewitt

Bradley Hewitt: Can you all hear me? Thank you all for allowing me to appear this evening. I'm not a public speaker by any means nor am I used to being near a microphone so please bear with me. I am presenting tonight on two different fronts. One is propose legislation Bill number 215. First of all, I am a multiple cancer survivor. I have been diagnosed in November 2008 at age 36. I was diagnosed with an aggressive form of cancer. This turned out to be an uncommon stage 3B testicular cancer. I admire all of those who've been here sharing their stories, previously. I understand firsthand what everybody has went through—I am a success story of survival. Just like everyone else, I underwent multiple surgeries. Since 2008, I spent over 500 days in a hospital as an inpatient. And right here, this is 7000 pages of medical records. Just like everybody else, I've been very sick. I was giving platinum based chemotherapy which destroyed the nerves of my hands giving me what's called peripheral neuropathy, which is described by others. I am not able to tolerate cold weather at all which is the reason why I moved back to Guam. Chemotherapy also destroyed and paralyzed the nerves in my stomach giving me a condition called gastroparesis. This created a stage of nausea inherences which was often controlled by meds called Zolafren and Reglan. Even after the chemo stopped, then I was told that I would never eat again. I was given a feeding tube. I had this for 8 months. Then I was given an experimental operation and slowly began eating again. Today, I am able to eat and tolerate everything and now that I am back here in Guam I may overeat Chamorro food and actually have gained weight. And my comprehensive cancer scenario Texas, marijuana was never ever brought up—even though I had the serious conditions of nausea, vomiting, and pain control. Speaking of pain control, this was absolutely an issue and it was definitely needed. Our comprehensive cancer facility In Houston Indi Anderson; it was very well controlled. At first it was not, but with proper care control, it's absolutely possible without the use of federal, illegal substances. I've seen this in my clinic, in appoints on an everyday basis, everybody was satisfied there. I am asking the senators to do their research on their own. I was absolutely shocked when I spoke with Senator Aguon this week, he did not even realized that there was a drug called Marinol that is available here on island which is why I presented this packet that is here. All it took was a 30



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second phone call by me to pharmacies here to understand that it's here. Marinol is available for just about everything—for nausea to vomiting, but it does not include some of the other conditions it's out there. Some of these conditions include: pain, PTSD: these conditions have numerous websites that allow you to trick your doctor into believing you need these drug when in fact you really don't. People just want to get high; With Marinol, it was well regulated, obtained from pharmacy, it's not suppose to get high. With pot, it is not get regulated at all, dosages are not standardized, and the goal is definitely, to get high. Moving on now to my second front of why I'm appearing today. I will remind you that the federal law supersedes any state or territory law. There may be other states that enact laws of civil disobedience that does not make it right under federal law. Furthermore, the Obama administration and criminal justice may turn a blind eye to the Constitution of federal law, but that is only temporary. That does not mean that the next administration would do the same. In my professional capacity I'm a striped conditioning coach, Guam already has a black eye because the justice department on intelligence on drug abuse—college recruiters know this; one of my jobs is getting athlete's scholarships off island to obtain scholarships. I've included the NCAA report as far as drug testing goes. There's a zero tolerance and zero stipulation for medical marijuana. Many high school students are misled to propaganda websites and their friends into believing a prescription is all they need; this is absolutely not true. It actually leads to a one year suspension if they are caught. I've already had one athlete here on Guam who has been denied access to a scholarship who is a very good athlete. He was trying to weigh in and that's the tragedy because he deserves to go on to bigger and better things. Making this drug available here on island is the wrong thing to do. I ask you guys to reconsider any kind of changes that may come about with this bill in the future—to make this illegal street drug not legalize in any way. Thank you for your time and Good Evening.

Chairman Rodriguez: Thank you very much sir for a testimony. Mr. Bobing Wolford

Bobing Wolford: Mr. Wolford made testimony in Chamorro, in full support of this bill.

Chairman Rodriguez: Si Yu'os Ma'ase, Thank you very much. Senators have any comments or questions for this group? If none, thank you very much for your time this evening. Now IU would like to call on Mr. Victor Tabios, Mr. Michael Gombar, and Mr. Ernie Wusstig. Mr. Michael Gombar? Just for the record, okay. Mr. Franklin Meno.

Victor Tabios: [Please see written testimony]

Chairman Rodriguez: Thank you very much. Si Yu'os Ma'ase and Merry Christmas to you and your family as well. Mr. Ernie Wusstig (Ernest Wusstig)

Ernest (Ernie) Wusstig: Thank you Chairman. Thank you senators for having this. This morning I was looking at the newspaper and said there's a hearing I said, you know I need to put my two cents into this. I am now 65 years old. I've been all over the United States—all over more than once I use to be a turker I put 1,600,000 miles in the continent of the united States and as a turker you meet a



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lot of people all over the country and I've seen people smoke marijuana left and right everywhere, back in the 80s and back in the 70s you know in San Francisco, all you see, everybody got long hair, long beard oh my god I was prejudice oh—hippie hippie hippie, but then when you know my wife had our first boy, a hippie deliver my son and I just kept looking. All those guys with long beard and long hair I was really against it. But true these years from my experience I kept weighing this I finally— I have a sister that passed away and because of liver problems from the pharmaceutical that kept prescribing her, prescribing her until she wrote me a letter and she told me and say and I was here already I came back to Guam in 1994—I think she passed away like 5 years ago, 6 years ago— she wrote me a letter and said, bro I'm scared the doctor has been prescribing me with pills and now my liver is no good I'm afraid I'm going to die and people talk about how bad marijuana is and I think back on how prejudice I use to be and then my mom just passed away a couple years ago with high blood pressure because they have been prescribing her with pills and she's scared to take the pills every time they give her pills she throws it away because she doesn't believe in it and because that a lot of people that been taking pills instead of getting better they die—why should I take the pills it's going to kill me anyways then again back to the marijuana. They should just—I am for this bill 100%. I really with all I've seen in life, I think they should just legalize it all of it. It should be legalize and not because I want to plant it, I can't plant it cause because you can't do it in land trust property, in government land, public land. I'm not really interested in growing it because you know I got other things I'm doing. But they should legalize it and they allow a couple people to have plants outside their house. I haven't seen anybody die of marijuana if anything else; they're all calm; you don't hear—you don't see riots. I don't think there is anything wrong with it. If you we really look at everything, all the food that we eat today, a lot of it there finding is cancerous just like the apple; at one time they stopped selling apple out of Washington because of the Alar it's cancerous and we've been eating that and the chicken that we eat today is nothing but hormones. And then we're trying with marijuana is no good this is why you know after being around for 65 years it should be legalized; there is nothing wrong with marijuana. In anything you eat, you drink, if you abuse it, it's going to take you, I don't care what, anything in life anything you eat, anything you consume if you do too much it's going to ruin you. You know, beers out there I don't even drink beer, I hardly drink beer. I'll smell the can of beer I'll be drunk, I don't want it, but it's available. Vodka is available I don't do it. Well, Marijuana is going to ruin our kids god they got beer, they got—they got hard liquor they got cigarette—they legalize cigarettes. So what's wrong with marijuana? Anything like I said, if you abuse it, it's no good. There's a lot of thing that are available and like myself, I don't take—I don't take those side I know that it's eventually going to hurt me, so I don't do it; I even quit smoking; almost about 35 years ago, I quit cigarette. We're all responsible people—you know we're all educated; our kids from kindergarten are being educated all the way up. We're all educated, so there like I said again there is nothing wrong with marijuana. I think we should legalize it 100% like the state of Washington and Colorado, we should just do it. Then it will—if you weigh it, it will benefit us more, economically. If we doing it here on Guam, you'll be seeing a lot of tourist from Korea and Japan coming about here instead of going to Amsterdam or going to Colorado or going to



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Washington. It's really going to help us in our revenue, so if you weigh everything, I think it's too our advantage. Thank you very much.

Chairman Thank you very much, Uncle Eddie. Si Yu'os Ma'ase. Mr. Meno.

Franklin Meno: Good Evening Senators, thanks for the opportunity. My name is Franklin Meno. I am here in support of this bill. I can't smoke marijuana because of my job and there are a lot of people like me—secret supporters, totally for it, just can't expose who they are based on what they do for a living. The point is, marijuana is not evil; it's good for you it's good for the society. Gentleman here said it pretty much what I wanted to say and the lady about why it was illegal. It's not because it's bad. It was illegalize for profit. Pills are bad for you. I'm diabetic. Pills cause liver and kidney damage over time. As this argument was made with my doctor, personally. He suggested I needed to do blood work, after a year and a half and I say well I'm taking the regimen of pills, and doing the liberty of exercise and eating better to help my sugar control. Argued, well you still need to do blood work. The point is now she said to me personally, it does damage to your liver and kidneys and we need to find out how those are doing. So basically, the pills cause side effects. Marijuana doesn't. Maybe if you smoke too much marijuana you might have lung problems over time, but you can ingest marijuana, you don't have to smoke it and still feel the same effects—pain relief, stress. I spoke to a friend yesterday about blood pressure. He bought himself the machine because his doctor told him he's going to die from high blood pressure and he's been experimenting. When he smokes up a joint, his blood pressure significantly drops down to normal. If that's not enough proof, then I--we don't know what to say to the rest of the world. Legalizing for medicinal purposes is a step in that direction. Legalize it. That's what we're here for. Legalize it. I had more to say, but the doctor here earlier mentioned a lot of good things, the overdose is irresponsibility. You're not responsible, if you're habit—you'll overdose. You cook brownies, and you're irresponsible somebody end up with it that shouldn't have it. Things like that can be controlled. You apply rules to the individuals if they avoid those rules, they shouldn't be given that responsibility—it's a high responsibility when a minor gets a hold of it then could get too stoned and freak out or something like that. The point is it's not evil. It's a good thing. It's natural it's already here, on earth. It's just—I can't say anymore to me, the point is let's legalize it lets move in that direction. The people who have survived cancer with just pills and doctors whatever they went through without marijuana, that's good; I'm happy for those people. Great, you've survived, but there are many who are not going to survive and need relief. Getting rid of the pills might actually heal with their kidneys, liver, and suffering from the side effects of pills because they're using marijuana; isn't that a better step in that direction. that's my focus point right now get it done and in honor of KC and his wife and their family and everybody else who enjoys smoking marijuana decriminalize, that's one step to legalizing it. Thank you very much.



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Chairman Rodriguez: Thank you very much. Si Yu'os Ma'ase. That concludes our public hearing but before we end there's a request from Senator Barnes office to play a dvd, so if we can go ahead and do that. We're going to have the audio, please play that dvd.

[Video Presentation from KC Concepcion's family]

Chairman Rodriguez: Thank you very much to the family who provided that dvd for us this evening. Senator Barnes would you like to say anything in closing.

Senator Barnes: Thank you Mr. Chair for giving me the opportunity to close for the record I would like to thank my coauthor Senator Yamashita, who's been a really great supporter in helping us get the information from the community and learning, but more importantly to all the folks here this evening. I know there are some folks from the university, I know the Concepcion family is here, I know there are friends, I know there are folks out there who want to speak, but are concerned to like Mr. Meno who noted that—for fear that their jobs may be in jeopardy if they take a stand in support of. The chairperson with me that if anybody would like to send a written testimony and want to talk to us about it but don't want to put a name and tell us who you are, we will keep all the information confidential, will used all the statements that you send or the information that you received to us and you want your name to be confidential, it will. I want to state for the record that the medical community was invited, they could not make it tonight; they did send in a testimony mirroring the AMA, the American Medical Association's report, but we hope that there are other folks in the medical community that are out there that are maybe not tied to GMA or GMS that could share their viewpoints and I know that even if we're hoping to facilitate this through on committee markups within the community that we can receive more information from the community at large. And Mr. Chair if I may, I do just want to acknowledge the presence of former speaker Ted Nelson—former vice speaker Ted Nelson, who continues to be here at a lot of the public hearings and has a presence of making sure that he continues [inaudible due to music] vice speaker. Si Yu'os Ma'ase for being here this evening. So, I also want to thank you Mr. Chair for having us have this public hearing this evening and taking the time and I hope that the community at large who's listening in can still send a written testimony to your office, so that we can continue the community collaboration. So thank you very much and to my colleagues here thank you for taking the time away from your families to be here this evening. Si Yu'os Ma'ase.

Chairman Rodriguez: Thank you Senator. We will continue to keep the record open on this bill, and so if you have any written testimony we encourage you to send it to my office or have it delivered here to the Guam Legislature's Mailroom. Thank you very much. It's 7:03. This hearing is adjourned.





## SENATOR DENNIS G. RODRIGUEZ, JR.

There being no other testimony, or comments by Senators, Chairman Rodriguez declared the bill as having been heard, and concluded the public hearing on Bill No. 215-32 (COR).

**Fiscal Note:** Request Attached.

### III. FINDINGS AND RECOMMENDATIONS

The Committee on Health & Human Services, Health Insurance Reform, Economic Development and Senior Citizens, hereby **reports out Bill No. 215-32 (COR), as substituted by the author,** with the recommendation to REPORT OUT ONLY.

103 OCT 25 PM 3:17

I MINA' TRENTI DOS NA LIHESLATURAN GUÅHAN  
2013 (FIRST) Regular Session

Bill No. 24-32-COR  
Introduced by:

T.R. Muña Barnes  
A.A. Yamashita, Ph.D.

AN ACT TO *ADD* A NEW ARTICLE 24 TO CHAPTER 12, TITLE 10 OF THE GUAM CODE ANNOTATED, RELATIVE TO ALLOWING THE MEDICAL USE OF CANNABIS, AMENDING PROVISIONS OF THE CONTROLLED SUBSTANCES ACT, PROVIDING PENALTIES, AND FOR OTHER PURPOSES, ALSO KNOWN AS THE JOAQUIN CONCEPCION COMPASSIONATE CANNABIS USE ACT OF 2013.

BE IT ENACTED BY THE PEOPLE OF GUAM:

Section 1. A New Article 24 is hereby *added* to Chapter 12 of Title 10 of the Guam Code Annotated to read as follows:

“ARTICLE 24.

THE JOAQUIN CONCEPCION COMPASSIONATE CANNABIS USE ACT  
OF 2013.

- §122401. Title.
- §122402. Purpose of Act.
- §122403. Definitions.
- §122404. Exemption from Criminal and Civil Penalties for Medical Use of Cannabis.
- §122405. Prohibitions, Restrictions and Limitations on the Medical Use of Cannabis—Criminal Penalties.
- §122406. Advisory Board Created—Duties.
- §122407. Department Rules; Registry Identification Cards.
- §122408. Homegrown Cultivation Registrations.

1  
2       **§122401. Title.** This Act *shall* be known and *shall* be cited as the ‘*The*  
3 *Joaquin Concepcion Compassionate Cannabis Use Act of 2013.*’

4       **§122402. Purpose of Act.** The purpose of this Act is to allow the beneficial  
5 use of medical cannabis in a regulated system for alleviating symptoms caused by  
6 debilitating medical conditions and their medical treatments.

7       **§122403. Definitions.** As used in this Act:

8       (A) “Adequate supply” means an amount of cannabis, in any form approved  
9 by the Department, possessed by a qualified patient or collectively possessed  
10 by a qualified patient and the qualified patient’s primary caregiver that is  
11 determined by rule of the Department to be no more than reasonably  
12 necessary to ensure the uninterrupted availability of cannabis for a period of  
13 three (3) months and that is derived solely from an intrastate source.

14       (B) “Cannabis” means all parts of the plant of the genus cannabis, whether  
15 growing or not, the seeds thereof, the resin extracted from any part of the plant,  
16 and every compound, manufacture, salt, derivative, mixture, or preparation of the  
17 plant, its seeds, or its resin, including marijuana concentrate. “Cannabis” does not  
18 include the mature stalks of the plant, fiber produced from the stalks, oil, or cake  
19 made from the seeds of the plant, sterilized seed of the plant which is incapable of  
20 germination, or the weight of any other ingredient combined with marijuana to  
21 prepare topical or oral administrations, food, drink, or other products.

22       (C) “Debilitating medical condition” means:

- 23           (1) cancer;
- 24           (2) glaucoma;
- 25           (3) multiple sclerosis;
- 26           (4) damage to the nervous tissue of the spinal cord, with objective  
27 neurological indication of intractable spasticity;
- 28           (5) epilepsy;

1 (6) positive status for human immunodeficiency virus or acquired  
2 immune deficiency syndrome;

3 (7) admitted into hospice care in accordance with rules promulgated  
4 under this Act;

5 (8) post-traumatic stress disorder;

6 (9) rheumatoid arthritis or similar chronic autoimmune inflammatory  
7 disorders; or

8 (10) any other medical condition, medical treatment or disease as approved  
9 by the Department;

10 (D) "Department" means the Department of Public Health and Social  
11 Services.

12 (E) "Homegrown cultivation registration" means a registration issued to  
13 qualified patients or their personal caregivers under the terms of Section 122408 of  
14 this Act.

15 (F) "Hospice care" means palliative care for the terminally and seriously ill  
16 provided in a hospital, nursing home, or private residence.

17 (G) "Licensed producer" means any person or association of persons within  
18 Guam that the Department determines to be qualified to produce, possess,  
19 distribute and dispense cannabis pursuant to this Act and that is licensed by the  
20 Department.

21 (H) "Medical use" means the acquisition, cultivation, possession, processing,  
22 (including development of related products such as food, tinctures, aerosols, oils,  
23 or ointments), transfer, transportation, sale, distribution, dispensing, or  
24 administration of cannabis, as well as the possession of cannabis paraphernalia, for  
25 the benefit of qualifying patients in the treatment of debilitating medical  
26 conditions, or the symptoms thereof.

27 (I) "Practitioner" means a person licensed in Guam to prescribe and  
28 administer drugs that are subject to the Guam Uniform Controlled Substances Act.

1 (J) "Primary caregiver" means a resident of Guam who is at least eighteen  
2 (18) years of age and who has been designated by the qualified patient as being  
3 necessary to assist the patient in the medical use of cannabis in accordance with the  
4 provisions of this Act, and who so agrees to assist the patient. Primary caregivers  
5 are prohibited from consuming cannabis obtained for the personal, medical use of  
6 the qualified patient.

7 (K) "Qualified patient" means a resident of Guam who has been diagnosed  
8 by a practitioner as having a debilitating medical condition and has received  
9 written certification and a registry identification card issued pursuant to this Act.

10 (L) "Written certification" means a statement in a patient's medical records  
11 or a statement signed by a patient's practitioner that, in the practitioner's  
12 professional opinion, the patient has a debilitating medical condition and the  
13 practitioner believes that the potential health benefits of the medical use of  
14 cannabis would likely outweigh the health risks for the patient. A written  
15 certification is not valid for more than one (1) year from the date of issuance.

16 **§122404. Exemption from Criminal and Civil Penalties for the Medical**  
17 **use of Cannabis.**

18 (A) A qualified patient *shall not* be subject to arrest, prosecution or penalty  
19 in any manner for the possession of or the medical use of cannabis if the quantity  
20 of cannabis does not exceed an adequate supply.

21 (B) A qualified patient's primary caregiver *shall not* be subject to arrest,  
22 prosecution or penalty in any manner for the possession of cannabis for medical  
23 use by the qualified patient if the quantity of cannabis does not exceed an adequate  
24 supply.

25 (C) Subsection A of this section *shall not* apply to a qualified patient under  
26 the age of eighteen years, unless:

27 (1) the qualified patient's practitioner has explained the potential risks  
28 and benefits of the medical use of cannabis to the qualified patient and

1 to a parent, guardian or person having legal custody of the qualified  
2 patient; and

3 (2) a parent, guardian or person having legal custody consents in  
4 writing to:

5 (a) allow the qualified patient's medical use of cannabis;

6 (b) serve as the qualified patient's primary caregiver; and

7 (c) control the dosage and the frequency of the medical use of  
8 cannabis by the qualified patient.

9 (D) A qualified patient or a primary caregiver *shall* be granted the full legal  
10 protections provided in this section if the patient or caregiver is in possession of a  
11 registry identification card.

12 (E) A qualified patient who fails to register and receive a registry  
13 identification card from the Department but who nevertheless has received a  
14 written certification from their physician for the medical use of cannabis may be  
15 subject to arrest or prosecution but may raise an affirmative defense at trial.

16 (F) A practitioner *shall not* be subject to arrest or prosecution, penalized in  
17 any manner or denied any right or privilege for recommending the medical use of  
18 cannabis or providing written certification for the medical use of cannabis pursuant  
19 to this Act.

20 (G) A licensed producer *shall not* be subject to arrest, prosecution or  
21 penalty, in any manner, for the production, possession, distribution or dispensing  
22 of cannabis in compliance with this Act.

23 (H) Any property interest that is possessed, owned or used in connection  
24 with the medical use of cannabis, or acts incidental to such use, *shall not* be  
25 harmed, injured or destroyed while in the possession of state or local law  
26 enforcement officials. Any such property interest *shall not* be forfeited under any  
27 local law providing for the forfeiture of property except as provided in the Special  
28 Assets Forfeiture Fund, 10 GCA §§ 79101 - 79105. Cannabis, paraphernalia or

1 other property seized from a qualified patient or primary caregiver in connection  
2 with the claimed medical use of cannabis *shall* be returned immediately upon the  
3 determination by a court or prosecutor that the qualified patient or primary  
4 caregiver is entitled to the protections of the provisions of this Act, as may be  
5 evidenced by a failure to actively investigate the case, a decision not to prosecute,  
6 the dismissal of charges or acquittal.

7 (I) A person *shall not* be subject to arrest or prosecution for a cannabis-  
8 related offense for simply being in the presence of the medical use of cannabis as  
9 permitted under the provisions of this Act.

10 (J) A person *shall not* be subject to arrest or prosecution for a cannabis-  
11 related offense for simply allowing one's property to be used by qualified patients  
12 or their primary caregivers for the homegrown cultivation of cannabis to the extent  
13 permitted under Section 122408 of this Act.

14 **§122405. Prohibitions, Restrictions and Limitations on the Medical Use**  
15 **of Cannabis—Criminal Penalties.**

16 (A) Participation in the medical use of cannabis by a qualified patient or  
17 primary caregiver does not relieve the qualified patient or primary caregiver from:

18 (1) criminal prosecution or civil penalties for activities not permitted  
19 by this Act;

20 (2) liability for damages or criminal prosecution arising out of the  
21 operation of a vehicle while under the influence of cannabis; or

22 (3) criminal prosecution or civil penalty for possession or use of  
23 cannabis:

24 (a) in a school bus or public vehicle;

25 (b) on school grounds or property;

26 (c) in the workplace of the qualified patient's or primary  
27 caregiver's employment; or

28 (d) at a public park, recreation center, youth center or other

1 public place.

2 (B) A person who makes a fraudulent representation to a law enforcement  
3 officer about the person's participation in a medical use of cannabis program to  
4 avoid arrest or prosecution for a cannabis-related offense is guilty of a petty  
5 misdemeanor.

6 (C) If a licensed producer sells, distributes, dispenses or transfers cannabis  
7 to a person not permitted to participate in the medical use of cannabis under this  
8 Act, or obtains or transports cannabis outside Guam in violation of federal law, the  
9 licensed producer shall be subject to arrest, prosecution and civil or criminal  
10 penalties in accordance with Guam law.

11 **§122406. Advisory Board Created—Duties.** The Director of the  
12 Department *shall* establish an advisory board consisting of seven (7) members, six  
13 (6) of which *shall* be practitioners representing the fields of neurology, pain  
14 management, medical oncology, psychiatry, infectious disease, and family  
15 medicine, and one (1) of which shall be a member of the public at large. The  
16 practitioners *shall* be board-certified in their area of specialty and knowledgeable  
17 about the medical use of cannabis. The members *shall* be chosen for appointment  
18 by the Director from a list proposed by the Guam Board of Medical Examiners. A  
19 quorum of the advisory board shall consist of three (3) members. The advisory  
20 board *shall*:

21 (A) review and recommend to the Department for approval additional  
22 debilitating medical conditions that would benefit from the medical use  
23 of cannabis;

24 (B) accept and review petitions to add medical conditions, medical  
25 treatments or diseases to the list of debilitating medical conditions that  
26 qualify for the medical use of cannabis;

27 (C) convene at least twice per year to conduct public hearings and to  
28 evaluate petitions,



1 which shall be maintained as confidential personal health information, to add  
2 medical conditions, medical treatments or diseases to the list of debilitating  
3 medical conditions that qualify for the medical use of cannabis; and

4 (D) recommend quantities of cannabis that are necessary to constitute an  
5 adequate supply for qualified patients and primary caregivers.

6 **§122407. Department Rules; Registry Identification Cards.**

7 (A) No later than nine (9) months after enactment of this Act, and after  
8 consultation with the advisory board, the Department *shall* promulgate rules in  
9 accordance with the Administrative Adjudication law, 5 GCA § 9100 *et seq.*, to  
10 implement the purpose of this Act. The rules *shall*:

11 (1) govern the manner in which the Department will consider  
12 applications for registry identification cards and for the renewal of  
13 identification cards for qualified patients and primary caregivers;

14  
15 (2) define the amount of cannabis that is necessary to constitute an  
16 adequate supply, including amounts for topical treatments;

17 (3) identify criteria and set forth procedures for including additional  
18 medical conditions, medical treatments or diseases to the list of  
19 debilitating medical conditions that qualify for the medical use of  
20 cannabis. Procedures shall include a petition process and shall allow  
21 for public comment and public hearings before the advisory board;

22 (4) set forth additional medical conditions, medical treatments or  
23 diseases to the list of debilitating medical conditions that qualify for  
24 the medical use of cannabis as recommended by the advisory board;

25 (5) identify requirements for the licensure of producers and cannabis  
26 production facilities and set forth procedures to obtain licenses;

27 (6) develop a distribution system for medical cannabis that provides  
28 for:

1 (a) cannabis production facilities within Guam housed on  
2 secured grounds and operated by licensed producers; and  
3 (b) distribution of medical cannabis to qualified patients or their  
4 primary caregivers to take place at locations that are designated  
5 by the Department and that are not within one thousand (1,000)  
6 feet of any school, church or daycare center;

7 (7) determine additional duties and responsibilities of the advisory  
8 board;

9 (8) be revised and updated as necessary; and

10 (9) set application fees for registry identification cards so as to defray  
11 the administrative costs of implementing this Act.

12 (B) The Department *shall* issue registry identification cards to a patient and  
13 to the primary caregiver for that patient, if any, who submit the following, in  
14 accordance with the Department's rules:

15 (1) a written certification;

16 (2) the name, address and date of birth of the patient;

17 (3) the name, address and telephone number of the patient's  
18 practitioner; and

19 (4) the name, address and date of birth of the patient's primary  
20 caregiver, if any.

21 (C) The Department *shall* verify the information contained in an application  
22 submitted pursuant to Subsection B of this section and shall approve or deny an  
23 application within thirty days of receipt. The Department may deny an application  
24 only if the applicant did not provide the information required pursuant to  
25 Subsection B of this section or if the Department determines that the information  
26 provided is false. A person whose application has been denied *shall not* reapply  
27 for six (6) months from the date of the denial unless otherwise authorized by the  
28 Department.

1 (D) The Department *shall* issue a registry identification card within five (5)  
2 days of approving an application, and a card *shall* expire one year after the date of  
3 issuance. A registry identification card *shall* contain:

4 (1) the name, address and date of birth of the qualified patient and  
5 primary caregiver, if any;

6 (2) the date of issuance and expiration date of the registry  
7 identification card; and

8 (3) other information that the Department may require by rule.

9 (E) A person who possesses a registry identification card *shall* notify the  
10 Department of any change in the person's name, address, qualified patient's  
11 practitioner, qualified patient's primary caregiver or change in status of the  
12 qualified patient's debilitating medical condition within ten (10) days of the  
13 change.

14 (F) Possession of or application for a registry identification card *shall not*  
15 constitute probable cause or give rise to reasonable suspicion for a governmental  
16 agency to search the person or property of the person possessing or applying for  
17 the card.

18 (G) The Department *shall* maintain a confidential file containing the names  
19 and addresses of the persons who have either applied for or received a registry  
20 identification card. Individual names on the list *shall* be confidential and not  
21 subject to disclosure, except:

22 (1) to authorized employees or agents of the Department as necessary  
23 to perform the duties of the Department pursuant to the provisions of  
24 this Act;

25 (2) to authorized employees of state or local law enforcement  
26 agencies, but only for the purpose of verifying that a person is  
27 lawfully in possession of a registry identification card; or

28 (3) as provided in the federal Health Insurance Portability and

1 Accountability Act of 1996, codified at 42 U.S.C. § 1320d *et seq.*

2 **§122408. Homegrown Cultivation Registrations.** If after nine (9) months  
3 after enactment of this Act, the Department has failed to promulgate rules as  
4 mandated under Section 122407(A) of this Act for the production and distribution  
5 of medical cannabis, the Department *shall* issue a homegrown cultivation  
6 registration to a qualifying patient allowing the patient or the patient’s personal  
7 caregiver to cultivate a limited number of plants, sufficient to maintain an adequate  
8 supply of cannabis, and *shall* require cultivation and storage only in an enclosed,  
9 locked facility. Until the Department promulgates said rules, the written  
10 recommendation of a qualifying patient’s physician *shall* constitute a valid  
11 cultivation registration.”

12 **Section 2. The following *new* subsection (g) is added to Appendix A of**  
13 **Chapter 67 of Title 9 Guam Code Annotated, to read as follows:**

14 “(g) The enumeration of marihuana, tetrahydrocannabinols or chemical  
15 derivatives of these as Schedule I controlled substances does not apply to the  
16 medical use of cannabis pursuant to the Joaquin Concepcion Compassionate  
17 Cannabis Use Act of 2013.”

18 **Section 3. Temporary Provision.**

19 (A) During the period between December 1, 2013, and thirty (30) days after  
20 the effective date of rules promulgated by the Department pursuant to Subsection  
21 122407(A) of this Act, a qualified patient who would be eligible to engage in the  
22 medical use of cannabis in accordance with this Act but for the lack of effective  
23 rules concerning registry identification cards, licensed producers, cannabis  
24 production facilities, distribution system and adequate supply, may obtain a written  
25 certification from a practitioner and upon presentation of that certification to the  
26 Department, the Department *shall* issue a temporary certification for participation  
27 in the program. The Department *shall* maintain a list of all temporary certificates  
28 issued pursuant to this section.

1 (B) A person possessing a temporary certificate and the person's primary  
2 caregiver are not subject to arrest, prosecution, civil or criminal penalty or denial  
3 of any right or privilege for possessing cannabis if the amount of cannabis  
4 possessed collectively is not more than the amount that is specified on the  
5 temporary certificate issued by the Department.

6 (C) A practitioner *shall not* be subject to arrest or prosecution to be  
7 penalized in any manner or denied any right or privilege for recommending the  
8 medical use of cannabis or providing written certification for the medical use of  
9 cannabis pursuant to this Act on or after December 1, 2013.

10 **Section 4. Severability.** *If* any provision of this Act or its application to  
11 any person or circumstance is found to be invalid or contrary to law, such  
12 invalidity shall not affect other provisions or applications of this Act which can be  
13 given effect without the invalid provisions or application, and to this end the  
14 provisions of this Act are severable.

15 **Section 5. Effective date.** The Act *shall* take effect upon enactment into  
16 law.

17

*MINA' TRENTAI DOS NA LIHESLATURAN GUÅHAN*  
2013 (FIRST) Regular Session

**Bill No. 215-32 (COR)**

**\*As Substituted by the Author and Further Substituted by the Committee on Rules**

**Introduced by:**

T.R. Muña Barnes  
A.A. Yamashita, Ph.D.

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**AN ACT TO PROVIDE FOR A BINDING REFERENDUM DURING THE 2014 GENERAL ELECTION TO DETERMINE WHETHER AMENDMENTS TO TITLE 10 OF THE GUAM CODE ANNOTATED TO ADD A NEW ARTICLE 24 TO CHAPTER 12, RELATIVE TO ALLOWING THE MEDICAL USE OF CANNABIS, AMENDING PROVISIONS OF THE CONTROLLED SUBSTANCES ACT, PROVIDING PENALTIES, AND FOR OTHER PURPOSES, ALSO KNOWN AS THE JOAQUIN (“KC”) CONCEPCION, II COMPASSIONATE CANNABIS USE ACT OF 2013 SHALL BE ALLOWED WITHIN THE TERRITORY OF GUAM**

**BE IT ENACTED BY THE PEOPLE OF GUAM:**

**Section 1. Legislative Intent.** *I Liheslaturan Guåhan* finds that it is the right of the people to determine matters of policy particularly as it relates to personal freedom and medical treatment options. *I Liheslatura* further finds that an issue of this significance should rightfully be decided by the People of Guam.

Given the financial constraints placed on the Guam Election Commission and the many challenges that would arise from calling a special election, *I Liheslatura* finds that this matter is most appropriate for placement on the 2014 General Election ballot.

**Section 2.** The Guam Election Commission, subject to the provisions hereinafter set forth, *shall* put to the voters the question described in Section 4 of this Act. The question *shall* be submitted during the 2014 General Election.

**Section 3.** The question shall determine whether or not amendments to title 10 of the Guam Code Annotated to *add* a new article 24 to chapter 12, relative to allowing the medical use of cannabis, amending provisions of the controlled substances act, providing penalties, and for other purposes, also known as the Joaquin (“KC”) Concepcion, II Compassionate Cannabis Use Act of 2013, as outlined in Exhibit “A” attached, shall be allowed within the Territory of Guam via referendum certified by the Guam Election Commission as eligible for a binding referendum vote.

**Section 4.** The question put to voters shall be:

**“Shall the Joaquin (“KC”) Concepcion, II Compassionate Cannabis Use Act of 2013 that provides for the medical use of cannabis be allowed?”**

**Yes**

**No**

**Vote for only ‘Yes’ or ‘No’. If you do not vote for either ‘Yes’ or ‘No’ or if you vote for both ‘Yes’ and ‘No’, your vote will be invalid and will not be included in determining the outcome of the election.”**

**Section 5.** Notwithstanding the provisions of 3 GCA §16402, the issue of whether the referendum passes or fails *shall* be determined by a simple majority of the valid votes

cast on the question set forth in Section 4 of this Act. Ballots that are blank or that are spoiled because a voter has marked both “Yes” and “No” on the ballot or that are otherwise undecipherable as to the voter’s intent *shall not* be included in determining the total number of ballots cast.

**Section 6.** Given the length of the referendum proposal concerning the medicinal use of cannabis referenced in Section 4 of this Act, and notwithstanding paragraph (a) of 3 GCA §16509, the Guam Election Commission *shall not* be required to include in its pamphlet for the voters the entire text of the referendum. Instead, the Commission *shall* set forth in summary fashion the provisions of the proposed Act. The Commission *shall* keep at least twelve (12) copies of the complete referendum at its offices for voters to review at their request and make the complete referendum available on its website. The Commission *shall* also distribute six (6) copies of the complete referendum to each branch of the Guam Public Library, the Robert F. Kennedy Library at the University of Guam and the Guam Territorial Law Library, and two (2) copies of the complete referendum to the offices of the Public Auditor and the Attorney General and to each Mayor and Senator.

**Section 7.** If the referendum is approved by a simple majority of the voters, the Act *shall* take effect ninety (90) days after its approval has been certified by the Guam Election Commission. The Commission *shall* transmit the results of the referendum to *I Maga’lahen Guåhan*, the Speaker of the Legislature, and the Compiler of Laws. If the



referendum is approved, the Governor *shall* assign a public law number to it after its receipt by him.

EXHIBIT "A"

**I MINA' TRENTI DOS NA LIHESLATURAN GUÁHAN  
2013 (FIRST) Regular Session**

**Bill No. 215-32 (COR)**

**Introduced by:**

**\*As Substituted by the Committee**

**on Health & Human Services, Health Insurance Reform, Economic Development  
and Senior Citizens**

T.R. Muña Barnes  
A.A. Yamashita

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**AN ACT TO *ADD* A NEW ARTICLE 24 TO CHAPTER 12, TITLE 10 OF THE GUAM CODE ANNOTATED, RELATIVE TO ALLOWING THE MEDICAL USE OF CANNABIS, AMENDING PROVISIONS OF THE CONTROLLED SUBSTANCES ACT, PROVIDING PENALTIES, AND FOR OTHER PURPOSES, ALSO KNOWN AS THE JOAQUIN (“KC”) CONCEPCION, II COMPASSIONATE CANNABIS USE ACT OF 2013.**

1           **BE IT ENACTED BY THE PEOPLE OF GUAM:**

2           **Section 1. A New Article 24 is hereby *added* to Chapter 12 of**  
3 **Title 10 of the Guam Code Annotated to read as follows:**

4                           **“ARTICLE 24.**

5           **THE JOAQUIN (“KC”) CONCEPCION, II COMPASSIONATE**  
6                           **CANNABIS USE ACT OF 2013.**

7                           **§122401. Title.**

8                           **§122402. Purpose of Act.**

9                           **§122403. Definitions.**

10                          **§122404. Exemption from Criminal and Civil**  
11                                   **Penalties for Medical Use of**  
12                                   **Cannabis.**

13                          **§122405. Prohibitions, Restrictions and**  
14                                   **Limitations on the Medical Use of**  
15                                   **Cannabis—Criminal Penalties.**

16                          **§122406. Advisory Board Created—Duties.**

17                          **§122407. Department Rules; Registry**  
18                                   **Identification Cards.**

19                          **§122408. Homegrown                   Cultivation**  
20                                   **Registrations.**

21  
22           **§122401. Title.** This Act *shall* be known and *shall* be cited as  
23 the ‘*The Joaquin (“KC”) Concepcion, II Compassionate Cannabis*  
24 *Use Act of 2013.*’

25           **§122402. Purpose of Act.** The purpose of this Act is to allow  
26 the beneficial use of medical cannabis in a regulated system for  
27 alleviating symptoms caused by debilitating medical conditions and  
28 their medical treatments.

29           **§122403. Definitions.** As used in this Act:

30           (A) “Adequate supply” means an amount of cannabis, in any  
31 form approved by the

1 Department, possessed by a qualified patient or collectively possessed  
2 by a qualified patient and the qualified patient’s primary caregiver that  
3 is determined by rule of the Department to be no more than reasonably  
4 necessary to ensure the uninterrupted availability of cannabis for a  
5 period of three (3) months and that is derived solely from an intrastate  
6 source.

7 (B) “Cannabis” means all parts of the plant of the genus  
8 cannabis, whether growing or not, the seeds thereof, the resin extracted  
9 from any part of the plant, and every compound, manufacture, salt,  
10 derivative, mixture, or preparation of the plant, its seeds, or its resin,  
11 including marijuana concentrate. “Cannabis” does not include the  
12 mature stalks of the plant, fiber produced from the stalks, oil, or cake  
13 made from the seeds of the plant, sterilized seed of the plant which is  
14 incapable of germination, or the weight of any other ingredient  
15 combined with marijuana to prepare topical or oral administrations,  
16 food, drink, or other products.

17 (C) “Debilitating medical condition” means:

- 18 (1) cancer;
- 19 (2) glaucoma;
- 20 (3) multiple sclerosis;
- 21 (4) damage to the nervous tissue of the spinal cord, with  
22 objective neurological indication of intractable spasticity;
- 23 (5) epilepsy;
- 24 (6) positive status for human immunodeficiency virus or  
25 acquired immune deficiency syndrome;
- 26 (7) admitted into hospice care in accordance with rules  
27 promulgated under this Act;

1 (8) post-traumatic stress disorder;

2 (9) rheumatoid arthritis or similar chronic autoimmune  
3 inflammatory disorders; or

4 (10) any other medical condition, medical treatment or disease  
5 as approved by the Department;

6 (D) “Department” means the Department of Public Health and  
7 Social Services.

8 (E) “Homegrown cultivation registration” means a registration  
9 issued to qualified  
10 patients or their personal caregivers under the terms of Section 122408  
11 of this Act.

12 (F) “Hospice care” means palliative care for the terminally and  
13 seriously ill provided in a  
14 hospital, nursing home, or private residence.

15 (G) “Licensed producer” means any person or association of  
16 persons within Guam that  
17 the Department determines to be qualified to produce, possess,  
18 distribute and dispense cannabis pursuant to this Act and that is  
19 licensed by the Department.

20 (H) “Medical use” means the acquisition, cultivation, possession,  
21 processing, (including development of related products such as food,  
22 tinctures, aerosols, oils, or ointments), transfer, transportation, sale,  
23 distribution, dispensing, or administration of cannabis, as well as the  
24 possession of cannabis paraphernalia, for the benefit of qualifying  
25 patients in the treatment of debilitating medical conditions, or the  
26 symptoms thereof.

1 (I) “Practitioner” means a person licensed in Guam to prescribe  
2 and administer drugs that are subject to the Guam Uniform Controlled  
3 Substances Act.

4 (J) “Primary caregiver” means a resident of Guam who is at least  
5 eighteen (18) years of age and who has been designated by the  
6 qualified patient as being necessary to assist the patient in the medical  
7 use of cannabis in accordance with the provisions of this Act, and who  
8 so agrees to assist the patient. Primary caregivers are prohibited from  
9 consuming cannabis obtained for the personal, medical use of the  
10 qualified patient.

11 (K) “Qualified patient” means a resident of Guam who has been  
12 diagnosed by a practitioner as having a debilitating medical condition  
13 and has received written certification and a registry identification card  
14 issued pursuant to this Act.

15 (L) “Written certification” means a statement in a patient’s  
16 medical records or a statement signed by a patient's practitioner that, in  
17 the practitioner's professional opinion, the patient has a debilitating  
18 medical condition and the practitioner believes that the potential health  
19 benefits of the medical use of cannabis would likely outweigh the  
20 health risks for the patient. A written certification is not valid for more  
21 than one (1) year from the date of issuance.

22 **§122404. Exemption from Criminal and Civil Penalties for**  
23 **the Medical use of**  
24 **Cannabis.**

25 (A) A qualified patient *shall not* be subject to arrest, prosecution  
26 or penalty in

1 any manner for the possession of or the medical use of cannabis if the  
2 quantity of cannabis does not exceed an adequate supply.

3 (B) A qualified patient's primary caregiver *shall not* be subject  
4 to arrest, prosecution or penalty in any manner for the possession of  
5 cannabis for medical use by the qualified patient if the quantity of  
6 cannabis does not exceed an adequate supply.

7 (C) Subsection A of this section *shall not* apply to a qualified  
8 patient under the age of  
9 eighteen years, unless:

10 (1) the qualified patient's practitioner has explained the  
11 potential risks and benefits of the medical use of cannabis  
12 to the qualified patient and to a parent, guardian or person  
13 having legal custody of the qualified patient; and

14 (2) a parent, guardian or person having legal custody  
15 consents in writing to:

16 (a) allow the qualified patient's medical use of  
17 cannabis;

18 (b) serve as the qualified patient's primary  
19 caregiver; and

20 (c) control the dosage and the frequency of the  
21 medical use of cannabis by the qualified patient.

22 (D) A qualified patient or a primary caregiver *shall* be granted  
23 the full legal protections provided in this section if the patient or  
24 caregiver is in possession of a registry identification card.

25 (E) A qualified patient who fails to register and receive a registry  
26 identification card from the Department but who nevertheless has  
27 received a written certification from their physician for the medical use



1 of cannabis may be subject to arrest or prosecution but may raise an  
2 affirmative defense at trial.

3 (F) A practitioner *shall not* be subject to arrest or prosecution,  
4 penalized in any manner or denied any right or privilege for  
5 recommending the medical use of cannabis or providing written  
6 certification for the medical use of cannabis pursuant to this Act.

7 (G) A licensed producer *shall not* be subject to arrest,  
8 prosecution or penalty, in any manner, for the production, possession,  
9 distribution or dispensing of cannabis in compliance with this Act.

10 (H) Any property interest that is possessed, owned or used in  
11 connection with the medical use of cannabis, or acts incidental to such  
12 use, *shall not* be harmed, injured or destroyed while in the possession  
13 of state or local law enforcement officials. Any such property interest  
14 *shall not* be forfeited under any local law providing for the forfeiture of  
15 property except as provided in the Special Assets Forfeiture Fund, 10  
16 GCA §§ 79101 - 79105. Cannabis, paraphernalia or other property  
17 seized from a qualified patient or primary caregiver in connection with  
18 the claimed medical use of cannabis *shall* be returned immediately  
19 upon the determination by a court or prosecutor that the qualified  
20 patient or primary caregiver is entitled to the protections of the  
21 provisions of this Act, as may be evidenced by a failure to actively  
22 investigate the case, a decision not to prosecute, the dismissal of  
23 charges or acquittal.

24 (I) A person *shall not* be subject to arrest or prosecution for a  
25 cannabis-related offense for simply being in the presence of the  
26 medical use of cannabis as permitted under the provisions of this Act.

1 (J) A person *shall not* be subject to arrest or prosecution for a  
2 cannabis-related offense for simply allowing one’s property to be used  
3 by qualified patients or their primary caregivers for the homegrown  
4 cultivation of cannabis to the extent permitted under Section 122408 of  
5 this Act.

6 **§122405. Prohibitions, Restrictions and Limitations on the**  
7 **Medical Use of Cannabis—Criminal Penalties.**

8 (A) Participation in the medical use of cannabis by a qualified  
9 patient or primary caregiver does not relieve the qualified patient or  
10 primary caregiver from:

11 (1) criminal prosecution or civil penalties for activities not  
12 permitted by this Act;

13 (2) liability for damages or criminal prosecution arising  
14 out of the operation of a vehicle while under the influence  
15 of cannabis; or

16 (3) criminal prosecution or civil penalty for possession or  
17 use of cannabis:

18 (a) in a school bus or public vehicle;

19 (b) on school grounds or property;

20 (c) in the workplace of the qualified patient’s or  
21 primary caregiver’s employment; or

22 (d) at a public park, recreation center, youth center  
23 or other public place.

24 (B) A person who makes a fraudulent representation to a law  
25 enforcement officer about the person’s participation in a medical use of  
26 cannabis program to avoid arrest or prosecution for a cannabis-related  
27 offense is guilty of a petty misdemeanor.

1 (C) If a licensed producer sells, distributes, dispenses or transfers  
2 cannabis to a person not permitted to participate in the medical use of  
3 cannabis under this Act, or obtains or transports cannabis outside  
4 Guam in violation of federal law, the licensed producer shall be subject  
5 to arrest, prosecution and civil or criminal penalties in accordance with  
6 Guam law.

7 **§122406. Advisory Board Created—Duties.** There *shall* be  
8 established an advisory board consisting of nine (9) members, as  
9 follows: (1) the Director of the Department of Public Health and Social  
10 Services or his designee; (2) the Guam Board of Medical Examiners or  
11 his designee; (3) the Director of the Department of Agriculture or his  
12 designee; (4) the Chairperson of the Legislative Committee on Health  
13 and Human Services or his designee; (5) a member of the public at  
14 large; and, finally, the remaining four members of said advisory board  
15 *shall* be practitioners representing the fields of oncology, neurology,  
16 psychiatry, and pain management, respectively, all of whom *shall* be  
17 board-certified in their area of specialty and knowledgeable about the  
18 medical use of cannabis. A quorum of said advisory board *shall*  
19 consist of five members. The board *shall*:

20 (A) review and recommend to the Department for approval  
21 additional debilitating  
22 medical conditions that would benefit from the medical use of  
23 cannabis;

24 (B) accept and review petitions to add medical conditions,  
25 medical treatments or diseases  
26 to the list of debilitating medical conditions that qualify for the medical  
27 use of cannabis;

1 (C) convene at least twice per year to conduct public hearings  
2 and to evaluate petitions,  
3 which shall be maintained as confidential personal health information,  
4 to add medical conditions, medical treatments or diseases to the list of  
5 debilitating medical conditions that qualify for the medical use of  
6 cannabis; and

7 (D) recommend quantities of cannabis that are necessary to  
8 constitute an adequate supply  
9 for qualified patients and primary caregivers.

10 **§122407. Department Rules; Registry Identification Cards.**

11 (A) No later than nine (9) months after enactment of this Act,  
12 and after consultation with  
13 the advisory board, the Department *shall* promulgate rules in  
14 accordance with the Administrative Adjudication law, 5 GCA § 9100  
15 *et seq.*, to implement the purpose of this Act. The rules *shall*:

16 (1) govern the manner in which the Department will  
17 consider applications for registry identification cards and  
18 for the renewal of identification cards for qualified  
19 patients and primary caregivers;

20 (2) define the amount of cannabis that is necessary to  
21 constitute an adequate supply, including amounts for  
22 topical treatments;

23 (3) identify criteria and set forth procedures for including  
24 additional medical conditions, medical treatments or  
25 diseases to the list of debilitating medical conditions that  
26 qualify for the medical use of cannabis. Procedures shall  
27 include a petition process and shall allow for public

1 comment and public hearings before the advisory board;  
2 (4) set forth additional medical conditions, medical  
3 treatments or diseases to the list of debilitating medical  
4 conditions that qualify for the medical use of cannabis as  
5 recommended by the advisory board;  
6 (5) identify requirements for the licensure of producers  
7 and cannabis production facilities and set forth procedures  
8 to obtain licenses;  
9 (6) develop a distribution system for medical cannabis that  
10 provides for:  
11 (a) cannabis production facilities within Guam  
12 housed on secured grounds and operated by licensed  
13 producers; and  
14 (b) distribution of medical cannabis to qualified  
15 patients or their primary caregivers to take place at  
16 locations that are designated by the Department and  
17 that are not within one thousand (1,000) feet of any  
18 school, church or daycare center;  
19 (7) determine additional duties and responsibilities of the  
20 advisory board;  
21 (8) be revised and updated as necessary; and  
22 (9) set application fees for registry identification cards so  
23 as to defray the administrative costs of implementing this  
24 Act.

25 (B) Notwithstanding any other provision of law, the sum of One  
26 Hundred Thousand (\$100,000.00) from the Healthy Future Funds,  
27 codified at 11 GCA §26603, is hereby appropriated to assist the

1 Department to timely execute its mandate under Section 122407(A) to  
2 promulgate rules to implement the purpose of this Act.

3 (C) The Department *shall* issue registry identification cards to a  
4 patient and to the  
5 primary caregiver for that patient, if any, who submit the following, in  
6 accordance with the Department's rules:

- 7 (1) a written certification;
- 8 (2) the name, address and date of birth of the patient;
- 9 (3) the name, address and telephone number of the  
10 patient's practitioner; and
- 11 (4) the name, address and date of birth of the patient's  
12 primary caregiver, if any.

13 (D) The Department *shall* verify the information contained in an  
14 application submitted pursuant to Subsection B of this section and shall  
15 approve or deny an application within thirty days of receipt. The  
16 Department may deny an application only if the applicant did not  
17 provide the information required pursuant to Subsection B of this  
18 section or if the Department determines that the information provided  
19 is false. A person whose application has been denied *shall not* reapply  
20 for six (6) months from the date of the denial unless otherwise  
21 authorized by the Department.

22 (E) The Department *shall* issue a registry identification card  
23 within five (5) days of approving an application, and a card *shall*  
24 expire one year after the date of issuance. A registry identification  
25 card *shall* contain:

- 26 (1) the name, address and date of birth of the qualified  
27 patient and primary caregiver, if any;

1           (2) the date of issuance and expiration date of the registry  
2 identification card; and

3           (3) other information that the Department may require by  
4 rule.

5           (F) A person who possesses a registry identification card *shall*  
6 notify the Department of any change in the person's name, address,  
7 qualified patient's practitioner, qualified patient's primary caregiver or  
8 change in status of the qualified patient's debilitating medical  
9 condition within ten (10) days of the change.

10          (G) Possession of or application for a registry identification card  
11 *shall not* constitute probable cause or give rise to reasonable suspicion  
12 for a governmental agency to search the person or property of the  
13 person possessing or applying for the card.

14          (H) The Department *shall* maintain a confidential file containing  
15 the names and addresses of the persons who have either applied for or  
16 received a registry identification card. Individual names on the list  
17 *shall* be confidential and not subject to disclosure, except:

18               (1) to authorized employees or agents of the Department  
19 as necessary to perform the duties of the Department  
20 pursuant to the provisions of this Act;

21               (2) to authorized employees of state or local law  
22 enforcement agencies, but only for the purpose of  
23 verifying that a person is lawfully in possession of a  
24 registry identification card; or

25               (3) as provided in the federal Health Insurance Portability  
26 and Accountability Act of 1996, codified at 42 U.S.C. §  
27 1320d *et seq.*

1           **§122408. Homegrown Cultivation Registrations.** If after nine  
2 (9) months after enactment of this Act, the Department has failed to  
3 promulgate rules as mandated under Section 122407(A) of this Act for  
4 the production and distribution of medical cannabis, the Department  
5 *shall* issue a homegrown cultivation registration to a qualifying patient  
6 allowing the patient or the patient’s personal caregiver to cultivate a  
7 limited number of plants, sufficient to maintain an adequate supply of  
8 cannabis, and *shall* require cultivation and storage only in an enclosed,  
9 locked facility. Until the Department promulgates said rules, the  
10 written recommendation of a qualifying patient’s physician *shall*  
11 constitute a valid cultivation registration.”

12           **Section 2. The following *new* subsection (g) is added to**  
13 **Appendix A of Chapter 67 of Title 9 Guam Code Annotated, to**  
14 **read as follows:**

15           “(g) The enumeration of marihuana, tetrahydrocannabinols or  
16 chemical derivatives of these as Schedule I controlled substances does  
17 not apply to the medical use of cannabis pursuant to the Joaquin  
18 (“KC”) Concepcion, II Compassionate Cannabis Use Act of 2013.”

19           **Section 3. Temporary Provision.**

20           (A) During the period between December 1, 2013, and thirty  
21 (30) days after the effective date of rules promulgated by the  
22 Department pursuant to Subsection 122407(A) of this Act, a qualified  
23 patient who would be eligible to engage in the medical use of cannabis  
24 in accordance with this Act but for the lack of effective rules  
25 concerning registry identification cards, licensed producers, cannabis  
26 production facilities, distribution system and adequate supply, may  
27 obtain a written certification from a practitioner and upon presentation



1 of that certification to the Department, the Department *shall* issue a  
2 temporary certification for participation in the program. The  
3 Department *shall* maintain a list of all temporary certificates issued  
4 pursuant to this section.

5 (B) A person possessing a temporary certificate and the person's  
6 primary caregiver are not subject to arrest, prosecution, civil or  
7 criminal penalty or denial of any right or privilege for possessing  
8 cannabis if the amount of cannabis possessed collectively is not more  
9 than the amount that is specified on the temporary certificate issued by  
10 the Department.

11 (C) A practitioner *shall not* be subject to arrest or prosecution to  
12 be penalized in any manner or denied any right or privilege for  
13 recommending the medical use of cannabis or providing written  
14 certification for the medical use of cannabis pursuant to this Act on or  
15 after December 1, 2013.

16 **Section 4. Severability.** *If* any provision of this Act or its  
17 application to any person or circumstance is found to be invalid or  
18 contrary to law, such invalidity shall not affect other provisions or  
19 applications of this Act which can be given effect without the invalid  
20 provisions or application, and to this end the provisions of this Act are  
21 severable.

22 **Section 5. Effective date.** The Act *shall* take effect upon  
23 enactment into law.

24  
25



SENATOR DENNIS G. RODRIGUEZ, Jr., Chairman  
 COMMITTEE ON HEALTH & HUMAN SERVICES, HEALTH INSURANCE REFORM,  
 ECONOMIC DEVELOPMENT AND SENIOR CITIZENS  
 Mina'trentai Dos Na Liheslaturan Guåhan • 32<sup>nd</sup> Guam Legislature

**PUBLIC HEARING DATE / TIME: Wednesday, November 27, 2013, 2013 10am**

- **Bill No. 215-32 (COR)** An act to add a new Article 24 to Chapter 12, Title 10 of the Guam Code Annotated, relative to allowing the medical use of cannabis, amending provisions of the Controlled Substances Act, providing penalties, and for other purposes, also known as the Joaquin Concepcion Compassionate Cannabis Use Act of 2013. Introduced by Sen. Tina Muna Barnes, Aline A. Yamashita, Ph.D.

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Chloe Caserio	<i>[Signature]</i>				X		649-9324	chloecaserio@gmail.com



**SENATOR DENNIS G. RODRIGUEZ, Jr., Chairman**  
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PRINT NAME	SIGNATURE	AGENCY	ORAL TESTIMONY	WRITTEN TESTIMONY	IN FAVOR	OPPOSE	CONTACT NUMBERS	EMAIL ADDRESS
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SENATOR DENNIS G. RODRIGUEZ, Jr., Chairman  
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SENATOR DENNIS G. RODRIGUEZ, Jr., Chairman  
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 ECONOMIC DEVELOPMENT AND SENIOR CITIZENS  
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SENATOR DENNIS G. RODRIGUEZ, Jr., Chairman  
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 ECONOMIC DEVELOPMENT AND SENIOR CITIZENS  
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SENATOR DENNIS G. RODRIGUEZ, Jr., Chairman  
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 Mina'trentai Dos Na Liheslaturan Guåhan • 32<sup>nd</sup> Guam Legislature

**PUBLIC HEARING DATE / TIME:** Thursday, December 12, 2013 5:30pm

- **Bill No. 215-32 (COR)** An act to add a new Article 24 to Chapter 12, Title 10 of the Guam Code Annotated, relative to allowing the medical use of cannabis, amending provisions of the Controlled Substances Act, providing penalties, and for other purposes, also known as the Joaquin Concepcion Compassionate Cannabis Use Act of 2013. Introduced by Sen. Tina Muna Barnes, Aline A. Yamashita, Ph.D.

PRINT NAME	SIGNATURE	AGENCY	ORAL TESTIMONY	WRITTEN TESTIMONY	IN FAVOR	OPPOSE	CONTACT NUMBERS	EMAIL ADDRESS
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✓ Bobbing Wolford	<i>[Signature]</i>	self	X		X		789-5826	(Bobbing Wolford)
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- June follows								



SENATOR DENNIS G. RODRIGUEZ, Jr., Chairman  
 COMMITTEE ON HEALTH & HUMAN SERVICES, HEALTH INSURANCE REFORM,  
 ECONOMIC DEVELOPMENT AND SENIOR CITIZENS  
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PRINT NAME	SIGNATURE	AGENCY	ORAL TESTIMONY	WRITTEN TESTIMONY	IN FAVOR	OPPOSE	CONTACT NUMBERS	EMAIL ADDRESS
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October 24, 2013  
Hon. Tina Rose Muña Barnes  
Legislative Secretary, 32nd Guam Legislature  
*sent by email to: [sgflores@gmail.com](mailto:sgflores@gmail.com)*

**Re: Analysis of Bill No. X-32 (“AN ACT TO ADD A NEW ARTICLE 24 TO CHAPTER 12, TITLE 10 OF THE GUAM CODE ANNOTATED, RELATIVE TO ALLOWING THE MEDICAL USE OF CANNABIS, AMENDING PROVISIONS OF THE CONTROLLED SUBSTANCES ACT, PROVIDING PENALTIES, AND FOR OTHER PURPOSES, ALSO KNOWN AS THE JOAQUIN (“KC”) CONCEPCION COMPASSIONATE CANNABIS USE ACT OF 2013.”).**

**Sponsors:**

T.R. Muña Barnes; R.J. Respicio; A.A. Yamashita

**Legislative Intent**

To allow the medical use of cannabis for persons living with certain debilitating medical conditions.

**Summary of Bill**

Bill X-32 seeks to allow for the limited medicinal use of marijuana, or cannabis, for certain “debilitating medical conditions,” which includes: cancer; glaucoma; multiple sclerosis; epilepsy; HIV and AIDS; post-traumatic stress disorder; rheumatoid arthritis or similar chronic autoimmune inflammatory disorders; damage to the nervous tissue of the spinal cord; patients in hospice care; and for “any other medical condition, medical treatment or disease as approved by the Department.”

**Section by Section Analysis:**

**Section 1.** This is the major section of the bill that formally adds the new Article 24 to Chapter 12 of Title 10 of the Guam Code Annotated. The new Article 24 contains the following sections:

- §122401. Title.
- §122402. Purpose of Act.
- §122403. Definitions.
- §122404. Exemption from Criminal and Civil Penalties for Medical Use of Cannabis.
- §122405. Prohibitions, Restrictions and Limitations on the Medical Use of Cannabis—Criminal Penalties.
- §122406. Advisory Board Created—Duties
- §122407. Department Rules; Registry Identification Cards.
- §122408. Homegrown Cultivation Registrations.

**§122401.** This section provides the formal title of the new law, which has been named in honor of local musician Joaquin “KC” Concepcion. Many other U.S. jurisdictions that have enacted similar medicinal marijuana legislation have likewise named the legislation in honor of someone who has passed on from cancer or another similar disease—who would have benefitted from the medical use of cannabis.

§122402. This section states the purpose of the bill: to allow the medical use of cannabis in a regulated system for alleviating symptoms caused by debilitating medical conditions and their medical treatments.

§122403. This is the Definitions section of the bill, with the most important definitions being the following:

**adequate supply**, which refers to the amount of cannabis that a qualified patient and his primary caregiver may possess at any given time, which is 3 months' supply.

**debilitating medical conditions**, which is a list of all the medical conditions which make a person eligible to participate in the medical use of cannabis under the law.

**hospice care**, which means palliative care for the terminally and seriously ill provided in a hospital, nursing home, or private residence.

**primary caregiver**, which means the 18-year-old (or older) person who the patient designates to assist him/her in the medical use of cannabis in accordance with this law. The law also makes it clear that the caregiver cannot consume the patient's cannabis.

**written certification**, which means a statement in a patient's medical records or a statement signed by a patient's practitioner that, in the practitioner's professional opinion, the patient has a "debilitating medical condition" and that the practitioner believes that the potential health benefits of the medical use of cannabis would likely outweigh the health risks for the patient. This written certification is valid for **one year** from the date of issuance.

**qualified patient**, which means the person who has been diagnosed by his/her doctor as having one of the listed debilitating medical conditions and who has received both a written certification from his/her doctor, and a registry identification card from DPHSS.

§122404. This section does a number of things.

It exempts medicinal cannabis use from civil and criminal penalties. Specifically, it says that both a qualified patient and his/her primary caregiver will not be subject to arrest, prosecution or any other penalty for possessing cannabis in an amount that does not exceed an "adequate supply," or 3 months' supply.

It extends the same legal protection to (1) doctors prescribing it, (2) licensed producers actually producing and distributing it, (3) anyone who happens to be in the presence of someone else lawfully using it, and (4) anyone who allows the patient or caregiver to use his/her property to grow a limited amount of marijuana (but this last part only applies temporarily and in case DPHSS fails to promulgate the implementing rules within the 9-month period). To see more about this, see Section 122408.

It states that the patient and caregiver will be granted full legal protection **as long as they possess a registry identification card** from DPHSS. Oppositely, if they fail to get this card from DPHSS, then they may be arrested and prosecuted. In that case, as long as they can show that they are in fact eligible to use cannabis medicinally (i.e., they have a written certification from a doctor), then they can raise this as an affirmative defense at trial.

It makes it clear that minors, or persons under 18 years of age, may qualify under this law to use cannabis for medical purposes, **if only if**, the following conditions are met: (1) their doctor has explained the risks and benefits to them and their parent or guardian, (2) their parent or guardian consents in writing to (a) allow the minor to use it, (b) serve as the minor's primary caregiver; and (c) control the dosage and frequency of use.

**§122405.** This section sets out the restrictions on the medical use of cannabis. Specifically, it does the following things:

It says that a patient and his/her caregiver may still not (1) operate a vehicle under the influence of cannabis, (2) use cannabis in a school bus or other public vehicle, or on school grounds, or at their job-site, or at any public park, recreation center, youth center, or any other public place.

It says that anyone who lies to law enforcement regarding their eligibility under the law to use cannabis in order to avoid arrest or prosecution shall be guilty of a petty misdemeanor.

It says that a licensed producer may not transport cannabis to (1) a person not authorized under the law (i.e., a qualified card-holding patient or his primary caregiver), or (2) outside of Guam.

**§122406.** This section creates the Advisory Board, which has 7 members as follows: 6 of the 7 must be practitioners representing the fields of neurology, pain management, medical oncology, psychiatry, infectious disease, and family medicine, and the final seventh member must be a member of the public at large.

The board is only an advisory board—meaning it is not a decision-making body. Rather, it only advises DPHSS on certain specific matters, such as making recommendations on the amount of cannabis that is necessary to constitute an “adequate supply,” identifying criteria and setting forth procedures for including additional diseases on the approved list of “debilitating medical conditions.”

The 6 practitioner members *shall* be chosen for appointment by the Director of DPHSS from a list proposed by the Guam Board of Medical Examiners, which in turn must submit that list to DPHSS within 30 days of enactment of this Act.

**§122407.** This section does it three major things.

First, it mandates DPHSS to promulgate rules to implement the purpose of the Act. DPHSS has 9 months to do this (from the date of enactment of the Act).

Second, it appropriates \$100,000 from the Healthy Futures Fund to assist DPHSS to promulgate the rules within the 90 day time period.

Third, it spells out the issue of the registry identification cards that DPHSS is to issue qualifying patients and their primary caregivers who have themselves submitted to DPHSS (1) a written certification from the patient’s doctor, and (2) the name, address and date of birth of both the patient, his/her doctor, and his/her primary caregiver, if any.

This section also states that DPHSS must issue the card within 5 days of approving an application.

This section also states that the registry identification card is valid for 1 year.

This section also mandates DPHSS to maintain a confidential file containing the names and addresses of the persons who have either applied for or received a registry identification card—this information is confidential outside of narrow limited circumstances (such as allowing limited disclosure pursuant to federal HIPPA laws).

**§122408.** This section carves out a limited narrow exception, allowing homegrown marijuana if and only if DPHSS fails to promulgate the rules within the 9 months after enactment of the law. And even at that, the amount of marijuana that a qualifying patient and caregiver can grow is limited to an “adequate supply,” or 3 months’ supply. To take advantage of this exception, a patient must still be otherwise qualified – meaning they have to have the written certification from their doctor.

Lastly, this provision expires the moment that DPHSS promulgates the rules for regulating the cultivation, production, and ultimately the distribution of cannabis in Guam.

**Section 2.** This section specifically exempts the medical use of cannabis (so long as that use complies with the Act) from the Guam Uniform Controlled Substances Act.

**Section 3.** This sets out certain “temporary” provisions.

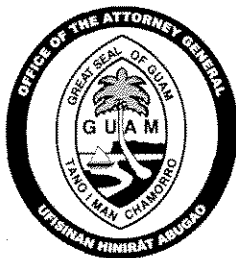
First, this section inserts a temporary provision clause that provides that **between** December 1, 2013, and thirty (30) days after the rules are promulgated by the Cannabis Use Board to implement this new law, a person who would be eligible to participate in the medical use of cannabis program as a qualified patient may obtain a temporary certification from DPHSS after he/she submits the written certification from his/her doctor. The only caveat is that they must not possess more cannabis than the amount specified on their temporary certificate.

This section also protects doctors from any arrest of prosecution for prescribing cannabis to their patients on or after December 1, 2013.

**Section 4.** This is just a severability section.

**Section 5.** This just states that the law will take effect upon enactment.

LEONARDO M. RAPADAS  
Attorney General



PHILLIP J. TYDINGCO  
Chief Deputy Attorney General

## OFFICE OF THE ATTORNEY GENERAL

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December 23, 2013

The Honorable Dennis G. Rodriguez, Jr.  
Senator, 32<sup>nd</sup> Guam Legislature  
176 Serenu Ave., Suite 107  
Tamuning, Guam 96931

Re: **Written Testimony on Bill No. 215-32 (COR); An Act to Add a New Article 24 to Chapter 12, Title 10 of the Guam Code Annotated, relative to allowing the medical use of cannabis, amending provisions of the controlled substances act, providing penalties, and other purposes, also known as the Joaquin Concepcion Compassionate Cannabis Use Act of 2013**

Dear Senator Rodriguez,

Thank you for the opportunity to present testimony today.

This is an issue where as Attorney General, I knew the question was not if the Guam Legislature would attempt to introduce bill no. 215-32 (COR), relative to allowing the medical use of MARIJUANA, but when. This was especially true since the states of Colorado (CO) and Washington (WA) have gone beyond what they initially approved in medical MARIJUANA when they legalized the recreational use of MARIJUANA in November 2012.

I am neither testifying for or against this bill. That is not my purpose. What I am doing is ensuring that law enforcement voices are heard before any action on it. My discussion will center around the legal aspects or legal implications and what is already showing to be a law enforcement disaster in those two states. Again, I am coming from a law enforcement perspective.

I will also discuss the law enforcement experience in other areas of the United States where medical MARIJUANA is legal in some form or another. As I stated in oral testimony, I am not a doctor and do not express an opinion from a medical standpoint. If any medical discussions arise, it is mainly because I may be quoting from a medical source.

CO has recently reported preliminary data in various areas such as traffic fatalities, youth MARIJUANA use, adult MARIJUANA abuse, emergency room admissions, MARIJUANA-related exposure cases, and diversion of CO MARIJUANA outside of the state.

CO looked at the data in those areas comparing them to three different legislative histories, that is, the early medical MARIJUANA period from 2006 to 2008, the medical MARIJUANA expansion period from 2009 to 2011, and the medical MARIJUANA expansion and recreational use period from late 2012 to present.

Since the bill under discussion is regarding medical MARIJUANA, this testimony will not include statistics after November 2012. In fact, as I stated at the hearing, the statistics I cited during the hearing and in this written testimony are unchanged since most, if not all areas did not include data for 2012. CO and WA only discussed times being under the only medical MARIJUANA periods.

Under every metric, there is an increase in numbers through time, from the early period to the end of 2011. While traffic fatalities in CO from 2006 to 2011 decreased by 16 % (consistent with the national trends), fatalities involving drivers testing positive for MARIJUANA increased by 114%.

In 2006, the percentage for CO traffic fatalities where drivers tested positive for MARIJUANA was approximately 5%. By 2011, those fatalities almost tripled to about 13%.

Nationwide, the National Highway Traffic Safety Administration (NHTSA) in 2009 found that four times as many drivers were under the influence of MARIJUANA than of alcohol during weekend nights and in 2004, MARIJUANA use decreased drivers' vehicle handling, performance, impaired time and distance estimation, increased reaction time and impaired sustained vigilance among other dangers. NHTSA is currently studying the effects of marijuana on drivers.

Even the National Organization for Reformation of MARIJUANA Laws (NORML) recognized the dangers of driving after smoking MARIJUANA and discouraged such acts, while a Canadian study in 2012 also showed an increased risk of motor vehicle collisions after having smoked MARIJUANA.

Regarding youth MARIJUANA use, in 2011, for the age group 12 to 17, the national average for "current" MARIJUANA users was 7.64%. "Current" was defined as smoking a MARIJUANA "joint" or cigarette at least once in the last 30 days. It had been lower in previous years. The CO average in 2011 was 10.72%, so over 1 in 10 non-adult teenagers described themselves as current MARIJUANA users. Under most legislative schemes, these and lower-aged groups should not even be using MARIJUANA.

While the national average in 2011 for 12<sup>th</sup> graders were currently smoking MARIJUANA was between 22.6 and 28.0%, CO 12<sup>th</sup> graders averaged 31.2% and was as high as 36.0%.

In WA, 8<sup>th</sup> to 12<sup>th</sup> graders reported MARIJUANA use of between 9.4% and 26.7% from 2010 to 2012. Again, this is an age group that should not even be using MARIJUANA, unless you believe that a very high percentage of teenagers are afflicted with the various maladies outlined in their states' situation.

Many national studies have confirmed medical MARIJUANA use severely impairs safe driving skills. A quarter of the teenagers who smoked MARIJUANA reported smoking while driving. Approximately 75% of those claimed they did not believe their driving was impaired. That appears to be a combination of teenagers feeling "invincible" and unfortunately, a growing sense that MARIJUANA use is safer than drinking alcohol and is a more socially acceptable vice.

That point appears to be lost on many: as MARIJUANA appears to become more socially acceptable, the perception arises that it is not as dangerous as other drugs.

Data from the WA State Toxicology Laboratory showed that MARIJUANA was the most consistent drug found in all impaired drivers. That number hovered around 20%.

A study published in the Journal American Medical Association stated, "The consequences of unintentional MARIJUANA exposure in children should be part of the ongoing debate on the legalization of MARIJUANA." While the bill proposes to keep MARIJUANA out of the hands of children, the undeniable fact is that it will not be.

Assuming the legislature is willing to take the risk there will be abuse by children as well as adults, this bill needs provisions to deal with the abuse and possible criminal concerns law enforcement has. While there are sections for prosecutions of “qualified patients” and “primary care givers”, the bill does not address levels of tetrahydrocannabinol (THC) in the individual’s system to constitute a crime, like in DUI cases. It must be assumed and the legislature has stated there will be abuse, there will be more people, young and old, infirm and not, driving on our roads.

Presently, except for evidence like erratic driving, weaving within the lanes, it will be extremely difficult to prosecute MARIJUANA DUI cases. On Guam we cannot test either preliminarily, much less get final testing of levels of THC in one’s bloodstream. There are no GPD officers who have received the specialized training to be drug recognition evaluators (DREs). Even if we do get a definitive number from a test, we have no statutory “intoxicated” or “impaired” levels. Any test would have to involve drawing blood which would be fraught with legal issues.

For young adults, aged 18-25, the national average of current use of MARIJUANA was 18.7% in 2011. In CO, current MARIJUANA use was at 27.3%. Again, these are numbers before recreational use was legalized.

What is most interesting in most of the states that have some form of medical MARIJUANA law, of the users of medical MARIJUANA, the percentage of those actually afflicted hovers in the low single digits. Many suffer from “back-aches” and “non-specific” ailments.

CO emergency room admissions because of MARIJUANA-related incidents increased. From 2005 to 2008, the average number of visits was about 741 per year. From 2009 to 2011, the average increased to about 800 visits per year.

What is concerning not just law enforcement, but also agencies like child protective service and other social services is MARIJUANA exposure of the very young. Of course, there is no intent to expose 0-5 year olds to MARIJUANA, much less MARIJUANA that is only to be used for medicinal purposes, but unintended exposure increased from an average of 4 per year to 12 for a 200% increase from the 2005-08 to 2009-2012 time periods.

Looking at the same time frames (2005-08 and 2009-2012), CO MARIJUANA diversion to other states increased while the number of states diverted to also increased. There were 52 seizures of medical MARIJUANA in the early period as compared to 242 seizures of medical MARIJUANA in the later medical MARIJUANA period; the total pounds seized went from 2,220 to 3,937 lbs. That was a 77% increase. In just 2012 alone, that number was 7,008 lbs.

Those seizures were diversions to not only to medical MARIJUANA states, but to states where MARIJUANA was not legal for any reason. These are states that have decided not to go down the medical MARIJUANA or recreational MARIJUANA roads.

Diverted postal packages increased similarly. The U.S. Postal Inspection Service reported that in CO in 2010 they seized 15 MARIJUANA parcels bound for other states. In 2012, they seized 158 parcels. They reported 57 pounds and 262 pounds seized, respectively. Diversion cases show that illegality is being exported and enabled by those states “legally” producing MARIJUANA.

Other areas of concern, like the inconsistent rules regarding strengths of the THC content, although they mostly agree that the overall strength is increasing. There are also no FDA rules regulating MARIJUANA strength. There is however, Marinol, an FDA approved substitute for smoked MARIJUANA. I will leave this discussion to the experts.

WA is also seeing more importation into their state from other states, like CO and nearby Oregon.

Both CO and WA's preliminary data indicate it is too early to make any conclusions regarding the effects of legalization of MARIJUANA. Their statistics, as I testified, were relevant to a medical MARIJUANA period only.

Because of their law, the state has seen more violence associated with Mexican drug trafficking organizations (DTOs). While domestic producers grow the lion's share of WA's MARIJUANA, Mexican and other foreign DTOs have made in-roads.

This results in a greater supply than demand. That means prices are driven down. There are reports of the Mexican Drug Trafficking Organizations (MDTOs) are developing stronger strains of MARIJUANA to remain competitive. That means greater health risks to WA's children.

I cannot help but assume Asian DTOs are keeping an eye on the development of this bill.

CO and WA are serving as experimental labs. These short time frames may not be enough to draw strong conclusions. The authors the report I am citing wrote, "Citizens and policymakers may want to delay any decisions on this important issue until there is sufficient and accurate data to make an informed decision."

Regarding accurate data, I've always believed that decisions, whether as an administration or as a legislature, must be made dispassionately, without emotion and with facts and science. I have always believed that of myself.

I am also skeptical of positions taken by anyone who use words like "always" and "never". I am equally skeptical of sides that assert that, "No one has ever died of a marijuana overdose," or "There is absolutely no medical benefit derived from marijuana." Time is showing that neither statement is absolutely true.

The legislature's findings in its resolution no. 201-32 (LS) regarding medical MARIJUANA appears either to be based upon incomplete or erroneous facts.

I will touch on one finding. Proponents of the legalization of medical MARIJUANA assert that the prisons are full of first-time MARIJUANA offenders and that law enforcement should be freed up to concentrate on more serious crimes like murder, robbery and aggravated assaults.

That is an argument the U.S. Attorney General, Eric Holder makes. He recently stated his prosecutors will no longer charges certain mandatory minimum drug crimes so that they would not have to put drug defendants in prison. He even puts it in policy for the DOJ.

A recent prior AG's DOJ policy stated forcefully that federal prosecutors must charge the highest provable charge, including the mandatory minimum crimes. Who knows what will happen with a new U.S. Attorney General? Must Guam's law enforcement priorities change as the DOJ's policy changes? As a general principle, it should not. Guam's priorities should be Guam's priorities.

With resources not as plentiful as it has been in the past, it is a seductive argument. Unfortunately, the facts do not bear that assertion out. No less than the National District Attorneys Association (NDAA) and the National Association of Drug Court Professionals (NADCP) oppose the legalization of marijuana for medical purposes for those same reasons.



The NADCP reported that simple MARIJUANA cases make up about 1.5% of total state cases. The feds only report on possession with that number being 0.8%. We report similar numbers. For 2013 so far, we see approximately 0.7% for all marijuana cases.

My office is sensitive to the law enforcement resource issue, but we need to have the correct facts before any policy change. My prosecution division's caseload consists of 60 to 70% DUI and family violence cases, another 10 to 15% property cases, and 5 to 10% violent crime cases. Other sorts of crimes are spread out around the balance of the numbers. Crystal methamphetamines ("ice") make up the majority of our drug cases. The majority of the defendants in those cases go through the Superior Court's Drug Court and are not incarcerated.

Presently, marijuana possession of a certain amount has already been decriminalized. Title 9 of the Guam Code Annotated (GCA) §67.401.1(b)(1) provides that the manufacture, delivery or possession with intent to manufacture or deliver a controlled substances like marijuana are punishable as a felony and carries prison sentences for first time offenders.

However, simple possession and use of 1 oz. or less of marijuana has essentially been decriminalized under Guam law for nearly 20 years or so. Under 9 G.C.A. §67.401.2(b)(3), the possession of 1 oz. or less of marijuana is only a criminal violation and punishable by a \$100 fine.

Additionally, Guam law under 9 G.C.A. §67.401.2(b)(2) also provides that simple possession of more than 1 oz. of marijuana is only a petty misdemeanor crime punishable by no more than 60 days jail time and by a fine of no more than \$500.

The NADCP recently took the position against legalizing of MARIJUANA and the use of "smoked" MARIJUANA as medicine. The NADCP serves all sorts of addicted individuals in the criminal justice system.

While it is not true that everyone who smokes MARIJUANA will turn to harder drugs, like heroin or crystal methamphetamines ("ice"), the NADCP reports that is it absolutely true that everyone they treat for harder drugs say their journey began with marijuana.

The NADCP, is deciding to take this position, took a long, hard look at the research regarding the safety of recreational, but more specifically, the effects of smoked MARIJUANA as medicine. NADCP's concern is that smoked MARIJUANA at a form of treatment should not be available given there are other effective means of treating the symptoms of the conditions set out in the bill. Many researchers believe that smoking MARIJUANA as medicine can cause increased risk of respiratory disease and cancer due to patients with already compromised health condition. Basically, there may be more health problems associated with MARIJUANA than benefits derived. But, I will let the doctors speak about those issues.

The other area that needs to be address which I alluded to at the hearing was the federal banking issue. Briefly, I reiterate that presently, the federal banking laws and regulations do not allow state MARIJUANA producers access to the federal banking system. If I recall correctly, most banks on Guam would fall under federal rules and regulations.

The bottom-line for Guam would be that any Guam licensed MARIJUANA producer, processor, or retailer would not be able to avail themselves the safety, security, and accountability of a federally regulated bank. That, from a law enforcement standpoint, would present serious dangers given such businesses would end up being cash-only businesses lending themselves to being preyed upon by thieves and robbers. That fact alone makes our island not a safe place.

Recall that I had talked to you regarding the roomfuls of cash storing proceeds from the various MARIJUANA businesses in CO and WA. Those places are ripe for thieves and robbers to break in and steal, and worse, seriously injure or kill personnel manning such places.

Finally, I want to stress that I do not want my testimony to be interpreted as denying a patient with true, debilitating conditions the ability to choose from alternative forms of treatment for pain, nausea and so forth. I, too, have witnessed the pain and anguish of loved ones going through what was not their choosing. People do not choose to get cancer.

Because presently there are effective treatment modalities and because FDA approved alternatives, such as marinol and others are available, I am concerned with the abuse of this substance just as I am with alcohol, or other legal drugs and that any abuse would outweigh any benefits we would derive as a community as a whole. And is it not they who we serve too? We, as a community need to have as many facts possible before making such a sweeping change in the law.

Si Yu'os Ma'ase and thank you for this opportunity.

Sincerely,



**LEONARDO M. RAPADAS**  
Attorney General of Guam

cc: The Honorable Tina Rose Muna Barnes  
Senator, 32<sup>nd</sup> Guam Legislature

From: Victor Rodgers  
To: 32<sup>nd</sup> Guam Legislature  
Date: 27 November 2013  
Subject: Decriminalizing Marijuana

Dear Senators,

In front of you is an awesome task and a solemn responsibility. The task is great because it asks you to remove the passion and misinformation from both sides of the debate and with a clear, sober perspective look at the facts. The weight of your deliberation is clear; it will affect the lives of Guamanians for years to come. I wanted to give you my opinion as a voter on the issue.

To be clear, there are three groups who benefit from the current status quo; those who make money off the testing of marijuana, those who illegally cultivate and sell marijuana, and those in the medical profession who seek to be the only ones who have a voice in how someone determines and deals with their personal medical issues.

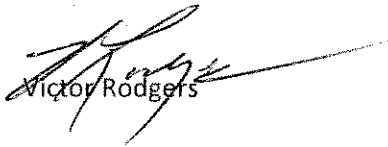
Those who make money off the testing are simply filling a niche created by the current laws. We have come to take it as a fact that someone who is positive for Marijuana is a criminal and detriment to society. The testing validates this for employers, despite the fact that THC, the active ingredient can be stored in the body for up to 30 days. Meaning, someone who uses marijuana, while certainly guilty under our current prohibition, is not automatically a hazard to his/her co-workers. This fallacy has been used to keep many out of the employment arena because we as a society have accepted it as a fact, absent truth, facts or data. The 26 States that have either ok'd its use for medicinal purposes or outright legalized it seem to be a contradiction to our fears.

Those who cultivate it and sell it want the status quo to remain because they get to profit off of it. There are no restrictions on who they sell to, the potency of the plant they harvest, or any consideration for those who buy from them. They sell to any age, regardless of the potential for harm, because their only motive is profit. Make no mistake, decriminalizing Marijuana is the thing they fear the most.

Lastly we have the doctors, very learned and intelligent people who believe they should, and indeed, have a responsibility to speak about all things medical within the community. They are under the belief that the only path for relief from whatever ails you is through prescription drugs. The addictive and dangerous use of those prescription drugs are often glossed over, and the use of marijuana seen as so much more deadly to society that it must be kept illegal at any cost. As a rebuttal to their argument, please see the attachment.

I do not mean to argue with those well meaning members of our community who fear change; my argument to you is that we need to stop giving council to our fears and instead be willing to look beyond

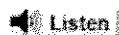
the tired old discussions. Marijuana is a daily fact within our community, whether we want to admit it or not. There are people from all walks of life who use it; either for recreational or medicinal value. Do we take charge of this situation as other communities and states have done, or do we continue to carry on as usual, committing scarce resources of both money and manpower towards a drug which the majority of Americans have already decided should be legalized? That is your decision, and while it is a difficult one, I am sure the people of Guam will reward those who have the courage to break with the status quo. As a former Drug and Alcohol Program Advisor for the Navy, and as a current workforce development professional, I can't think of a greater waste of our time and money than the continued "war on marijuana", which takes us away from the real issue of substance abuse within our community, and the preventive measures we should be taking to deal with it. . Thank you for your time and consideration.



Victor Rodgers

## Medical Marijuana

ProCon.org



Last updated on: 7/8/2009 10:40:00 AM PST

### Deaths from Marijuana v. 17 FDA-Approved Drugs (Jan. 1, 1997 to June 30, 2005)

- I. Background
- II. Cause of Death Categories & Definitions
- III. FDA Disclaimer of Information
- IV. Summary of Deaths by Drug Classification
- V. Deaths from Marijuana & 17 FDA-Approved Drugs
- VI. Sources & Disagreement on Marijuana Deaths
- VII. Full Text of All 17 FDA "Adverse Event" Reports

#### I. Background


Much of the medical marijuana discussion has focused on the safety of marijuana compared to the safety of FDA-approved drugs. On June 24, 2005 ProCon.org sent a Freedom of Information Act (FOIA) request to the US Food and Drug Administration (FDA) to find the number of deaths caused by marijuana compared to the number of deaths caused by 17 FDA-approved drugs. Twelve of these FDA-approved drugs were chosen because they are commonly prescribed in place of medical marijuana, while the remaining five FDA-approved drugs were randomly selected because they are widely used and recognized by the general public.


We chose Jan. 1, 1997 as our starting date as it is the beginning of the first year following the Nov. 1996 approval of the first state medical marijuana laws (such as California's Proposition 215). The FDA reports we read from Sep. 13, 2005 to Oct. 14, 2005 included drug deaths "to present", which was the date each report was compiled for our request. We cut off the counting as of June 30, 2005 to provide a uniform end-date to the various reports.

On Aug. 25, 2005 the FDA sent us 12 CDs and five printed reports containing copies of their Adverse Event Reporting System (AERS) report on each drug requested. These reports included all adverse events reported to the FDA, only a portion of which included deaths. We manually counted the number of deaths reported on each drug from the FDA-supplied information.

A review of the FDA Adverse Events reports also revealed some deaths where marijuana was at least a concomitant drug (a drug also used at the time of death) in some cases. On Oct. 14, 2005 we used the Freedom of Information Act to request a copy of the adverse events reported deaths for marijuana, cannabis, and cannabinoids. We received those reports on Aug. 3, 2006 in the form of three additional CDs. The FDA listed over 150 deaths on more than one report (aka double counted them), however, to ensure accuracy, we removed duplicates from our final count. All the FDA adverse events reports that we received can be seen in full at the bottom of this page.

#### II. Cause of Death Categories & Definitions

The FDA AERS reports rely on health professionals to detect an "adverse event" and attribute that event to the drug, and then to voluntarily report that effect to either the FDA or the drug manufacturer. The drug firm, by law, must report that event to the FDA. The FDA states "ninety percent of the FDA's reports are received from drug manufacturers" on page one of its "Adverse Event Reporting System (AERS) Brief Description with Caveats of System."  (PDF 2.7 MB)

Select instructions on how to report adverse events, as per the FDA's AERS Form Instructions  (PDF 65 KB), are provided below:

- **Adverse Event:** Any incident where the use of a medication (drug or biologic, including HCT/P), at any dose, a medical device (including in vitro diagnostics) or a special nutritional product (e.g.,

dietary supplement, infant formula or medical food) is suspected to have resulted in an adverse outcome in a patient.

- **Death:** Check only if you suspect that the death was an outcome of the adverse event, and include the date if known. Do not check if:
    - The patient died while using a medical product, but there was no suspected association between the death and
    - A fetus is aborted because of a congenital anomaly (birth defect), or is miscarried
- A. **Suspect Product(s):** A suspect product is one that you suspect is associated with the adverse event.

Up to two (2) suspect products may be reported on one form (#1=first suspect product, #2=second suspect product). Attach an additional form if there were more than two suspect products associated with the reported adverse event.

- B. **To report:** it is not necessary to be certain of a cause/effect relationship between the adverse event and the use of the medical product(s) in question. Suspicion of an association is sufficient reason to report. Submission of a report does not constitute an admission that medical personnel or the product caused or contributed to the event.

### III. FDA Disclaimer of Information

#### III. FDA Disclaimer of Information

Included in the 15 CDs and five printed reports from the FDA was the following disclosure:

*"The information contained in the reports has not been scientifically or otherwise verified. For any given report there is no certainty that the suspected drug caused the reaction. This is because physicians are encouraged to report suspected reactions. The event may have been related to the underlying disease for which the drug was given to concurrent drugs being taken or may have occurred by chance at the same time the suspected drug was taken.*

*Numbers from these data must be carefully interpreted as reported rates and not occurrence rates. True incidence rates cannot be determined from this database. Comparisons of drugs cannot be made from these data."*

*– July 18, 20/05 - FDA Office of Pharmacoepidemiology and Statistical Science, "Adverse Event Reporting System (AERS) Brief Description with Caveats of System"*

[**Editor's Note** - ProCon.org makes no claim that the data below reflects occurrence rates. The information is presented for our readers' benefit who may feel that the relative comparisons have value. ProCon.org attempted to find the total number of users of each of these drugs by contacting the FDA, pharmaceutical trade organizations, and the actual drug manufacturers. We either did not receive a response or were told the information was proprietary or otherwise unavailable]

### IV. Summary of Deaths by Drug Classification

DRUG CLASSIFICATION	Specific Drugs per Category	Primary Suspect of the Death	Secondary Suspect (Contributing to death)	Total Deaths Reported 1/1/97 - 6/30/05
<b>A. MARIJUANA</b> <i>also known as: Cannabis sativa L</i>	Marijuana Cannabis Cannabinoids	0	279	279
<b>B. ANTI-EMETICS</b> <i>(used to treat vomiting)</i>	Compazine Reglan Marinol Zofran Anzemet Kytril Tigan	196	429	625
<b>C. ANTI-SPASMODICS</b> <i>(used to treat muscle spasms)</i>	Baclofen Zanaflex	118	56	174

<b>D. ANTI-PSYCHOTICS</b> (used to treat psychosis)	Haldol Lithium Neurontin	1,593	702	2,295
<b>E. OTHER POPULAR DRUGS</b> (used to treat various conditions including ADD, depression, narcolepsy, erectile dysfunction, and pain)	Ritalin Wellbutrin Adderall Viagra Vioxx*	8,101	492	8,593
<b>F. TOTALS of A-E</b>	<b>Number of Drugs in Total</b>	<b>Primary Suspect of the Death</b>	<b>Secondary Suspect (Contributing to death)</b>	<b>Total Deaths Reported 1/1/97 - 6/30/05</b>
• TOTAL DEATHS FROM MARIJUANA	1	0	279	279
• TOTAL DEATHS FROM 17 FDA-APPROVED DRUGS	17	10,008	1,679	11,687

### V. Chart of Deaths from Marijuana and 17 FDA-Approved Drugs

<b>A. Marijuana</b>				
<b>DRUG (Year Approved)</b>		<b>Primary Suspect of the Death</b>	<b>Secondary Suspect (Contributing to death)</b>	<b>Total Deaths Reported 1/1/97 - 6/30/05</b>
1.	<b>Marijuana</b> (not approved) <i>also known as: Cannabis sativa L.</i>	0	109	109
2.	<b>Cannabis</b> (not approved) <i>also known as: Cannabis sativa L.</i>	0	78	78
3.	<b>Cannabinoids</b> (unclear if these mentions include non-plant cannabinoids)	0	92	92
<b>Sub-Total - Anti-Emetics</b>		<b>0</b>	<b>279</b>	<b>279</b>

<b>FDA-Approved Drugs Prescribed in Place of Medical Marijuana</b>				
<b>B. Anti-Emetics</b>				
<b>DRUG (Year Approved)</b>		<b>Primary Suspect of the Death</b>	<b>Secondary Suspect (Contributing to death)</b>	<b>Total Deaths Reported 1/1/97 - 6/30/05</b>
1.	<b>Compazine</b> (1980) <i>also known as: Phenothiazine, prochlorperazine</i>	15	30	45
2.	<b>Reglan</b> (1980) <i>also known as: Metaclopramide, Paspertin, Primperan</i>	37	278	315
3.	<b>Marinol</b> (1985) <i>also known as: Dronabinol</i>	4	1	5
4.	<b>Zofran</b> (1991) <i>also known as: Ondansetron hydrochloride</i>	79	76	155
5.	<b>Anzemet</b> (1997) <i>also known as: Dolasetron mesylate</i>	22	5	27

6.	<b>Kytril</b> (1999) <i>also known as: Granisetron hydrochloride</i>	36	24	60
7.	<b>Tigan</b> (2001) <i>also known as: Trimethobenzamide</i>	3	15	18
<b>Sub-Total - Anti-Emetics</b>		<b>196</b>	<b>429</b>	<b>625</b>

<b>C. Anti-Spasmodics</b>				
<b>DRUG</b> (Year Approved)		<b>Primary Suspect of the Death</b>	<b>Secondary Suspect (Contributing to death)</b>	<b>Total Deaths Reported 1/1/97 - 6/30/05</b>
1.	<b>Baclofen</b> (1967) <i>also known as: Lioresal, 4-amino-3-(4-chlorophenyl)-butanoic acid</i>	72	33	105
2.	<b>Zanaflex</b> (1996) <i>also known as: Tizanidine hydrochloride, Sirdalud, Ternefin</i>	46	23	69
<b>Sub-Total - Anti-Spasmodics</b>		<b>118</b>	<b>56</b>	<b>174</b>

<b>D. Anti-Psychotics</b>				
<b>DRUG</b> (Year Approved)		<b>Primary Suspect of the Death</b>	<b>Secondary Suspect (Contributing to death)</b>	<b>Total Deaths Reported 1/1/97 - 6/30/05</b>
1.	<b>Haldol</b> (1967) <i>also known as: Haloperidol, Haldol Decanoate, Serenace, Halomonth</i>	450	267	717
2.	<b>Lithium</b> (1970) <i>also known as: Lithium Carbonate, Eskalith, Lithobid, Lithonate, Teralithe, Lithane, Hypnorex, Limas, Lithionit, Quilonum</i>	175	133	308
3.	<b>Neurontin</b> (1994) <i>also known as: Gabapentin</i>	968	302	1,270
<b>Sub-Total - Anti-Psychotics</b>		<b>1,593</b>	<b>702</b>	<b>2,295</b>

<b>E. Other Well-Known and Randomly Selected FDA-Approved Drugs</b>				
<b>DRUG</b> (Year Approved)		<b>Primary Suspect of the Death</b>	<b>Secondary Suspect (Contributing to death)</b>	<b>Total Deaths Reported 1/1/97 - 6/30/05</b>
1.	<b>Ritalin</b> (1955) <i>also known as: Methylphenidate, Concerta, Medadate, Ritaline (used to treat ADD and ADHD)</i>	121	53	174
2.	<b>Wellbutrin</b> (1997) <i>also known as: Bupropion Hydrochloride, Zyban, Zynatabac, Amfebutamone (used to treat depression &amp; anxiety)</i>	1,132	220	1,352
3.	<b>Adderall</b> (1966) <i>also known as: Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate USP, Amphetamine Sulfate USP (used to treat narcolepsy or to control hyperactivity in children)</i>	54	12	66
4.	<b>Viagra</b> (1998) <i>also known as: Sildenafil Citrate (used to treat erectile dysfunction)</i>	2,254	40	2,294




5.	<b>Vioxx*</b> (1999) <i>also known as: Rofecoxib, Arofexx</i> (used to treat osteoarthritis and pain)	4,540	167	4,707
<b>Sub-Total - Other Popular Drugs</b>		<b>8,101</b>	492	<b>8,593</b>

<b>F. TOTALS of A-E</b>	<b>Primary Suspect</b>	<b>Secondary Suspect (Contributing to death)</b>	<b>Total Deaths Reported 1/1/97 - 6/30/05</b>
• <b>TOTAL DEATHS FROM MARIJUANA</b>	0	279	<b>279</b>
• <b>TOTAL DEATHS FROM 17 FDA-APPROVED DRUGS</b>	<b>10,008</b>	1,679	<b>11,687</b>

\*[Editor's Note: Merck, the maker of Vioxx, publicly announced its voluntary withdrawal of Vioxx from the global market on September 30, 2004. In 2005, advisory panels in both the US and Canada encouraged the return of Vioxx to the market, stating that Vioxx's benefits outweighed the risks for some patients. The FDA advisory panel voted 17-15 to allow the drug to return to the market despite being found to increase heart risk. The vote in Canada was 12-1, and the Canadian panel noted that the cardiovascular risks from Vioxx seemed to be no worse than those from ibuprofen. Notwithstanding these recommendations, Merck has not returned Vioxx to the market as of July 8, 2009.]

## VI. Sources & Disagreement on Marijuana Deaths

<b>Has marijuana caused any deaths?</b>	
<b>General Reference (not clearly pro or con)</b>	
<p>The Substance Abuse and Mental Health Services Administration's (SAMHSA) 2003 report <i>Mortality Data from the Drug Abuse Warning Network, 2001</i> (1.5 MB)  stated:</p> <p><i>"Marijuana is rarely the only drug involved in a drug abuse death. Thus ... the proportion of marijuana-induced cases labeled as 'One drug' (i.e., marijuana only) will be zero or nearly zero."</i></p> <p>2003 - Substance Abuse and Mental Health Services Administration ☆</p>	
<b>PRO (Yes)</b>	<b>CON (No)</b>
<p>Thomas Geller, MD, Associate Professor of Child Neurology at the Saint Louis University Health Sciences Center, et al., wrote the following in their Apr. 4, 2004 article titled "Cerebellar Infarction in Adolescent Males Associated with Acute Marijuana Use," published in the journal <i>Pediatrics</i>:</p> <p><i>"Each of the 3 cannabis-associated cases of cerebellar infarction was confirmed by biopsy (1 case) or necropsy (2 cases)... Brainstem compromise caused by cerebellar and cerebral edema led to death in the 2 fatal cases."</i></p> <p>Apr. 4, 2004 - Thomas Geller, MD ☆☆☆ ☆</p> <p>Liliana Bachs, MD, Senior Medical Officer at the Norwegian Institute of Public Health, et al., wrote</p>	<p>Stephen Sidney, MD, Associate Director for Clinical Research at Kaiser Permanente, wrote the following in his Sep. 20, 2003 article titled "Comparing Cannabis with Tobacco -- Again," published in the <i>British Medical Journal</i>:</p> <p><i>"No acute lethal overdoses of cannabis are known, in contrast to several of its illegal (for example, cocaine) and legal (for example, alcohol, aspirin, acetaminophen) counterparts..."</i></p> <p><i>Although the use of cannabis is not harmless, the current knowledge base does not support the assertion that it has any notable adverse public health impact in relation to</i></p>

the following in their Dec. 27, 2001 article titled "Acute Cardiovascular Fatalities Following Cannabis Use," published in the journal *Forensic Science International*:

*"Cannabis is generally considered to be a drug with very low toxicity. In this paper, we report six cases where recent cannabis intake was associated with sudden and unexpected death. An acute cardiovascular event was the probable cause of death. In all cases, cannabis intake was documented by blood analysis... Further investigation of clinical, toxicological and epidemiological aspects are needed to enlighten causality between cannabis intake and acute cardiovascular events."*

Dec. 27, 2001 - Liliana Bachs, MD ☆☆☆☆  
☆

[Editor's Note: Dr. Bachs clarified the findings from her Dec. 27, 2001 study reported above in a Nov. 28, 2005 email to ProCon.org, as quoted below.

*"Causality is a difficult assessment in forensic toxicology. It is often an 'exclusion diagnosis,' and so it is in our cases. I'm therefore not sure about how to classify those deaths.*

*At the time I published that study I would probably not classify [the cannabis] as primary causation because it was not broadly accepted that [a death from cannabis] could occur at all. Today I see reports coming all the time that acknowledge cannabis cardiovascular risks, and the situation may be different."*

*mortality."*

Sep. 20, 2003 - Stephen Sidney, MD ☆☆  
☆☆

Joycelyn Elders, MD, former US Surgeon General, wrote the following in her Mar. 26, 2004 editorial published in the *Providence Journal*:

*"Unlike many of the drugs we prescribe every day, marijuana has never been proven to cause a fatal overdose."*

Mar. 26, 2004 - Joycelyn Elders, MD ☆☆  
☆☆

## VII. Full Text of All 20 FDA "Adverse Event" Reports

[Please note that some of these PDF files exceed 5 megabytes and may take several minutes to load]

- |                             |                           |                            |
|-----------------------------|---------------------------|----------------------------|
| 1. Adderall (PDF 495 KB)    | 1. Kytril (PDF 2.2 MB)    | 1. Tigan (PDF 2.4 MB)      |
| 2. Anzemet (PDF 1.5 MB)     | 2. Lithium (PDF 2.4 MB)   | 2. Viagra (PDF 7.6 MB)     |
| 3. Baclofen (PDF 755 KB)    | 3. Marijuana (PDF 220 KB) | 3. Vioxx (PDF 31.5 MB)     |
| 4. Cannabinoids (PDF 65 KB) | 4. Marinol (PDF 535 KB)   | 4. Wellbutrin (PDF 8.3 MB) |
| 5. Cannabis (PDF 330 KB)    | 5. Neurontin (PDF 6.3 MB) | 5. Zanaflex (PDF 6556 KB)  |

- |                           |                         |                      |
|---------------------------|-------------------------|----------------------|
| 6. Compazine (PDF 1.6 MB) | 6. Ritalin (PDF 1.6 MB) | 6. Zofran (PDF 1 MB) |
| 7. Haldol (PDF 1.5 MB)    | 7. Reglan (PDF 1.5 MB)  |                      |

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Tel: 310-451-9596 Fax: 310-393-2471

## Summary of Deaths by Drug Classification

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	<i>Serenace, Halomonth</i>			
2.	<b>Lithium</b> (1970) <i>also known as: Lithium Carbonate, Eskalith, Lithobid, Lithonate, Teralithe, Lithane, Hypnorex, Limas, Lithionit, Quilonum</i>	<b>175</b>	133	<b>308</b>
3.	<b>Neurontin</b> (1994) <i>also known as: Gabapentin</i>	<b>968</b>	302	<b>1,270</b>
<b>Sub-Total - Anti-Psychotics</b>		<b>1,593</b>	702	<b>2,295</b>
<b>E. Other Well-Known and Randomly Selected FDA-Approved Drugs</b>				
	<b>DRUG</b> (Year Approved)	<b>Primary Suspect of the Death</b>	<b>Secondary Suspect (Contributing to death)</b>	<b>Total Deaths Reported 1/1/97 - 6/30/05</b>
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2.	<b>Wellbutrin</b> (1997) <i>also known as: Bupropion Hydrochloride, Zyban, Zyantabac, Amfebutamone</i> (used to treat depression & anxiety)	<b>1,132</b>	220	<b>1,352</b>
3.	<b>Adderall</b> (1966) <i>also known as: Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate USP, Amphetamine Sulfate USP</i> (used to treat narcolepsy or to control hyperactivity in children)	<b>54</b>	12	<b>66</b>
4.	<b>Viagra</b> (1998) <i>also known as: Sildenafil Citrate</i> (used to treat erectile dysfunction)	<b>2,254</b>	40	<b>2,294</b>
5.	<b>Vioxx*</b> (1999) <i>also known as: Rofecoxib, Arofexx</i> (used to treat osteoarthritis and pain)	<b>4,540</b>	167	<b>4,707</b>
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3. <b>Cannabinoids</b> (unclear if these mentions include non-plant cannabinoids)	0	92	92
<b>Sub-Total - Anti-Emetics</b>	0	279	279

**FDA-Approved Drugs Prescribed in Place of Medical Marijuana**

**B. Anti-Emetics**

<b>DRUG (Year Approved)</b>	<b>Primary Suspect of the Death</b>	<b>Secondary Suspect (Contributing to death)</b>	<b>Total Deaths Reported 1/1/97 - 6/30/05</b>
1. <b>Compazine (1980)</b> <i>also known as: Phenothiazine, prochlorperazine</i>	15	30	45
2. <b>Reglan (1980)</b> <i>also known as: Metaclopramide, Paspertin, Primperan</i>	37	278	315
3. <b>Marinol (1985)</b> <i>also known as: Dronabinol</i>	4	1	5
4. <b>Zofran (1991)</b> <i>also known as: Ondansetron hydrochloride</i>	79	76	155
5. <b>Anzemet (1997)</b> <i>also known as: Dolasetron mesylate</i>	22	5	27
6. <b>Kytril (1999)</b> <i>also known as: Granisetron hydrochloride</i>	36	24	60
7. <b>Tigan (2001)</b> <i>also known as: Trimethobenzamide</i>	3	15	18
<b>Sub-Total - Anti-Emetics</b>	196	429	625

**C. Anti-Spasmodics**

<b>DRUG (Year Approved)</b>	<b>Primary Suspect of the Death</b>	<b>Secondary Suspect (Contributing to death)</b>	<b>Total Deaths Reported 1/1/97 - 6/30/05</b>
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<b>Sub-Total - Anti-Spasmodics</b>	118	56	174

**D. Anti-Psychotics**

<b>DRUG (Year Approved)</b>	<b>Primary Suspect of the Death</b>	<b>Secondary Suspect (Contributing to death)</b>	<b>Total Deaths Reported 1/1/97 - 6/30/05</b>
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	<i>Serenace, Halomonth</i>			
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<b>Sub-Total - Anti-Psychotics</b>		<b>1,593</b>	<b>702</b>	<b>2,295</b>

### E. Other Well-Known and Randomly Selected FDA-Approved Drugs

<b>DRUG</b> (Year Approved)		<b>Primary Suspect of the Death</b>	<b>Secondary Suspect (Contributing to death)</b>	<b>Total Deaths Reported 1/1/97 - 6/30/05</b>
1.	<b>Ritalin</b> (1955) <i>also known as: Methylphenidate, Concerta, Medadate, Ritaline</i> (used to treat ADD and ADHD)	121	53	174
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<b>F. TOTALS of A-E</b>		<b>Primary Suspect</b>	<b>Secondary Suspect (Contributing to death)</b>	<b>Total Deaths Reported 1/1/97 - 6/30/05</b>
• <b>TOTAL DEATHS FROM MARIJUANA</b>		<b>0</b>	<b>279</b>	<b>279</b>
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Vioxx seemed to be no worse than those from ibuprofen. Notwithstanding these recommendations, Merck has not returned Vioxx to the market as of July 8, 2009.]

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From: Victor Rodgers  
To: 32<sup>nd</sup> Guam Legislature  
Date: 27 November 2013  
Subject: Decriminalizing Marijuana

Dear Senators,

In front of you is an awesome task and a solemn responsibility. The task is great because it asks you to remove the passion and misinformation from both sides of the debate and with a clear, sober perspective look at the facts. The weight of your deliberation is clear; it will affect the lives of Guamanians for years to come. I wanted to give you my opinion as a voter on the issue.

To be clear, there are three groups who benefit from the current status quo; those who make money off the testing of marijuana, those who illegally cultivate and sell marijuana, and those in the medical profession who seek to be the only ones who have a voice in how someone determines and deals with their personal medical issues.

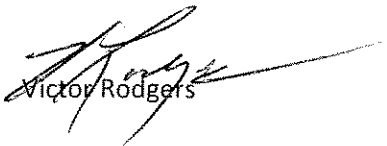
Those who make money off the testing are simply filling a niche created by the current laws. We have come to take it as a fact that someone who is positive for Marijuana is a criminal and detriment to society. The testing validates this for employers, despite the fact that THC, the active ingredient can be stored in the body for up to 30 days. Meaning, someone who uses marijuana, while certainly guilty under our current prohibition, is not automatically a hazard to his/her co-workers. This fallacy has been used to keep many out of the employment arena because we as a society have accepted it as a fact, absent truth, facts or data. The 26 States that have either ok'd its use for medicinal purposes or outright legalized it seem to be a contradiction to our fears.

Those who cultivate it and sell it want the status quo to remain because they get to profit off of it. There are no restrictions on who they sell to, the potency of the plant they harvest, or any consideration for those who buy from them. They sell to any age, regardless of the potential for harm, because their only motive is profit. Make no mistake, decriminalizing Marijuana is the thing they fear the most.

Lastly we have the doctors, very learned and intelligent people who believe they should, and indeed, have a responsibility to speak about all things medical within the community. They are under the belief that the only path for relief from whatever ails you is through prescription drugs. The addictive and dangerous use of those prescription drugs are often glossed over, and the use of marijuana seen as so much more deadly to society that it must be kept illegal at any cost. As a rebuttal to their argument, please see the attachment.

I do not mean to argue with those well meaning members of our community who fear change; my argument to you is that we need to stop giving council to our fears and instead be willing to look beyond

the tired old discussions. Marijuana is a daily fact within our community, whether we want to admit it or not. There are people from all walks of life who use it; either for recreational or medicinal value. Do we take charge of this situation as other communities and states have done, or do we continue to carry on as usual, committing scarce resources of both money and manpower towards a drug which the majority of Americans have already decided should be legalized? That is your decision, and while it is a difficult one, I am sure the people of Guam will reward those who have the courage to break with the status quo. As a former Drug and Alcohol Program Advisor for the Navy, and as a current workforce development professional, I can't think of a greater waste of our time and money than the continued "war on marijuana", which takes us away from the real issue of substance abuse within our community, and the preventive measures we should be taking to deal with it. . Thank you for your time and consideration.



Victor Rodgers

Judy Terlaje

## Public Testimony For Bill 215

I would like to share my personal experience with my son Dylan J. Terlaje he has epilepsy, during his younger days he experienced a seizure that lasted 2 hours, and another one that lasted 45 minutes long. We spent countless day at Guam Memorial Hospital.

Then in 2006 we were sent to Children Hospital Los Angeles. Only to be prescribed a medication (depokote) at the time my son was having 15-20 stares (which are seizures) a day. Depokote seemed to have helped with his stares.

Two years later we were sent to Miller's Children's Hospital in Los Angeles because my son was having 2-3 seizures a day and every 3-4 days he would have theses episodes. (grand mal seizures) - full body twitching arms and legs. Only to find out that Depokote combined with trileptal was causing more seizures for him. Over the years we have noticed at times the more medication given the more seizures he may have.

My son has tried 10 different kinds of medication as listed: Phenobarbital, trileptal, Topamax, dilantan, depokote, diazapan, keppra lamictal, zonegram and tregretol. And now we are on #11 - Onfi. At one point in time he was on 14 capsules depokote 125mg. each daily and his blood platelet went very low, we were told to make sure he doesn't bleed or it would be hard to stop his bleeding.

Over the struggle of 8 years we are at a point where he is having more seizures as before in 2008 for example last Monday he had 2 seizures and Saturday September 14th he had 4 seizures within 4 hours that's total of 6 for that week.

All I am asking is a chance for my son to have a better life and it doesn't seem like medical drugs are working for him. Please be sure to read the story from CNN of the little girl who was having 300 seizures in a month after putting cannibis oil in her food twice daily she only has 1-4 seizures in a month. I emailed you the article earlier.

Please consider and share our story about our son when writing this bill. We would like to thank you from the bottom of our heart for your time and I greatly appreciate your efforts. If you should have any questions please don't hesitate to call me at 797-9753 or John Terlaje at 797-0429.

I would just like to add that I tried to contact Colorado and we would have to be a resident there, then contacted a doctor in Los Angeles and he said it would be very difficult for him to see our son because we live so far and that he would have to see our son regularly. And just about a month ago we went to see Dr. Carlos (neurologist) and at this time he does not have anything for our son, no new medication and we can not increase his medication right now because he is maxed out on both medications. So we just have to continue to deal with our son's seizures and we are unable to do anything about them.

## **J. C. CONCEPCION**

165 Simon Sanchez Street, Tamuning, GU 96913  
(H) 649-8967 (M) 486-7285

November 27, 2013

Senator Dennis Rodriguez, Jr. – Chairman  
The Committee on Health & Human Services, Insurance Reform, Economic Development and Senior Citizens

RE: Written Testimony in support of Bill 215-32. The Joaquin (KC) Concepcion II Compassionate Cannabis Use Act of 2013.

Hafa Adai Honorable Senator Rodriguez and honorable members of this committee.

Before I start, I want to thank you for having me testify before you on this bill. My family and I further express deep gratitude in having this bill titled after my son Joaquin C. Concepcion II. It is with great honor that his advocacy for greater health is recognized.

However, this bill is not about him although his name is attached. And while his short time on earth and his battle with cancer yielded the courage to convey the importance that this natural herb possess, his own personal gain with the passage of this bill doesn't exist. The bill is about our people. The sick, the suffering, the ones that have lost hope because of increasing presence and aggressiveness of medical challenges in our ever changing community. All of us face this dilemma.

Our testimony mirrors the one presented on September 11, 2013 in support of Resolution 201-32. Nothing has changed since that day in as far as my thoughts on why medicinal use of cannabis cannot be studied further as to its advantage to those who are suffering from some form of deadly disease. The resolution was such that it gave our people the opportunity to speak in favor or against the legalization of medicinal cannabis on our island. As I understand it didn't work that way. The support for the resolution was overwhelming but the opponents for intent of the resolution were nowhere to be found. That is until the weeks that followed.

The Guam Medical Association, a fine group of experts and professionals and directly affected by the intent of the resolution DID NOT come out to testify. The law enforcement agencies DID NOT come out to testify. One article in the daily paper though ran a story of how disappointed the Guam Medical Association was for not being invited to share their comments or consult them before Senator Barnes authored the resolution and how they are totally against the legalization of cannabis because there is no scientific evidence to prove that it has this so called medicinal quality. This is where I am having a problem. As far as I am concerned, the "invitation" for you to come out and testify was the publicized announcement of the date of the hearing in the newspaper. The time and date was the time and date of the hearing for the resolution. YOU DID NOT SHOW UP. It was perfectly clear as why Senator Barnes DID NOT introduce the resolution as a bill and that was to give the public the opportunity to speak before she makes a

decision to author a bill. A bill that led us here today. I take exception to those who needed a special invite to tell us why it is not a good idea to even consider cannabis as an aid to the sick. Much more I take exception to those statements that the GMA should've been consulted prior to crafting Bill 215-32. Would it be safe to assume that GMA had a responsibility to approach rather than be approached in this matter? Aren't they part of the public just as much as myself or those that have testified on that day?

I am not here to attack anyone. This is a forum of "agree to disagree". But excuse me, if medically related bills that could ultimately result in important landmark legislation such as this have to be decided first by the medical profession as to its introduction into the community, does that imply the disregard of the true lawmakers? I did not remember seeing your name on the ballot during the last senatorial race for the Guam Legislature. And if it was I did not remember voting for you. **I am here to convince the lawmakers.**

At the conclusion of this testimony is short video clip of Joaquin. No matter I say, no matter what you say, Joaquin (KC) defines what he experienced using MEDICAL MARIJUANA. Listen and watch carefully because he not only advocated cannabis but explained other methods of cure and alleviation from the effects of cancer and other diseases. He advocated health. He advocated compassion.

I am glad to submit this written testimony supporting Bill 215. In my opinion this bill was the result of the hearing on Resolution 201 heard back in September of this year that was the initial course onto the research of the medicinal value of cannabis ultimately bring us here together. We salute all of you for even bringing this to the table. I especially salute you Senator Barnes and Senator Yamashita for having the fortitude and courage to introduce this bill. The results of these hearings, we are hoping, will bring light to the true effects of this herb.

I am the father of the late Joaquin C. Concepcion II also known KC or Savage-K. Savage-K being a stage name as he is a songwriter musician and well known in Guam's music industry. Endorsing this testimony is Emily Ann C. Concepcion, his wife.

We lost KC back in July of this year after a 21 month battle with cancer. Diagnosed with Stage IV Gastric Cancer in October of 2011, the doctors here gave him a survival chance of "20% within a year". Twenty percent of 12 months is two and a half months. (*This was the initial survival period estimate here on Guam. The doctors in Tacoma, Washington indicated a one year survival period after his checkup*). So we tend to wonder exactly why he lived close to two years thereafter. The cancer had metastasized to his liver and onto his bones.

We were fortunate enough to be able to seek help off-island in the state of Washington. Washington has adopted a law that legalizes cannabis. Further to this was the sprouting of cannabis clinics throughout the state that cater to those afflicted with cancer and other diseases and in need of alleviation of the side effects of medication administered. It was there in Washington that KC was subjected to thirty-four (34) sessions of chemotherapy with two-week breaks every two months or so. The excruciating toll of this "man-made" chemical for a chance of remission and eventual cure was NOT something that one would wish for. The chemicals were intended to kill the cancer cells but at the expense of killing other cells in the body. It is the price you have to pay to prolong your life.

In the hope of the passage of Bill 215, we list below what we observed prudent to its cause and context.

The herb when ingested or smoked:

- Helped to counter side effects caused from chemotherapy. It alleviated nausea, vomiting, dizziness, fatigue, and weakness.
- Helped with insomnia. KC would be up most of the night if he didn't smoke. When he did he was able to get in a few hours of rest.
- Helped with his appetite. He would ingest the herb after chemotherapy hence enabling him to eat full meals. When he didn't smoke, he wouldn't eat until the evening time and very little at that.
- Helped him cope emotionally. KC was emotionally hurting a lot. He would break down at any moment. Smoking helped compose him to a state of normalcy. He was worried about his health. The uncertainty made him scared not only for himself but the kids and his entire family.
- Helped him cope with agitation and anger. Displaying little or no patience at all, he was not at ease until he would smoke or ingest. The tension he was feeling would eventually ease up.
- Helped him cope with depression. The fear of not knowing if you will live or die is not an easy deal. What KC couldn't find for comfort for his ailment, he found in cannabis. It helped him to produce and make music, his lifelong passion. For a while KC actually stopped doing music because of the depression.

Cannabis helped him to find peace and to accept the disease and face it full on tossing any negative feelings to the side and continuing his mission. He was always so strong and wouldn't show his inner feelings as far as being afraid. Cannabis helped him to find an emotional balance. It helped him face the reality of impending death and how he could persuade those also afflicted not to give up ever. KC chronicled his journey for everyone to see through social networking, through his music and through his acquired wisdom about life's ills and joys.

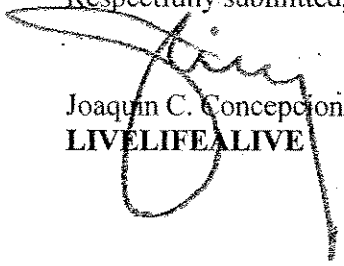
In no way would we ever claim being experts on medical cannabis or fully understand why this natural herb cannot be studied further by those who are THE experts. In passing, and through my own research, the sources with which why the social value of this plant was completely scorned by the federal government stems from racial implications harming the supremacy of the powers that be at the time and the protection of the few influential business people at the time of criminalization. Today, this is something that the same government is adamant about stopping and completely eradicating discrimination. Irony is that if that same bill were to be argued today in front of the United States Senate, we really don't think we would be sitting here today trying to justify our points be they pro or con.

KC's case is not unique. Everyone in this room has been affected (not necessarily afflicted) by cancer or another type of disease. But this forum, as I call it, creates the opportunity to "tell their story" if you will. It will never be easy to confront controversy such as this but I trust any decisions to be made resulting from this and other testimonies clear the way for exploration of the social and medicinal values of cannabis. You as leaders have grown to strong willed lawmakers pushing forward to bring our island back to goodness invoking the paradise aura

associated with us. I do not believe for one minute that we as GUAM are not capable of policing our own regardless of what some may say. This urging to consider this bill further should not be on the threshold of political divide.

Cannabis! The medicinal value such an herb could exude, in my eyes, is beyond any doubt.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Joaquin C. Concepcion', written over the typed name and slogan.

Joaquin C. Concepcion  
**LIVELIFEALIVE**



My name is Emily Concepcion and I am submitting my written testimony in support of Bill 215-32, also known as, The Joaquin "KC" Concepcion Compassionate Cannabis Use Act of 2013.

I am the wife of "KC" Concepcion and I'd like to respectfully submit my testimony on all that I have witnessed while my husband was on Medical Marijuana in the state of Washington. Prior to leaving for Washington, "KC" was residing here on Guam. He was a local musician, a radio producer, and a master control operator, and at the young age of 32 he was diagnosed with Stage 4 Gastric Cancer of the Stomach with liver metastasis. My husband had undergone a liver biopsy, endoscopy, colonoscopy and 3 rounds of chemotherapy with every session being a combination of 3 different kinds of chemo. By doing so, he had lost close to fifty pounds in the first couple months of being diagnosed. My husband also suffered from depression prior to leaving the island, and was given a time frame twice before giving his battle a real shot.

My husband, daughter and I had to leave off island to seek alternate care by doing the hardest thing "KC" had to do; he left his son behind with his mother. Aside from everything he was going through medically, his family was incomplete. That in itself was another emotional battle "KC" had to endure.

We relocated to Alabama where they have state of the art care for cancer patients. Getting there was the easy part, however; obtaining insurance for a pre-existing condition was the obstacle that denied "KC" from getting the help he desperately needed. We exhausted all our options; we sought state insurance, but didn't qualify. We also tried to get him on charity care with the local hospital, but because you must be a resident of Alabama for a year before qualifying, that became yet another obstacle. We had the option of going to Arizona or Minnesota, but because Washington State had medical marijuana available for patients, we opted to move there instead.

Once we arrived in Washington, we obtained medical insurance with the state, allowing my husband to begin treatment. Months had passed and after doing endless research on the benefits of medical marijuana, "KC" decided to obtain a license with me as his authorized representative, which would allow for me to enter any Washington dispensary and get his medication. He was able to do this by seeing a Naturopathic Physician in the state of Washington under law RCW 69.51A.010 (6) stating that "KC" had a terminal or debilitating medical condition. Prior to leaving the licensed physicians' office, we were counseled and informed of the rules and regulations, then sent on our way. We then found a collective agency called "Northwest Collectives" in the county we were residing. They were able to suggest which strains of medicine would be suitable for someone with gastric cancer. He suffered from so many side effects from Chemotherapy, Pain killers, and not to mention the symptoms alone from having 4th stage stomach cancer.

\*Chemotherapy side effects included were numbness and tingling of the hands and feet, nausea, vomiting, the inability to grasp objects at certain times, skin problems, anemia, body aches on his legs and extreme back pain, and loss of appetite.

\*Side effects from pain killers (oxycodone, morphine pills, morphine patch, ibuprophen) were constipation, which led to a trip to the emergency room, as well as, over the counter enema, daily; insomnia, and inability to concentrate or operate machinery.

\*

"KC" was also very dependent on numerous anti-nausea medicines through most of his time on chemotherapy.

\*Symptoms from Gastric Cancer my husband experienced were heartburn, problems swallowing, bloating, indigestion, and stomach discomfort.

"KC" was experiencing all of the above at the age of 32! By the time he began smoking marijuana, he was 33 years old. With this medicine he was able to find the comfort he needed. Comfort that I, his wife, wasn't able to provide for him. He then regained his appetite. He also gained weight and was able to maintain it, thus, not leading to another session with the dietician and nutritionist. "KC" was able to sleep at night and stay up most of his day, since he declined using prescription pain killers, but only after comparing them with medical cannabis. He was no longer needing to have an enema done daily. It eased his body aches allowing for him to take trips to the neighboring parks on a bicycle. "KC" was also able to play basketball with his son, who eventually was able to live with us. He began cooking again, which he loved. Our neighbors even knew him as the "Guam guy who loved to grill." It helped with anxiety, depression and he cried less. How can I deny a medicine that helped him to live his life as he had been wishing since he was diagnosed? I supported his use of medical cannabis and I support the use for others, because I know that they can benefit from it.

Don't get me wrong. Even though my husband was on medical cannabis, it wasn't all "cake and sunshine", if you will. He continued with his regimens, and by December 2012 his battle got harder. "KC" tumor marker level was at 20,000 points. His body was weakening and his appetite was declining. His cell counts were low, so he took a break from chemo. He also began using a walker, because he couldn't walk on his own.

One day, around that time my husband and I took a trip to the collectives. That's when we inquired about Rick Simpson Hemp Oil. We researched it for months and decided to expand "KC's" use of cannabis, so we did. From then he began ingesting the oil in a pill form. We immediately saw results within a couple days. By then my husband was well on his way, even after being told to consider hospice care. He no longer needed his walker. The following week we went to the doctor's office for a follow up. "KC's" doctor were amazed at how he was doing. He shouldn't be walking, he shouldn't be okay. His CEA levels were far too high and there was no explanation as to why he was feeling the way he was. And this was coming from his Oncologist, who was well aware of my husband using medical marijuana. It was even listed in the computer system with the rest of his medications.

He was feeling great and I'm not going to deny it. He began doing his regular routine that I stated above and when he wasn't medicated, he would even drive. He didn't look sick, nor did he feel like he was. Believe me when I say that. 6 months later, we celebrated "KC's" 34th birthday.

But not too long after that, he was no longer doing his routines. 7 months after being told to consider hospice care, I did. Not to acknowledge his end of life term, but to help maintain nausea and pain in the comfort of our home. His body was weakening. He was eating less and throwing up every day for almost a month. He was beginning to lose the weight he gained and against the advice of the hospice nurse, he made another trip to the E.R. for dehydration and was admitted. But, he refuses to quit fighting and wanted to be released the next day.

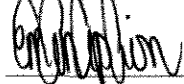
We were able to have dinner for his parents' anniversary and we were able to spend time for ours, which was July 17. We didn't go to dinner to celebrate, or the movies, we didn't even leave the house. What we did do was something a lot more special. WE SPENT TIME TOGETHER. By this time "KC" was on numerous anti-nausea medicines that weren't helping, so he began the morphine patch. He was sleeping most of his last days with us, but his vomiting was under control. He wasn't eating his usual meals, but opted for watermelons and soup. Then he declined the soup and insisted on watermelons only. "KC" showed little to no emotions in his last days on earth. By this time he was fully medicated, but very comfortable. He was also disoriented and not himself.

It saddens me that to this day I feel that my husband didn't see his death coming. We couldn't get him off his prescriptions without having him suffer, so he slept, a lot. And during his last hours with me, the kids, his parents and my sisters in law on Skype, and with the blessings of the priest and family members, we were able to say our goodbyes. An hour later, "KC" passed. He passed in peace and he lived his life the way he wanted to, ALIVE.

My husband died trying to expand the minds of those who refuse to research or believe in the benefits of cannabis. He knew it would help the people of Guam and despite being thousands of miles away from home, he was advocating for those who were in his shoes and for those who are ill. He experienced it first hand and was spreading his discoveries with all of us, whether through music, social media or through conversations. I will not allow any to dismiss what he went through and how medical marijuana HELPED him. "KC" knew what he was feeling and he shared it with us.

So please, open your minds, do research, and ask questions before you make your decision. Listen to us! Listen to the people of Guam that put you in your very seat.

A resident of Guam and a registered voter,



Emily Concepcion

My Name is Scott Aflague (Cancer Survivor)

First of all:

I would love Bill 215, also known as the Joaquin Concepcion Compassionate Cannabis Use Act of 2013, to be passed for our residents of Guam who suffer from a variety of serious illnesses and debilitating conditions to use marijuana for medical purposes only. These are my reason's.

\*My dad and i had NPC cancer; Always have to leave off-island for treatment due to no ENT Doctor on the island of Guam. I been calling this week for an ENT, but all i get is their no ENT on the island.

\*And i also have: post-traumatic stress disorder / which the medication doesn't help 100 % also effect other part of our organs. Medical Marijuana has been proven to help assist with the Stress and Anxiety that a person with PTSD.

\* One of my Family Member has rheumatoid arthritis which cost me Approx. \$1,500.00 for her injection for the first two month. very costly. Always have to be referred off-Island for treatment,

Medication plus plane ticket, also the Medication effect other parts of her organs. Again it has been proven that Medical Marijuana, calms down the inflammation and pain from all her joints on her body. She been suffering for approx. 15 years Med. after Med. pain after pain. So what does it take to help the people of guam,

In Closing, I would like the 32nd Guam Legislature to concenter bill 215 for the People of Guam who are suffering from different kinds of illnesses, and don't have to leave off-island for treatment, If Medical Marijuana can cure or prolong their illness, I feel this bill should be passed. Thank you and

Un Dangkuku Na Si Yu'os Ma'ase para ham yu na Senadot.

Scott Aflague

## Bill 215

### (Medicinal Marijuana)

I Roque Blas support this bill 215 to be approved and be legalized here in our Island of Guam.

Marijuana is not just a Guam thing it is worldwide, it is grown all over and it is accepted as nature's plant. In the USA the Indians first used to smoke marijuana in their peace pipe. Now the USA has legalized it in Washington, Colorado & Chicago, California was the first state that minimizes the penalty to a misdemeanor offence. When these states legalize marijuana crimes went down.

In Guam back in the 60s Marijuana was introduced by our military soldiers who came from Vietnam during the war. I remember when my friend Army soldier came in the airport with his duffle bag full of marijuana I ask him what is that in your bag he told me you got to try this because it is great we smoke this all the time during the war in Vietnam. And when I did try it ever since then I realize that it is a good drug compare to other drugs I have tried in my younger days. We had some seeds and we planted it and grew it till it fully matured and then we

started growing more and more soon everyone is planting. Back then I had close to 200 trees. In the 60s and 70s in Guam marijuana is not considered to be a bad plant. When the war in Vietnam was over and shoulders came home and found that there was marijuana here they felt relieve and there was no such thing as PTSD because the vets here when they smoke marijuana it relaxes them. Whenever there is fiesta marijuana is always part of the party. I remember my mother & father when they ask me to take care some of the trees I had. And what she did to the marijuana trees when it is mature was she boiled it like tea and drank it, she always told me that it made her relax, love eating and made her sleep real good.

So to me as a senior citizen this plant should be great for our senior's citizen instead of other prescription drug that cause a lot of side effects that harms our health more worse than what it is supposed to do. Remember we are getting older and our bodies are getting weaker we are not spring chicken anymore like when we are young.

Marijuana is the only drug that is organic and has no side effects that can harm your body like cigarette which kills millions of people every year due to cancer. Alcohol also is bad because when you drink it causes bad effects to your health and mentality, if you didn't hurt someone later on you be hurting yourself. Alcohol is killing a lot of people every year if you didn't kill someone on the road then it will soon damage your liver and kill you. Lots of people in Guam have Gout and liquor is not good for gout it is highly not recommended when you have gout. That is why legalizing marijuana will help those people with gout problems. Last is sugar it killed millions of people due to their diabetic situation. Have you ever heard of marijuana the organic drug kill anyone? The latest one is the smart meter it reminds me when cigarette was first made with nicotine; don't worry when you smoke it is cool, nothing would happen to you, look at the results today. Smart meter has be<sup>an</sup> ban on a lot of countries even in some state in the US but here in Guam we are so gullible to accept anything that is made in America. Mark my word years from now people will say how come I have cancer and don't even smoke.

I once mention to Governor Calvo about legalizing Marijuana and he said that even if we legalize marijuana in Guam the Feds would just override our laws, and only if the feds would allow it. Nowadays President Obama and he's Attorney General is allowing the states of Washington, Colorado, Chicago, Hawaii and California to legalize marijuana without interference from the Federal Government. The US President all tried Marijuana remember President Clinton when he smoke marijuana and didn't inhale, yea right! Anyone who attended school in the US 99 percent of them all tried Marijuana.

In spite of what the doctors in Guam say about medicinal marijuana, the best thing they do is refer their patients to be treated off Island. So when we are refer off Island the doctors in the states under consultations always ask if we want medical marijuana and when we say ok let's have it we can used it here in Guam when we come back if and when it is legalize. When we legalize Marijuana here in our Island this would be the most profitable crop the farmers could ever have and imagine the revenue they would have and that would boost our



economy. Our largest tourist industry the Japanese who comes to Guam would be one of our biggest markets. I know this for a fact because back in the 70's & 80's when we break out our Marijuana they also enjoy smoking it with us.

Let's make Guam a legal Island and not an illegal Island remember we didn't legalize gambling and bingo but everyone is doing it here in our island we have a lot of Illegals that our people can't do legally but they still do it anyway. When the US started legalizing marijuana crimes drop tremendously and tourist started coming into their states. Our pacific region from Hawaii, FSM, Guam, Palau, all the way through the Philippines Marijuana grows very well. So let's make it happen here in Paradise because if we don't us tax payers would be the only one who suffers by filling up our prison. Remember criminals love the American justice system because when they get lock up in our prison they think it is like a hotel. Where can you commit a crime and when you are send to prison and lock up you have a roof over your head fed three times a day, free medical care and dental care, and have more rights? And who pays for all of these cost us tax

payers. Let's not become like California when they are releasing prisoners because they can't afford them anymore lets be a step ahead so this problems don't happen to us in Guam.

Marijuana has a lot of benefit when you use it, it makes you hungry and wants to eat, it makes you relax, and makes you cool, calm, and collected. That is why when you are under chemotherapy it is highly recommended by doctors in the US. You see chemotherapy is a bad drug because it is supposed to kill the bad blood cell but it is also kills the good blood cell and it is very expensive, that is why doctors used this drug so often to cancer patients here in our island because they know we have no choice when we have cancer and the insurance would pay for it. The US doctors administer this chemo every 21 days here in this island I've heard from my close friends with cancer that they give them chemo once a week. OMG I think they know you are going to die so they are milking the cow! Just like when my father when he was laying on his death bed dying due to his diabetic, doctor would come in and say we need to amputate your dad's leg because if

we don't he is going to die. I've seen patients who are amputated both legs up to their hips and still die.

The point is when I am in that condition already I rather be under marijuana sedations and die peacefully because I know am going to die anyway why let the doctor take control of my body just so they can milk my insurance and make a profit of my dying body.

There is a lot of bad drugs out there remember heroin, LSD, Ice, and crack, and the problem with most of this drugs they are mostly produce in the united states by Chemist and when they distributed it to our young ones it spreads like wild fire and then the law enforcement start arresting the users. Remember the law enforcement don't go after the chemist they only go after the user. It makes me wonder who is actually producing this drugs one thing for sure it is made in America. Just about a month ago they busted a ship load of cocaine being imported through the US and these drugs are call the rich man drugs because only the rich can afford them. Americans love to get high I remember when congress was questioning the drug cartel of Columbia congress ask why do sell cocaine to the US. His

answer was why you buy it. And we are all under the American influence and they spread all these bad drugs to all of us. Is this the American dream our people deserved this is a bad dream I rather go with the Guamanian Dream and be organic. The USPS is all having problems with these drugs coming in through the mail. Even ice is being imported from the Philippines the old folks are being used to carry these bad drugs. When leaving the Philippines they swallow them in capsules and when they arrived in Guam they extract them by pooing. One time it erupted in their stomach and killed the person who is carrying it. Saipan has a big problem on the drug Ice even their politicians was busted for selling these drugs so trust me if people can jump our reef to come into Guam what makes you think these drug are not coming in through our reef from Saipan through Rota and to Guam. No matter what, we need to legalize marijuana so that we can set a good example that using marijuana won't harm you. Otherwise we will never and forever won't be able to control these other drug problems in our Island.

When I look at the populations of all these countries such as the US, China, India, China and India have billions USA has only half a billion why because the US is literally and legally killing their own people with bad drugs and products that is made in America. US citizens are now just getting smart and going organic. Maybe it would be best for us in our Island if we invite the Chinese Pharmacy to be establish here in our island because the Chinese medicine are all organic. You don't need to see a doctor to be prescribed the drugs you need, all you need to do is tell the Chinese pharmaceutical your problem and he will gather the herbs and he will tell you what to do with it. This reminds me during the olden days in Guam our local doctors like Tan Unknila you tell her your problem and she will get all the herbs in the jungle and she will administer to you boy didn't we felt better and got well.

Remember that a lot of cigarettes smokers quit smoking and when the cigarettes manufacturer started losing revenue. They raise the cost from 35 cents to \$6 a pack in Guam and in some states it cost \$10.00 a pack. And they know that the smokers will still buy them because

they either can't quit or don't want to quit and so the cigarette companies will still recover their losses.

Some people have the mentality that they are going to die anyway minus well die doing what they love to do.

That is why as a strong believer in God I always think that when we die and we arrive at the heaven's gate Saint Peter will be there waiting and he will tell you "don't you know that your body is God's gift" and why are you poisoning your body? Finally he'll tell you go wait outside the gate and wait in back of the line until you are call because they are millions like you who are just waiting to be call.

Thank-you Senator Tina Muna Barnes for giving me this opportunity to say my peace.

God Bless you all.

Dec 12, 2013  
5:30 PM

HARRIS SENATOR'S

MY NAME IS VICTOR PANGELINAN  
TABIOS / DISABLED VIETNAM VETERAN  
ALSO 100% PLUS (+) DISABLED VETERAN/  
VA SERVICE CONNECTED CONDITION. I'M  
DISABLED DUE TO MY COMBAT WOUNDS  
WHILE IN VIETNAM. I WAS WOUNDED  
(3) TIMES AND DURING THOSE INJURIES  
I ALSO ESCAPED DEATH. I'M ALSO A  
SURVIVOR OF DEATH. I'M NOW  
SUFFERING SEVERE PTSD, ALSO A  
LOT OF SUFFERING OF A SEVERE  
CHRONIC PAINS DUE TO MY INJURIES  
IN THE VIETNAM WAR. I'M ALSO  
A RENAL PATIENTS ATTUNION KIDNEY  
CENTER, (BKA) BELOW KNEE AMPUTATION  
ON RIGHT LEG, A VERY SEVERE  
AR ON BOTH HANDS. DURING  
MY TIME IN VIETNAM, MY DOCTOR'S  
PRESCRIBED VALIUM (PTSD) DAZON  
(CHRONIC PAIN) ALSO DURING THE  
REST OF MY TIME IN THE MILITARY  
SERVICE, AND YES - WHILE IN

(2)

VIETNAM IVE SMOKE MARIJUANA  
FOR MY PAIN/PTSD. (REASON-DUE TO  
PTSD CANT SLEEP AT NIGHT, ALSO IVE  
A SEVERE SURVIVAL GUILT-WHY  
IM ALIVE TODAY AND MY FRIENDS  
DIED.

I ALSO WANT TO THANK SALVAGE  
R'S WIFE/EMILY AND HIS FATHER MR  
JOAQUIN CONCEPCION FOR COMING  
FORWARD WITH THIS VERY IMPORTANT  
DOCUMENT OF SALVAGE R'S CID ON THE  
USE OF CANNABIS MARIJUANA WHILE IN  
THE STATE OF WA. YOU SHOULD BE  
VERY PROUD TO HAVE THIS HONOR  
THAT THIS BILL 215-32 IS NAMED  
AFTER HIM - ALSO KNOWN AS  
THE JOAQUIN CONCEPCION COMPASSIONATE  
CANNABIS ACT OF 2013. I MYSELF-  
WANT TO EXPRESSED MY SINCERE  
THANK-YOU FOR YOU OPENED THE DOOR-  
FOR ALL OUR PEOPLE SUFFERING  
THIS DEADLY ~~DEADLY~~ ILLNESS ESPECIALLY  
FOR OUR VETERANS/RETIREES THAT  
ARE SUFFERING WITH SEVERE CHRONIC  
PAINS. I SUPPORT THIS BILL VERY  
STRONGLY BUT I HAVE SOME  
ISSUE/QUESTION THAT I WOULD LIKE



(3)

TO BE ADDRESS IF THIS BILL IS PASSED INTO A LAW.

(1) CONCERNING VETERAN/RETIRES

A. THERE IS A VERY STRICT RULES, GUIDELINES OF A FEDERAL REGULATION WE MUST COMPLY

B. FOR ALL IN USA, THAT ARE USING, AND DOCTORS (VETERANS / VA DOCTOR) PRESCRIBING OR CAN THEY AUTHORIZED TO GO OUTSIDE WHERE THERE ARE DOCTOR QUALIFIED TO PRESCRIBE THIS MEDS, WE AUTHORIZATION FROM VA FOR FEES APPROVED TO PROVIDED THIS MEDS)

(2) CONTROL

A. PRO/CON ON THOSE GROWING, PLANTING, MANUFACTURING.

(B) CRIMINAL ACT IF UNAUTHORIZED GROWING, PLANTING. (THE USE OF DIFFERENT chemicals).

(3) DISTRIBUTION

(4) TAXING - COST FOR PRODUCTS IN FOOD.

FINANCING CLOSING STATEMENTS

I'M HOPING THE SAME STAFF FROM SEN. AGRICULTURE OFFICE, AND ALSO

4

OUR CONGRESSWOMAN OFFICE BE PRESENT  
HERE TONIGHT TO HEAR OUR ISSUES /  
CONCERNS ABOUT THIS BILL. +

TO THE FAMILY OF SALVASE  
K - EMIL & MR. JOAQUIN CONCEPCION,  
ALL THE SENATOR'S, VETERANS, FRIENDS  
THANK YOU VERY MUCH FOR YOUR  
PRESENT AND SUPPORT ON THIS VERY  
IMPORTANT BILL.

I WANT TO WISHED ALL YOU  
(FROM THE TABIOS FAMILY) A VERY  
MERRY CHRISTMAS & A HAPPY  
NEW YEAR TO ALL OUR PEOPLE  
OF GUAM

Victor Pangelinan Tabios  
VICTOR PANZELINANTABIOS  
DISABLED VIETNAM VETERAN



335 A S. Marine Corps. Dr. STE 104  
Tamuning, GU 96913  
Email: [guammedicalassociation@gmail.com](mailto:guammedicalassociation@gmail.com)

Dec. 12, 2013

**Honorable Senator Dennis Rodriguez**  
**Chair Committee on Health & Human Services**  
32<sup>nd</sup> Guam Legislature  
Via Email and Fax

**SUBJ: Opposition to Bill No. 215-32**

Dear Honorable Senator Dennis Rodriguez and Members of the Guam Legislature:

The Guam Medical Association is the largest association of professional health care providers on island. An integral part of our mission is to advocate for public health and for patients. The Board of the GMA met. On behalf of the officers and members, we are unable to support Bill 215-32 as written.

Although we acknowledge that the intent of the bill is to help patients, Bill No. 215-32 has instead caused confusion for the general public and patients, leading them to believe that the diseases, which they are affected, can be either cured or alleviated when the scientific facts may not support their efficacy. Citing credible national organizations on this issue:

- The American Society of Addiction Medicine's (ASAM) public policy statement on "Medical Marijuana," clearly rejects smoking as a means of drug delivery. ASAM further recommends that "all cannabis, cannabis-based products and cannabis delivery devices should be subject to the same standards applicable to all other prescription medication and medical devices, and should not be distributed or otherwise provided to patients ..." without FDA approval. ASAM also "discourages state interference in the federal medication approval process." ASAM Public Policy on "Medical Marijuana."

- The American Medical Association (AMA) has always endorsed "well-controlled studies of marijuana and related cannabinoids in patients with serious conditions for which preclinical, anecdotal, or controlled evidence suggests possible efficacy and the application of such results to the understanding and treatment of disease." In November 2009, the AMA amended its policy, urging that marijuana's status as a Schedule I controlled substance be reviewed "with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines, and alternate delivery methods." The AMA also stated, "this should not be viewed as an endorsement of state-based medical cannabis programs, the legalization of marijuana, or that scientific evidence on the therapeutic use of cannabis meets the current standards for prescription drug product." Policy H-95.952 'Medical Marijuana.' American Medical Association, Report 3 of the Council on Science and Public Health Use of Cannabis for Medicinal Purposes.

- The American Cancer Society (ACS) “does not advocate inhaling smoke, nor the legalization of marijuana,” although the organization does support carefully controlled clinical studies for alternative delivery methods, specifically a tetrahydrocannabinol (THC) skin patch. “Experts: Pot Smoking Is Not Best Choice to Treat Chemo Side-Effects.” American Cancer Society.
- The American Glaucoma Society (AGS) has stated that “although marijuana can lower the intraocular pressure, the side effects and short duration of action, coupled with the lack of evidence that its use alters the course of glaucoma, preclude recommending this drug in any form for the treatment of glaucoma at the present time.” “American Glaucoma Society Position Statement: Marijuana and the Treatment of Glaucoma.” Jampel, Henry MD. MHS, Journal of Glaucoma: February 2010- Volume 19-Issue 2
- The American Academy of Pediatrics (AAP) believes that “any change in the legal status of marijuana, even if limited to adults, could affect the prevalence of use among adolescents.” While it supports scientific research on the possible medical use of cannabinoids as opposed to smoked marijuana, it opposes the legalization of marijuana. Committee on Substance Abuse and Committee on Adolescence. “Legalization of Marijuana: Potential Impact on Youth.” Pediatrics. See also, Joffe, Alain, MD, MPH, and Yancy, Samuel, MD. “Legalization of Marijuana: Potential Impact on Youth.” Pediatrics.
- The National Multiple Sclerosis Society (NMSS) has stated that it could not recommend medical marijuana be made widely available for people with multiple sclerosis for symptom management, explaining: “This decision was not only based on existing legal barriers to its use but, even more importantly, because studies to date do not demonstrate a clear benefit compared to existing symptomatic therapies and because side effects, systemic effects, and long-term effects are not yet clear.” “Recommendations Regarding the Use of Cannabis in Multiple Sclerosis: Executive Summary.” National Clinical Advisory Board of the National Multiple Sclerosis Society, Expert Opinion Paper, Treatment Recommendations for Physicians.
- The Federal Drug Enforcement Agency (DEA) have stated that “Organizer behind the “medical” marijuana movement have not dealt with ensuring that the product meets the standards of modern medicine: quality, safety and efficacy. There is no standardized composition or dosage; no appropriate prescribing information; no quality control; no accountability for the product; no safety regulation; no way to measure its effectiveness (besides anecdotal stories); and no insurance coverage. Science, not popular vote, should determine what medicine is.”

The Guam Medical Association Members will further discuss this issue in the future, and we want to work with the legislature to ensure patients receive the treatments they need based on evidenced based medicine.

Sincerely,

*Pram Sullivan*

Pram Sullivan  
GMA Executive Director  
By direction of the board

Cc: 32<sup>nd</sup> Guam Legislature

November 27, 2013



Senator Dennis Rodriguez, Jr., Chairman  
Committee on Health & Human Services, Insurance Reform, Economic  
Development and Senior Citizens  
32<sup>ND</sup> Guam Legislature  
155 Hesler Street  
Hagåtña, Guam 96910

**Re: Bill 215-32, "The Joaquin Concepcion Compassionate Cannabis Use Act of 2013."**

Dear Senator Rodriguez,

On behalf of the Board of Directors, we register our opposition to Bill 215-32.

The Employers Council, along with many others in the community, certainly appreciates the "compassionate" efforts to alleviate afflictions and maladies in our population; however, we cannot support the contention that cannabis (a.k.a. marijuana) is an appropriate relief. If cannabis and/or its derivatives indeed have medicinal value for the list of diseases and ailments listed in the proposed legislation, then the route to their application should be through the tests, trials and clinical procedures of the regulatory agencies established for validating pharmaceuticals, not through the political apparatus of our legislature. And regardless of the popular trends in various state governments, marijuana is still classified by the federal government as a schedule one controlled substance, not medicine.

Given the scourge of drug abuse on our island, we cannot help but believe that legalization of marijuana in the manner proposed in Bill 215 would only add to that menace. The would-be controls of the production, possession, dispensing and use of the substance will not suffice no more than current laws and regulations control the widespread drug abuse.

The Employers Council contends that the use of marijuana is illegal under the federal Controlled Substances Act, and therefore does not need to be accommodated under the federal Americans with Disabilities Act. Otherwise, employers should have "zero tolerance" policies and drug testing programs for applicants and employees in order to comply with customer and government contracting requirements including those of the federal Drug Free Workplace Act, the regulations of Department of Transportation, and other agencies. Workplace safety, productivity, health, attendance, and liability issues are paramount in maintaining great places to work. Having a coherent and attentive workforce is critical in managing such efforts. Accordingly, employers are advised to limit if not outright deny employment to those who test positive for the cannabis drug whether or not the substance is prescribed via the local legislature.

Again, the Employers Council is opposed to the passage of Bill 215-32 into law.

Yours truly,  
**THE EMPLOYERS COUNCIL**



Andrew P. Andrus  
Executive Director

The Guam Medical Society's Ad Hoc Committee on Medicinal Marijuana has recommended adopting our parent organization, The American Medical Association's policy on "Cannabis for Medicinal Use". The ad hoc committee consists of Drs. Vince Akimoto, Vincent A. Duenas, W. Chris Perez and John Ray Taitano.

### **Cannabis for Medicinal Use**

(1) The Guam Medical Society calls for further adequate and well-controlled studies of marijuana and related cannabinoids in patients who have serious conditions for which preclinical, anecdotal, or controlled evidence suggests possible efficacy and the application of such results to the understanding and treatment of disease. (2) The Guam Medical Society urges that marijuana's status as a federal schedule I controlled substance be reviewed with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines, and alternate delivery methods. This should not be viewed as an endorsement of state-based medical cannabis programs, the legalization of marijuana, or that scientific evidence on the therapeutic use of cannabis meets the current standards for a prescription drug product. (3) The Guam Medical Society urges the National Institutes of Health (NIH), the Drug Enforcement Administration (DEA), and the Food and Drug Administration (FDA) to develop a special schedule and implement administrative procedures to facilitate grant applications and the conduct of well-designed clinical research involving cannabis and its potential medical utility. This effort should include: a) disseminating specific information for researchers on the development of safeguards for cannabis clinical research protocols and the development of a model informed consent form for institutional review board evaluation; b) sufficient funding to support such clinical research and access for qualified investigators to adequate supplies of cannabis for clinical research purposes; c) confirming that cannabis of various and consistent strengths and/or placebo will be supplied by the National Institute on Drug Abuse to investigators registered with the DEA who are conducting bona fide clinical research studies that receive FDA approval, regardless of whether or not the NIH is the primary source of grant support. (4) The Guam Medical Society believes that effective patient care requires the free and unfettered exchange of information on treatment alternatives and that discussion of these alternatives between physicians and patients should not subject either party to criminal sanctions.

The current Guam Medical Society/AMA policy opposes cannabis legalization.



GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



EDDIE BAZA CALVO  
GOVERNOR

JAMES W. GILLAN  
DIRECTOR

RAY TENORIO  
LIEUTENANT GOVERNOR

LEO G. CASIL  
DEPUTY DIRECTOR

December 12, 2013

Honorable Dennis G Rodriguez, Jr.  
Chairman, Committee on Health and Human Services  
Health Insurance Reform, Economic Development  
And Senior Citizens  
32<sup>nd</sup> Guam Legislature (First) Regular Session

**RE: Bill 215-32, AN ACT TO ADD A NEW ARTICLE 24 TO CHAPTER 12, TITLE 10 OF THE GUAM CODE ANNOTATED, RELATIVE TO ALLOWING THE MEDICAL USE OF CANNABIS, AMENDING PROVISIONS OF THE CONTROLLED SUBSTANCES ACT, PROVIDING PENALTIES, AND FOR OTHER PURPOSES, ALSO KNOWN AS THE JOAQUIN CONCEPCION COMPASSIONATE CANNABIS USE ACT OF 2013.**

Dear Mr. Chairman:

*Buenas yan Hafa Adai.* My name is James W. Gillan, Director of the Department of Public Health and Social Services (DPHSS). Thank you for allowing me the opportunity to present testimony on this Bill.

I want to first thank Senators Barnes and Yamashita for their willingness to bring this matter into the realm of public discussion. I want to further state my support for any reasonable consideration of alternatives to alleviate the pain and suffering of those for whom conventional means have failed. This is the issue that so far 20 States and the District of Columbia have dealt with over the years: The use and regulation of Marijuana for Medical purposes. And two of these States have recently approved the use of Marijuana for recreational use.

However, I cannot support this bill as it is written. Quite simply Mr. Chairman, the administrative and regulatory burden created by this bill is impossible to achieve without adequate funding. As has been the case lately with the assignment of regulatory duties to the Department, there has been no funding identified to adequately address the personnel and administrative expense. While the bill allows for the collection of a fee for the issuance of the

registry identification cards (Section 122407 (A) (9), I cannot determine at this time whether those fees would defray our costs.

From a Public Health standpoint, we would be sending a mixed message that while it is not good to smoke tobacco, it would seem to be ok to smoke marijuana. I do note that at this time that the association between smoking marijuana and ill health across a broad population range has yet to be firmly established and at least one study does not show marijuana use as a direct cause of death.

## **REGULATORY AND RELATED CONCERNS:**

The Division of Environmental Health (DEH) of this Department is responsible for two laws related to drugs, including those classified as controlled substances. Title 9 Guam Code Annotated, Chapter 67 (known as the Guam Uniform Controlled Substances Act) mandates DEH to regulate and register individuals and facilities that manufacture, distribute, and dispense pharmaceutical controlled substances, as well as conduct inspections, record audits, and investigations of practitioners and facilities to prevent the abuse and diversion of such drugs. DEH is also responsible for updating the list of controlled substances listed in Schedules I to V based on the following criteria: The drug's potential for abuse; scientific evidence of its pharmacological effect; the state of current scientific knowledge regarding the substance; the history and current pattern of abuse; the scope, duration, and significance of abuse; the risk to the public health; the potential to produce psychic or physiological dependence liability; and a determination if the drug is an immediate precursor of a controlled substance. These criteria, including the approval process for drugs are established by the U.S. Food and Drug Administration (FDA) which works closely with the U.S. Drug Enforcement Administration (DEA) in the regulation and enforcement of controlled substances. Schedule I controlled substances are illicit and do not have any scientifically proven medical and pharmacological benefit.

The second law, the Guam Food, Drug and Cosmetic Act of Title 10 GCA, Chapter 40 requires DEH be responsible for the importation, distribution, manufacturing, storage, labeling, and sale of drugs, inclusive of controlled substances, as well as food, biologics, and cosmetic commodities.

The Department has difficulties in supporting Bill 215-32 for several reasons. The current language of the bill removes all regulatory authority under the Guam Uniform Controlled Substances Act for any cannabis used for medical purposes under certain conditions of use, yet retains all illicit uses of marijuana as a Schedule I drug. Passage of Bill 215 would appear to contradict and violate the Guam Uniform Controlled Substances Act since cannabis is not recognized as having any medicinal value because it will still be listed as a Schedule I drug. In fact, we find it rather difficult to separate the medical use of cannabis and marijuana, when they are the same substance. Since cannabis or marijuana have no currently accepted medical use in the United States coupled with a lack of accepted safety for use under medical supervision, and has a potential for abuse, the Department finds it almost hypocritical that cannabis can be



deemed medicinal, yet retained as a Schedule I drug, with all the restrictions and penalties of an illicit drug.

If the intent for medical cannabis is to mitigate, treat, cure, or prevent a disease, such as a “debilitating medical condition” which is defined in the bill, then our Department has a fiduciary responsibility to classify it as a drug, or even a new drug as stated in Sections 40116 (Habit-Forming Drugs; Toxic Drugs) and 40117 (Sale of New Drugs) of the Guam Food, Drug and Cosmetic Act, which further subjects it to the strict labeling requirements of Sections 40103 (Prohibited Acts), 40115 (Misbranded Drugs) and 40120 (~~Labeling Requirements~~) of the same act. The licensed producer should ensure that their ~~medical~~ medical cannabis is properly labeled. Despite the language of the bill removing medical marijuana from the provisions of the Guam Uniform Controlled Substances Act, we feel the bill does not adequately address the stringent requirements imposed on drugs from the Guam Food, Drug and Cosmetic Act.

The U.S. Food and Drug Administration’s drug approval process is quite rigorous in determining if they are safe and effective for their respective indications. It is only through the FDA drug approval process that solid clinical data can be obtained and a scientifically based assessment of the risks and benefits of an investigational drug is made. The Guam Food, Drug, and Cosmetic Act requires that all drugs comply with federal mandates and regulations pursuant to the federal Food, Drug and Cosmetic Act.

The U.S. Food and Drug Administration has not approved marijuana for medical use in the United States. According to the testimony by FDA’s Center for Drug Evaluation and Research’s Director, Dr. Robert J. Meyer, before the Subcommittee on Criminal Justice, Drug Policy, and Human Resources, he stated that the Institute of Medicine’s March 1999 report stated that smoked marijuana is a crude drug delivery system that exposes patients to a significant number of harmful substances and that “if there was any future of marijuana as a medicine, it lies in its isolated components, the cannabinoids and their synthetic derivatives.”

Dr. Meyers mentioned that FDA has approved two drugs, Marinol and Cesamet, for therapeutic uses in the U.S., which contain active ingredients that are present in botanical marijuana. Marinol was approved on May 31, 1985 for nausea and vomiting associated with cancer chemotherapy inpatients; it contains the active ingredient dronabinol, a synthetic delta-9-tetrahydrocannabinol or THC which is the psychoactive component of marijuana. Marinol was also approved to treat anorexia associated with weight loss in patients with AIDS. Cesamet capsules were approved to treat nausea and vomiting associated with chemotherapy; it contains nabilone as the active ingredient, a synthetic cannabinoid. Thus, if the intent of Bill 215 is to provide patients with debilitating medical conditions access to the active ingredients of cannabis (or even synthetic cannabinoid), then it would be unnecessary since there are such drugs that have been approved by the FDA.

According to the U.S. Drug Enforcement Administration’s 2011 position statement, *“Marijuana is properly categorized under Schedule I of the Controlled Substances Act...The clear weight of the currently available evidence supports this classification, including evidence that smoked marijuana has a high potential for abuse, has no accepted medicinal value in treatment in the*

*United States, and evidence that there is a general lack of accepted safety for its use even under medical supervision.”*

The document, “The Dangers and Consequences of Marijuana Abuse,” (see DEA’s website at <http://www.justice.gov/dea/docs/dangers-consequences-marijuana-abuse.pdf>) contains many position statements from various organizations (i.e., American Medical Association, American Cancer Society, American Glaucoma Society, and the American Academy of Pediatrics), data, and trend information which present compelling arguments against the use of marijuana for medical purposes.

Some of the other concerns we have with Bill 215-32 are as follows:

1. **Effective Regulatory and Enforcement Systems.** There is great potential of diverting medical cannabis by a qualified patient, a qualified patient’s primary caregiver, practitioners, and licensed producers. According to the bill, these individuals are not subject to criminal and civil penalties if the quantity of cannabis for medical use does not exceed an adequate supply. The November 11, 2013 report by Nancy Lofholm of The Denver Post wrote about problems Colorado schools have had with students abusing marijuana since the 2010 regulations approving medical marijuana dispensaries and the 2012 vote to legalize recreational marijuana. Christine Harms, Director of the Colorado School Safety Resource Center, stated that, “They are seeing more incidents of kids smoking and thinking it is a safe thing to do. More kids are saying they are getting it from their parents.”
2. **Cultivation and Processing of Cannabis.** The ability for individuals to produce cannabis in private homes may add to public health, safety and security risks as criminal elements may abuse the system. It would be very difficult to monitor and control individual’s private homes and cultivation sites. What are the standards and how will they, these homegrown cultivation sites and licensed producers, be regulated if they are exempt from the provisions for obtaining a Controlled Substances Registration from this Department? How do you control adequate supply when a marijuana plant can produce many leaves, buds and seeds given optimal growing conditions? How do you secure and control the diversion of cannabis from a private home? Who will enforce the security and inspection of the private homes?
3. **Distribution of Cannabis for Medical Use.** It is necessary to ensure a secure means of distributing cannabis to individuals who use it for medical purposes. What are the standards for distribution? How will they be distributed? Through pharmacies, mail, store-front, community-based dispensaries? Will there be a separate registration for distributors? Most importantly, shouldn’t distributors have to demonstrate compliance with requirements related to personnel, record-keeping, safety and security, disposal and reporting?
4. **Licensed Producers and Security.** One issue of primary concern is minimizing opportunities for the diversion of medical use of cannabis into illegal markets. Licensed producers could attract crime. They are often associated with criminal organizations involving guns and other drugs. Legalization of medical marijuana would increase demand for the drug and almost certainly intensify drug-related crime such as forced entries and robberies. What are the security standards for licensed producers? Strict

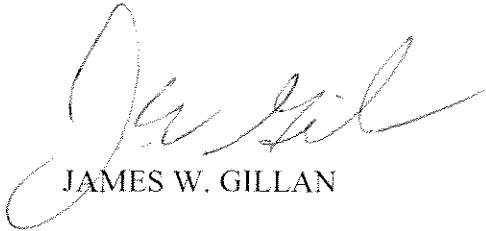
security measures should also be provided to prevent any intrusion and forced entries. Licensed producers and homegrown cultivation sites would be exempt from having to demonstrate compliance with requirements related to personnel, record-keeping, safety and security, disposal and reporting under the provisions of the Guam Uniform Controlled Substances Act. Is there a restriction on the production of cannabis for retail sale and commercial production or larger cultivation? Is there a restriction on how many licensed producers on island? Is there any standard in limiting the dispensing to any one patient a day? It is very crucial that these areas be addressed to reduce the gaps for diversion.

5. **Controlled Substances Registration Process.** The DEH issues Controlled Substances Registrations to all individuals and facilities who manufacture, dispense, and distribute controlled substances. The ability to conduct record audits, investigations related to diversion, and inspections may prove difficult, since DEH has no jurisdiction over the registration and enforcement process of medicinal marijuana in the current language of the bill. And even if it did, the Division is already challenged with limited resources in addressing current abuse and misuse of medicinal controlled drugs.
6. **Prescribing Medical Marijuana.** In order for a physician on Guam to prescribe a controlled substance, they must obtain both a Controlled Substances Registration from this Department and a federal DEA Registration. Since cannabis has no medicinal value, and it is a Schedule I controlled substance, how would it be prescribed? To be valid, a prescription for a controlled substance must be issued for a legitimate medical purpose by a registered practitioner acting in the usual course of sound professional practice. Doctors may not legally prescribe without violating federal law. Federal policy dictates that a physician who prescribes cannabis or other Schedule I drugs to a patient may have his or her federal license removed and may be prosecuted. In addition, physicians will not prescribe cannabis because there are no legal state supply sources from which a patient could attain the drug, since the supplier must have a DEA Registration also. This bill circumvents this requirement by substituting a certification in the record of the patient attesting to the need for the dispensing of medical marijuana.
7. **Medical Use of Cannabis for Food, Tinctures, Aerosols, Oils, or Ointments.** The definition for “Medical use” as stated in the bill allows for the “development of related products such as food, tinctures, aerosols, oils, or ointments” for cannabis. All food commodities are subject to regulation by DEH. All facilities who commercially manufacture, sell, distribute, and store any food product shall comply with the requirements for Sanitary Permit pursuant to Title 10 GCA, Chapter 21 (Sanitary Permit), 23 (Eating and Drinking Establishments), 24 (Food Establishment), and 40 (Guam Food, Drug and Cosmetic Act) and its applicable rules and regulations. All individuals who work at these facilities shall have a Health Certificate issued by DEH as mandated by Title 10 GCA, Chapter 22 (Health Certificates) and related rules and regulations. The importation of these food/drug commodities, if applicable, shall be subject to the labeling and registration requirements for food and drug products as regulated by both local and federal laws and applicable regulations. Will it be correct to assume that these requirements are still applicable and enforceable if Bill 215 becomes law?

For the reasons above, this Department cannot support the passage of Bill 215-32. It is important to note that this Department is not, nor does it pretend to be, an expert in medical marijuana. We

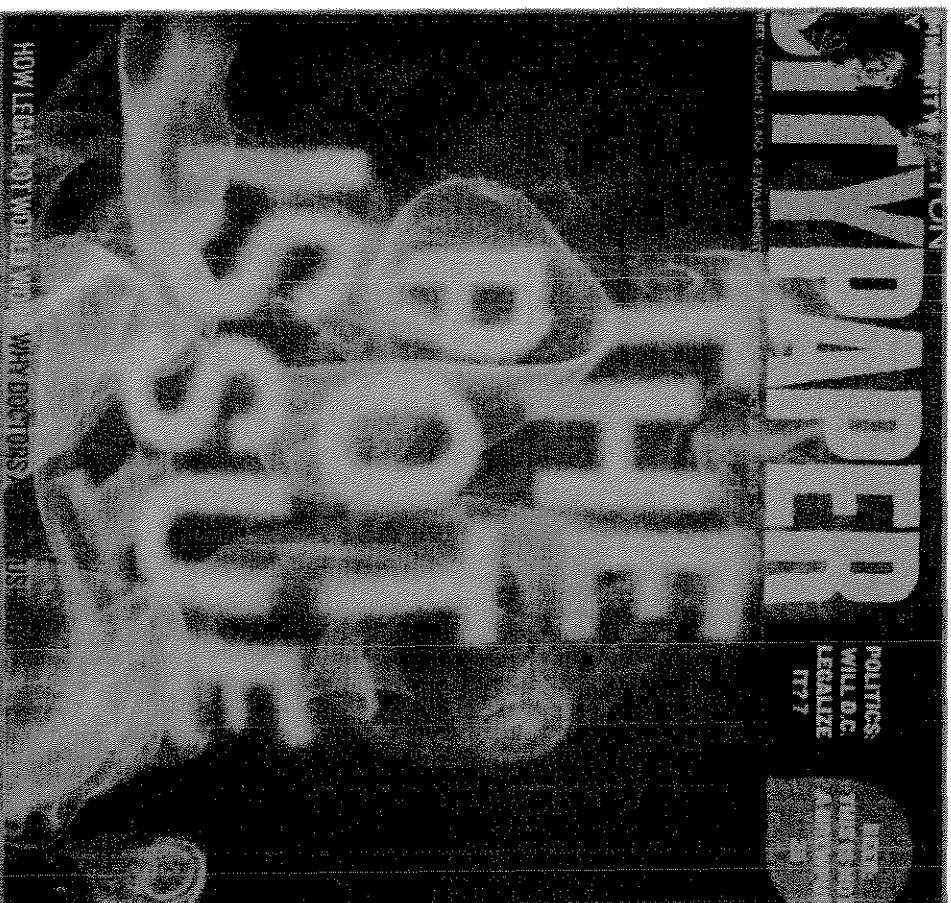
will let our colleagues and federal counterpart with the FDA take such a role. We are however, knowledgeable and experienced in combatting the diversion of pharmaceutical controlled substances, and it is our opinion that the problems we are having now with existing stock of approved controlled drugs, such as hydrocodone, codeine, and others, will only expand to include marijuana if Bill 215 becomes law. Ultimately, we feel that the expanded use and increased availability of marijuana in our community will be detrimental to society, especially to our youth.

Thank you for allowing me the opportunity to state our position.



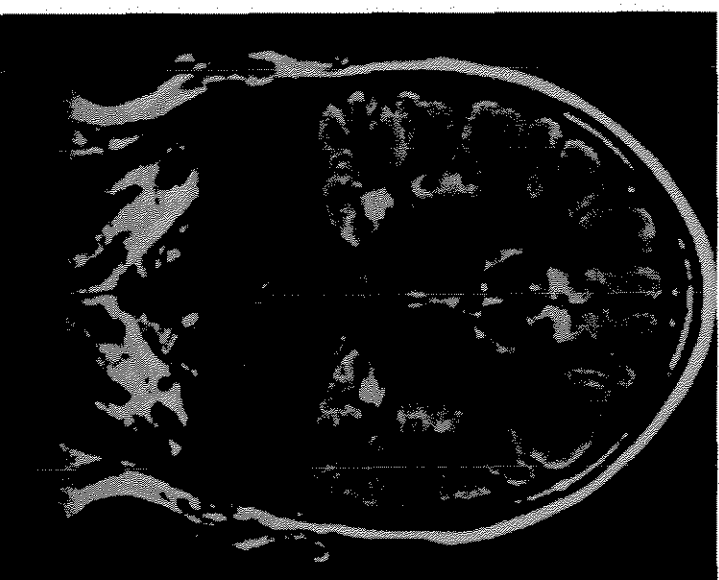
JAMES W. GILLAN

# Marijuana: Medical Uses? Health Risks?



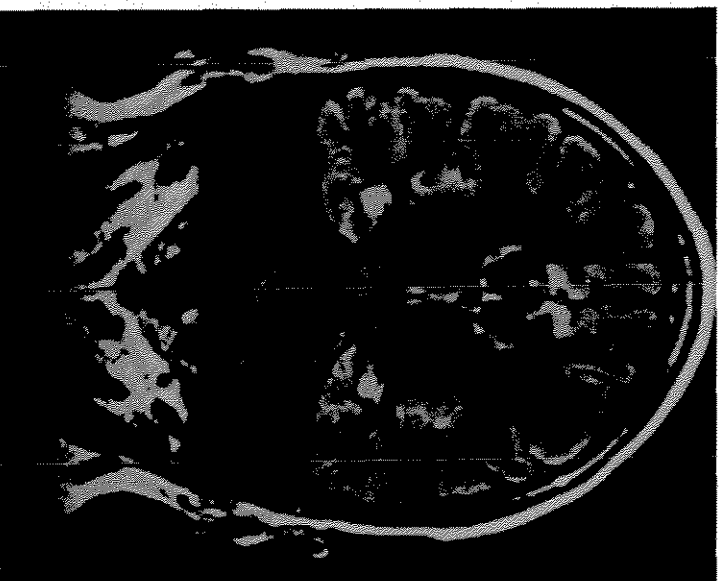
# Topics

- Snapshots
- Clinical Aspects & Neurobiology
- Epidemiology
- PH & Public Policy



# Topics

- Snapshots
- Clinical Aspects & Neurobiology
- Epidemiology
- PH & Public Policy



# Snapshot: Historical Perspective

- Cannabis has been used medicinally & recreationally for centuries. Early medicinal uses included amelioration of pain.
- Therapeutic use in Western medicine was increasingly common in the 19<sup>th</sup> century; and by the early 20<sup>th</sup> century pharmaceutical companies were routinely marketing cannabis products.
- However, shifting societal and legal sanctions emerged associated with its psychotropic and addictive effects, such that marijuana was:
  - Removed from U.S. Pharmacopoeia in 1942; and
  - Designated as a Schedule 1 drug by Congress in 1970.



## Snapshot: Historical Perspective (cont.)

- In 1985, FDA approved dronabinol and nabilone.
- Increasing usage of marijuana in medical practice has been supported by popular votes/legislative acts at the State level; and marijuana was legalized for recreational use in 2 states.

## Snapshot: Current Public Policies in the U.S.

- 21\* states and Washington, D.C. have legal statutes regulating medical marijuana use (some w/various constraints): Alaska, Arizona, California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Maine, Maryland, Massachusetts, Michigan, Montana, Nevada, New Hampshire, New Jersey, New Mexico, Oregon, Rhode Island, Vermont, Washington.
- WA & CO have legalized recreational use of marijuana.

\*As of September 2013

<http://www.ncsl.org/research/health/state-medical-marijuana-laws.aspx>

<http://www.whitehouse.gov/ondcp/state-laws-related-to-marijuana>

<http://www.justice.gov/opa/pr/2013/August/13-opa-974.html>

# Snapshot: Current Public Policies in the U.S. (cont.)

- Marijuana remains a Schedule 1 controlled substance and is illegal under federal law:
  - In October 2009, the Department of Justice sent a memo to federal prosecutors encouraging them not to prosecute people who distribute marijuana for medical purposes in accordance with state law.
  - In August 2013, DOJ issued a memorandum providing guidance regarding marijuana enforcement to U.S. Attorneys.

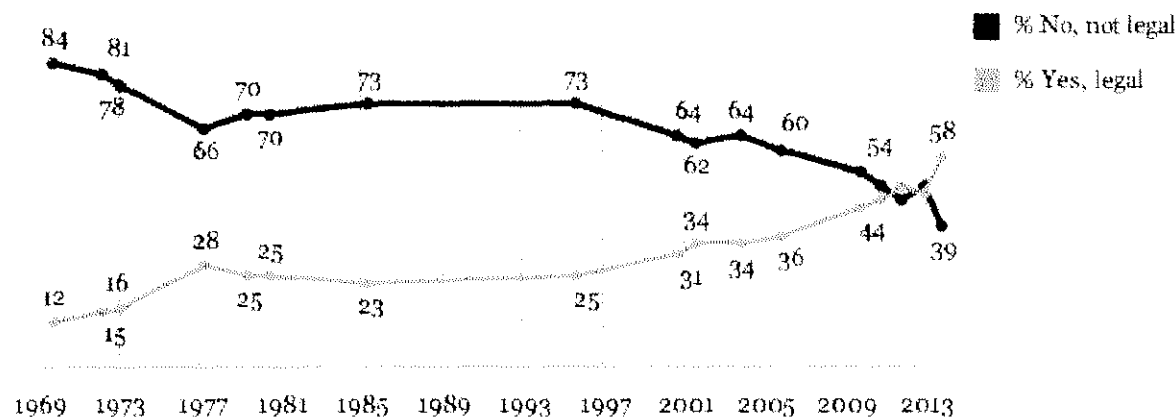
# Snapshot: Private Opinions in the U.S.

- Recent Gallup poll reports that 58% of Americans now support legalization.
- Americans 65 and older are the only age group that still opposes legalizing marijuana, although support among this group has jumped 14 percentage points since 2011.

*Americans' Views on Legalizing Marijuana*

October 2013

Do you think the use of marijuana should be made legal, or not?



# Snapshot: Medical Marijuana Uses in the U.S.

- ALS
- Alzheimer's Disease
- Anorexia
- Anxiety
- Arthritis
- Cachexia
- Chemotherapy Side Effects

- Crohn's Disease
- Chronic Pain
- Cirrhosis, decompensated
- Fibromyalgia
- Glaucoma

# Snapshot: Medical Marijuana Uses in the U.S. (cont.)

- Hepatitis C & HIV/AIDS
- Migraine Headaches
- Multiple Sclerosis
- Muscle Spasms, severe
- Muscular Dystrophy
- Nausea & vomiting
- Pancreatitis, severe
- Parkinson's Disease
- TBI & PTSD
- Seizure Disorders (e.g., epilepsy)
- Spinal Cord Injury
- And more...

## Snapshot: Health Risks

- Distorted perceptions & impaired coordination
  - Drugged driving
- Difficulty with thinking and problem solving
- Disrupted learning and memory (long term)
- Alterations in neurobiological development : Use during pregnancy is associated with increased risk of neurobehavioral problems in babies.
- Respiratory issues
- Potential immune dysfunction
- Psychotic episodes
- Dependency and addiction

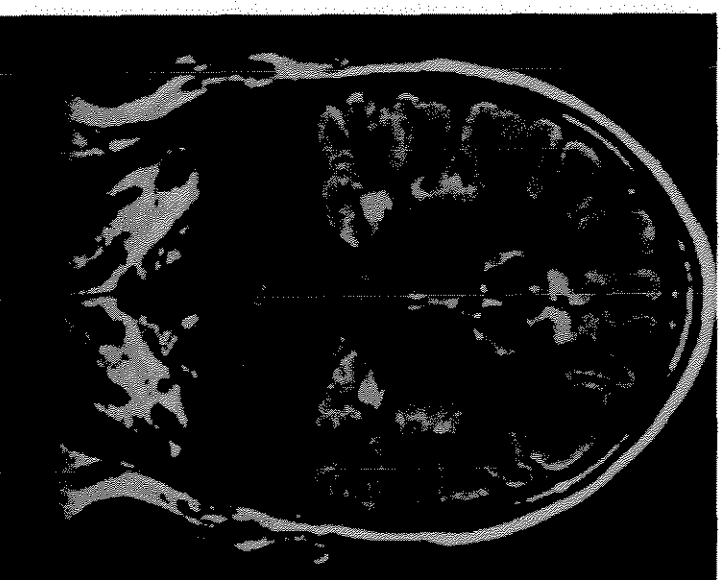
## Snapshot: Health Risks (cont.)

- Heavy marijuana users often report lower life satisfaction, poorer mental and physical health, relationship problems, and less academic and career success compared to their peers who came from similar backgrounds.
- Several studies also associate workers' marijuana smoking with increased absences, tardiness, accidents, workers' compensation claims, and job turnover.
- And more...



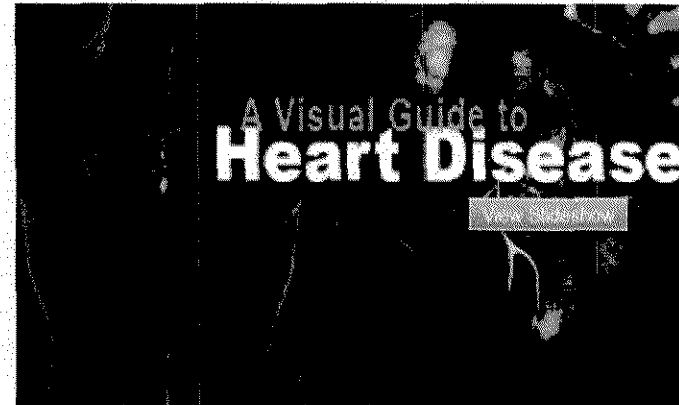
# Topics

- Snapshots
- Clinical Aspects & Neurobiology
- Epidemiology
- PH & Public Policy



# Addiction is like other chronic diseases...

- It changes biology
- It is preventable
- It is treatable



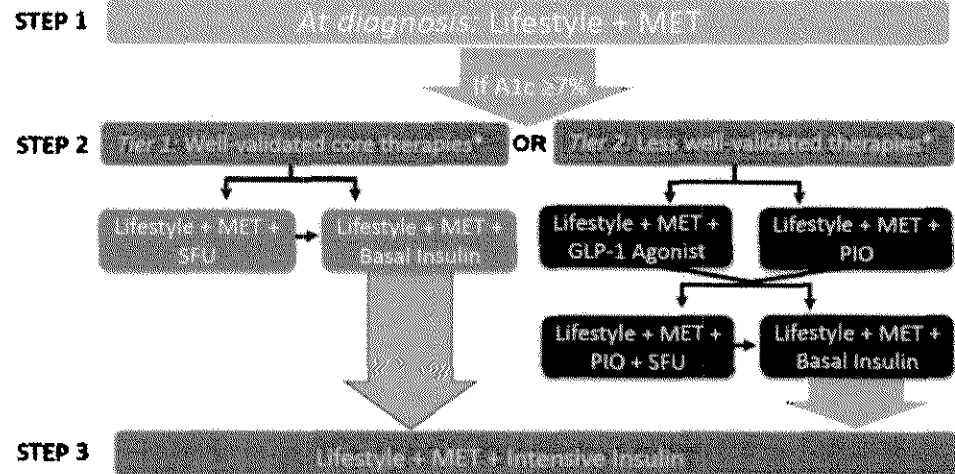
HIV / AIDS



Prevention

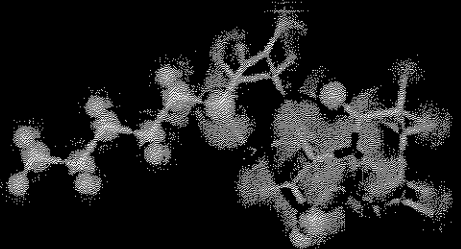
"Information Equals Defense"

## Diabetes Treatment Strategies: Lifestyle + Medication

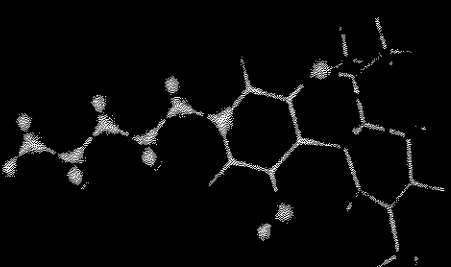


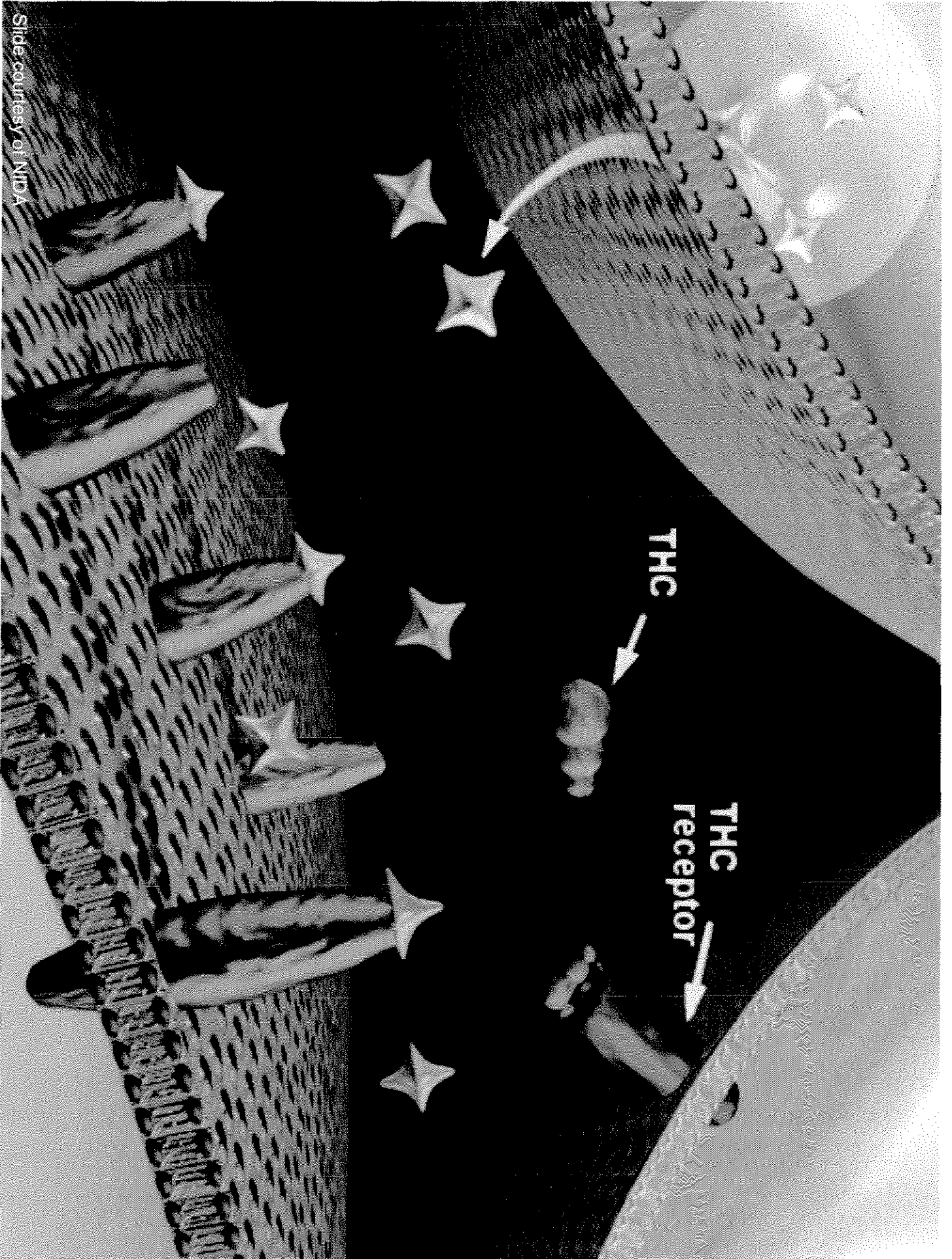
# THC is Similar to Endogenous Endocannabinoids

**Brain's Chemical**



**Anandamide**



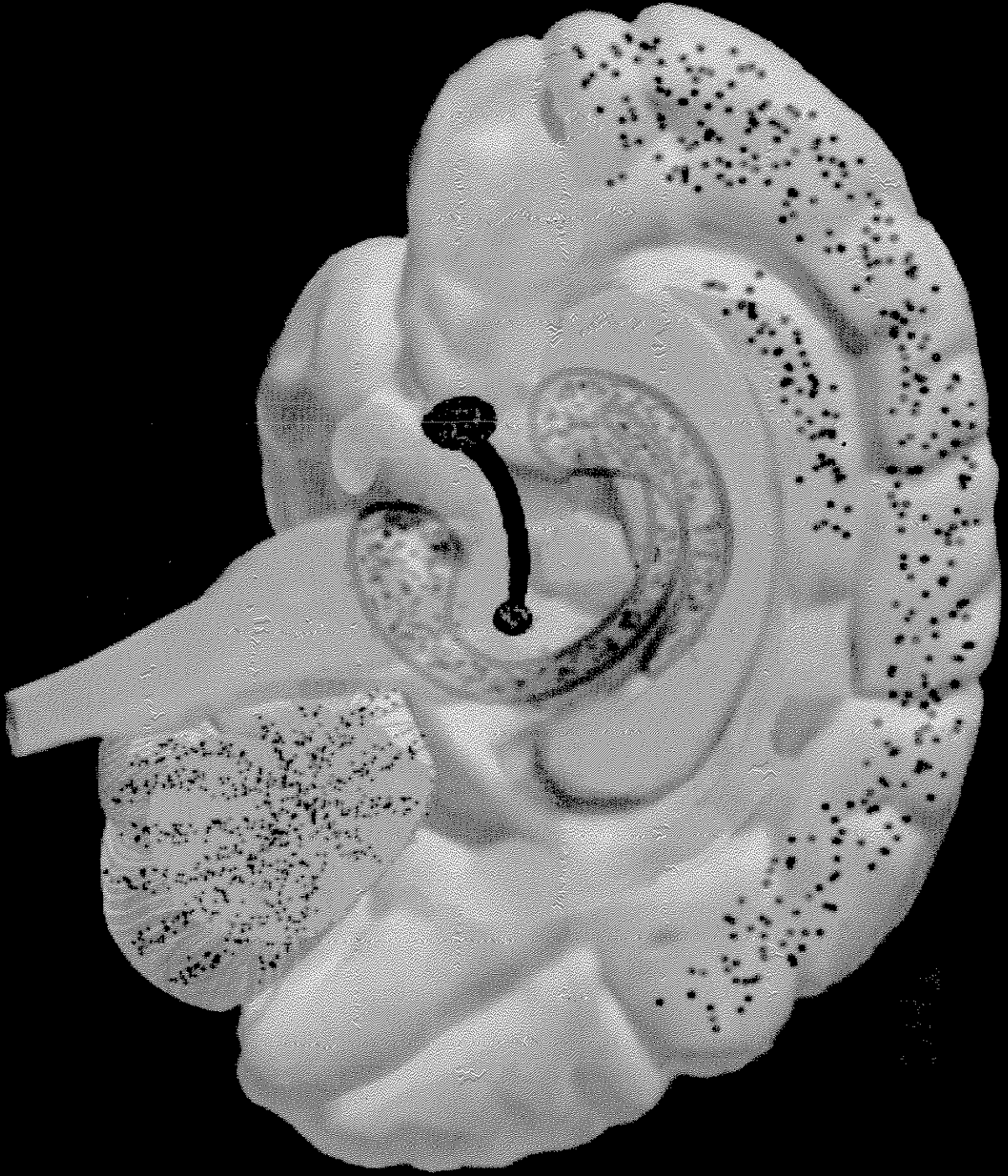


Slide courtesy of NIDA



Slide courtesy of NIDA

Slide courtesy of NIDA



# Neurobiological Sites of Interest

## HYPOTHALAMUS

Controls appetite, hormonal levels and sexual behavior

## BASAL GANGLIA

Involved in motor control and planning, as well as the initiation and termination of action

## VENTRAL STRIATUM

Involved in the prediction and feeling of reward

## AMYGDALA

Responsible for anxiety, emotion and fear

## BRAIN STEM AND SPINAL CORD

Important in the vomiting reflex and the sensation of pain

## NEOCORTEX

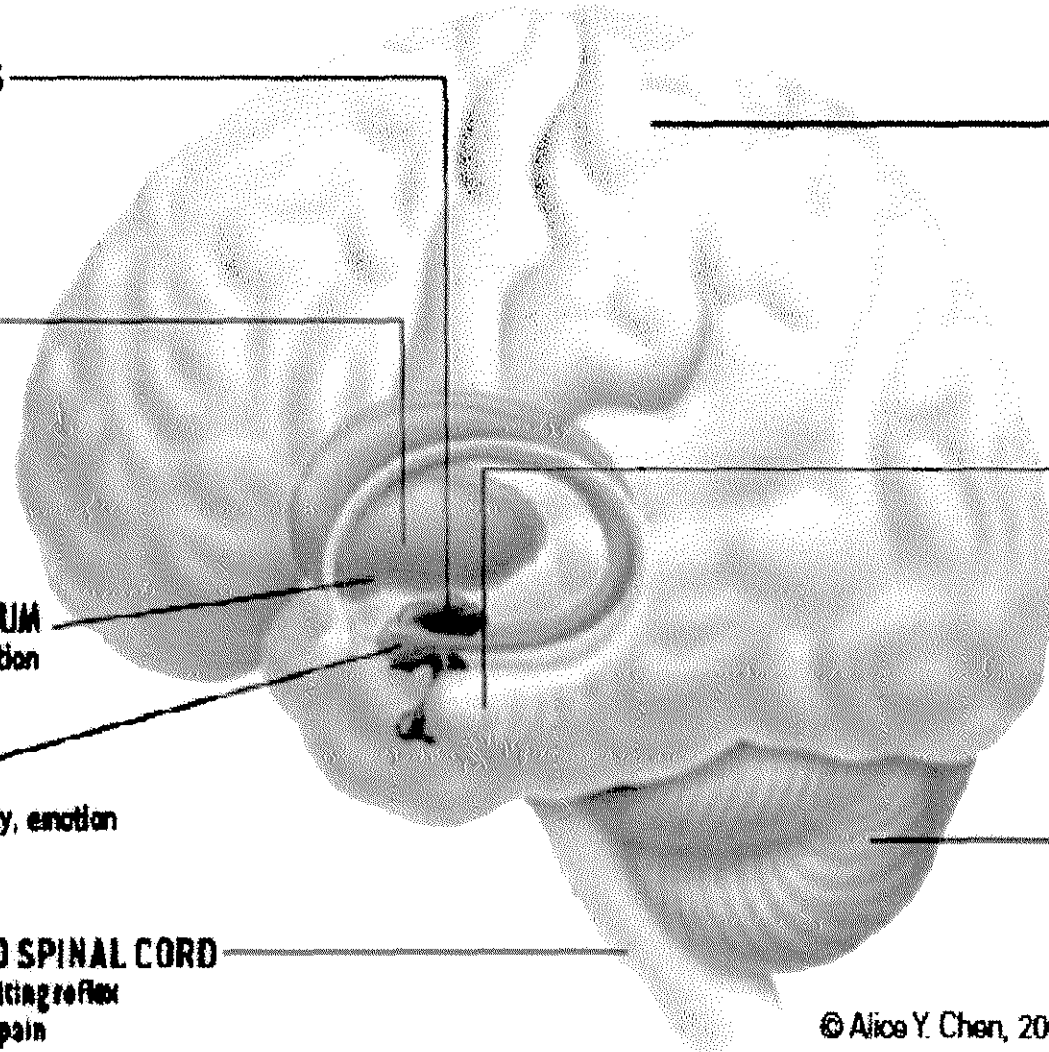
Responsible for higher cognitive functions and the integration of sensory information

## HIPPOCAMPUS

Important for memory and the learning of facts, sequences and places

## CEREBELLUM

Center for motor control and coordination



## Natural Cannabinoid Components Include:

- **THC:** Abundant; main active ingredient in native plants & cultivars; psychotropic effects.
- **Cannabidiol :** Also abundant; no detectable psychotropic effects. Has potential in epilepsy.
- **Cannabigerol:** Non-Psychoactive, may relieve intraocular pressure associated with glaucoma.
- **Cannabinol:** Weakly psychoactive, used as an immunosuppressant, experimentally.
- **Tetrahydrocannabivarin:** a homologue of THC that is a CB<sub>1</sub> receptor antagonist, blocking THC effects.



# Marijuana: Routes of Administration

- Most often smoked, but can be vaporized
  - onset of effects within several minutes
  - effects may last approximately 2 hours
- May be taken orally
  - onset of effects in 30+ minutes
  - effects may last 3-5 hours
  - variable absorption of THC in digestive system

# Time Course of Effects of Marijuana

→ Onset	0-10 minutes
→ Coming Up	5-10 minutes
→ Plateau	15-30 minutes
→ Coming Down	45-60 minutes
→ After Effects	30-60 minutes

## Physiological Effects of Marijuana include:

- Positive Mood
- Relaxation
- Increased awareness of senses
- Nausea
- Coughing, asthma, upper respiratory problems
- Increased appetite
- Psychomotor slowness
- Mouth dryness
- Psychological Dependence

# Marijuana Overdose

- Racing heart, agitation, tenseness
- Mild to severe anxiety
- Panic attacks at very high doses (usually oral) or in sensitive users
- Headaches
- Dizziness, confusion
- Paranoia (generally only in inexperienced users)

# Synthetic Marijuana: K2 or Spice

- JWH-018
- JWH-073
- HU-210
- Cannabicyclohexanol
- Other analogues
- Psychoactive effects similar to marijuana



# Synthetic Marijuana: K2 or Spice (cont.)

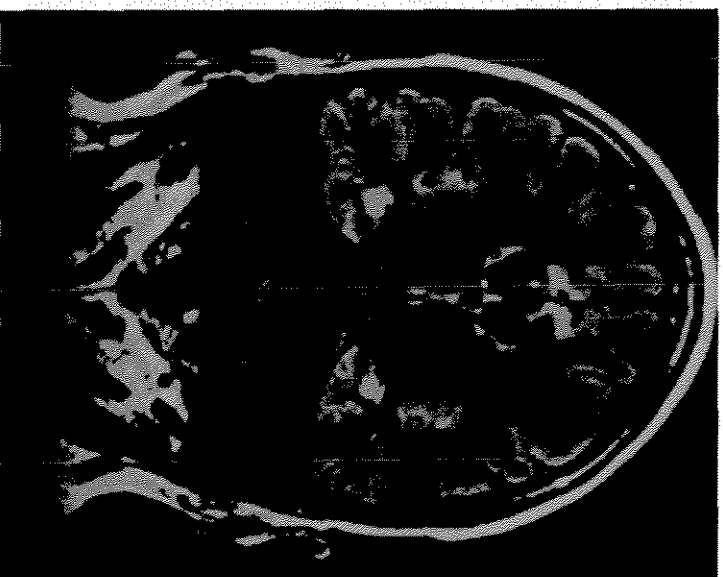
## → Adverse Effects

- Psychosis
- Rapid heart rate
- Vomiting
- Agitation
- Confusion



# Topics

- Snapshots
- Clinical Aspects & Neurobiology
- Epidemiology
- PH & Public Policy



## U.S. Marijuana Use in 2012

- Most commonly used illicit drug: 18.9 million past month users. Between 2007 and 2012, the rate of current use increased from 5.8 to 7.3%.
  - Daily or almost daily use of marijuana increased from 5.1 million persons in 2007 to 7.6 million persons in 2012.
- In comparison, in 2012, 136 million individuals reported past month alcohol use: 60 million reported binge drinking & 17 million reported heavy use.

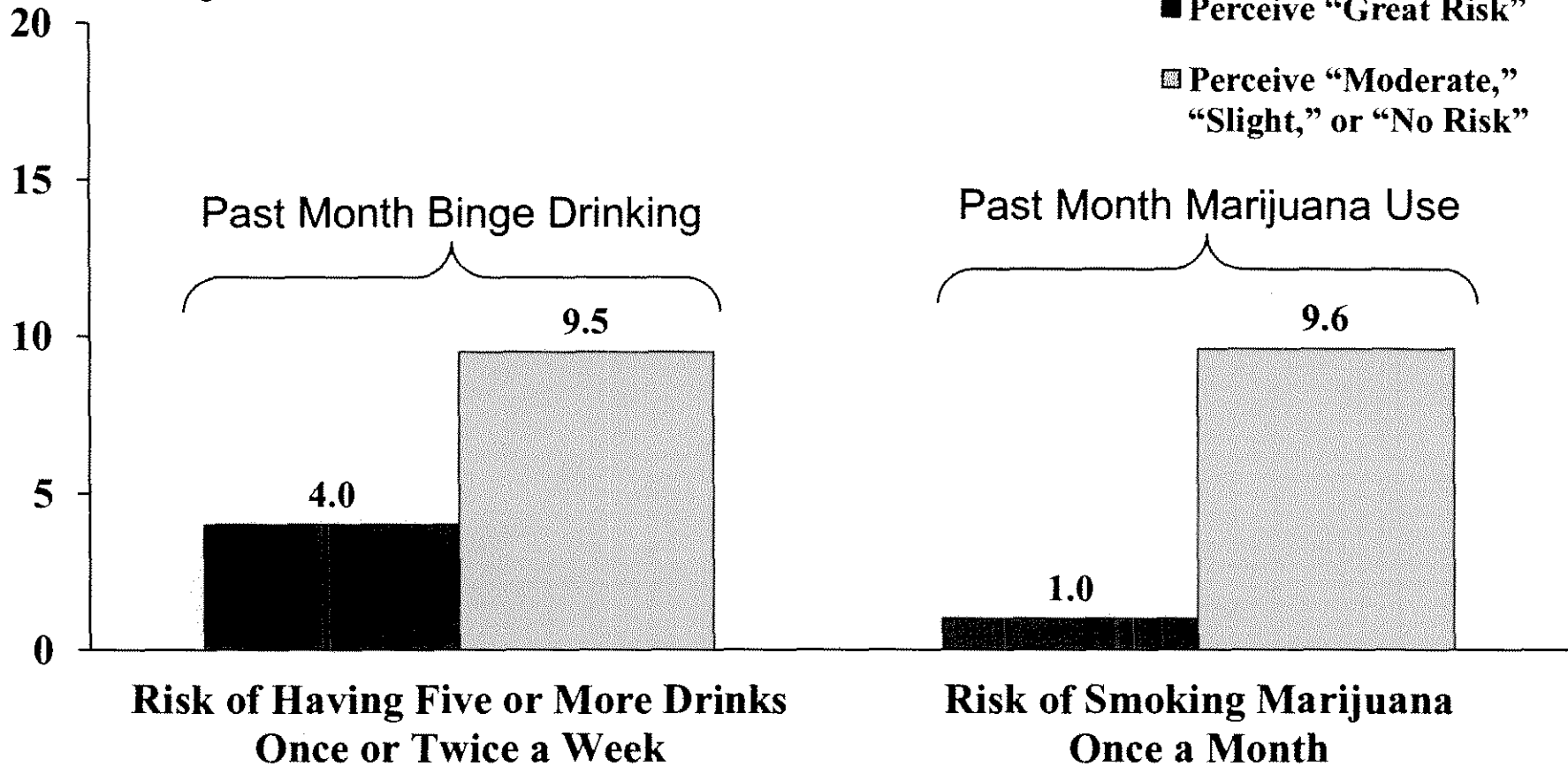


# Past Month Binge Drinking and Marijuana Use among Youths Aged 12-17, by Perceptions of Risk:

2012

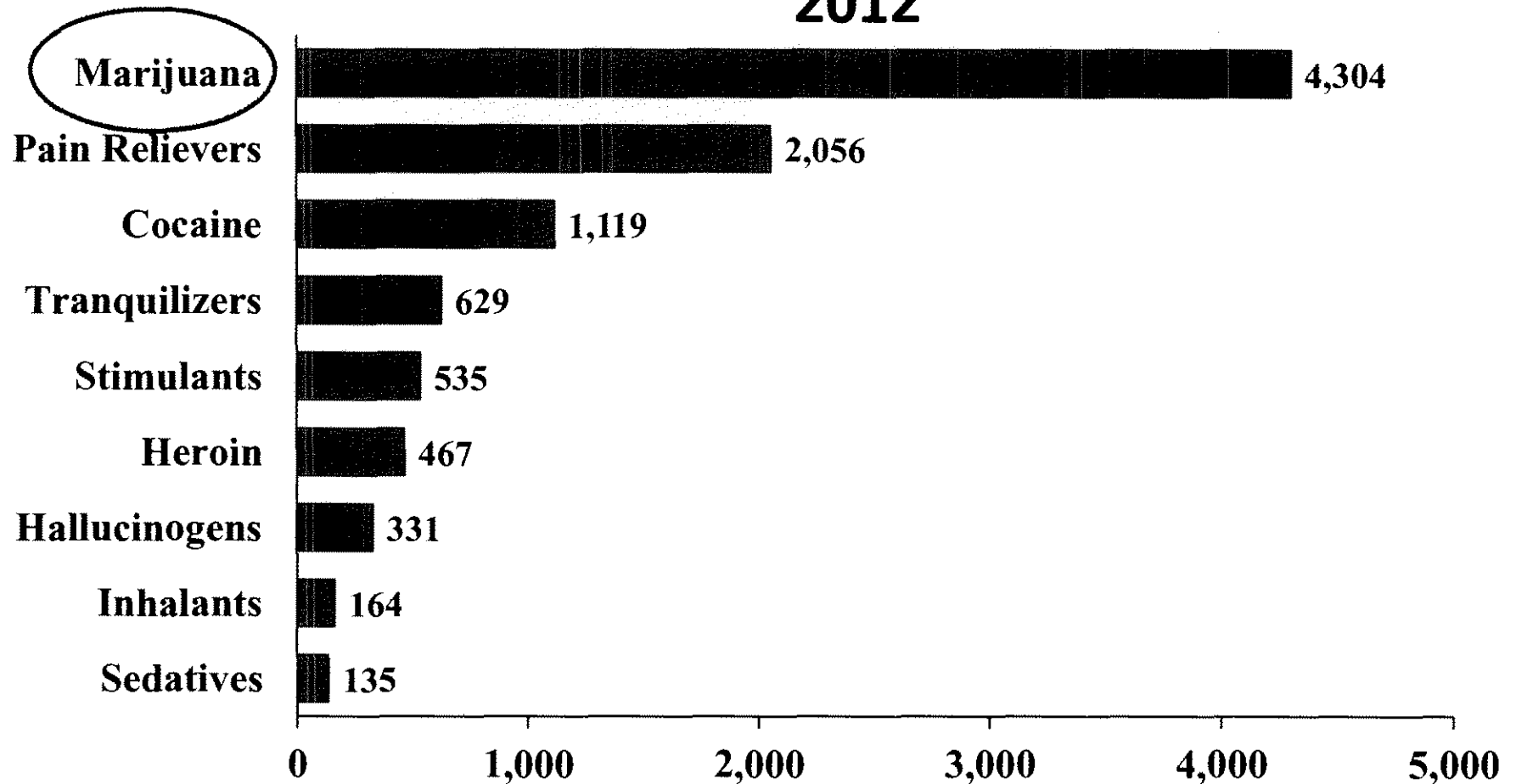
Percent Using in Past Month

- Perceive "Great Risk"
- ▣ Perceive "Moderate," "Slight," or "No Risk"



# Specific Illicit Drug Dependence or Abuse in the Past Year among Persons $\geq 12$ years old

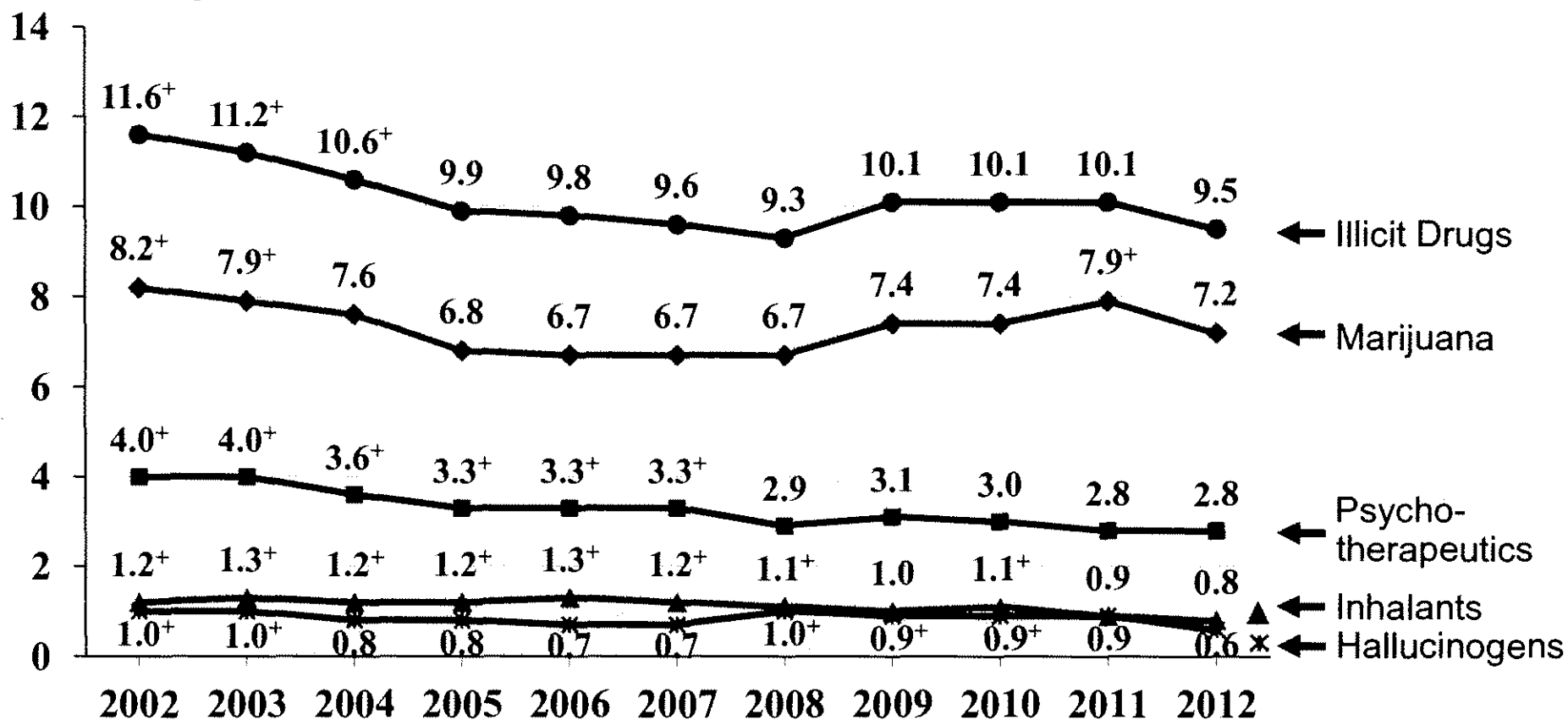
2012



Numbers in Thousands

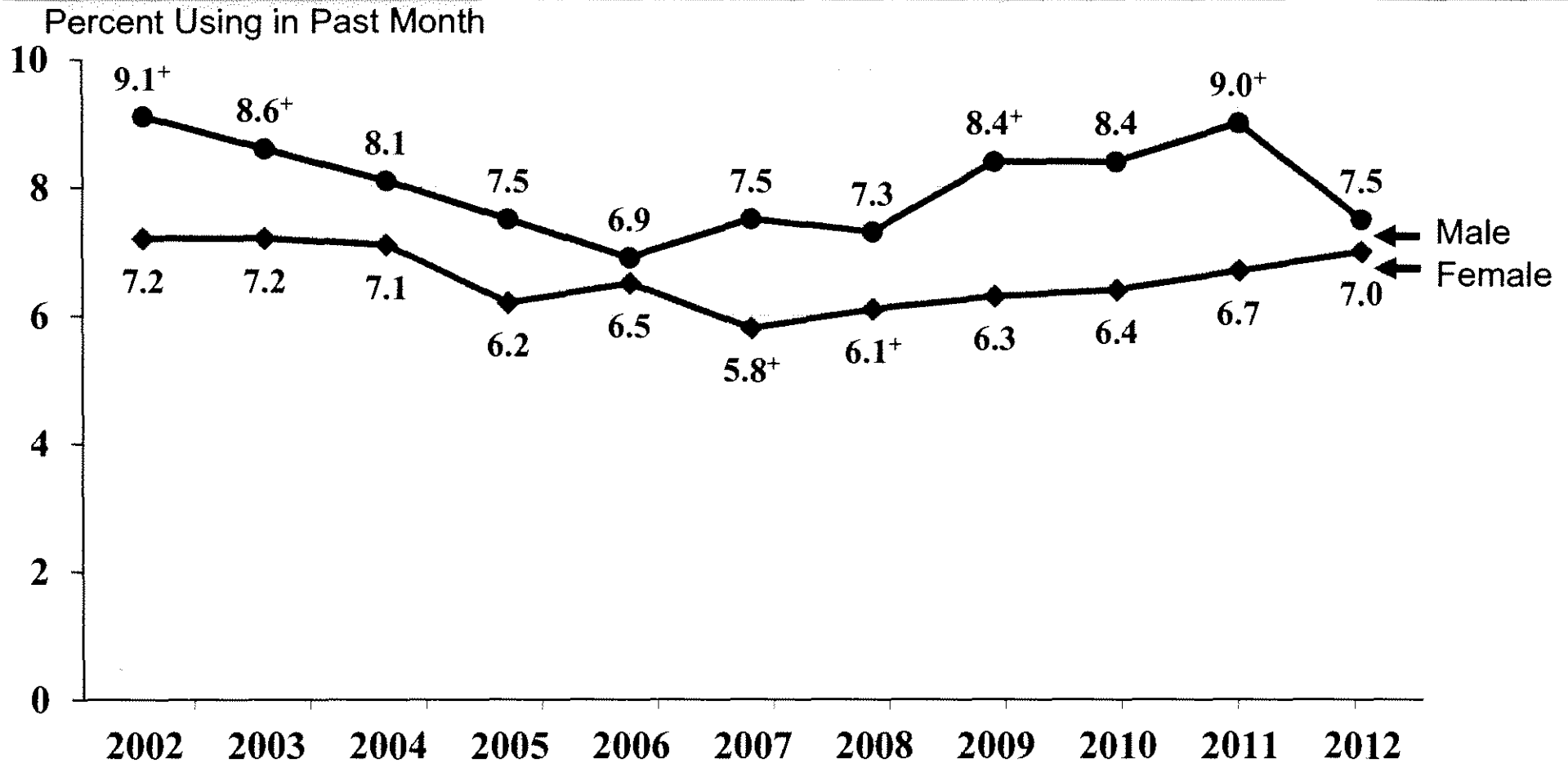
# Past Month Use of Selected Illicit Drugs among Youths Aged 12-17: 2002-2012

Percent Using in Past Month



\* Difference between this estimate and the 2012 estimate is statistically significant at the .05 level.

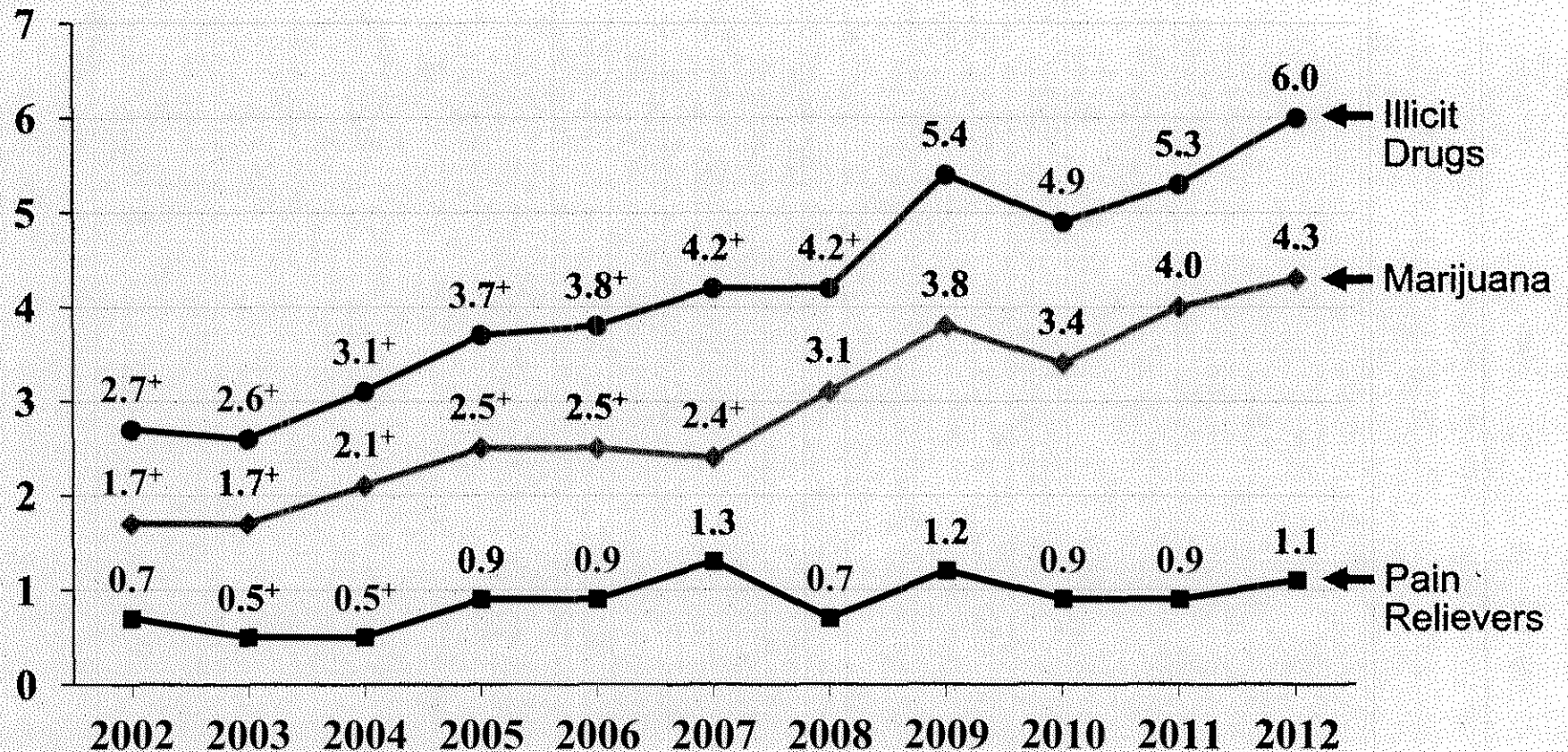
# Past Month Marijuana Use among Youths Aged 12-17, by Gender: 2002-2012



<sup>+</sup> Difference between this estimate and the 2012 estimate is statistically significant at the .05 level.

# Past Month Illicit Drug, Marijuana, and Pain Reliever Use among Adults Aged 50-64: 2002-2012

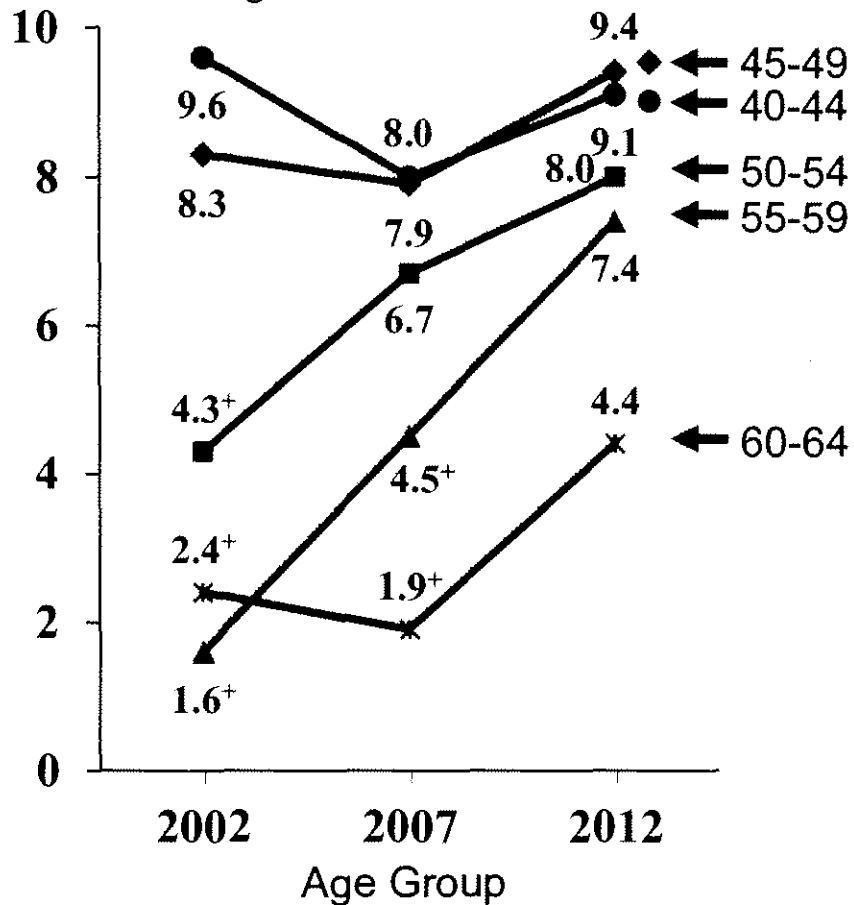
Percent Using in Past Month



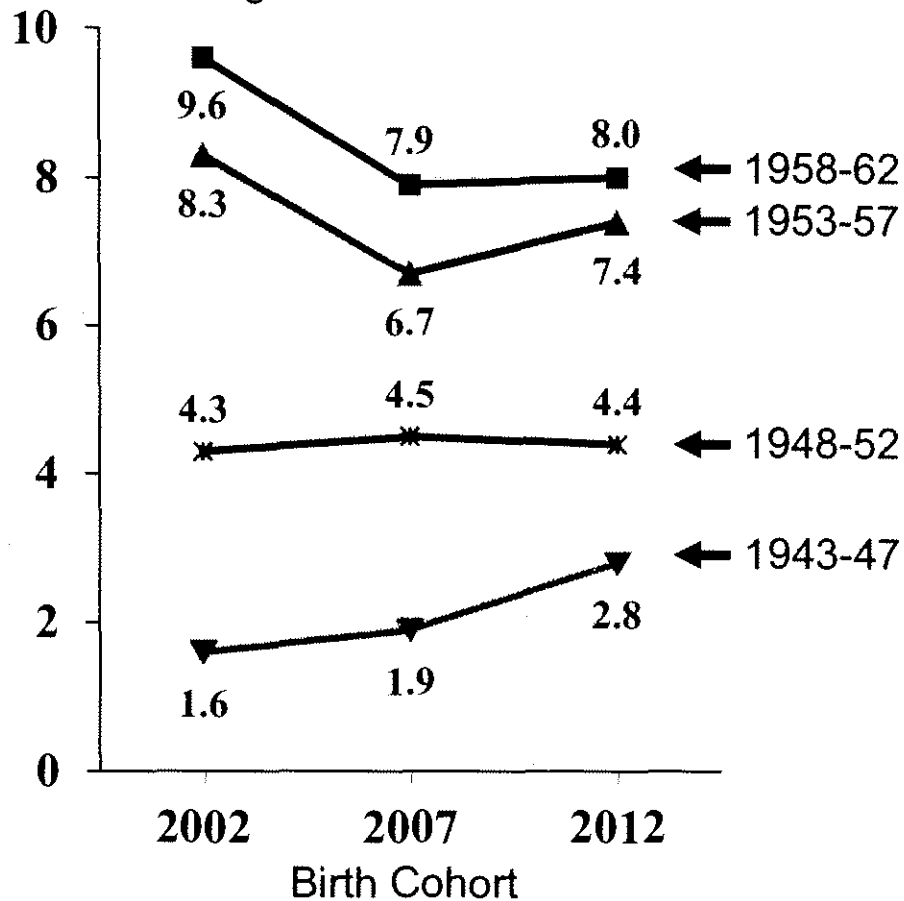
<sup>+</sup> Difference between this estimate and the 2012 estimate is statistically significant at the .05 level.

# Past Year Marijuana among Persons $\geq 40$ by Birth Cohort among Persons Born between 1943-1962

Percent Using in Past Year



Percent Using in Past Year

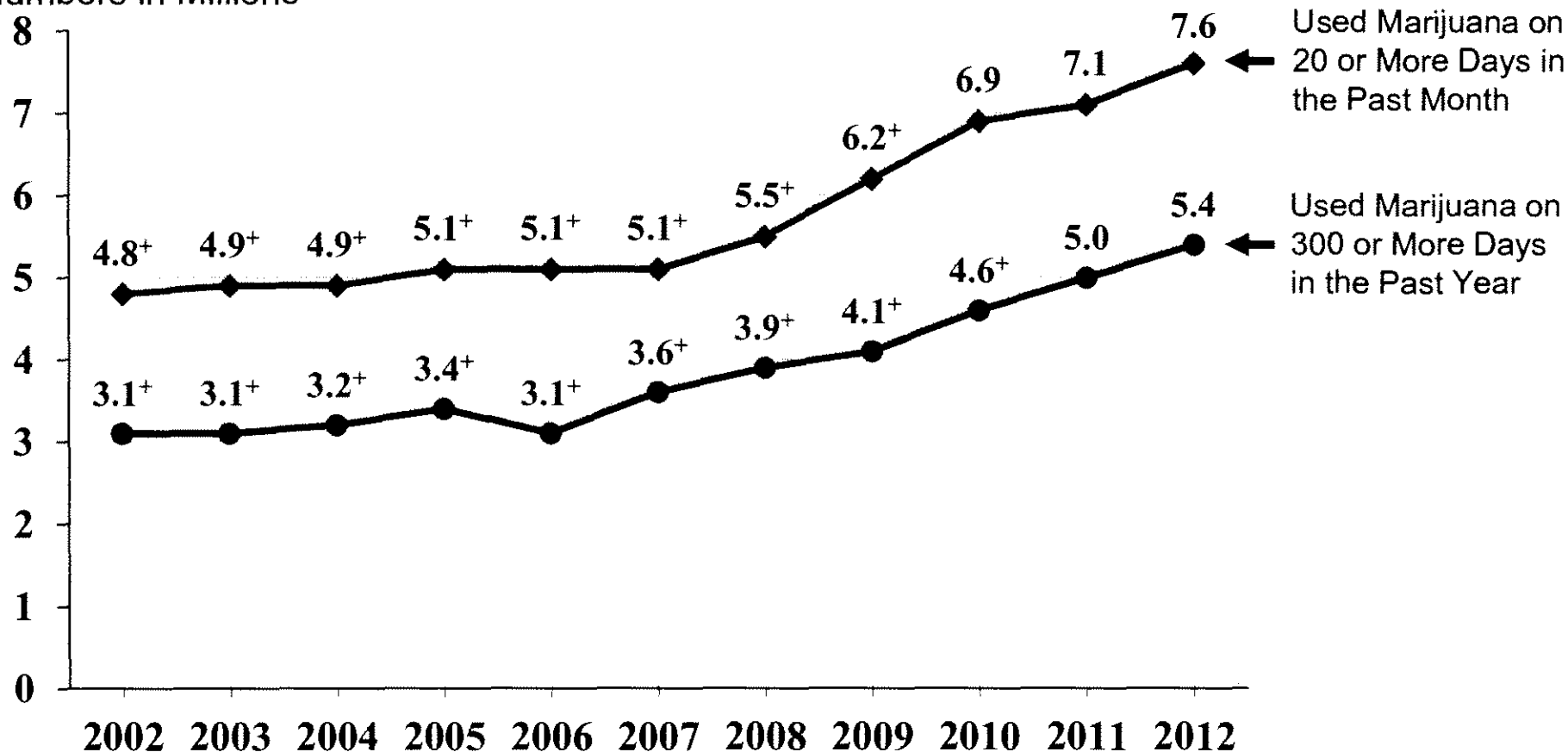


<sup>+</sup> Difference between this estimate and the 2012 estimate is statistically significant at the .05 level.

Note: The 2012 estimate of the 1943-1947 birth cohort estimate is based on data from respondents aged 65 to 69.

# Daily or Almost Daily Marijuana Use in the Past Year and Past Month among Persons Aged $\geq 12$

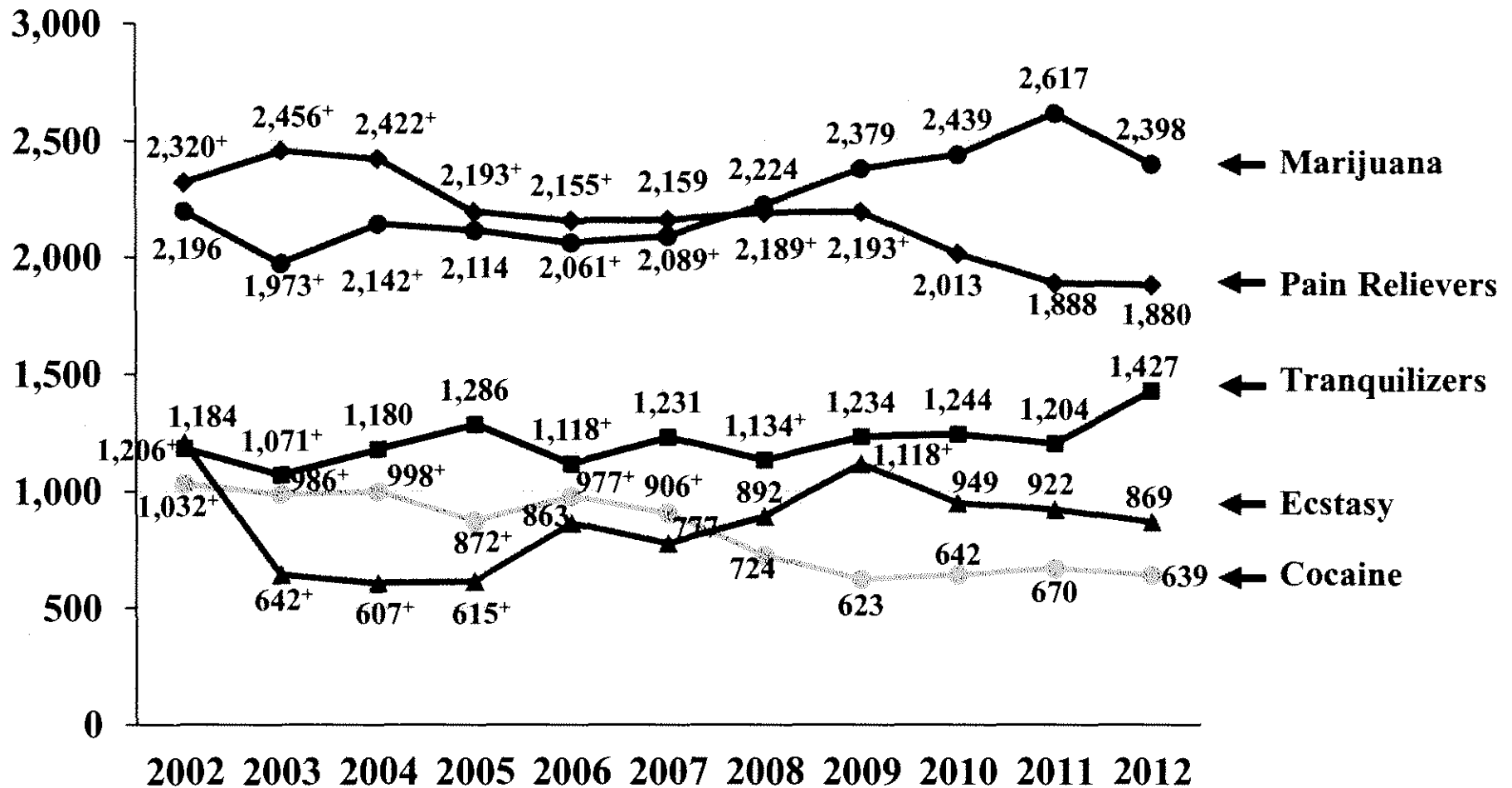
Numbers in Millions



<sup>+</sup> Difference between this estimate and the 2012 estimate is statistically significant at the .05 level.

# Past Year Specific Illicit Drug Initiates among Persons Aged $\geq 12$ : 2002-2012

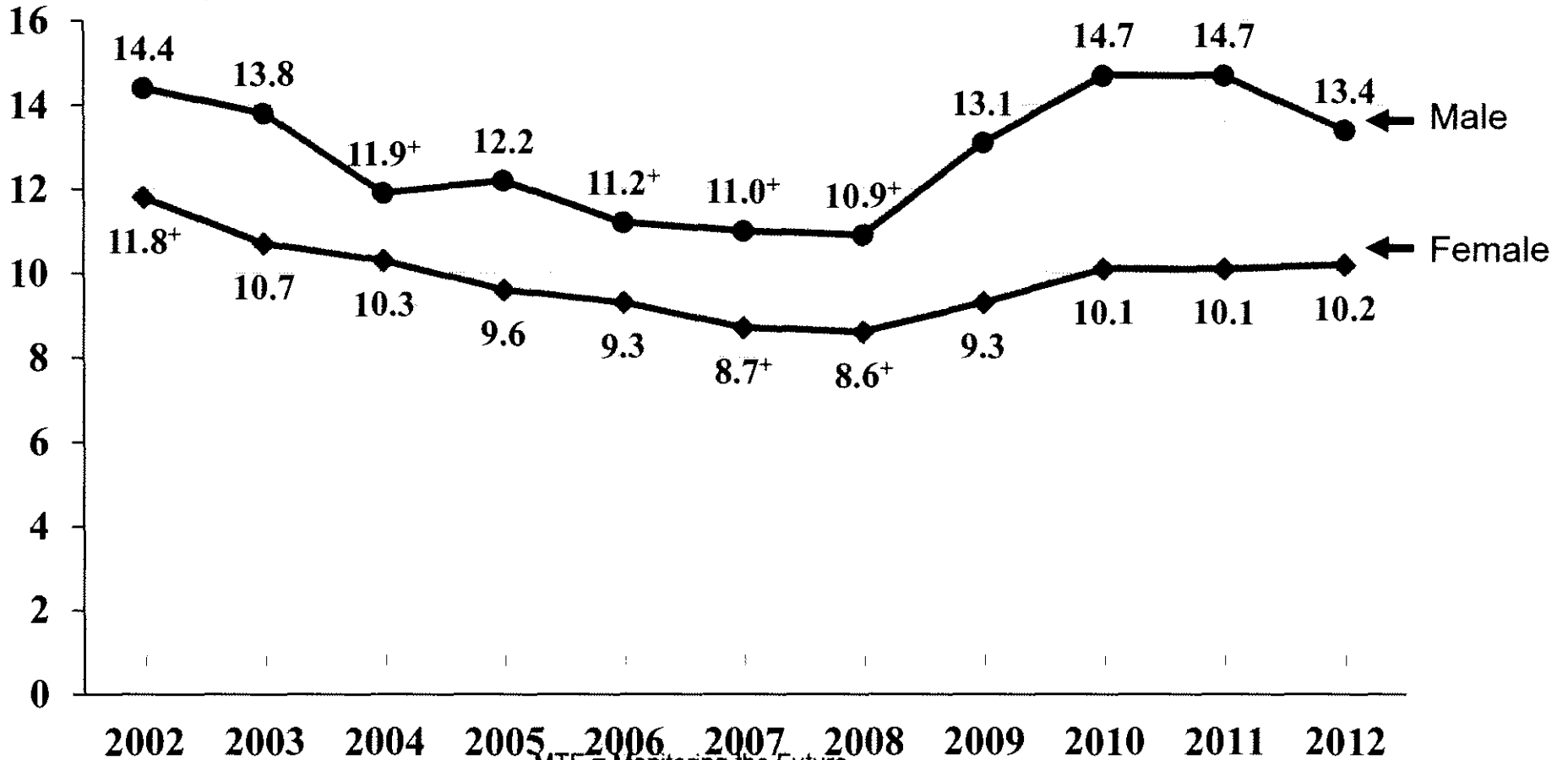
Numbers in Thousands





# Past Month Marijuana Use among Youths in MTF, by Gender: 2002-2012

Percent Using in Past Month



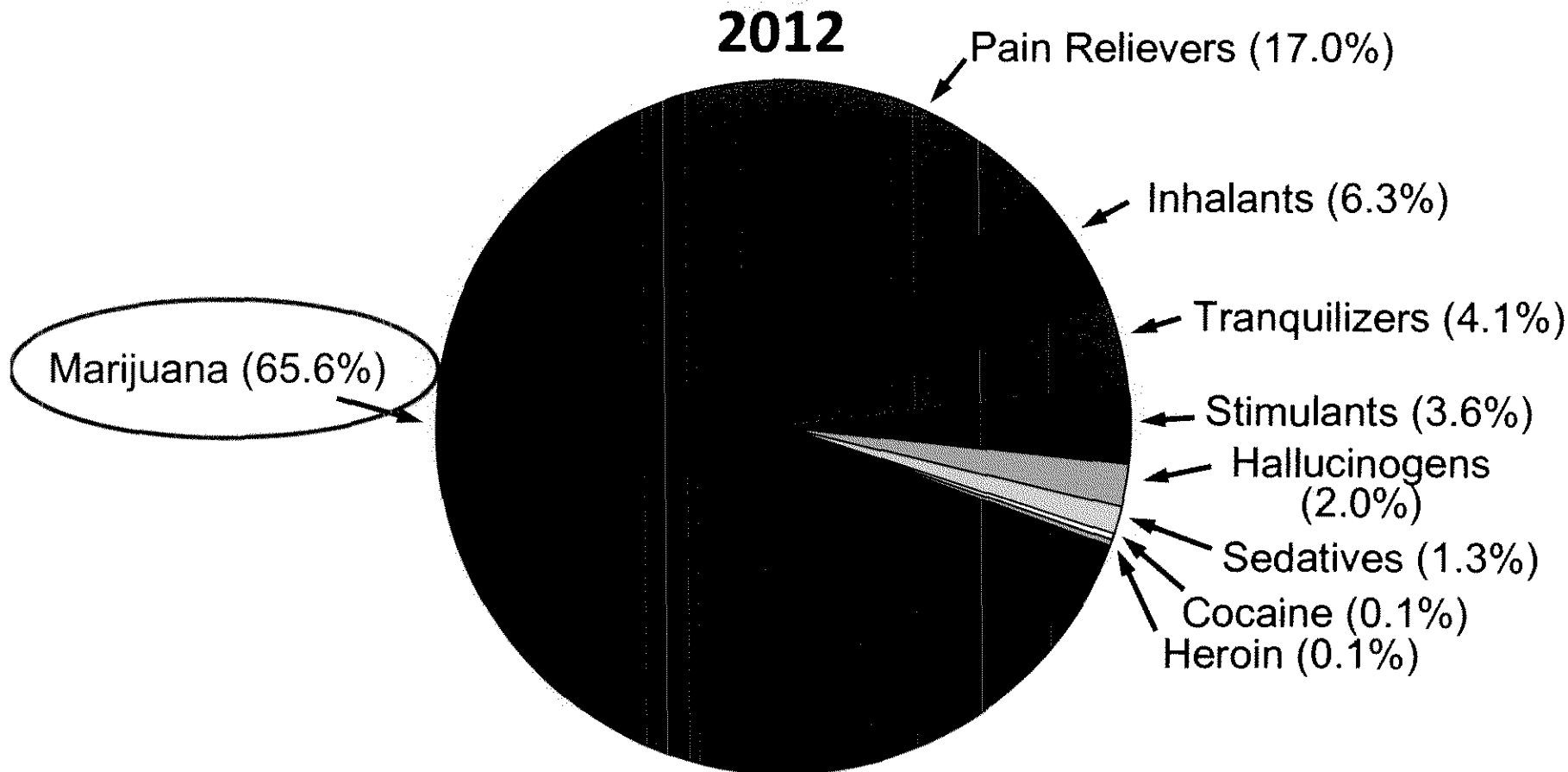
MTF = Monitoring the Future.

<sup>+</sup> Difference between this estimate and the 2012 estimate is statistically significant at the .05 level.

Note: Estimates shown are combined 8th and 10th grades.

# First Specific Drug Associated with Initiation of Illicit Drug Use among Past Year Illicit Drug Initiates $\geq 12$

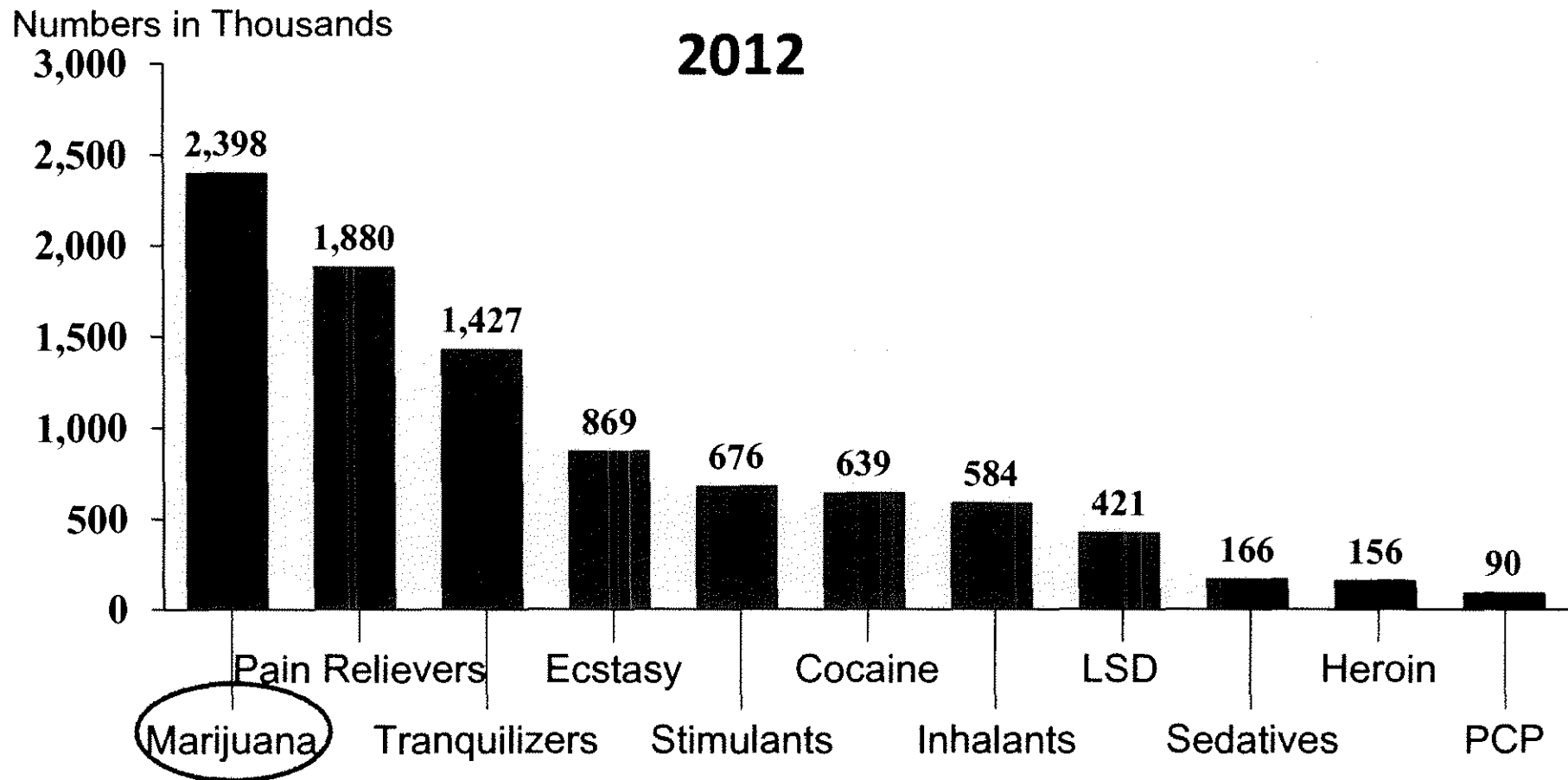
2012



2.9 Million Initiates of Illicit Drugs

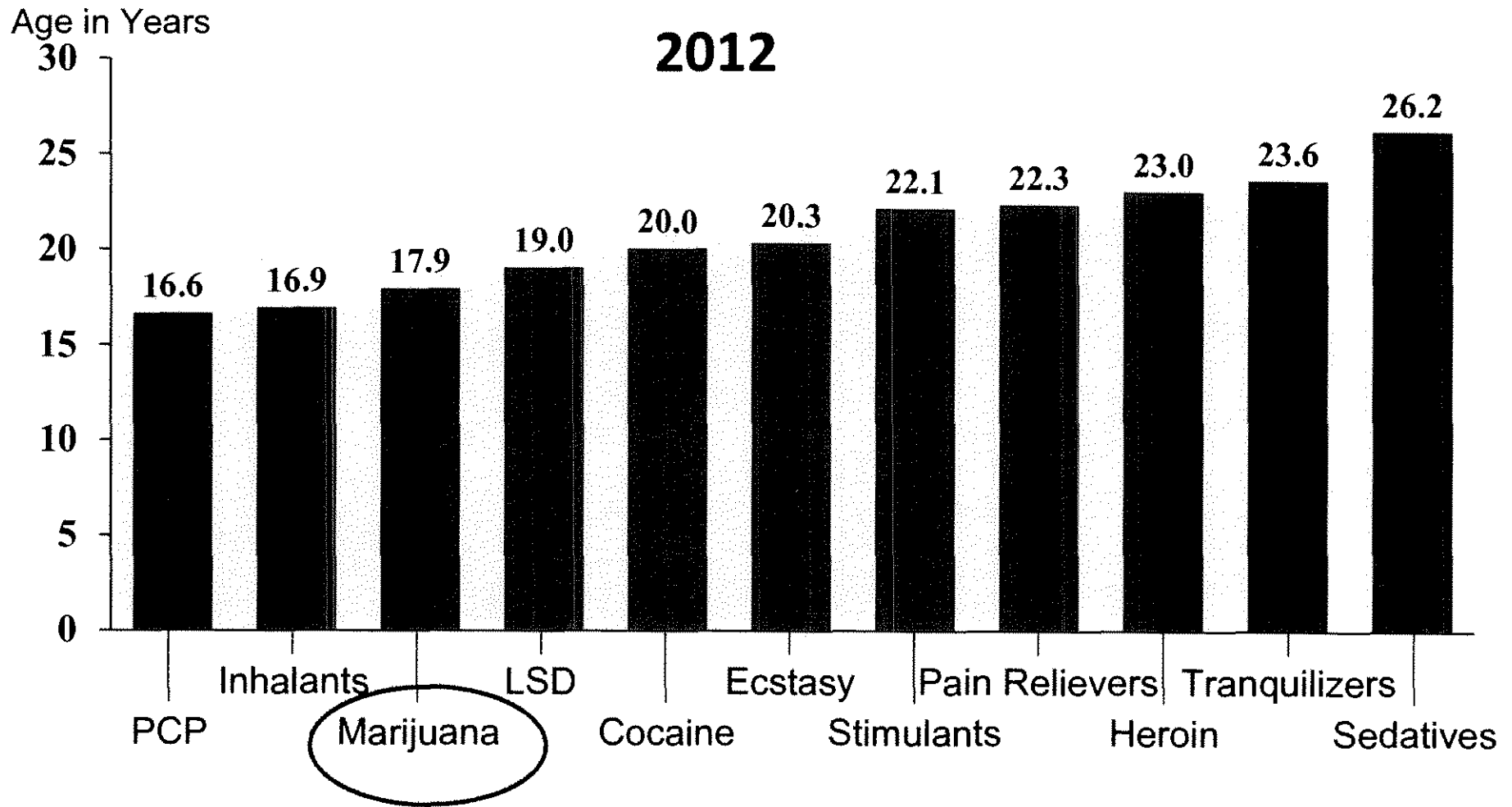
Note: The percentages do not add to 100 percent due to rounding or because a small number of respondents initiated multiple drugs on the same day. The first specific drug refers to the one that was used on the occasion of first-time use of any illicit drug.

# Past Year Initiates of Specific Illicit Drugs among Persons $\geq 12$ years old

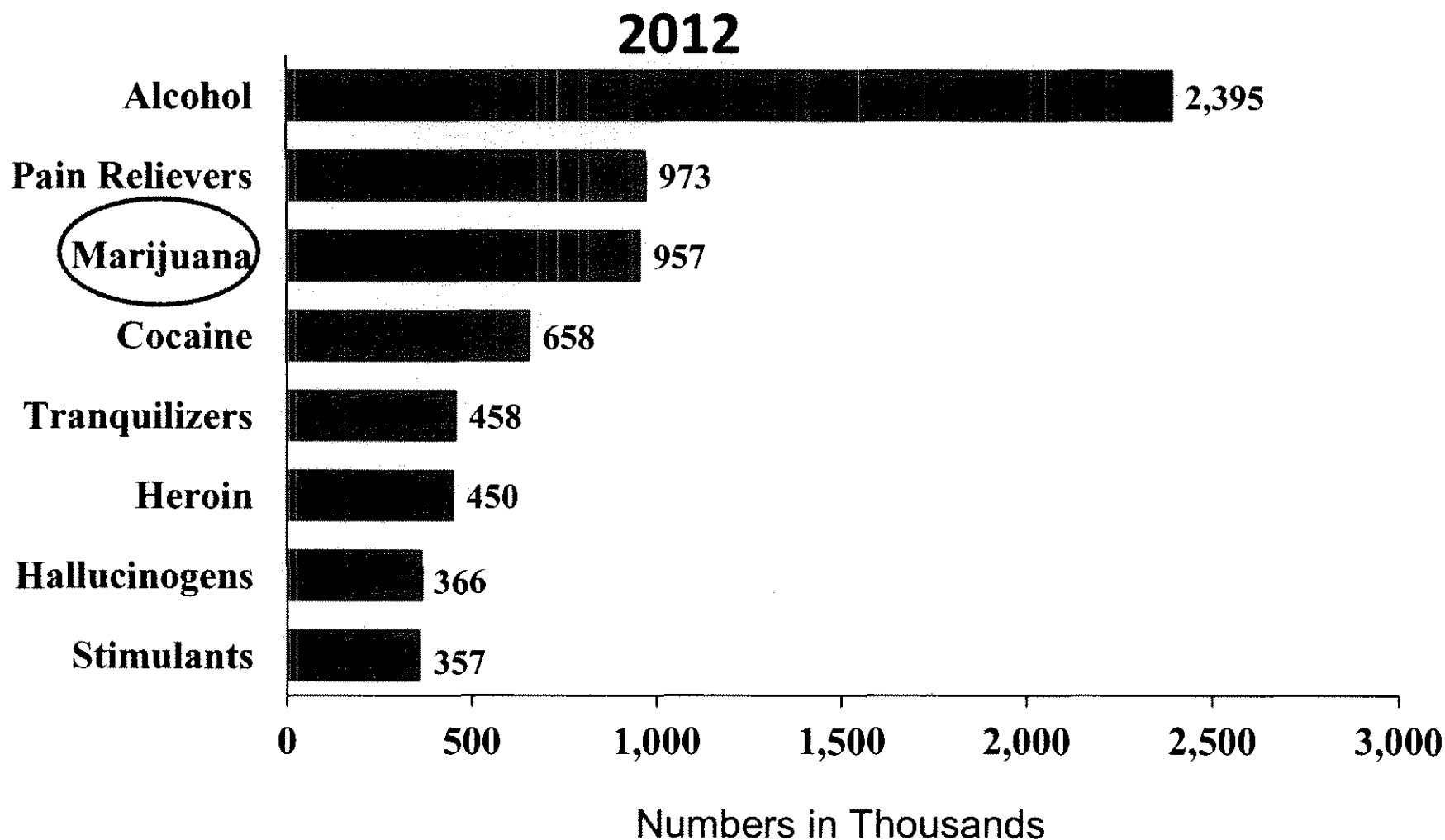


Note: Numbers refer to persons who used a specific drug for the first time in the past year, regardless of whether initiation of other drug use occurred prior to the past year.

# Mean Age at First Use for Specific Illicit Drugs among Past Year Initiates Aged 12 to 49

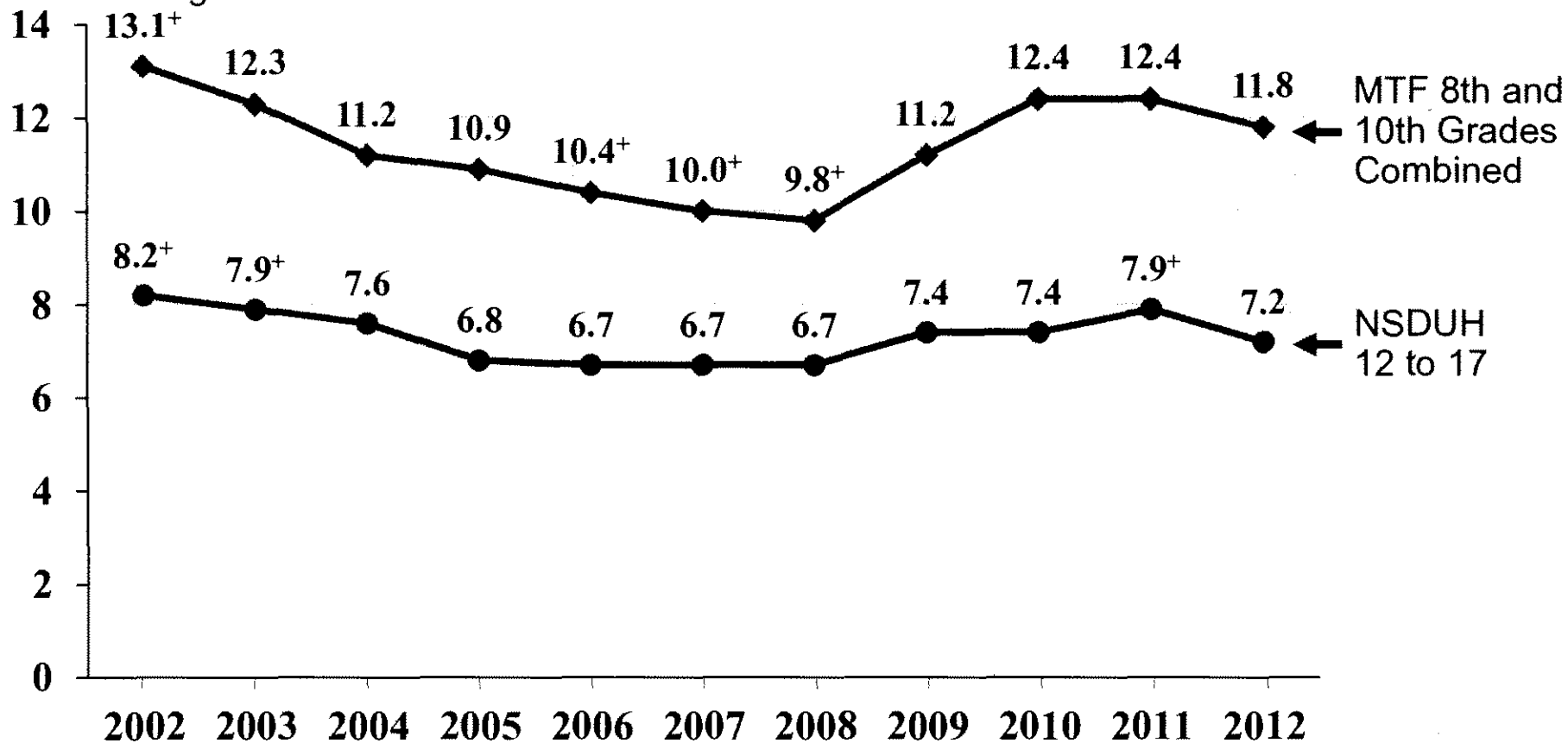


# Substances for Which Most Recent Treatment Was Received in the Past Year among Persons $\geq 12$ years old



# Past Month Marijuana Use among Youths in NSDUH and MTF: 2002-2012

Percent Using in Past Month



MTF = Monitoring the Future; NSDUH = National Survey on Drug Use and Health.

<sup>+</sup> Difference between this estimate and the 2012 estimate is statistically significant at the .05 level.

# Topics

- Snapshots
- Clinical Aspects & Neurobiology
- Epidemiology
- PH & Public Policy



# Public Health & Public Policy

→ Scientifically-proven  
medical uses

→ PH & Safety  
Concerns





## Scientifically-Proven Medical Uses

- Despite the IOM's recommendation for expanded scientific investigation of cannabinoids in 1999 – based on accumulated data suggesting a variety of indications for its use – a robust and systematic science has not emerged.
  - Study constraints include lack of methodological standardization; heterogeneity of cannabinoids evaluated; and small study sizes.
- Investigators have cited the Schedule 1 classification as one research constraint.

## Scientifically-Proven Medical Uses

- It is critical that we develop research policies and guidelines that will enable the science to mature so that we can definitively identify effective, evidence-based medical uses for cannabinoids as well as identify and mitigate their adverse side effects.
- It is equally important that we adopt evidence-based treatments that reflect the most current scientific data.

# Public Health & Safety Concerns include:

- Adverse health effects
- Medical marijuana quality control
- Drugged driving
- Accidental ingestion
- Vulnerable populations



# Adverse Health Effects

→ Concerns include:

- Detrimental effects on: metabolism; mental health; immunology; pulmonary and cardiovascular function; neurodevelopment; etc.
- Smoking (e.g., carcinogens, second-hand smoke)
- Gateway drug
- Synthetics
- Dependence, misuse, abuse, and addiction

# Medical Marijuana Quality Control

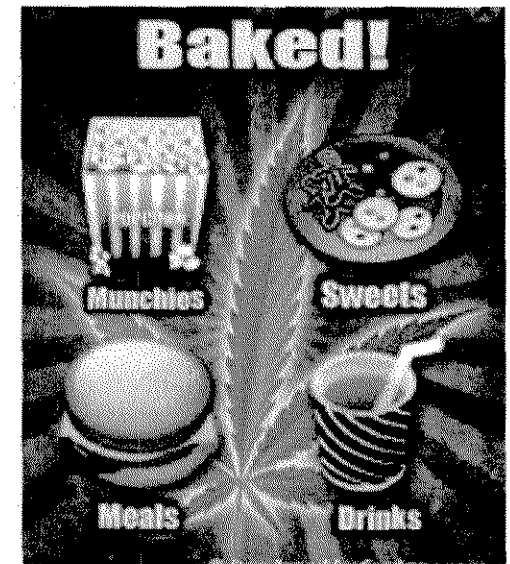
- Medical marijuana is a highly heterogeneous product:
- Cannabis contains many compounds including over 60 known cannabinoids.
  - Heterogeneity is complex and multidimensional: intrinsic composition of active and inactive components varies geographically; harvesting & packaging practices vary.
  - Some State legislation directly addresses quality control & regulatory compliance issues (e.g., AZ).

# Drugged Driving

- Known public health issue, but currently difficult to assess, track, and address accurately & effectively.
  - Testing technology sensitivity & accuracy
  - Probable cause and other reasons for delayed testing
  - Cannabinoid metabolism and delayed testing

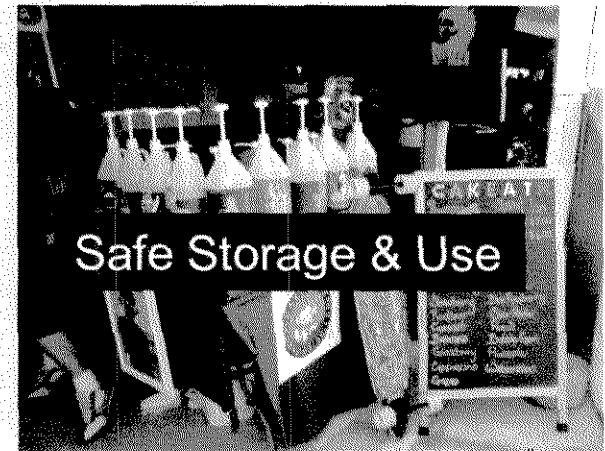
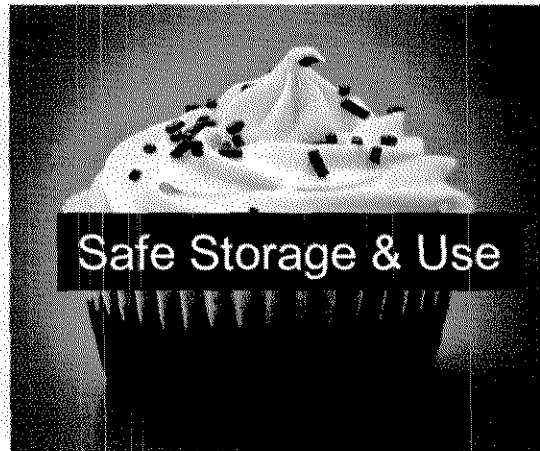
# Accidental Ingestion

- Increasingly attractive packaging of marijuana in edible foodstuffs, often highly attractive to youth.
- Especially a concern with toddlers, children, and adolescents, e.g.,
  - A 2013 JAMA report revealed a significant increase in accidental pediatric ingestions in CO following the 2009 DOJ change re: federal prosecution for medical marijuana.



## Accidental Ingestion (cont.)

→ Importance of public health education regarding safe storage and use to prevent accidental ingestion; *and* rapid response to possible ingestion.



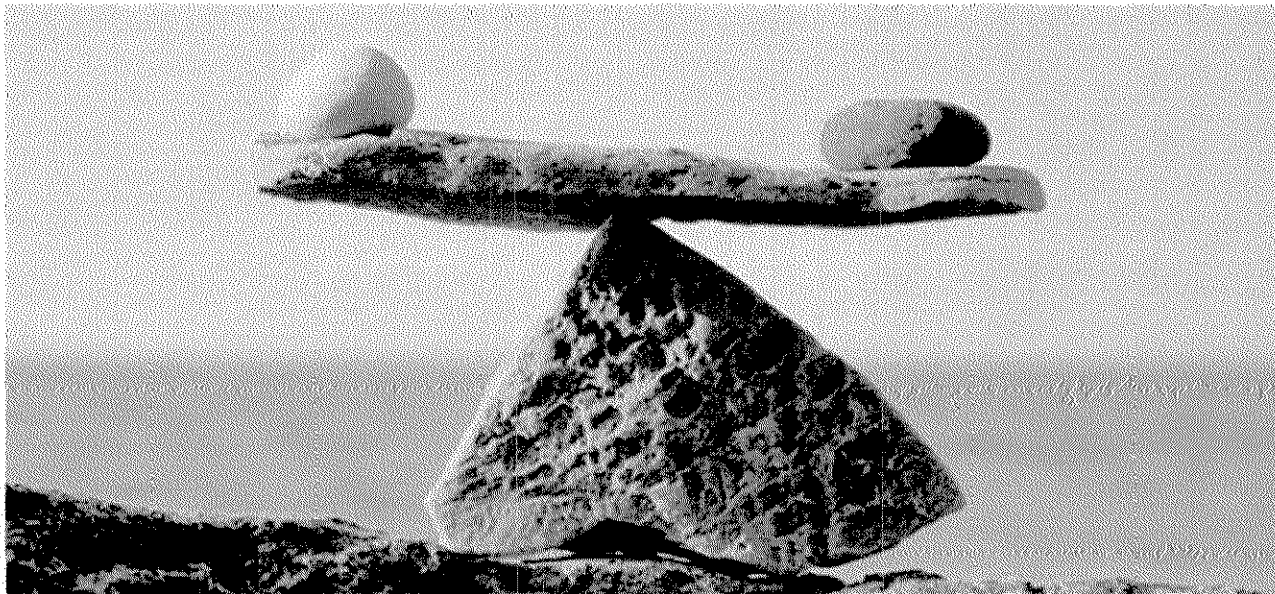


# Vulnerable Populations

- Toddlers and children (e.g., accidental ingestion).
- Teens and young adults (e.g., neurodevelopment; gateway drug).
- Individuals with diagnosed mental health issues or at high risk for MH disorders (e.g., schizophrenia).
- Elderly: potential amplification of physiological effects (e.g., increased cardiovascular stress).

# Testing Grounds: State Policies and Procedures for Medical & Recreational Use

- Regulatory & quality control measures.
- Provisions related to public health and safety.
- Assessments of short & long-term consequences of legalization.

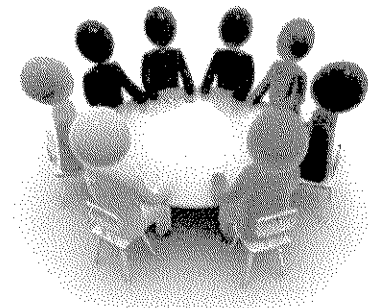


# Behavioral Health Coordinating Council: Subcommittee on Marijuana

→ Newly established trans-federal subcommittee.

→ Charge:

- Create comprehensive inventory of current federal activities related to medicinal & recreational use.
- Identify emerging issues especially those related to state:federal statutes.
- Identify gaps & opportunities.
- Develop roadmap to address needs.



# August 29, 2013 DOJ Memo Regarding Marijuana Enforcement: Preventing

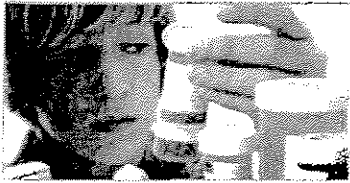
- The Distribution of Marijuana to minors
- Revenue from the sale of Marijuana from going to criminal enterprises, gangs, and cartels
- Diversion of marijuana from states where it is legal under state law in some form to other states
- State-Authorized activity from being used as a cover or pretext for the trafficking of other illegal drugs or other illegal activity

<http://www.justice.gov/iso/opa/resources/3052013829132756857467.pdf>

# August 29, 2013 DOJ Memo Regarding Marijuana Enforcement: Preventing

- Violence and the use of firearms in the cultivation and distribution of marijuana
- Drugged Driving and the exacerbation of other adverse public health consequences associated with marijuana use
- Growing of marijuana on public lands and the attendant public safety and environmental dangers posed by marijuana production on public lands
- Marijuana possession or use on federal property

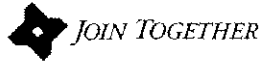
<http://www.justice.gov/iso/opa/resources/3052013829132756857467.pdf>



THE STREETS AREN'T THE ONLY  
PLACE KIDS FIND DRUGS.

[Learn More Now](#)

THE PARTNERSHIP  
AT DRUGFREE.ORG



## New NCAA Marijuana Testing Policy Goes Into Effect This Week for College Athletes

By Join Together Staff | July 29, 2013 | [Leave a comment](#) | Filed in [Drugs](#), [Young Adults & Youth](#)

The National Collegiate Athletic Association (NCAA) will implement a new policy on August 1 that lowers the threshold for what determines a positive marijuana test, The Baltimore Sun reports.

The NCAA hopes the new policy will deter marijuana use, by making it easier to detect marijuana use through urine tests. The new threshold will be 5 nanograms per milliliter sample, down from 15. Studies indicate marijuana use has increased among college athletes, the article notes.

The organization says that it continues to test for marijuana, even though it does not consider it to be a performance-enhancing drug, because it "is illegal from the federal government perspective, and it is still not clear how the state-federal dialogue will play out," NCAA Chief Medical Officer Brian Hainline said. In a news release, the NCAA says it tests for marijuana at its championships and postseason bowl events.

The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports has recommended the penalty for a positive marijuana test be reduced from a full-season suspension to a half-season. Mary Wilfert, the NCAA's Associate Director of Health and Safety, said the committee wanted "to approach non-performance-enhancing drug use in a different way than we approach performance-enhancing drug use." If NCAA approves the change, it would go into effect in August 2014.

## Marijuana vs. Marinol - A Side by Side Comparison

1. Question - "Is it (marijuana or Marinol) used for AIDS Wasting to increase appetite?"	
Marijuana	Marinol
<p>Yes, according to California Health &amp; Safety Code 11362.5, (A):</p> <p><i>"To ensure that seriously ill Californians have the right to obtain and use marijuana for medical purposes where that medical use is deemed appropriate and has been recommended by a physician who has determined that the person's health would benefit from the use of marijuana in the treatment of cancer, anorexia, AIDS, chronic pain, spasticity, glaucoma, arthritis, migraine, or any other illness for which marijuana provides relief."</i></p> <p>Nov. 1996 CA H&amp;S Code 11362.5☆☆☆☆☆</p> <hr/> <p>No, according to the US government's National Institute on Drug Abuse's (NIDA) November, 1998 publication, "Marijuana: Facts for Teens," which states:</p> <p><i>"Animal studies have found that THC can damage the cells and tissues in the body that help protect people from disease. When the immune cells are weakened, you are more likely to get sick."</i></p> <p>1998 NIDA☆☆</p>	<p>Yes, according to Unimed Pharmaceutical's website on Marinol:</p> <p><i>"Based on extensive research, the United States Food and Drug Administration has approved MARINOL for two purposes:</i></p> <ul style="list-style-type: none"> <li><i>• The treatment of anorexia (loss of appetite) associated with weight loss in patients with AIDS ... [and]</i></li> <li><i>• The treatment of nausea and vomiting associated with cancer chemotherapy in patients who have failed to respond adequately to conventional antiemetic treatments..."</i></li> </ul> <p>2004 Unimed Pharmaceutical's☆☆</p>
2. Question - "Is it legal for general medical use and in patients under the age of 18?"	
Marijuana	Marinol
<p>The <i>Los Angeles Times</i> wrote in a Feb. 23, 2004 article "Unorthodox uses for medicinal marijuana," by Daniel Costello:</p> <p><i>"A spokeswoman for the Medical Board of California says that few doctors recommend marijuana as a treatment for children and that doing so isn't necessarily improper. The board's position, however, is that it should be done in only extreme cases, such as with cancer patients and only with careful doctor supervision."</i></p> <p>Feb. 23, 2004 Los Angeles Times☆☆</p> <hr/>	<p>Unimed Pharmaceuticals, the manufacturer of Marinol, states on it's website that Marinol is legal if prescribed by a physician. It notes:</p> <p><i>"..the United States Food and Drug Administration has approved MARINOL."</i></p> <p>Their website also states:</p> <p><i>"MARINOL Capsules is not recommended for AIDS-related anorexia in pediatric patients because it has not been studied in this population. The pediatric dosage for the treatment of chemotherapy-induced emesis is the same as in adults."</i></p>

US DEA special agent Richard Meyer of the San Francisco field office stated in *Alternet News* on Apr. 16, 2002:

*"Any cultivation, possession, and distribution of marijuana is illegal under federal law. It is our job is to enforce those laws and we will."*  
Apr. 16, 2002 US DEA ☆

*Caution is recommended in prescribing MARINOL Capsules for children because of the psychoactive effects."*  
2004 Unimed Pharmaceuticals ☆

**3. Question - "What is the daily dosage usually used to increase appetite?"**

**Marijuana**

**Marinol**

Donald Abrams, MD et al., in their research paper "Medical Cannabis: Rational Guidelines for Dosing," published on the internet by CannabisMD, writes the following:

*"...a patient-determined, self-titrated dosing model [patient calculated or estimated] is recommended. This self-titration model is acceptable given the heretofore-discussed variables as well as the low toxicity of cannabis. This construct is not unique to cannabis."*

2004 Donald Abrams ☆☆☆☆

The Los Angeles Cannabis Resource Center told ProCon.org in a 2004 interview:

*"Usually a few puffs prior to each meal is sufficient for many patients. Some will require about half to a whole joint prior to each meal. These are usually thinly rolled, about 0.5 grams in weight."*

*Those who prefer non-smoked will often eat one quarter to half a brownie, or use about 0.25 grams in a vaporizer, prior to each meal."*

2004 L.A. Cannabis Resource Center ☆

According to Marinol's manufacturer, their website guide to Marinol dosage states the following for appetite stimulation:

*"Initially, 2.5 mg MARINOL Capsules should be administered orally twice daily (b.i.d.) before lunch and supper."*

*For patients unable to tolerate this 5 mg/day dosage of MARINOL Capsules, the dosage can be reduced to 2.5 mg/day, administered as a single dose in the evening or at bedtime.."*

2004 Unimed Pharmaceuticals ☆

**4. Question - "How long does it take to work?"**

**Marijuana**

**Marinol**

The Los Angeles Cannabis Resource Center told ProCon.org:

*"For appetite, about 10-15 minutes, sometimes less. For stomach pain, nausea and vomiting, about 5 minutes."*

*Vaporized takes about the same time as smoked to take effect."*

*Edible takes about 30-60 minutes to take effect, sometimes longer."*

2004 L.A. Cannabis Resource Center ☆

Unimed, the maker of Marinol, states on their website:

*"Most people with HIV/AIDS in clinical studies noticed a significant improvement in their appetite within 4 weeks, but your response may be different. Even if you think it isn't working fast enough, do not stop taking MARINOL without talking to your doctor first."*

2004 Unimed ☆

The Los Angeles Cannabis Resource Center told ProCon.org:



"Patients usually feel the effects of Marinol in about 45-60 minutes."  
2004 L.A. Cannabis Resource Center ☆

**5. Question - "How long do the effects last?"**

**Marijuana**

**Marinol**

Donald I. Abrams, MD et al. in their 2004 article "Medical Cannabis: Rational Guidelines for Dosing," published on the internet by CannabisMD, wrote:

The L.A. Cannabis Resource Center told ProCon.org the following in 3/04:

*"After smoking, venous blood levels of THC fall precipitiously within minutes, and an hour later they are about 5 to 10 percent of the peak level."*

*The effects of Marinol usually lasts about 4-6 hours."*

2004 Donald I. Abrams, M.D. et al. ☆☆☆☆

2004 L.A. Cannabis Resource Center ☆

The L.A. Cannabis Resource Center told MedMJProCon the following in Mar. 2004:

*"The effects of smoked marijuana generally lasts about an hour to two hours. Edibles can last 4-6 hours, vaporized about an hour to two hours."*

Mar. 2004 L.A. Cannabis Resource Center ☆

**6. Question - "What percentage of people feel "stoned" from it's medical (not recreational) use?"**

**Marijuana**

**Marinol**

The L.A. Cannabis Resource Center told MedMJProCon the following in Mar. 2004:

Marinol's manufacturer, Unimed Pharmaceuticals, states on their website, as of Apr. 2004:

*"Most medical users smoke until they feel the 'buzz' because that let's them know it's 'working.'*

*"The most frequently reported side effects in patients with AIDS during clinical studies involved the central nervous system (CNS). These CNS effects (euphoria, dizziness, or thinking abnormalities, for example) were reported by 33% of patients taking MARINOL .*

*Many medical patients claim they don't feel high from using a few puffs, although a slight 'buzz' is usually felt. If used very moderately, a patient can titrate (calculate or estimate) their doses so that they reap the medical effects without the 'stoned' feeling.*

*About 25% of patients reported a minor CNS side effect during the first 2 weeks of treatment and about 4% reported such an event each week for the next 6 weeks.*

*With edibles, small doses can increase the appetite without the 'stoned' feeling. Larger doses will keep the person 'stoned' for up to 4 hours.*

*You should be aware that your body may be more sensitive to MARINOL when you first start using it, so you may experience dizziness, confusion, sleepiness, or a high feeling. These symptoms usually go away in 1 to 3 days with continued dosage. If these symptoms are troublesome or persist, notify your doctor at once."*

*With careful titration, vaporization can take effect without the 'stoned' feeling."*

2004 L.A. Cannabis Resource Center ☆

Apr. 2004 Unimed ☆

**7. Question - "What are some of the negatives?"**

**Marijuana**

**Marinol**

Donald I. Abrams, MD et al. in their 2004 article "Medical Cannabis: Rational Guidelines for Dosing," published on the internet by CannabisMD, wrote:

*"Long-term cannabis users can develop tolerance but, as previously discussed, there is essentially no risk for overdose.*

*[When eaten] "...orally ingested THC is broken down in the liver to the by-product 11-hydroxy-THC, which, in and of itself, has potent psychoactive effects ... Thus, when THC is ingested orally, there tends to be considerably more sedation..."*

2004 Donald I. Abrams et al. ☆☆☆☆

The L.A. Cannabis Resource Center told ProCon.org the following in Mar. 2004:

*"Small doses are less harmful for the lungs and other body systems. Patients are advised to use a pure (non-chemically enhanced, non-pesticides) potent blend. The stronger the cannabis, the less required for efficacy.*

*However, just because no adverse effects from long-term use has been established does not mean they don't exist. Always use with caution and moderation.*

*Vaporization is the safest known use for inhalation of the plant material. Vaporized works, or doesn't work, faster, and is easier to titrate.*

*With edibles, small doses, if too small, may not work, and often the patient will not know it's not working until 60-90 minutes after consumption. Then they must consume more, and wait another 45-60 minutes to feel the effects.*

*Also, sometimes when baking, some brownies in a batch may be stronger or weaker than others. Too strong a dose can produce extreme dizziness, sleep, nausea and vomiting."*

2004 L.A. Cannabis Resource Center ☆

Marinol's manufacturer, Unimed Pharmaceuticals, states on their website:

*"MARINOL should not be taken by anyone with a history of hypersensitivity to any drug in the cannabinoid class or to sesame oil ...*

*Caution is recommended in prescribing MARINOL Capsules for children because of the psychoactive effects."*

2004 Unimed ☆

The L.A. Cannabis Resource Center told ProCon.org the following in Mar. 2004:

*"Small doses can reduce the effects, such as dizziness, lethargy, and sleepiness.*

*Too small a dose may not work, and too large a dose may create nausea, vomiting and headaches. Patients should always start at the lowest dose, and work up if necessary."*

2004 L.A. Cannabis Resource Center ☆

### 8. Question - "What are the health risks?"

#### Marijuana

According to the US government's 1999 IOM Report, on Pages 126-127:

*"Marijuana is not a completely benign substance. It is a powerful drug with a variety of effects. However, except for the harm associated with smoking, the adverse effects of marijuana use are within the range tolerated for other medications. Thus, the safety issues associated with*

#### Marinol

Unimed Pharmaceuticals, the manufacturer of Marinol, states on its website (as of Apr. 2004):

- *"MARINOL should be used with caution in patients with cardiac disorders because of occasional hypotension, possible hypertension, syncope, or tachycardia.*

marijuana do not preclude some medical uses."

1999 IOM☆☆☆☆☆

The United States Drug Enforcement Administration (DEA) states in their November, 2001 publication "DEA Briefing Book, Drugs of Concern":

"Marijuana contains known toxins and cancer-causing chemicals that are stored in fat cells of users for up to several months. Marijuana users experience the same health problems as tobacco smokers, such as bronchitis, emphysema, and bronchial asthma.

Some of the effects of marijuana use also include increased heart rate, dryness of the mouth, reddening of the eyes, impaired motor skills and concentration, and frequent hunger. Extended use increases risk to the lungs and reproductive system, as well as suppression of the immune system. Occasionally, hallucinations, fantasies, and paranoia are reported."

2001 US DEA☆☆

The California Narcotics Officers' Association states in its position paper "The Use of Marijuana as a Medicine," available on its website as of Oct. 8, 2003:

"Common sense dictates that it is not good medical practice to allow a substance to be used as a medicine if that product is:

- not FDA-approved,
- ingested by smoking,
- made up of hundreds of different chemicals,
- not subject to product liability regulations,
- exempt from quality control standards,
- not governed by daily dose criteria,
- offered in unknown strengths (THC) from 1 to 10+ percent, and
- self-prescribed and self-administered by the patient."

Oct. 2003 CA Narcotics Officers' Assoc.☆☆

- MARINOL should be used with caution in patients with a history of substance abuse, including alcohol abuse or dependence, because they may be more prone to abuse MARINOL as well. Multiple substance abuse is common and marijuana, which contains the same active compound, is a frequently abused substance.

- MARINOL should be used with caution and careful psychiatric monitoring in patients with mania, depression, or schizophrenia because MARINOL may exacerbate these illnesses.

- MARINOL should be used with caution in patients receiving concomitant therapy with sedatives, hypnotics, or other psychoactive drugs because of the potential for additive or synergistic CNS effects.

- Although no drug/drug interactions were discovered during clinical trials of MARINOL, cannabinoids may interact with other medications.

2004 Unimed☆☆

## ADDENDUM

### 9. Question - "How does smoked marijuana compare with smoked tobacco?"

Pro Medical Marijuana

Con Medical Marijuana

Former US Surgeon General Joycelyn Elders, MD, stated in a Dec. 14, 2002 editorial published in The Globe and Mail [Canada]:

*"...tobacco, through its direct physical effects, kills many thousands of people every year. So does alcohol. And it is easy to fatally overdose on alcohol, just as you can fatally overdose on prescription drugs, or even over-the-counter drugs, such as aspirin or acetaminophen (the active ingredient in Tylenol). I don't believe that anyone has ever died from a marijuana overdose."*

Dec. 14, 2002 Joycelyn Elders ☆☆☆☆

Colin Blakemore, PhD and Leslie Iversen, PhD, wrote in an editorial in The Times [United Kingdom] on Aug. 6, 2001:

*"It is claimed that cannabis smoke is more harmful to the lungs than tobacco smoke because it contains much the same mixture of noxious substances, and because cannabis users inhale more deeply and deposit more tar in their lungs. On the other hand, cannabis users do not smoke 20 to 40 times a day, as many cigarette smokers do. There may be a health risk, and it is compounded by the combination of cannabis with tobacco, but there is currently no indisputable evidence for a link with cancer.*

*The reports of cancers of the throat, mouth and larynx in cannabis users were based on small numbers and did not rule out effects of the concomitant use of tobacco.*

*A much larger study in the United States monitored the health of a group of 65,000 men and women over a ten-year period. The 27,000 who admitted to having used cannabis showed no association between cannabis use and cancers, nor were there any other serious adverse effects on health."*

Aug. 6, 2001 Blakemore and Iversen ☆☆☆☆

Eric Voth, MD, an internist in Topeka, KS, sent this response to ProCon.org:

*"Marijuana is about comparable to tobacco in its effects and risks but it is intoxicating so the harmful effects are mixed. It is also not smoked the same way that tobacco is, so not quite the same respiratory risks and the science suggests slightly different effects than tobacco.*

*It does have comparable effects on driving skills to alcohol, but does not have the adverse effects on liver, etc. that alcohol does. In that regard, alcohol may be more physically harmful. The addictive effects and potential is comparable to alcohol.*

*Marijuana is far more dangerous than compazine, tigan, metaclopramide, zofran, kytril [legal anti-emetics] to name a few."*  
2002 Eric Voth. ☆☆☆☆

Donald P. Tashkin, MD, in his 1997 article for the Center for Substance Abuse Prevention; Effects of Marijuana on the Lung and Its Immune Defenses stated:

*"Analysis of the smoke contents of marijuana and tobacco reveals much the same gas phase constituents, including chemicals known to be toxic to respiratory tissue.*

*With regard to the carcinogenic potential of marijuana, it is noteworthy that the tar phase of marijuana smoke contains many of the same carcinogenic compounds contained in tobacco smoke, including polycyclic aromatic hydrocarbons, such as benz[a]pyrene, which was recently identified as a key factor promoting human lung cancer."*

1997 Donald P. Tashkin, M.D. ☆☆☆☆



## Health and Safety

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### NCAA committee adjusts marijuana testing threshold

By **Brian Hendrickson**  
NCAA.org

The NCAA's Committee on Competitive Safeguards and Medical Aspects of Sports (CSMAS) voted at its December meeting to set the threshold for a positive marijuana test at NCAA championships at a level that is consistent with current best practices in drug testing and which will more accurately identify usage among student-athletes.

The new threshold of five nanograms per milliliter will take effect on Aug. 1, 2013. The NCAA currently tests for marijuana at its championships and postseason bowl events. The NCAA's year-round testing program focuses on testing for performance-enhancing substances and masking agent.

The CSMAS, which has the authority to establish and modify drug-testing thresholds, decided to change the marijuana threshold after the committee reviewed recent research to determine at which point current testing technology could accurately identify the intentional use of marijuana without also trapping student-athletes exposed to second-hand smoke. The previous threshold of 15 nanograms per milliliter was set when the NCAA established its testing program in 1986 and followed the standards for workplace testing. Tests at that time could not distinguish second-hand consumption at a more sensitive level.

After its research, the CSMAS concluded that a five nanogram per milliliter sample was definitively indicative of direct use.

The CSMAS also recommended new legislation to amend the penalty for positive tests for street drugs at championship events to a half-season of competition. Student-athletes who test positive currently must sit out a full season, the same



#### Q&A with NCAA Chief Medical Officer Brian Hainline

After recent recommendations from the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports (CSMAS) regarding changing both the marijuana testing thresholds and penalty structure, NCAA Chief Medical Officer Brian Hainline offered the following answers to questions regarding these initiatives.

Hainline, who began his duties as the NCAA's chief medical officer this month, is a neurologist with more than 20 years of sports medicine experience as a treating physician, administrator and policy maker. He is co-author of "Drugs and the Athlete," a book credited with helping to change the international approach to drug testing and substance abuse education.

What is the intent of the NCAA drug-testing program?

The purpose of NCAA drug testing is to deter performance-enhancing drug use, to protect the health and safety of the student-athlete and to protect the integrity of sport. The

penalty given for performance-enhancing drugs. The CSMAS determined that banned performance drugs, such as steroids, should be addressed differently from non-performance-enhancing drugs, including marijuana.

“The CSMAS recommendations are a step forward in drug testing and education,” said NCAA Chief Medical Officer Brian Hainline. “There is no good scientific evidence that marijuana is a performance-enhancing drug, and it makes both scientific and philosophical sense to treat marijuana usage by student-athletes differently than anabolic-androgenic steroid use. We want to deter use, but it is also our moral responsibility to try to change the behavior of student-athletes who may be abusing street drugs such as marijuana.” (Read more from Hainline in the attached Q&A document)

Because drug testing is conducted to protect student-athlete health and safety and to deter drug use, the CSMAS speculated that the reduced penalty would allow student-athletes who test positive to remain in their athletics programs and be provided with counseling and treatment on campus.

The amended penalty proposal will be introduced into the legislative cycle in all three divisions this year, with the earliest implementation coming in August 2014.

## Other highlights

In other action at the competitive-safeguards committee’s December meeting, members:

- Established a testing standard for synthetic cannabinoids, which have not previously been tested for at NCAA championship events. The committee approved testing for those substances using the World Anti-Doping Agency (WADA) laboratory testing standard for level of detection.
- Considered a request from the International Association of Athletics Federations (IAAF), the governing body for track and field, to develop an NCAA process for student-athletes to waive the confidentiality of their drug-test results and permit the NCAA to inform WADA of student-athlete testing history and results. CSMAS determined that the responsibility for providing that process

NCAA drug-testing program is operated by The National Center for Drug Free Sport. Student-athletes are tested at championship events for all banned-drug classes, and year-round for performance-enhancing drugs, the prototypic class of which is anabolic-androgenic steroids. The NCAA is also invested in substance abuse awareness programs and education, specifically targeting alcohol and street drugs such as marijuana.

Why does the NCAA test for marijuana? Is marijuana a performance-enhancing drug?

The performance-enhancing effects of marijuana have been debated for years. Marijuana was added to the World Anti-Doping Code as a prohibited substance after it was discovered, in monitoring tests only, that some Olympic snowboarders tested positive for marijuana. At that time, there was no penalty for a positive marijuana test, but many in the Olympic family were embarrassed about the test results. This led to placing marijuana on the in-competition list of banned drugs. Many scientists and clinicians have debated whether marijuana is truly performance enhancing. Indeed, John Fahey, the president of the World Anti-Doping Agency, recently acknowledged that many scientists believe that the current marijuana criteria need to be amended, and he further stated that this matter will be considered in a review process.

The NCAA drug-testing program shares many similarities with the World Anti-Doping Code, and for this reason the NCAA has been testing for marijuana at its championship events. A positive test results in a one-year penalty, similar to a positive test for performance-enhancing drugs such as anabolic-androgenic steroids. In keeping with one of the intents of drug testing – protecting the integrity of sport – the NCAA membership passed a resolution at the 1986 Convention to include marijuana in the drug-testing panel, as membership did not want its championships tainted by marijuana use.

During December’s CSMAS meeting, marijuana was discussed in earnest from many points of view, including: (1) the performance-enhancing aspects of marijuana; (2) the substance abuse potential of marijuana; (3) the current urine thresholds for which the presence of marijuana yields a positive test; and (4) synthetic marijuana, more correctly known as synthetic cannabinoids. We will review all of these points later. With regard to marijuana’s impact on performance, the CSMAS committee members universally agreed that marijuana is not a performance-enhancing drug. This consensus was based on a review of pertinent scientific literature, and sprung from a December 2010 summit on marijuana. Based on a review of the literature, the summit, and broad discussion, the CSMAS recommended changing the penalty for student-athletes who test positive for marijuana.

What is the CSMAS recommendation for a positive marijuana test?

The CSMAS has recommended that the penalty for a positive marijuana test (and other street drugs) be reduced by 50 percent. Specifically, if a student-athlete tests positive for marijuana or other street drugs, CSMAS recommends that he or she be withheld from the next 50 percent of the season of competition in all sports, and the student-athlete shall remain ineligible until the prescribed penalty is fulfilled and subsequently tests negative for the substance. A second positive test will result in the current penalty of the loss of a season of competition.

rests with the body requesting the information.

- Recommended that the NCAA Men's Lacrosse Rules Committee discuss options for minimizing the risk of head impacts during play. The committee recommended wording in the rule "targeting the head" to ensure athletes are penalized for contacting the head or neck whether there is intent or not. The committee also recommended removing the word "deliberately" while initiating contact to an opponent's head or neck. The CSMAS suggested adding a point of emphasis to penalize players who initiate a hit or check without intention to go after the ball during ground-ball and loose-ball situations. The committee also recommended modifications to face-offs that regard the circle circumference; limiting the access of players outside the circle to enter; and moving the wings closer to the circle to reduce the run-up speed prior to impacting face-off participants.

The rationale is clear and is twofold. First, marijuana is not a performance-enhancing drug and therefore should not have the same penalty structure as well-documented performance-enhancing drugs. We want individuals to win competitions through a combination of athletic skill and training, not because of enhanced pharmacology. Second, even though marijuana is not ergogenic, its use by student-athletes can jeopardize the individual's health, and is not consistent with the spirit of sport. The CSMAS voiced a concern that student-athletes should not be ingesting marijuana because this represents a substance-abuse concern. With this in mind, the CSMAS highly recommends that member institutions intervene and try to assist student-athletes who test positive for marijuana and other street drugs in an effort to correct unhealthy behavior.

Isn't there a potential conflict in drug testing for marijuana since it is legal in some states?

Marijuana is illegal from the federal government perspective, and it is still not clear how the state-federal dialogue will play out. That being said, the World Anti-Doping Agency lists three reasons for drug testing in sport: (1) to prevent cheating through the use of performance-enhancing substances and methods; (2) to deter athletes from ingesting substances that may harm the athlete's health; and (3) to deter athletes from ingesting substances or engaging in doping methods that are contrary to the spirit of sport. Whereas the CSMAS rightly focused on the fact that marijuana and other street drugs are not performance enhancing, the committee also recognizes that the universe of sport is special, and the student-athlete is obliged to embrace the spirit of sport. We do not believe that student-athletes should be ingesting marijuana and other street drugs, and we believe that a combination of penalties coupled with behavioral intervention is the most balanced approach to this issue.

Why did the CSMAS recommend changing the threshold of detection for marijuana from 15 ng/mL to 5 ng/mL?

The current threshold of 15 ng/mL was based on best practices for analytical detection of marijuana dating back to 1986. This threshold also allowed for a distinction between direct ingestion/inhalation versus passive inhalation (that is, the individual is in the same room as someone else who is smoking marijuana). Analytical techniques have advanced considerably over the years, and it is now possible to credibly differentiate active versus passive inhalation of marijuana at a threshold of 5 ng/mL. Since the intent remains to test for active marijuana use, it makes sense to shift to the updated best practices in analytical drug testing.

What are the practical implications of changing the threshold of detection for marijuana?

Quite simply, it will now be easier to detect direct marijuana usage even at lower levels with this new threshold, while still differentiating active from passive inhalation.

How long does marijuana remain in the body after use?

Marijuana can be detected through a urine drug test up to one month after use, and sometimes longer for individuals who smoke chronically, or for individuals who are obese. Marijuana is stored in fat tissues, which is why detection is possible for such a long period of time.

Does that mean that a student-athlete who smokes pot one month before an NCAA championship event could

test positive for marijuana and be subsequently penalized?

Yes.

Why did the CSMAS make two seemingly disparate recommendations regarding marijuana?

The detection threshold change was made in keeping with best practices in drug testing. The penalty reduction recommendation was based on an analysis of the performance-enhancing potential of marijuana, and was more philosophical in that CSMAS recognized that marijuana is not performance-enhancing but its use by student-athletes is a genuine concern that needs to be addressed. These two separate recommendations are not directly connected. The indirect connection is that the more sensitive threshold for detecting marijuana may result in more positive drug tests.

What is a synthetic cannabinoid?

Cannabis and marijuana are interchangeable terms; cannabis is derived from the cannabis plant, and may also be called a cannabinoid. Synthetic cannabinoids (or synthetic cannabis) is a designer drug made from natural herbs that are sprayed with synthetic chemicals. This combination of herb and synthetic chemical allegedly mimics the effects of marijuana. Synthetic cannabinoids are best known as K2 and Spice, and may be marketed as herbal incense. The Synthetic Drug Abuse Prevention Act of 2012 bans synthetic cannabinoids, and they are now Schedule I drugs of the Controlled Substances Act, similar to other narcotics.

Why does the CSMAS recommend testing for synthetic cannabinoids?

Synthetic cannabinoids, like marijuana, are street drugs that represent a potential physical and mental threat to the student-athlete. Given the alarming rise in synthetic cannabinoid use, the CSMAS recommended testing for and penalizing for synthetic cannabinoid use in a manner similar to marijuana and other street drugs.

<http://www.ncaa.org/wps/wcm/connect/public/NCAA/Resources/Latest+News/2013/January/NCAA+cpageDesign=print+template>

on

Thu Dec 12 2013 12:52:55 GMT+1000 (West Pacific Standard Time)



Statement of Chelsa D. Muña-Brecht on Bill 215-32

November 27, 2013

I would like to submit my testimony in favor of Bill 215-32. We advocates can put pages and pages of facts before you. However, I know that in introducing this bill you have already studied the information available. What this will come down to is you being able to logically evaluate what you know to be true in your heart and in your mind. We know for a fact that many prescription drugs are addictive and harmful after a certain period of use. We know that marijuana brings relief to those suffering from varying ailments.

I am sick and tired of hearing the rants from some doctors here who want to contend that this drug is harmful. Prescription drugs are harmful. Alcohol is harmful. Cigarettes are harmful. Why do they insist on standing in the way of something that we all know can ease pain? And let's be honest here, we all know it brings relief. Some keep insisting that more studies need to be done but that is just absurd. What more do you need? If a morphine patch renders you nonfunctioning and addicted and oxycontin can make you addicted and dead, but a marijuana cookie alleviates your pain and allows you to carry on a conversation with your family, then which is the greater evil?

What offends me most is that it seems the same doctors who have sworn an oath to protect the patient sit in opposition to a simple bill that may bring relief to the alarmingly high numbers of people on Guam suffering illness or condemned to a painful death. If I am wrong, then please accept my apologies, but are these not the same doctors who, despite common knowledge that our medical system in Guam, in its current state, is incapable of providing much needed care to all those in need, these same doctors stood against the regional medical city because it would harm their pockets? Accept their opinions but keep that in mind. Doctors opposing hospitals. Doctors opposing non pharmaceutical relief for patients.

This bill must be passed. It must become law. I ask you to consider expanding the illnesses covered to include depression and anxiety. I also ask that we keep decriminalization on the table. What more evidence do you need than to open the newspaper or turn on the news or read a story online about someone who has harmed or killed someone else because of alcohol? Or how many more funerals must you attend of someone who has died because they smoked cigarettes? Then count on one hand the number of either situations you have encountered because of marijuana. You know you can't. What more evidence do you need?

Thank you.

A handwritten signature in black ink, appearing to be 'Chelsa D. Muña-Brecht', written in a cursive style.

Happy New Years,

I'm a resident of Guam a veteran and a proponent of Bill 215-32, The Joaquin Concepcion Compassionate Cannabis Use Act of 2013.

Respectfully resident wishes to remain anonymous, confidential and may be protected under Health Insurance Portability and Accountability Act (HIPAA) etc., due to the nature of bill 215-32.

Resident believes there's a substantial silent majority on Guam that supports this bill in some form or another, bill 215-32, The Joaquin Concepcion Compassionate Cannabis Use Act of 2013.

Please YouTube "The Flower"

- (a) The Flower or URL: [http://m.youtube.com/watch?v=3LI36P6C\\_28](http://m.youtube.com/watch?v=3LI36P6C_28)
- or
- (b) The Flower or URL: [http://m.youtube.com/watch?v=hMM\\_T\\_Pj0Rs&desktop\\_uri=%2Fwatch%3Fv%3DhMM\\_T\\_Pj0Rs](http://m.youtube.com/watch?v=hMM_T_Pj0Rs&desktop_uri=%2Fwatch%3Fv%3DhMM_T_Pj0Rs)

Respectfully request Guam Legislature or framers of bill 215-32 to add "pain" to the list of "Debilitating Medical Conditions" or any variation of the following:

- (a) Daily pain,
- (b) Persistent pain,
- (c) Cyclic pain,
- (d) Chronic pain,
- (e) Debilitating pain,
- (f) Impairment from pain.

Very respectfully it appears bill 215-32 only addresses end of line or end life treatment with medical cannabis; meaning the practitioners and patient have tried everything else and failed and now they can justify there decisions without legal ramifications and try medical cannabis and most likely experience positive results or improve quality of life, etc. as thousands of anecdotal testimonials before can attest.

Respectfully resident may be over optimistic, but medical cannabis treatment should be a first line of treatment or as a preventive medicine similar to prior to cannabis prohibition began or similar to Guam's Traditional Medicines, please see news articles below. Are practitioners, Big Pharma etc. afraid they will actually have to do there job, in fear of competition with cannabis,

- (a) Traditional healing Alternative medicine has cultural roots, PDN news article, October 07, 2012,
- (b) [theweedblog.com/Worlds\\_Leading\\_Experts\\_Issue\\_Standards\\_On\\_Cannabis\\_Restore\\_Classification\\_As\\_Botanical\\_Medicine](http://theweedblog.com/Worlds_Leading_Experts_Issue_Standards_On_Cannabis_Restore_Classification_As_Botanical_Medicine).

Please consider the following language for bill 215-32:

As the Honorable Senator Tina Rose Muna Barnes has publicly mentioned that decriminalizing cannabis is off the table currently, recommend instead without decriminalizing cannabis add language to bill 215-32 amending 9GCA67, Guam Uniform Control Substance Act, stipulating and mandating that law enforcement priorities regarding cannabis laws shall be the lowest priority for Guam Courts and the Government of Guam Executive Agencies, etc.: Guam Police Department, Guam DHS and the Mayors Offices of Guam etc.

Resident agrees with Guam's doctors, practitioners in certain aspects that they need additional legal protections. Enacting Guam laws directing, mandating Guam Courts and Executive Agencies enforcement of cannabis laws shall be the lowest priority would provide additional systemic legal protections for doctors, practitioners, care givers, licensed producers and patients, etc.

The aforementioned would be similar to the Current Administration or US President Policy, regarding cannabis law enforcement policies, but at a Guam territory level. Further other areas in the states have enacted similar low priority cannabis enforcement laws.

To Whom It May Concern:

I'm a resident of Guam a veteran and a proponent of Bill 215-32, The Joaquin Concepcion Compassionate Cannabis Use Act of 2013.

Respectfully resident wishes to remain anonymous, confidential and may be protected under Health Insurance Portability and Accountability Act (HIPAA) etc., due to the nature of bill 215-32.

Resident believes there's a substantial silent majority on Guam that supports this bill in some form or another, bill 215-32, The Joaquin Concepcion Compassionate Cannabis Use Act of 2013. Bill 215-32 is an advantageously written medical cannabis, marijuana bill and resident respectfully request a few amendments.

- **Principles**

Residents' recommendations are just that "recommendations" and certainly not all inclusive etc. Residents' recommendation principles, concepts attempts to align, parallel bill 215-32, but not substantially change it and attempts to address cannabis, marijuana principles systemically.

If Guam Legislature or the framers of bill 215-32 adopts any of residents' recommendations, amendments highly recommend Guam's Legislature Legal Counsel etc., review them to ensure they withstand State, Territory and Federal legal scrutiny etc.

Further, residents' arguments, complaints attempts to align, parallel any reasonable mature persons arguments on Guam and has significantly lived on and is knowledgeable of Guam and its history. Additionally is substantially knowledgeable of medical cannabis and its history etc.

- **Debilitating Medical Conditions**

Respectfully request Guam Legislature to add "pain" to the list of "Debilitating Medical Conditions":

- (a) "Pain", "daily pain", "persistent pain", "cyclic pain", "chronic pain", "debilitating pain", "impairment from pain" etc.

If the Guam Legislature or the framers of bill 215-32 originally concluded that if "pain" was added to the list of "Debilitating Medical Conditions" it may be abused, etc., subsequently omitting "pain" from the list of "Debilitating Medical Conditions". Request the framers of bill 215-32 reconsider "pain" for the list of "Debilitating Medical

Conditions”, resident recommends additional requirements for “pain” the following are examples and are not all inclusive:

- (a) A bona-fide practitioner, patient relationship exists and or has been established similar to the requirements for other schedule II to V controlled drugs.
- (b) The “Debilitating Medical Condition” for “pain” has existed and documented in patients’ medical records for approximately 3 to 6 months etc. Recommend the framers of bill 215-32 to come-up with a time frame and consensus that would fulfill this requirement anywhere from 3 to 9 months to 1 year, but anything after 6 to 9 months maybe asking too much of the patient experiencing daily, chronic pain.
- (c) The practitioner(s) and patient have tried other traditional, western medicine remedies and failed etc.

Currently, appears there are only a couple of practitioners on Guam that would sanction, recognized medical cannabis and or believe that the potential health benefits of the medical use of cannabis would likely outweigh the health risks for the patient.

Recommend a moratorium for the aforementioned additional requirements for approximately 1 to 2 years and or the Department of Public Health and Social Services or the Advisory Board has come to a consensus it can be lifted due to developments of a substantial pool of practitioners that would sanction, recognized medical cannabis and or believe that the potential health benefits of the medical use of cannabis would likely outweigh the health risks for the patients.

Furthermore, request additional amendments to bill 215-32 stipulating that if a patients’ current practitioner is willing, comfortable and would be authorized by bill 215-32 could document, certify and provide a copy of statement, affidavit, “Medical Referral” and or a “Written Certification” of the aforementioned requirements (a) through (c) etc., authorizing the transfer from the patients’ current practitioner to a practitioner that would sanction, recognized medical cannabis due to the patients’ current practitioner is either not comfortable with its legality or the lack of familiarity with the same etc.

Note the aforementioned collaborations between doctors should be stipulated in and or sanction, recognized in some form or another by bill 215-32 to provide additional protections for practitioners and patients etc.

The signs, symptoms of a number of debilitating medical conditions, illnesses are associated with “pain”. Further the current lists of “Debilitating Medical Conditions” are associated with “pain” (1), (3), (4), (5), (6), and (9).

Furthermore, bill 215-32 somewhat conflicts itself. Bill 215-32, §122406. Advisory Board Created-Duties, requires the “Advisory Board” consist of (7) members and one practitioner shall be representing the field of “pain”, but “pain” is not listed as one of the “Debilitating Medical Conditions”. Again resident respectfully request “pain” added as one of “Debilitating Medical Conditions”.

Additionally "severe pain" was listed on the prior bill 423-30 § 122302. Definitions., (f) "Debilitating medical condition" (5) (ii) Severe pain. Further numerous types of "pain" are referenced in bill 423-30 numerous areas approximately 17 times.

Furthermore resident recalls several, numerous other States sanction, recognized numerous types of "pain" for there medical cannabis laws, but may lack the additional stipulations, requirement resident is recommending etc., to protect from abuse of the same.

Respectfully resident doesn't have faith in the Department of Public Health and Social Services to hold a quorum or add additional debilitating medical conditions, etc., IAW bill 215-32, §122403. Definitions. (C) (10) any other medical condition, medical treatment or disease as approved by the Department.

Just look at the ABC Board having difficulty holding a quorum; please see the following news articles:

- (a) Kuam News, ABC Board endures shortage of members, July 18, 2013
- (b) Kuam News, Confirmation hearing for ABC Board appointees, July 30, 2013

Resident has been diagnosed with a number of previous and current debilitating medical conditions and "pain" is a common symptom of most of those medical conditions.

Unfortunately residents' current debilitating medical conditions may not suffice the criteria outlined in bill 215-32, (C) "Debilitating medical conditions".

Furthermore the medications resident is currently taking somewhat address residents' current medical conditions daily, chronic, debilitating pain.

Compounding residents' debilitating medical conditions the medications resident previously taken and currently taking have numerous adverse side effects and arguably and well known in the medical cannabis community substantially more dangerous than medical marijuana.

- **Precedent**

There is somewhat an advantageous "Precedent" for "US Territories" regarding medical marijuana. If the US Congress tries to intervene with Guam's medical marijuana bill, please see the following news articles:

- (a) The Washington Post, D.C. Wire, Medical marijuana now legal, July 27, 2010, By Erica Johnson,
- (b) NORML, First Medical Marijuana Sale Reported in Washing, DC, July 30, 2013, by Erik Altieri,

- (c) NORML, Marijuana Sales Finally Underway in Nation's Capital, August 01, 2013,
- (d) NORM, District of Columbia Medical Marijuana.

With the aforementioned history, news articles Guam could argue why is the US Congress intervening with Guam's medical cannabis bill when they have allowed another US Territory to proceed with medical marijuana etc.

- **Reschedule Medical Cannabis**

IAW Guam Code Annotated (GCA) 9GCA67, Guam Uniform Control Substance Act.

- (a) § 67.208. Schedule III Test,
- (b) § 67.210. Schedule IV Test,
- (c) § 67.212. Schedule V Tests,

Request medical cannabis, marijuana rescheduled to either: III, IV or V Schedules. Medical cannabis certainly does not meet the criteria outlined in Schedules I and II Test. Medical cannabis is more suitable in Schedules III, IV or V, due to: (2) The substance has currently accepted medical use in treatment in the United States; and (3) Medical cannabis use does not lead to physical dependence etc., but may lead psychological dependence.

Request Guam Legislature, the framers of bill 215-32 to inquire with: NORML, Just Say Now, Marijuana Policy Project, Drug Policy Alliance etc., to reschedule cannabis.

Resident agrees with Guam practitioners in certain aspects that practitioners and patients need additional legal protections, etc.

Rescheduling medical cannabis, marijuana to III, IV or V Schedules will systemically provide additional legal protections etc., if for some reason a practitioners or patient deviates from bill 215-32 laws in any manner etc.

Furthermore several states have rescheduled marijuana, cannabis while enacting, legalizing medical cannabis laws etc.

- **Arguments, Principles**

If bill 215-32 is too restrictive Guam licensed producers may suffer a similar fate as District of Columbia (DC) medical marijuana dispensaries. The DC medical marijuana dispensaries are losing money and operating at loss etc., due to the DC law is one of the country's most restrictive medical marijuana laws in the country in certain aspects:

- (a) Limited number of Debilitating Medical Conditions that a qualified patient can apply for,
- (b) Limited pool of doctors due to fear of Federal Laws etc.

Further look no further than Guam's back yard where a number of businesses have been shuttered: Ace Hardware, TGI Friday's in Hagatna, Mega Byte Sister Store Computer 2000 in Harmon, appears now Citi Bank etc., numerous mom and pop stores: the Asian shoe store in Tamuning across from Cost U Less etc., numerous mom and pop restaurants owner change outs etc.

Resident has conducted extensive research on-line monitoring news, read studies, read articles, monitored polls, blogs, forums etc., over the past few years and concluded medical cannabis in its natural, whole, organic, simple plant form is a superior, safer drug than current existing pharmaceutical and recreational legal drugs today.

- **Guam Medical Association Counter Arguments**

Please see Pharmageddon below.

- **Pharmageddon**

Side Effects May Include Death: The Story Of The Biggest Advance In Birth Control Since The Pill. This recent internet news article December 18, 2013 exposes "Big Pharma" and the US FDA "Over Top Corruption". Is this what Guam Medical Association (GMA), Doctor Shieh's etc. means by "evidenced based medicine": efficacy over safety, cover-ups, burial of information, collusion etc? Furthermore this news article substantially addresses Doctor Shieh's Medical Field of Practice and hopefully Doctor Shieh's and GMA are aware of this recent news article or development and the substantial problems associated with this contraceptive prescription medicine etc. Additionally Guam Medical Association (GMA) may be associated with the American Medical Association (AMA) both opponents of medical marijuana in its natural, whole, organic, simple plant form.

The Hanson Files "Pharmageddon" MSNBC, NBC "Dateline" News. One of most compelling cable television or internet news series and arguments that "Big Pharma" corruption does exists and has a documented history. Unfortunately this Dateline series has been deleted from the internet and deleted from YouTube etc. The Hanson Files exposed substantial corruption in the field of "Big Pharma" there subsidiaries, shells etc.

Respectfully Google: Pharmageddon, there's hundreds if not thousands of articles, blogs, forums, references etc.



- **Amendments to Bill 215-32**

Organic or non GMO etc. provision, amendment stipulating that if a licensed producer advertises that a certain cannabis strain or product is organic or organically grown and non GMO etc., that it is actually bona fide grown organically and non GMO via a signed statement or affidavit by the licensed producer.

Like several other medical cannabis state laws request the framers of bill 215-32 add a "Reciprocity" provision, amendment for off islanders that travel to Guam with a Medical Cannabis Identification Card that bill 215-32 would recognize, sanction etc.

States have "reciprocal agreements" with other states in certain areas. The most common example is reciprocal agreements to recognize out of state drivers licenses. When you travel to another state, you are a valid driver so long as you are a valid driver in your home state etc.

The following states will accept out-of-state medical marijuana identification cards: Arizona, Delaware, Maine, Michigan, Nevada (4/1/14), New Hampshire and Rhode Island.

When off islanders with a medical cannabis identification card are on island they are now under Guam jurisdiction, laws they must abide by and recognize Guam's medical cannabis laws not there states laws, examples: qualifying "Debilitating Medical Conditions", possession limits etc.

§122407. Department Rules; Registry Identification Cards. (A) (7) determine additional duties and responsibilities of the advisory:

Recommend a amendment that the Advisory Board or Department can only "add" medical conditions to the list of "Debilitating Medical Conditions" "not delete, remove" any debilitating medical conditions from the list. Only Guam's Legislature process has the power, authority that could remove any debilitating medial conditions from the list of "Debilitating Medical Conditions" once they have been added by Guam's Legislature, Advisory Board or the Department.

- **Recommendations**

Recommend Guam Legislature use "tact" this time around and avoid inquiring with the local Federal Government, instead factor in the latest advantageous US Department of Justice (DOJ) memo reference below.

When Senator Rory Respicio introduced bill 423-30 last time, he had the green light from Guam's Federal Veterans Hospital, please see news articles below, but when Senator Rory Respicio inquired with Guam's Federal District Court Attorney Alicia Limitiaco

appears something disadvantageous transpired between them and Guam medical marijuana was left at that and died with no additional developments to date etc., please see news articles.

- (a) Veteran Affairs news articles: Kuam news: Vets may use marijuana conditionally, July 26, 2010, by Nick Delgado; Pacific News Center: VA Assures Respcio Vet Cannabis Users Will Still Get Services, September 04, 2010, by Clynt Ridgell; Pacific News Center: VA Assures Respcio Medical Marijuana Programs OK for Vets, September 03, 2010.
- (b) Guam Federal District Court Attorney Alicia Limitiaco news articles: Pacific News Center, Respcio Seeks Confirmation on Federal Policy on Medical Marijuana, December 02, 2010, by News Release; Marianas Variety Guam Edition, Respcio asks US Attorney about stance on medical marijuana, December 03, 2010, by Jennifer Naylor Gesiek.

- **US Department of Justice (DOJ)**

Latest Guidance: Memorandum for All United States Attorneys, August 29, 2013,  
Subject: Guidance Regarding Marijuana Enforcement,

DOJ particular important enforcement priorities:

- (a) Preventing the distribution of marijuana to minors;
- (b) Preventing revenue from the sale of marijuana from going to criminal enterprises, gangs, and cartels;
- (c) Preventing the diversion of marijuana from states where it is legal under state law in some form to other states;
- (d) Preventing state-authorized marijuana activity from being used as a cover or pretext for the trafficking of other illegal drugs or other illegal activity;
- (e) Preventing violence and the use of firearms in the cultivation and distribution of marijuana;
- (f) Preventing drugged driving and the exacerbation of other adverse public health consequences associated with marijuana use;
- (g) Preventing the growing of marijuana on public lands and the attendant public safety and environmental dangers posed by marijuana production on public lands; and
- (h) Preventing marijuana possession or use on federal property.

Note the latest DOJ memo is more advantageous for states medical cannabis movements than the 2009 Ogden memo, due to recent states marijuana legalizations. Furthermore the latest DOJ memo is addressed to "all" United States Attorneys to clear up any ambiguity regarding Guam as a territory. The latest DOJ memo somewhat parallels' 2009 Ogden memo and appears to upgrade, replace prior DOJ memos.

- **Bill 215-32, 10 Day Comment Period**

Residents comments input are based upon 10 additional "working days", instead of calendar days from 12/12/2013. IAW 1gc010 Guam recognizes Federal holidays and Saturdays as holidays. Further IAW Personnel Rules and Regulations, Department of Administration Government of Guam 8.502 Legal Holidays: Every Sunday.

Further residents comments are also based on something else heard publicly stated etc.

- **Operation Downplay**

If the following:

- (a) Guam Medical Association (GMA),
- (b) Doctor Shieh's,
- (c) Guam's Attorney General Office Lenny Rapadas (AGO),
- (d) The World Health Organization (WHO),
- (e) Guam's Federal District Court Attorney Alicia Limitiaco,
- (f) Special interest groups, medical marijuana prohibitionist etc.

Are concern that if bill 215-32 becomes enacted or medical marijuana becomes legal on Guam, the floodgates of marijuana abuse will become significantly worse, the sky will fall, a plague of locus will strike or Guam would become number 3 "Marijuana Capital" in the world etc.

Marijuana may be here on Guam already according to a 2012 United Nations (UN) World Drug Report, the UN report published a list of the world's top countries for annual rate of marijuana use etc., **Guam was listed number 3 in the world at 18.4% for marijuana use**, please see the following news articles:

- (a) newser, Read Less Know More, **World's Biggest Pot-Head Countries**, July 1, 2012, By Mark Russell,
- (b) Business Insider,
- (c) Saipan Tribune, **UN report: CNMI 2<sup>nd</sup> highest pot user**, July 03, 2012, By Haidee V. Eugenio,
- (d) Pacific Islands Report, **Officials Slam UN Report Labeling Palau As Marijuana Capital**, By Josh Martin, (Pacific Scoop, August 16, 2012).

With the aforementioned news articles, resident was somewhat disturbed and at the same time not surprised that the following:

- (a) The Governors Office of Guam,
- (b) Guam Legislature,
- (c) Government of Guam (GG),
- (d) Guam's Attorney General Office (AGO),

- (e) Guam's Federal District Court Attorney,
- (f) Kuam News,
- (g) Pacific Daily News,
- (h) Marianas Variety "Guam Edition",
- (i) Pacific News Center,
- (j) Special interest groups, medical marijuana prohibitionist etc.

**"Downplayed"** the 2012 United Nations (UN) World Drug Report or the above news articles that ranked Guam number 3 in the world for marijuana use etc.

No Public Official, Bureaucrat, special interest group on Guam came out and publicly contested, protested the 2012 UN Report, development or even Guam Main Stream Media reported on the 2012 UN development. There must have been some high level Guam public officials etc., at the time or Guam main stream media that new about the 2012 UN development.

Guam's silence speaks volumes.

This was the United Nations (UN), an important allies and advocate for Guam, not some blog, forum etc. The Saipan Tribune a major news outlet, Guam's next-door neighbors reported on the 2012 UN development, but not Guam. Further, a major pacific region think tank East-West Center reported that Palau Officials Slammed the UN Report Labeling Palau As "Marijuana Capital" the "Pacific Islands Report".

This was a substantial opportunity for the Government of Guam, Public Official to come out and publicly address that there is a problem with the underground cannabis on Guam and it's time to address the problem systemically by either reintroducing bill 423-30 or introducing and passing some form of cannabis legalization legislature and help bring the cannabis black market from underground to above ground.

Instead the Government of Guam appears chose to go the dark path. With the aforementioned, it's highly possible there may have been some high level Government of Guam "Damage Control" that took place.

Guam is not immune to corruption, the UN Report was published during the main part of Guam's 2012 elections; most likely Guam elections may had a factor in why Guam public officials and Guam main stream media etc. may have downplayed the UN Report.

The Service resident came from "Silence is Compliance", but also understands there are "Gatekeepers" in any bureaucracy and the information may have been withheld, buried and its possible Guam was largely unaware of the 2012 UN Report, development.

The UN World Drug Report was published approximately June, July 2012. Guam's prior medical marijuana bill's 420-30 and 423-30 respectively, "The Compassionate Health Care Act's of 2010", last time was left off and died approximately December 3, 2010. Guam at that time was substantially looking into medical marijuana, etc.

While approx one and a half years may be a stretch between significantly similar events, developments it was bizarre, disturbing Guam "Ignored" the UN 2012 Report. Furthermore, it was also disturbing Guam Legislature let bill 423-30 die without any public explanations or anything etc.

Bill 423-30 last time was left off and died approximately December 3, 2010 with Senator Rory Respicio inquiry with Guam's Federal District Court Attorney Alicia Limitiaco and appears something disadvantageous transpired between them and Guam medical marijuana bill died and was left at that with no additional developments and again without any public explanations to date.

Additionally the US DOJ October 19, 2009 Ogden memo was in place through June 29, 2011 and was substantially advantageous for States medical marijuana laws at that time. The 2009, 2011 memos have since been upgraded, replaced by US DOJ August 29, 2013 memo due to recent states marijuana legalizations.

The Honorable Senator Rory Respicio demonstrated leadership by introducing bill's 420-30 and 423-30 respectively, "The Compassionate Health Care Act's of 2010".

Now the Honorable Senator Tina Rose Muna Barnes is demonstrating leadership, doing what's right and fighting the good fight by introducing 215-32, The Joaquin Concepcion Compassionate Cannabis Use Act of 2013.

Like Palau government officials etc., resident too somewhat questions the accuracy of the 2012 UN World Drug Report. Further if Guam was ranked number 3 in the world for marijuana use wouldn't it be more visible on Guam seen growing on the side of the road or in vacant lots etc, but Guam 420 events are substantial, hundreds in not thousands attends Guam 420 events and resident applauds Guam's advantageous marijuana movements, its outstanding they take place etc.

Notwithstanding appears the UN stands by there report. Further the 2012 UN World Drug Report apparently echoes older research carried out in Micronesia by the Burnet Institute in Melbourne, published in July 2006's Drug and Alcohol Review.

Additionally a CNMI Legislature Representative said he has yet to see the UN World Drug Report 2012, but said the CNMI ranking second among countries with highest marijuana use supports his findings that marijuana use is pervasive in the CNMI. "Even the UN report shows it. Why not legalize it?" he added.

To Whom It May Concern:

I'm a resident of Guam a veteran and a proponent of Bill 215-32, The Joaquin Concepcion Compassionate Cannabis Use Act of 2013.

Respectfully resident wishes to remain anonymous, confidential and may be protected under Health Insurance Portability and Accountability Act (HIPAA) etc., due to the nature of bill 215-32.

- **Guam Medical Association (GMA) Counter Arguments**

The Guam Medical Association (GMA) addressed the following in there letter opposing Bill 215-32, Medical Cannabis Dated 12/12/2013:

- (a) The American Society of Addiction Medicine's (ASAM)
- (b) The American Medical Association (AMA)
- (c) The American Cancer Society (ACS)
- (d) The American Glaucoma Society (AGS)
- (e) The American Academy of Pediatrics (AAP)
- (f) The National Multiple Sclerosis Society (NMSS)
- (g) The Federal Drug Enforcement Agency (DEA)

- **The American Society of Addiction Medicine's (ASAM)**
- **The American Cancer Society (ACS)**

“Lung” and “Heart” diseases and medical cannabis; please see the following articles, studies:

*NORML.com:*

- (a) Study\_ Cannabis Smoking Not Associated With Increased Lung Cancer Risk Or Other Serious Pulmonary Complications \_ NORML Blog, Marijuana Law Reform; or Study Marijuana Smoking Not Associated With Airway Cancers, COPD, Emphysema, Or Other Tobacco-Related Pulmonary Complications,
- (b) Study\_ Marijuana Smoking Poses \_Relatively Small\_ Risk To Lungs, Associated With Far Fewer Adverse Effects Than Tobacco,
- (c) Study No Association Between Cumulative Consumption Of Cannabis Smoke And Lung Cancer Risk,
- (d) Study Inhaled Cannabis Reduces Crohn's Symptoms,
- (e) Study Cannabis Smoking Associated With Significantly Better Health Outcomes Than Tobacco Smoking,

(f) Studies Cannabinoids Protect the Brain and Heart From Injury.

*Theweedblog.com:*

- (a) theweedblog.comCannabinoids\_May\_Help\_Revive\_Individuals\_After\_Cardiac\_Arrest,
- (b) THC Provides Protection From Heart Attacks,
- (c) Study Marijuana Smokers Are Thinner And Healthier Than Non-Users,
- (d) Study Low Doses Of THC Provide Cardioprotection,
- (e) Smoking Cannabis Is Not Associated With Greater Mortality Risk Among Heart Attack Survivors,
- (f) Cannabis Smoking Associated With 'Significantly Better' Health Outcomes Than Tobacco Smoking,
- (g) Cannabis Can Prevent Cancer Caused By Cigarette Use, According To New Study.

*ScienceDaily:*

- (a) Marijuana Cuts Lung Cancer Tumor Growth In Half, Study Shows, April 17, 2007.

*US Federal Government "Patents":*

- (a) Treatment for coughs, US Patent 6974568.
- (b) Chronic Obstructive Pulmonary Disease, US Patent Application 20090197941.

Respectfully "The Elephant in The Room" argument, why does the US Federal Government have "Patents" for Treatment for Coughs or Chronic Obstructive Pulmonary Diseases, further go out of there way to acquire the patents if medical cannabis does not have any purported medical use, etc.?

**Other Forms of Ingestion:**

*NORML.com:*

- (a) Study Vaporized, Low-Potency Cannabis Mitigates Neuropathic Pain.

*Theweedblog.com:*

- (a) Cannabis Tincture Has Always Been An Effective Treatment For Many Ailments.
- (b) Hemp Seed Oil For Eczema – Cures From The Inside Out.

*endalldisease.com:*

- (a) Spain Study Confirms Hemp Oil Cures Cancer.

- **The American Medical Association (AMA)**

“Evidence Based Medicine” and “Clinical Research”, etc and medical cannabis:

**Please see Pharmageddon below.**

*NORML.com:*

- (a) [NORML\\_Marinol\\_vs\\_Natural\\_Cannabis](#)
- (b) [Marijuana A Primer](#)

*Theweedblog.com:*

- (a) [theweedblog.com-Top\\_Ten\\_Marijuana\\_Studies\\_From\\_2013](#),
- (b) [Rehab Doctor In Gupta's 'Weed' Says Other Doctors On Show Not 'True Experts'](#),
- (c) **NY Doctors Say Bloomberg's Statement On Medical Marijuana Flies In the Face of Medical Science**, (*this article speaks volumes "600 New York Physicians" support medical marijuana while simultaneously New York currently does not have any medical marijuana laws enacted*),
- (d) [New Study Finds Cannabis Provides Relief From All Symptoms Of Cancer](#),
- (e) [Human Marijuana Trials Moving Forward To Determine Medical Benefits](#),
- (f) [Double-Blind Scientific Tests Of Marijuana Exist Despite Prohibitionist Propaganda](#).
- (g) [theweedblog.comWorlds\\_Leading\\_Experts\\_Issue\\_Standards\\_On\\_Cannabis\\_Restore\\_Classification\\_As\\_Botanical\\_Medicine](#).

*American Herbal Pharmacopoeia (AHP):*

- (a) [AHP\\_Cannabis\\_Monograph\\_Preview](#),
- (b) [Cannabis\\_Monograph\\_FAQ](#).

*CannabisCulture.com; AlterNet.com:*

- (a) [The Latest Cannabis Discoveries That the Federal Government Doesn't Want You to Know About](#).

- **Pharmageddon**

Side Effects May Include Death: The Story Of The Biggest Advance In Birth Control Since The Pill. This recent internet news article December 18, 2013 exposes “Big Pharma” and the US FDA “Over Top Corruption”. Is this what the Guam Medical Association (GMA), etc. means by “Evidenced Based Medicine”: efficacy over safety, cover-ups, burial of information, collusion etc?



Further this news article substantially addresses a vocal medical cannabis opponent "Medical Field of Practice" and hopefully the Doctor and GMA are aware of this recent news article or development and the substantial problems associated with this contraceptive prescription medicine etc.

Additionally Guam Medical Association (GMA) may be associated with the American Medical Association (AMA) both opponents of medical marijuana in its natural, whole, organic, simple plant form.

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Respectfully Google: Pharmageddon, there's hundreds if not thousands of articles, blogs, forums, references etc.

- **The American Glaucoma Society (AGS)**

Glaucoma disease and medical cannabis treatment:

*US Federal Government "Patents":*

- (a) Glaucoma Treatment, US Patent 4189491.

Respectfully "The Elephant in The Room" argument again, why does the US Federal Government have a "Patent" for Glaucoma and go out of their way to acquire it if medical cannabis does not have any purported medical use, etc.?

- **The American Academy of Pediatrics (AAP)**

Medical cannabis state laws, etc. associations with youth's and adolescents, etc.:

*NORML.com:*

- (a) Study\_ Medical Cannabis Laws Have No Measurable Impact On Teen Use Rates  
\_ NORML Blog, Marijuana Law Reform.

*Theweedblog.com:*

- (a) theweedblog.com-Marijuana Use Fairly Stable Annual Survey Finds,
- (b) The Truth About Marijuana Being Safer Than Alcohol Cannot Be Destroyed,

- (c) Studies Show Marijuana Consumption Not Associated With Dangerous Driving,
- (d) Politifact Says “Marijuana Is Less Toxic Than Alcohol” Is Mostly True. Mostly,
- (e) New Study Indicates Cannabis May Reduce Aggression, Improve Social Interactions,
- (f) Legalizing Medical Marijuana Reduces Suicides And Traffic Fatalities.

*CannabisCulture.com:*

- (a) Seven Ways Booze Is More Dangerous Than Pot.

*The Independent:*

- (a) Cannabis 'no worse than junk food', says report.

*Marijuana Policy Project.org:*

- (a) MARIJUANA IS SAFER.

**Reverse Gateway Theory:**

Cannabis is similar and parallels in ways regarding valium, diazepam. Diazepam is known, documented and often prescribed for withdrawal symptoms for opioids analgesic pain medicines, etc.

*NORML.com:*

- (a) Study\_ Cannabis Compound Reduces Cigarette Consumption In Tobacco Smokers \_ NORML Blog, Marijuana Law Reform,
- (b) Study Cannabis Is A Potential Exit Drug To Problematic Substance Use”.

*Theweedblog.com:*

- (a) Study Shows Marijuana Often Substituted For Alcohol And Other Drugs,
- (b) Cannabis Compound Reduces Cigarette Consumption In Tobacco Smokers.

*MiamiHerald.com*

- (a) Colombia’s capital banks on marijuana cure for hard drug addicts.

*Health Day New:*

- (a) Study Contends Pot Isn't a Major 'Gateway Drug'.

- **The National Multiple Sclerosis Society (NMSS)**

Multiple sclerosis disease and medical cannabis treatment:

*US Federal Government "Patents":*

- (a) Multiple sclerosis and MS relapse, US Patent Application 20080181942.

*NORML.com:*

- (a) Study Hemp Seed Oil Associated With Improved Clinical And Immunological Parameters In MS Patients, June 13, 2013 or Study Hemp Seed Oil Associated With Improved Clinical and Immunological Parameters In Multiple Sclerosis Patients, May 24, 2013.

- **The Federal Drug Enforcement Agency (DEA)**

Resident appreciates and thanks what the Federal Drug Enforcement Agency (DEA) does addressing dangerous drugs examples spice, cigarettes and methamphetamine, etc., but resident respectfully disagrees with there policies regarding medical cannabis, marijuana.

*NORML.com:*

- (a) 25 Years Ago\_ DEA's Own Administrative Law Judge Ruled Cannabis Should Be Reclassified Under Federal Law; or 25 Years Ago\_ DEA's Own Administrative Law Judge Ruled Cannabis Should Be Reclassified Under Federal Law \_ NORML Blog, Marijuana Law Reform,

*Theweedblog.com:*

- (a) 25 Years Ago DEA's Own Administrative Law Judge Ruled Cannabis Should Be Reclassified,
- (b) Feds Ignore Their Own Agency's Findings Around Medical Benefits Of Marijuana.

*CannabisCulture.com:*

- (a) 25 Years Ago DEA's Administrative Law Judge Ruled Cannabis Should Be Reclassified.

*The Raw Study:*

- (a) Government-sponsored study destroys DEA's classification of marijuana.

*JustSayNow.com:*

- (a) Obama Doesn't Need Congress to Change Federal Law Regarding Marijuana.

- **Blowback:**

*NORML.com:*

- (a) Study Student Drug Testing Programs Linked To Spikes In Hard Drug Use.

*Theweedblog.com:*

- (a) Drunk Drivers Are 30 Times More Likely To Get In An Accident Than Cannabis Consumers.

**DEA Bypassed by Foreign Pharmaceutical Corporations.**

*Theweedblog.com:*

- (a) Pharmaceutical Company Gets FDA Approval For Marijuana Plant Derived Drug.

Sativex was developed by GW Pharmaceuticals an international pharmaceuticals corporation. Now they are currently developing Epidiolex.

Marinol, Dronabinol was also developed by an international Pharmaceutical Corporation.

As long as foreign pharmaceutical corporations abide by International and or US FDA Good Manufacturing Practices (GMP's) etc., they are somewhat good to go, while simultaneously bypassing US NIDA, DEA, agency's etc.

Furthermore these foreign pharmaceutical corporations, subsidiaries, shell's etc. have everything in house to carry out full scale operations, studies and production while in the United States US Federal Agency's are compartmentalized and redundant, etc., additionally some of the Federal Agency's have been considered monopolies in the marijuana communities.

Very respectfully this is un-American and US Jobs are being outsourced by US NIDA, DEA strict, redundant policies, please see the following articles:

*CannabisCulture.com:*

- (a) Why It's So Hard For Scientists To Study Medical Marijuana.
- (b) Drug Prohibitions Hurt Science Researchers Charge



## COMMITTEE ON RULES

*I Mina'trentai Dos na Liheslaturan Guåhan* • The 32nd Guam Legislature

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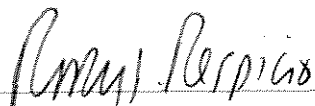
Senator  
Aline Yamashita  
Member

# Certification of Waiver of Fiscal Note Requirement

This is to certify that the Committee on Rules submitted to the Bureau of Budget and Management Research (BBMR) a request for a fiscal note, or applicable waiver, on **BILL NO. 215-32 (COR)**, "AN ACT TO ADD A NEW ARTICLE 24 TO CHAPTER 12, TITLE 10 OF THE GUAM CODE ANNOTATED, RELATIVE TO ALLOWING THE MEDICAL USE OF CANNABIS, AMENDING PROVISIONS OF THE CONTROLLED SUBSTANCES ACT, PROVIDING PENALTIES, AND FOR OTHER PURPOSES, ALSO KNOWN AS THE JOAQUIN CONCEPCION COMPASSIONATE CANNABIS USE ACT OF 2013" – on October 29, 2013. COR hereby certifies that BBMR confirmed receipt of this request November 4, 2013 at 9:30 AM.

COR further certifies that a response to this request was not received. **Therefore, pursuant to 2 GCA §9105, the requirement for a fiscal note, or waiver thereof, on Bill 215-32 to be included in the committee report on said bill, is hereby waived.**

Certified by:



**Senator Rory J. Respicio**  
Chairperson, Committee on Rules

January 27, 2014

Date



**COMMITTEE ON RULES**

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Senator  
Rory J. Respicio  
CHAIRPERSON  
MAJORITY LEADER

October 29, 2013

Senator  
Thomas C. Ada  
VICE CHAIRPERSON  
ASSISTANT MAJORITY LEADER

VIA E-MAIL  
[john.rios@bbmr.guam.gov](mailto:john.rios@bbmr.guam.gov)

Senator  
Vicente (Ben) C. Pangelinan  
Member

**John A. Rios**  
Director  
Bureau of Budget & Management Research  
P.O. Box 2950  
Hagåtña, Guam 96910

Speaker  
Judith T.P. Won Pat, Ed.D.  
Member

RE: Request for Fiscal Notes-- Bill Nos. 212-32 (COR) through 215-32 (COR)

Senator  
Dennis G. Rodriguez, Jr.  
Member

*Hafa Adai* Mr. Rios:

Vice-Speaker  
Benjamin J.F. Cruz  
Member

Transmitted herewith is a listing of *I Mina'trentai Dos na Liheslaturan Guåhan's* most recently introduced bills. Pursuant to 2 GCA §9103, I respectfully request the preparation of fiscal notes for the referenced bills.

Legislative Secretary  
Tina Rose Muña Barnes  
Member

*Si Yu'os ma'åse'* for your attention to this matter.

Senator  
Frank Blas Aguon, Jr.  
Member

Very Truly Yours,

Senator  
Michael F.Q. San Nicolas  
Member

**Senator Rory J. Respicio**  
*Chairperson, Committee on Rules*

Senator  
V. Anthony Ada  
Member  
MINORITY LEADER

Attachments (1)

Senator  
Aline Yamashita  
Member

Cc: Clerk of the Legislature

2013 OCT 31 AM 9:48  
*JMR*

Bill Nos.	Sponsor	Title
212-32 (COR)	T.R. Muña Barnes Judith T. Won Pat, Ed.D.	AN ACT TO ADD A NEW CHAPTER 59A TO TITLE 5 OF THE GUAM CODE ANNOTATED, RELATIVE TO THE PROCURING, INSTALLING, OPERATING, LEASING, MAINTAINING, REFURBISHING, AND REPLACING OF ENERGY-EFFICIENT STREETLIGHTS FOR THE ENTIRE ISLAND OF GUAM ALSO KNOWN AS THE ISLAND-WIDE ENERGY EFFICIENT STREET LIGHT ACT OF 2013.
213-32 (COR)	V. Anthony Ada	AN ACT TO AUTHORIZE I MAGA'LAHEN GUAHÃN TO EXCHANGE GOVERNMENT PROPERTY IN BARRIGADA FOR PRIVATELY OWNED PROPERTY LOCATED IN BARRIGADA TO BE USED FOR THE GUAM FLOOD MITIGATION PLAN.
214-32 (COR)	Michael F.Q. San Nicolas	AN ACT TO ALLOW EMPLOYEES OF GOVERNMENT OF GUAM AGENCIES AND INSTRUMENTALITIES TO APPLY PAYROLL DEDUCTIONS TO REGISTERED NON- PROFITS, BY AMENDING §20111 OF ARTICLE 1, CHAPTER 20, TITLE 5, GUAM CODE ANNOTATED.
215-32 (COR)	T.R. Muña Barnes, Aline A. Yamashita, Ph.D.	AN ACT TO ADD A NEW ARTICLE 24 TO CHAPTER 12, TITLE 10 OF THE GUAM CODE ANNOTATED, RELATIVE TO ALLOWING THE MEDICAL USE OF CANNABIS, AMENDING PROVISIONS OF THE CONTROLLED SUBSTANCES ACT, PROVIDING PENALTIES, AND FOR OTHER PURPOSES, ALSO KNOWN AS THE JOAQUIN CONCEPCION COMPASSIONATE CANNABIS USE ACT OF 2013.



Rory Respicio <cor@guamlegislature.org>

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**Request for Fiscal Notes– Bill Nos. 212-32 (COR) through 215-32 (COR)**

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Senator Rory J. Respicio <cor@guamlegislature.org>

Tue, Oct 29, 2013 at 2:26 PM

To: john.rios@bbmr.guam.gov

Cc: admin@bbmr.guam.gov, analyn.eustaquio@bbmr.guam.gov, Guam Legislature Clerks <clerks@guamlegislature.org>

Bcc: Mary Maravilla <marymaravilla19@gmail.com>

October 29, 2013

VIA E-MAIL

john.rios@bbmr.guam.gov

John A. Rios

Director

Bureau of Budget & Management Research

P.O. Box 2950

Hagåtña, Guam 96910

Received by:  
Analyn  
Date: 10/29/13  
Time: 3:00pm

RE: Request for Fiscal Notes– Bill Nos. 212-32 (COR) through 215-32 (COR)

Hafa Adai Mr. Rios:

Transmitted herewith is a listing of *I Mina'trentai Dos na Lheslaturun Guåhan's* most recently introduced bills. Pursuant to 2 GCA §9103, I respectfully request the preparation of fiscal notes for the referenced bills.

*Si Yu'os ma'åse'* for your attention to this matter.

—  
Majority Leader Rory J. Respicio  
Chairperson, Committee on Rules;  
Federal, Foreign & Micronesian Affairs;



Human & Natural Resources; and Election Reform  
*/ Mina Trentai Dos na Liheslaturan Guåhan*  
155 Hesler Place, Ste. 302  
Hagåtña, Guam 96910  
Phone: (671) 472-7679  
Fax: (671) 472-3547

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 2013.10.29\_FN\_Request\_212-215.pdf  
770K



## COMMITTEE ON RULES

*I Mina'trentai Dos na Liheslaturan Guåhan* • The 32nd Guam Legislature  
155 Hesler Place, Hagåtña, Guam 96910 • [www.guamlegislature.com](http://www.guamlegislature.com)  
E-mail: [roryforguam@gmail.com](mailto:roryforguam@gmail.com) • Tel: (671)472-7679 • Fax: (671)472-3547

Senator  
Rory J. Respicio  
CHAIRPERSON  
MAJORITY LEADER

Senator  
Thomas C. Ada  
VICE CHAIRPERSON  
ASSISTANT MAJORITY LEADER

Senator  
Vicente (Ben) C. Pangelinan  
Member

Speaker  
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Member

Senator  
Dennis G. Rodriguez, Jr.  
Member

Vice-Speaker  
Benjamin J.F. Cruz  
Member

Legislative Secretary  
Tina Rose Muña Barnes  
Member

Senator  
Frank Blas Aguon, Jr.  
Member

Senator  
Michael F.Q. San Nicolas  
Member

Senator  
V. Anthony Ada  
Member  
MINORITY LEADER

Senator  
Aline Yamashita  
Member

October 25, 2013

### MEMORANDUM

**To:** **Rennae Meno**  
*Clerk of the Legislature*

**Attorney Therese M. Terlaje**  
*Legislative Legal Counsel*

**From:** **Senator Rory J. Respicio**  
*Majority Leader & Rules Chair*

**Subject:** **Referral of Bill No. 215-32(COR)**

As the Chairperson of the Committee on Rules, I am forwarding my referral of **Bill No. 215-32(COR)**.

Please ensure that the subject bill is referred, in my name, to the respective committee, as shown on the attachment. I also request that the same be forwarded to all members of *I Mina'trentai Dos na Liheslaturan Guåhan*.

Should you have any questions, please feel free to contact our office at 472-7679.

*Si Yu'os Ma'åse!*

Attachment

*I Mina'Trentai Dos Na Liheslaturan Guahan*  
**Bill Log Sheet**

BILL NO.	SPONSOR	TITLE	DATE INTRODUCED	DATE REFERRED	CMTE REFERRED	PUBLIC HEARING DATE	DATE COMMITTEE REPORT FILED	FISCAL NOTES
215-32 <b>(COR)</b>	T.R. Muña Barnes, Aline A. Yamashita, Ph.D.	AN ACT TO ADD A NEW ARTICLE 24 TO CHAPTER 12, TITLE 10 OF THE GUAM CODE ANNOTATED, RELATIVE TO ALLOWING THE MEDICAL USE OF CANNABIS, AMENDING PROVISIONS OF THE CONTROLLED SUBSTANCES ACT, PROVIDING PENALTIES, AND FOR OTHER PURPOSES, ALSO KNOWN AS THE JOAQUIN CONCEPCION COMPASSIONATE CANNABIS USE ACT OF 2013.	10/25/13 3:17 p.m.	10/25/13	Committee on Health & Human Services, Health Insurance Reform, Economic Development, and Senior Citizens			



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## FIRST NOTICE OF PUBLIC HEARING

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**Amanda Shelton** <amanda@toduguam.com>  
Bcc: phnotice@guamlegislature.org

Wed, Nov 20, 2013 at 3:56 PM

FOR IMMEDIATE RELEASE

November 20, 2013

### PRESS RELEASE

#### FIRST NOTICE OF PUBLIC HEARING

**Wednesday, November 27, 2013 and Thursday, December 12, 2013**

In accordance with the Open Government Law, Public Law 24-109, relative to notice for Public Meetings. Please be advised that the Committee on Health & Human Services, Insurance Reform, Economic Development and Senior Citizens will be conducting a Public Hearing on **Wednesday, November 27, 2013 at 10:00 a.m. and Thursday, December 12, 2013 at 5:30 p.m.** *I Liheslaturan Guåhan's* Public Hearing Room in Hagåtña, on the following:

#### **1<sup>st</sup> Public Hearing on Bill 215-32**

**Wednesday, November 27, 2013, 10:00 a.m.-12:00 p.m.**

- Bill No. 215-32 (COR)- An act to add a new Article 24 to Chapter 12, Title 10 of the Guam Code Annotated, relative to allowing the medical use of cannabis, amending provisions of the Controlled Substances Act, providing penalties, and for other purposes, also known as the Joaquin Concepcion Compassionate Cannabis Use Act of 2013. Introduced by T.R. Muna-Barnes/A.A. Yamashita, Ph.D.

#### **2<sup>nd</sup> Public Hearing on Bill 215-32**

**Thursday, December 12, 2013, 5:30 p.m.**

- Bill No. 215-32 (COR)- An act to add a new Article 24 to Chapter 12, Title 10 of the Guam Code Annotated, relative to allowing the medical use of cannabis, amending provisions of the Controlled Substances Act, providing penalties, and for other purposes, also known as the Joaquin Concepcion Compassionate Cannabis Use Act of 2013. Introduced by T.R. Muna-Barnes/A.A. Yamashita, Ph.D.

Testimony should be addressed to Senator Dennis Rodriguez, Jr., Chairman, and may be submitted via- hand delivery to our office at 176 Serenu Avenue Suite 107 Tamuning, Guam 96931 or our mailbox at the Main Legislature Building at 155 Hesler Place, Hagåtña, Guam 96910, or via email to [senatorrodriguez@gmail.com](mailto:senatorrodriguez@gmail.com).

We comply with Title II of the Americans with Disabilities Act (ADA). Individuals who require an auxiliary aid or service (i.e. qualified sign language interpreters, documents in Braille, large print, etc.) for effective communication, or a modification of policies or procedures to participate in a program service, or activity of Senator Dennis Rodriguez, Jr. should contact our office at 649-8638 (TODU) as soon as possible but no later than 48 hours before this scheduled event. We look forward to your attendance and participation.

For further information, please contact the Office of Senator Dennis Rodriguez, Jr. at 649-8638 (TODU).

###

—  
*Si Yu 'os Ma 'åse',*  
**Amanda L. Shelton**  
Chief of Staff  
Office of Senator Rodriguez

649-8638  
[www.toduguam.com](http://www.toduguam.com)

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 **Nov 27 PH Notice.pdf**  
235K



**SENATOR DENNIS G. RODRIGUEZ, JR.**

FOR IMMEDIATE RELEASE  
November 20, 2013

**PRESS RELEASE**  
**FIRST NOTICE OF PUBLIC HEARING**  
Wednesday, November 27, 2013 and Thursday, December 12, 2013

In accordance with the Open Government Law, Public Law 24-109, relative to notice for Public Meetings. Please be advised that the Committee on Health & Human Services, Insurance Reform, Economic Development and Senior Citizens will be conducting a Public Hearing on **Wednesday, November 27, 2013 at 10:00 a.m. and Thursday, December 12, 2013 at 5:30 p.m.** *I Liheslaturan Guåhan's* Public Hearing Room in Hagåtña, on the following:

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For further information, please contact the Office of Senator Dennis Rodriguez, Jr. at 649-8638 (TODU).

###

Chairman, Committee on Health & Human Services, Health Insurance Reform, Economic Development, & Senior Citizens  
*Ufisinan Toda Guam • I Mina' Trentai Dos Na Libeslaturan Guåhan • 32<sup>nd</sup> Guam Legislature*  
176 Serenu Avenue, Suite 107, Tamuning, Guam 96931 / Telephone: 671-649-TODU (8638) / Facsimile: 671-649-0520  
E-mail: [senatordrodriguez@gmail.com](mailto:senatordrodriguez@gmail.com) / [www.todugum.com](http://www.todugum.com)



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## SECOND NOTICE OF PUBLIC HEARING

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Amanda Shelton <amanda@toduguan.com>  
To: phnotice@guamlegislature.org

Sat, Nov 23, 2013 at 1:21 PM

MEMORANDUM

TO: ALL SENATORS  
FROM: Senator Dennis G. Rodriguez, Jr.  
SUBJECT: Second Notice of Public Hearing

Buenas yan Hafa Adai!

The Committee on Health and Human Services, Health Insurance Reform, Economic Development and Senior Citizens has scheduled a public hearing for **Wednesday, November 27, 2013 at 10:00 a.m. and Thursday, December 12, 2013 at 5:30 p.m.** The items on the agenda are as follows:

### 1<sup>st</sup> Public Hearing

**Wednesday, November 27, 2013, 10:00 a.m.-12:00 p.m.**

- Bill No. 215-32 (COR)- An act to add a new Article 24 to Chapter 12, Title 10 of the Guam Code Annotated, relative to allowing the medical use of cannabis, amending provisions of the Controlled Substances Act, providing penalties, and for other purposes, also known as the Joaquin Concepcion Compassionate Cannabis Use Act of 2013. Introduced by T.R. Muna-Barnes/A.A. Yamashita, Ph.D.

### 2<sup>nd</sup> Public Hearing

**Thursday, December 12, 2013, 5:30 p.m.**


- Bill No. 215-32 (COR)- An act to add a new Article 24 to Chapter 12, Title 10 of the Guam Code Annotated, relative to allowing the medical use of cannabis, amending provisions of the Controlled Substances Act, providing penalties, and for other purposes, also known as the Joaquin Concepcion Compassionate Cannabis Use Act of 2013. Introduced by T.R. Muna-Barnes/A.A. Yamashita, Ph.D.

I look forward to your presence and participation.

—  
*Si Yu'os Ma'ase'*  
**Amanda L. Shelton**  
Chief of Staff  
Office of Senator Rodriguez

649-8638  
www.toduguan.com

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 **Nov 27 2nd PH Notice.pdf**  
235K





## SENATOR DENNIS G. RODRIGUEZ, JR.

FOR IMMEDIATE RELEASE  
November 23, 2013

### PRESS RELEASE SECOND NOTICE OF PUBLIC HEARING Wednesday, November 27, 2013 and Thursday, December 12, 2013

In accordance with the Open Government Law, Public Law 24-109, relative to notice for Public Meetings. Please be advised that the Committee on Health & Human Services, Insurance Reform, Economic Development and Senior Citizens will be conducting a Public Hearing on **Wednesday, November 27, 2013 at 10:00 a.m. and Thursday, December 12, 2013 at 5:30 p.m.** *I Liheslaturan Guåhan's* Public Hearing Room in Hagåtña, on the following:

#### 1<sup>st</sup> Public Hearing

**Wednesday, November 27, 2013, 10:00 a.m.-12:00 p.m.**

- Bill No. 215-32 (COR)- An act to add a new Article 24 to Chapter 12, Title 10 of the Guam Code Annotated, relative to allowing the medical use of cannabis, amending provisions of the Controlled Substances Act, providing penalties, and for other purposes, also known as the Joaquin Concepcion Compassionate Cannabis Use Act of 2013. Introduced by T.R. Muna-Barnes/A.A. Yamashita, Ph.D.

#### 2<sup>nd</sup> Public Hearing

**Thursday, December 12, 2013, 5:30 p.m.**

- Bill No. 215-32 (COR)- An act to add a new Article 24 to Chapter 12, Title 10 of the Guam Code Annotated, relative to allowing the medical use of cannabis, amending provisions of the Controlled Substances Act, providing penalties, and for other purposes, also known as the Joaquin Concepcion Compassionate Cannabis Use Act of 2013. Introduced by T.R. Muna-Barnes/A.A. Yamashita, Ph.D.

Testimony should be addressed to Senator Dennis Rodriguez, Jr., Chairman, and may be submitted via-hand delivery to our office at 176 Serenu Avenue Suite 107 Tamuning, Guam 96931 or our mailbox at the Main Legislature Building at 155 Hesler Place, Hagåtña, Guam 96910, or via email to [senatordrodriguez@gmail.com](mailto:senatordrodriguez@gmail.com).

We comply with Title II of the Americans with Disabilities Act (ADA). Individuals who require an auxiliary aid or service (i.e. qualified sign language interpreters, documents in Braille, large print, etc.) for effective communication, or a modification of policies or procedures to participate in a program service, or activity of Senator Dennis Rodriguez, Jr. should contact our office at 649-8638 (TODU) as soon as possible but no later than 48 hours before this scheduled event. We look forward to your attendance and participation.

For further information, please contact the Office of Senator Dennis Rodriguez, Jr. at 649-8638 (TODU).

###

Chairman, Committee on Health & Human Services, Health Insurance Reform, Economic Development, & Senior Citizens  
*Ufisinan Todu Guam • I Mina' Trentai Dos Na Liheslaturan Guåhan • 32<sup>nd</sup> Guam Legislature*  
176 Serenu Avenue, Suite 107, Tamuning, Guam 96931 / Telephone: 671-649-TODU (8638) / Facsimile: 671-649-0520  
E-mail: [senatordrodriguez@gmail.com](mailto:senatordrodriguez@gmail.com) / [www.todugam.com](http://www.todugam.com)



**SENATOR DENNIS G. RODRIGUEZ, JR.**

FOR IMMEDIATE RELEASE

November 23, 2013

**PRESS RELEASE**

**SECOND NOTICE OF PUBLIC HEARING**

**Wednesday, November 27, 2013 and Thursday, December 12, 2013**

In accordance with the Open Government Law, Public Law 24-109, relative to notice for Public Meetings. Please be advised that the Committee on Health & Human Services, Insurance Reform, Economic Development and Senior Citizens will be conducting a Public Hearing on **Wednesday, November 27, 2013 at 10:00 a.m. and Thursday, December 12, 2013 at 5:30 p.m.** *I Liheslaturan Guåhan's* Public Hearing Room in Hagåtña, on the following:

**1<sup>st</sup> Public Hearing**

**Wednesday, November 27, 2013, 10:00 a.m.-12:00 p.m.**

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**2<sup>nd</sup> Public Hearing**

**Thursday, December 12, 2013, 5:30 p.m.**

- Bill No. 215-32 (COR)- An act to add a new Article 24 to Chapter 12, Title 10 of the Guam Code Annotated, relative to allowing the medical use of cannabis, amending provisions of the Controlled Substances Act, providing penalties, and for other purposes, also known as the Joaquin Concepcion Compassionate Cannabis Use Act of 2013. Introduced by T.R. Muna-Barnes/A.A. Yamashita, Ph.D.

Testimony should be addressed to Senator Dennis Rodriguez, Jr., Chairman, and may be submitted via-hand delivery to our office at 176 Serenu Avenue Suite 107 Tamuning, Guam 96931 or our mailbox at the Main Legislature Building at 155 Hesler Place, Hagåtña, Guam 96910, or via email to [senatordrodriguez@gmail.com](mailto:senatordrodriguez@gmail.com).

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For further information, please contact the Office of Senator Dennis Rodriguez, Jr. at 649-8638 (TODU).

###

Chairman, Committee on Health & Human Services, Health Insurance Reform, Economic Development, & Senior Citizens  
*Ufisinan Todu Guam • I Mina' Trentai Dos Na Libeslaturan Guåhan • 32<sup>nd</sup> Guam Legislature*  
176 Serenu Avenue, Suite 107, Tamuning, Guam 96931 / Telephone: 671-649-TODU (8638) / Facsimile: 671-649-0520  
E-mail: [senatordrodriguez@gmail.com](mailto:senatordrodriguez@gmail.com) / [www.todugam.com](http://www.todugam.com)



## SENATOR DENNIS G. RODRIGUEZ, JR.

### AGENDA

Wednesday, November 27, 2013

10am

Public Hearing Room, *I Liheslatura*

#### I. Call to Order

#### II. Items public consideration:

- **Bill No. 215-32 (COR)** An act to add a new Article 24 to Chapter 12, Title 10 of the Guam Code Annotated, relative to allowing the medical use of cannabis, amending provisions of the Controlled Substances Act, providing penalties, and for other purposes, also known as the Joaquin Concepcion Compassionate Cannabis Use Act of 2013. Introduced by Sen. Tina Muna Barnes, Aline A. Yamashita, Ph.D.

#### III. Adjournment

Testimonies may be addressed to Sen. Dennis G. Rodriguez, Jr. and sent or to 155 Hesler St. Hagatna, Guam, the Guam Legislature's Mailroom, or via email at [senatordrodriguez@gmail.com](mailto:senatordrodriguez@gmail.com).

*Si Yu'os Ma'åse'* for your participation in today's hearings and discussions!



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## FIRST NOTICE OF PUBLIC HEARING-December 12, 2013

2 messages

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**Amanda Shelton** <amanda@toduguam.com>

Thu, Dec 5, 2013 at 2:35 PM

Bcc: phnotice@guamlegislature.org

### MEMORANDUM

TO: ALL SENATORS

FROM: Senator Dennis G. Rodriguez, Jr.

SUBJECT: First Notice of Public Hearing

Buenas yan Hafa Adai!

The Committee on Health and Human Services, Health Insurance Reform, Economic Development and Senior Citizens has scheduled a public hearing for **December 12, 2013 at 4:00 p.m.** The items on the agenda are as follows:

#### 4:00 p.m.

- The executive appointment of Ms. Hope Pangelinan to the Guam Board of Social Work.
- The executive appointment of Mr. Theodore M. Lewis to the Guam Memorial Hospital Authority Board of Trustees.

#### 5:30 p.m.-2<sup>nd</sup> Public Hearing on Bill 215-32

- Bill No. 215-32 (COR)- An act to add a new Article 24 to Chapter 12, Title 10 of the Guam Code Annotated, relative to allowing the medical use of cannabis, amending provisions of the Controlled Substances Act, providing penalties, and for other purposes, also known as the Joaquin Concepcion Compassionate Cannabis Use Act of 2013. Introduced by T.R. Muna-Barnes/A.A. Yamashita, Ph.D.

I look forward to your presence and participation.

--

*Si Yu'os Ma'åse',*

Amanda L. Shelton

Chief of Staff

Office of Senator Rodriguez

649-8638

www.toduguam.com

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**Amanda Shelton** <amanda@toduguam.com>

Thu, Dec 5, 2013 at 2:42 PM

Bcc: phnotice@guamlegislature.org

FOR IMMEDIATE RELEASE

December 05, 2013

**PRESS RELEASE**

**FIRST NOTICE OF PUBLIC HEARING**

**Thursday, December 12, 2013**

In accordance with the Open Government Law, Public Law 24-109, relative to notice for Public Meetings. Please be advised that the Committee on Health & Human Services, Insurance Reform, Economic Development and Senior Citizens will be conducting a Public Hearing on **Thursday, December 12, 2013 at 4:00 p.m.** *I Liheslaturan Guåhan's* Public Hearing Room in Hagåtña, on the following:

**4:00 p.m.**

- The executive appointment of Ms. Hope Pangelinan to the Guam Board of Social Work.
- The executive appointment of Mr. Theodore M. Lewis to the Guam Memorial Hospital Authority Board of Trustees.

**5:30 p.m.-2<sup>nd</sup> Public Hearing on Bill 215-32**

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Testimony should be addressed to Senator Dennis Rodriguez, Jr., Chairman, and may be submitted via- hand delivery to our office at 176 Serenu Avenue Suite 107 Tamuning, Guam 96931 or our mailbox at the Main Legislature Building at 155 Hesler Place, Hagåtña, Guam 96910, or via email to [senatordrodriguez@gmail.com](mailto:senatordrodriguez@gmail.com).

We comply with Title II of the Americans with Disabilities Act (ADA). Individuals who require an auxiliary aid or service (i.e. qualified sign language interpreters, documents in Braille, large print, etc.) for effective communication, or a modification of policies or procedures to participate in a program service, or activity of Senator Dennis Rodriguez, Jr. should contact our office at 649-8638 (TODU) as soon as possible but no later than 48 hours before this scheduled event. We look forward to your attendance and participation.

For further information, please contact the Office of Senator Dennis Rodriguez, Jr. at 649-8638 (TODU).

###

—  
*Si Yu'os Ma'åse'*  
**Amanda L. Shelton**  
Chief of Staff  
Office of Senator Rodriguez

649-8638



Joseph Anthony Mesnigon <jmesnigon\_senator@rodriguez@gmail.com>

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## SECOND NOTICE OF PUBLIC HEARING-December 12, 2013

2 messages

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**Amanda Shelton** <amanda@toduguam.com>

Tue, Dec 10, 2013 at 4:21 PM

Bcc: phnotice@guamlegislature.org

FOR IMMEDIATE RELEASE

December 10, 2013

### PRESS RELEASE

### SECOND NOTICE OF PUBLIC HEARING

**Thursday, December 12, 2013**

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- The executive appointment of Mr. Theodore M. Lewis to the Guam Memorial Hospital Authority Board of Trustees.

**5:30 p.m.-2<sup>nd</sup> Public Hearing on Bill 215-32**

- Bill No. 215-32 (COR)- An act to add a new Article 24 to Chapter 12, Title 10 of the Guam Code Annotated, relative to allowing the medical use of cannabis, amending provisions of the Controlled Substances Act, providing penalties, and for other purposes, also known as the Joaquin Concepcion Compassionate Cannabis Use Act of 2013. Introduced by T.R. Muna-Barnes/A.A. Yamashita, Ph.D.

Testimony should be addressed to Senator Dennis Rodriguez, Jr., Chairman, and may be submitted via- hand delivery to our office at 176 Serenu Avenue Suite 107 Tamuning, Guam 96931 or our mailbox at the Main Legislature Building at 155 Hesler Place, Hagåtña, Guam 96910, or via email to [senator@rodriguez@gmail.com](mailto:senator@rodriguez@gmail.com).

We comply with Title II of the Americans with Disabilities Act (ADA). Individuals who require an auxiliary aid or service (i.e. qualified sign language interpreters, documents in Braille, large print, etc.) for effective communication, or a modification of policies or procedures to participate in a program service, or activity of Senator Dennis Rodriguez, Jr. should contact our office at 649-8638 (TODU) as soon as possible but no later than 48 hours before this scheduled event.

We look forward to your attendance and participation.

For further information, please contact the Office of Senator Dennis Rodriguez, Jr. at 649-8638 (TODU).

###

--  
*Si Yu 'os Ma 'åse'*,  
**Amanda L. Shelton**  
Chief of Staff  
Office of Senator Rodriguez

649-8638  
www.toduguam.com

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**Amanda Shelton** <amanda@toduguam.com>  
Bcc: phnotice@guamlegislature.org

Tue, Dec 10, 2013 at 4:22 PM

MEMORANDUM

TO: ALL SENATORS

FROM: Senator Dennis G. Rodriguez, Jr.

SUBJECT: Second Notice of Public Hearing

Buenas yan Hafa Adai!

The Committee on Health and Human Services, Health Insurance Reform, Economic Development and Senior Citizens has scheduled a public hearing for **December 12, 2013 at 4:00 p.m.** The items on the agenda are as follows:

**4:00 p.m.**

- The executive appointment of Ms. Hope Pangelinan to the Guam Board of Social Work.
- The executive appointment of Mr. Theodore M. Lewis to the Guam Memorial Hospital Authority Board of Trustees.

**5:30 p.m.-2<sup>nd</sup> Public Hearing on Bill 215-32**

- Bill No. 215-32 (COR)- An act to add a new Article 24 to Chapter 12, Title 10 of the Guam Code Annotated, relative to allowing the medical use of cannabis, amending provisions of the Controlled Substances Act, providing penalties, and for other purposes, also known as the Joaquin Concepcion Compassionate Cannabis Use Act of 2013. Introduced by T.R. Muna-Barnes/A.A. Yamashita, Ph.D.

I look forward to your presence and participation.

--  
*Si Yu 'os Ma 'åse'*,  
**Amanda L. Shelton**  
Chief of Staff  
Office of Senator Rodriguez

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As of December 2, 2013**

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## SENATOR DENNIS G. RODRIGUEZ, JR.

Thursday, December 12, 2013

### AGENDA

4pm/5:30pm Public Hearing Room, *I Liheslatura*

#### I. Call to Order

#### II. Items public consideration:

4:00 p.m.

- The executive appointment of Ms. Hope Pangelinan to the Guam Board of Social Work.
- The executive appointment of Mr. Theodore M. Lewis to the Guam Memorial Hospital Authority Board of Trustees.

5:30 p.m.-2<sup>nd</sup> Public Hearing on Bill 215-32

- Bill No. 215-32 (COR)- An act to add a new Article 24 to Chapter 12, Title 10 of the Guam Code Annotated, relative to allowing the medical use of cannabis, amending provisions of the Controlled Substances Act, providing penalties, and for other purposes, also known as the Joaquin Concepcion Compassionate Cannabis Use Act of 2013. Introduced by T.R. Munabarnes/A.A. Yamashita, Ph.D.
- 

#### III. Adjournment

Testimonies may be addressed to Sen. Dennis G. Rodriguez, Jr. and sent or to 155 Hesler St. Hagatna, Guam, the Guam Legislature's Mailroom, or via email at [senatordrodriguez@gmail.com](mailto:senatordrodriguez@gmail.com).

*Si Yu'os Ma'ãse'* for your participation in today's hearings and discussions!



# COMMITTEE ON RULES

*I Mina'trentai Dos na Liheslaturan Guåhan* • The 32nd Guam Legislature  
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CHAIRPERSON  
MAJORITY LEADER

Senator  
Thomas C. Ada  
VICE CHAIRPERSON  
ASSISTANT MAJORITY LEADER

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Senator  
Michael F.Q. San Nicolas  
Member

Senator  
V. Anthony Ada  
Member  
MINORITY LEADER

Senator  
Aline Yamashita  
Member

October 29, 2013

VIA E-MAIL  
[john.rios@bbmr.guam.gov](mailto:john.rios@bbmr.guam.gov)

John A. Rios  
Director  
Bureau of Budget & Management Research  
P.O. Box 2950  
Hagåtña, Guam 96910

**RE: Request for Fiscal Notes– Bill Nos. 212-32 (COR) through 215-32 (COR)**

*Hafa Adai* Mr. Rios:

Transmitted herewith is a listing of *I Mina'trentai Dos na Liheslaturan Guåhan's* most recently introduced bills. Pursuant to 2 GCA §9103, I respectfully request the preparation of fiscal notes for the referenced bills.

*Si Yu'os ma'åse'* for your attention to this matter.

Very Truly Yours,

Senator Rory J. Respicio  
*Chairperson, Committee on Rules*

Attachments (1)

Cc: Clerk of the Legislature

2013 OCT 31 AM 9:48  
*JMR*

Bill Nos.	Sponsor	Title
212-32 (COR)	T.R. Muña Barnes Judith T. Won Pat, Ed.D.	AN ACT TO ADD A NEW CHAPTER 59A TO TITLE 5 OF THE GUAM CODE ANNOTATED, RELATIVE TO THE PROCURING, INSTALLING, OPERATING, LEASING, MAINTAINING, REFURBISHING, AND REPLACING OF ENERGY-EFFICIENT STREETLIGHTS FOR THE ENTIRE ISLAND OF GUAM ALSO KNOWN AS THE ISLAND-WIDE ENERGY EFFICIENT STREET LIGHT ACT OF 2013.
213-32 (COR)	V. Anthony Ada	AN ACT TO AUTHORIZE I MAGA'LAHEN GUAHÅN TO EXCHANGE GOVERNMENT PROPERTY IN BARRIGADA FOR PRIVATELY OWNED PROPERTY LOCATED IN BARRIGADA TO BE USED FOR THE GUAM FLOOD MITIGATION PLAN.
214-32 (COR)	Michael F.Q. San Nicolas	AN ACT TO ALLOW EMPLOYEES OF GOVERNMENT OF GUAM AGENCIES AND INSTRUMENTALITIES TO APPLY PAYROLL DEDUCTIONS TO REGISTERED NON- PROFITS, BY AMENDING §20111 OF ARTICLE 1, CHAPTER 20, TITLE 5, GUAM CODE ANNOTATED.
215-32 (COR)	T.R. Muña Barnes, Aline A. Yamashita, Ph.D.	AN ACT TO ADD A NEW ARTICLE 24 TO CHAPTER 12, TITLE 10 OF THE GUAM CODE ANNOTATED, RELATIVE TO ALLOWING THE MEDICAL USE OF CANNABIS, AMENDING PROVISIONS OF THE CONTROLLED SUBSTANCES ACT, PROVIDING PENALTIES, AND FOR OTHER PURPOSES, ALSO KNOWN AS THE JOAQUIN CONCEPCION COMPASSIONATE CANNABIS USE ACT OF 2013.



Rory Respicio <cor@guamlegislature.org>

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**Request for Fiscal Notes– Bill Nos. 212-32 (COR) through 215-32 (COR)**

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Senator Rory J. Respicio <cor@guamlegislature.org>

Tue, Oct 29, 2013 at 2:26 PM

To: john.rios@bbmr.guam.gov

Cc: admin@bbmr.guam.gov, analyn.eustaquio@bbmr.guam.gov, Guam Legislature Clerks <clerks@guamlegislature.org>

Bcc: Mary Maravilla <marymaravilla19@gmail.com>

October 29, 2013

VIA E-MAIL

john.rios@bbmr.guam.gov

John A. Rios

Director

Bureau of Budget & Management Research

P.O. Box 2950

Hagåtña, Guam 96910

Received by:  
Analyn  
Date: 10/29/13  
Time: 3:00pm

RE: Request for Fiscal Notes– Bill Nos. 212-32 (COR) through 215-32 (COR)

*Hafa Adai* Mr. Rios:

Transmitted herewith is a listing of *I Mina'trentai Dos na Liheslaturan Guåhan's* most recently introduced bills. Pursuant to 2 GCA §9103, I respectfully request the preparation of fiscal notes for the referenced bills.

*Si Yu'os ma'åse'* for your attention to this matter.

—  
Majority Leader Rory J. Respicio  
Chairperson, Committee on Rules;  
Federal, Foreign & Micronesian Affairs;

Human & Natural Resources; and Election Reform  
*I Mina'Trentai Dos na Liheslaturan Guåhan*  
155 Hesler Place, Ste. 302  
Hagåtña, Guam 96910  
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 2013.10.29\_FN\_Request\_212-215.pdf  
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Senator  
Michael F.Q. San Nicolas  
Member

Senator  
V. Anthony Ada  
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MINORITY LEADER

Senator  
Aline Yamashita  
Member

October 25, 2013

### MEMORANDUM

**To:** **Rennae Meno**  
*Clerk of the Legislature*

**Attorney Therese M. Terlaje**  
*Legislative Legal Counsel*

**From:** **Senator Rory J. Respicio**  
*Majority Leader & Rules Chair*

**Subject:** **Referral of Bill No. 215-32(COR)**

As the Chairperson of the Committee on Rules, I am forwarding my referral of **Bill No. 215-32(COR)**.

Please ensure that the subject bill is referred, in my name, to the respective committee, as shown on the attachment. I also request that the same be forwarded to all members of *I Mina'trentai Dos na Liheslaturan Guåhan*.

Should you have any questions, please feel free to contact our office at 472-7679.


*Si Yu'os Ma'åse!*

Attachment

013 OCT 25 PM 3:17  
TMB

I MINA' TRENTI DOS NA LIHESLATURAN GUÅHAN  
2013 (FIRST) Regular Session

Bill No. 24-32-(COR)  
Introduced by:

T.R. Muña Barnes  
A.A. Yamashita, Ph.D. 

**AN ACT TO *ADD* A NEW ARTICLE 24 TO CHAPTER 12, TITLE 10 OF THE GUAM CODE ANNOTATED, RELATIVE TO ALLOWING THE MEDICAL USE OF CANNABIS, AMENDING PROVISIONS OF THE CONTROLLED SUBSTANCES ACT, PROVIDING PENALTIES, AND FOR OTHER PURPOSES, ALSO KNOWN AS THE JOAQUIN CONCEPCION COMPASSIONATE CANNABIS USE ACT OF 2013.**

**BE IT ENACTED BY THE PEOPLE OF GUAM:**

**Section 1. A New Article 24 is hereby *added* to Chapter 12 of Title 10 of the Guam Code Annotated to read as follows:**

**“ARTICLE 24.**

**THE JOAQUIN CONCEPCION COMPASSIONATE CANNABIS USE ACT  
OF 2013.**

- §122401. Title.
- §122402. Purpose of Act.
- §122403. Definitions.
- §122404. Exemption from Criminal and Civil Penalties for Medical Use of Cannabis.
- §122405. Prohibitions, Restrictions and Limitations on the Medical Use of Cannabis—Criminal Penalties.
- §122406. Advisory Board Created—Duties.
- §122407. Department Rules; Registry Identification Cards.
- §122408. Homegrown Cultivation Registrations.



1  
2           **§122401. Title.** This Act *shall* be known and *shall* be cited as the ‘*The*  
3 *Joaquin Concepcion Compassionate Cannabis Use Act of 2013.*’

4           **§122402. Purpose of Act.** The purpose of this Act is to allow the beneficial  
5 use of medical cannabis in a regulated system for alleviating symptoms caused by  
6 debilitating medical conditions and their medical treatments.

7           **§122403. Definitions.** As used in this Act:

8           (A) “Adequate supply” means an amount of cannabis, in any form approved  
9 by the Department, possessed by a qualified patient or collectively possessed  
10 by a qualified patient and the qualified patient’s primary caregiver that is  
11 determined by rule of the Department to be no more than reasonably  
12 necessary to ensure the uninterrupted availability of cannabis for a period of  
13 three (3) months and that is derived solely from an intrastate source.

14           (B) “Cannabis” means all parts of the plant of the genus cannabis, whether  
15 growing or not, the seeds thereof, the resin extracted from any part of the plant,  
16 and every compound, manufacture, salt, derivative, mixture, or preparation of the  
17 plant, its seeds, or its resin, including marijuana concentrate. “Cannabis” does not  
18 include the mature stalks of the plant, fiber produced from the stalks, oil, or cake  
19 made from the seeds of the plant, sterilized seed of the plant which is incapable of  
20 germination, or the weight of any other ingredient combined with marijuana to  
21 prepare topical or oral administrations, food, drink, or other products.

22           (C) “Debilitating medical condition” means:

- 23           (1) cancer;
- 24           (2) glaucoma;
- 25           (3) multiple sclerosis;
- 26           (4) damage to the nervous tissue of the spinal cord, with objective  
27 neurological indication of intractable spasticity;
- 28           (5) epilepsy;

1 (6) positive status for human immunodeficiency virus or acquired  
2 immune deficiency syndrome;

3 (7) admitted into hospice care in accordance with rules promulgated  
4 under this Act;

5 (8) post-traumatic stress disorder;

6 (9) rheumatoid arthritis or similar chronic autoimmune inflammatory  
7 disorders; or

8 (10) any other medical condition, medical treatment or disease as approved  
9 by the Department;

10 (D) “Department” means the Department of Public Health and Social  
11 Services.

12 (E) “Homegrown cultivation registration” means a registration issued to  
13 qualified patients or their personal caregivers under the terms of Section 122408 of  
14 this Act.

15 (F) “Hospice care” means palliative care for the terminally and seriously ill  
16 provided in a hospital, nursing home, or private residence.

17 (G) “Licensed producer” means any person or association of persons within  
18 Guam that the Department determines to be qualified to produce, possess,  
19 distribute and dispense cannabis pursuant to this Act and that is licensed by the  
20 Department.

21 (H) “Medical use” means the acquisition, cultivation, possession, processing,  
22 (including development of related products such as food, tinctures, aerosols, oils,  
23 or ointments), transfer, transportation, sale, distribution, dispensing, or  
24 administration of cannabis, as well as the possession of cannabis paraphernalia, for  
25 the benefit of qualifying patients in the treatment of debilitating medical  
26 conditions, or the symptoms thereof.

27 (I) “Practitioner” means a person licensed in Guam to prescribe and  
28 administer drugs that are subject to the Guam Uniform Controlled Substances Act.

1 (J) “Primary caregiver” means a resident of Guam who is at least eighteen  
2 (18) years of age and who has been designated by the qualified patient as being  
3 necessary to assist the patient in the medical use of cannabis in accordance with the  
4 provisions of this Act, and who so agrees to assist the patient. Primary caregivers  
5 are prohibited from consuming cannabis obtained for the personal, medical use of  
6 the qualified patient.

7 (K) “Qualified patient” means a resident of Guam who has been diagnosed  
8 by a practitioner as having a debilitating medical condition and has received  
9 written certification and a registry identification card issued pursuant to this Act.

10 (L) “Written certification” means a statement in a patient’s medical records  
11 or a statement signed by a patient's practitioner that, in the practitioner's  
12 professional opinion, the patient has a debilitating medical condition and the  
13 practitioner believes that the potential health benefits of the medical use of  
14 cannabis would likely outweigh the health risks for the patient. A written  
15 certification is not valid for more than one (1) year from the date of issuance.

16 **§122404. Exemption from Criminal and Civil Penalties for the Medical**  
17 **use of Cannabis.**

18 (A) A qualified patient *shall not* be subject to arrest, prosecution or penalty  
19 in any manner for the possession of or the medical use of cannabis if the quantity  
20 of cannabis does not exceed an adequate supply.

21 (B) A qualified patient’s primary caregiver *shall not* be subject to arrest,  
22 prosecution or penalty in any manner for the possession of cannabis for medical  
23 use by the qualified patient if the quantity of cannabis does not exceed an adequate  
24 supply.

25 (C) Subsection A of this section *shall not* apply to a qualified patient under  
26 the age of eighteen years, unless:

27 (1) the qualified patient’s practitioner has explained the potential risks  
28 and benefits of the medical use of cannabis to the qualified patient and

1 to a parent, guardian or person having legal custody of the qualified  
2 patient; and

3 (2) a parent, guardian or person having legal custody consents in  
4 writing to:

5 (a) allow the qualified patient's medical use of cannabis;

6 (b) serve as the qualified patient's primary caregiver; and

7 (c) control the dosage and the frequency of the medical use of  
8 cannabis by the qualified patient.

9 (D) A qualified patient or a primary caregiver *shall* be granted the full legal  
10 protections provided in this section if the patient or caregiver is in possession of a  
11 registry identification card.

12 (E) A qualified patient who fails to register and receive a registry  
13 identification card from the Department but who nevertheless has received a  
14 written certification from their physician for the medical use of cannabis may be  
15 subject to arrest or prosecution but may raise an affirmative defense at trial.

16 (F) A practitioner *shall not* be subject to arrest or prosecution, penalized in  
17 any manner or denied any right or privilege for recommending the medical use of  
18 cannabis or providing written certification for the medical use of cannabis pursuant  
19 to this Act.

20 (G) A licensed producer *shall not* be subject to arrest, prosecution or  
21 penalty, in any manner, for the production, possession, distribution or dispensing  
22 of cannabis in compliance with this Act.

23 (H) Any property interest that is possessed, owned or used in connection  
24 with the medical use of cannabis, or acts incidental to such use, *shall not* be  
25 harmed, injured or destroyed while in the possession of state or local law  
26 enforcement officials. Any such property interest *shall not* be forfeited under any  
27 local law providing for the forfeiture of property except as provided in the Special  
28 Assets Forfeiture Fund, 10 GCA §§ 79101 - 79105. Cannabis, paraphernalia or

1 other property seized from a qualified patient or primary caregiver in connection  
2 with the claimed medical use of cannabis *shall* be returned immediately upon the  
3 determination by a court or prosecutor that the qualified patient or primary  
4 caregiver is entitled to the protections of the provisions of this Act, as may be  
5 evidenced by a failure to actively investigate the case, a decision not to prosecute,  
6 the dismissal of charges or acquittal.

7 (I) A person *shall not* be subject to arrest or prosecution for a cannabis-  
8 related offense for simply being in the presence of the medical use of cannabis as  
9 permitted under the provisions of this Act.

10 (J) A person *shall not* be subject to arrest or prosecution for a cannabis-  
11 related offense for simply allowing one's property to be used by qualified patients  
12 or their primary caregivers for the homegrown cultivation of cannabis to the extent  
13 permitted under Section 122408 of this Act.

14 **§122405. Prohibitions, Restrictions and Limitations on the Medical Use**  
15 **of Cannabis—Criminal Penalties.**

16 (A) Participation in the medical use of cannabis by a qualified patient or  
17 primary caregiver does not relieve the qualified patient or primary caregiver from:

18 (1) criminal prosecution or civil penalties for activities not permitted  
19 by this Act;

20 (2) liability for damages or criminal prosecution arising out of the  
21 operation of a vehicle while under the influence of cannabis; or

22 (3) criminal prosecution or civil penalty for possession or use of  
23 cannabis:

24 (a) in a school bus or public vehicle;

25 (b) on school grounds or property;

26 (c) in the workplace of the qualified patient's or primary  
27 caregiver's employment; or

28 (d) at a public park, recreation center, youth center or other

1 public place.

2 (B) A person who makes a fraudulent representation to a law enforcement  
3 officer about the person's participation in a medical use of cannabis program to  
4 avoid arrest or prosecution for a cannabis-related offense is guilty of a petty  
5 misdemeanor.

6 (C) If a licensed producer sells, distributes, dispenses or transfers cannabis  
7 to a person not permitted to participate in the medical use of cannabis under this  
8 Act, or obtains or transports cannabis outside Guam in violation of federal law, the  
9 licensed producer shall be subject to arrest, prosecution and civil or criminal  
10 penalties in accordance with Guam law.

11 **§122406. Advisory Board Created—Duties.** The Director of the  
12 Department *shall* establish an advisory board consisting of seven (7) members, six  
13 (6) of which *shall* be practitioners representing the fields of neurology, pain  
14 management, medical oncology, psychiatry, infectious disease, and family  
15 medicine, and one (1) of which shall be a member of the public at large. The  
16 practitioners *shall* be board-certified in their area of specialty and knowledgeable  
17 about the medical use of cannabis. The members *shall* be chosen for appointment  
18 by the Director from a list proposed by the Guam Board of Medical Examiners. A  
19 quorum of the advisory board shall consist of three (3) members. The advisory  
20 board *shall*:

21 (A) review and recommend to the Department for approval additional  
22 debilitating medical conditions that would benefit from the medical use  
23 of cannabis;

24 (B) accept and review petitions to add medical conditions, medical  
25 treatments or diseases to the list of debilitating medical conditions that  
26 qualify for the medical use of cannabis;

27 (C) convene at least twice per year to conduct public hearings and to  
28 evaluate petitions,

1 which shall be maintained as confidential personal health information, to add  
2 medical conditions, medical treatments or diseases to the list of debilitating  
3 medical conditions that qualify for the medical use of cannabis; and

4 (D) recommend quantities of cannabis that are necessary to constitute an  
5 adequate supply for qualified patients and primary caregivers.

6 **§122407. Department Rules; Registry Identification Cards.**

7 (A) No later than nine (9) months after enactment of this Act, and after  
8 consultation with the advisory board, the Department *shall* promulgate rules in  
9 accordance with the Administrative Adjudication law, 5 GCA § 9100 *et seq.*, to  
10 implement the purpose of this Act. The rules *shall*:

11 (1) govern the manner in which the Department will consider  
12 applications for registry identification cards and for the renewal of  
13 identification cards for qualified patients and primary caregivers;

14  
15 (2) define the amount of cannabis that is necessary to constitute an  
16 adequate supply, including amounts for topical treatments;

17 (3) identify criteria and set forth procedures for including additional  
18 medical conditions, medical treatments or diseases to the list of  
19 debilitating medical conditions that qualify for the medical use of  
20 cannabis. Procedures shall include a petition process and shall allow  
21 for public comment and public hearings before the advisory board;

22 (4) set forth additional medical conditions, medical treatments or  
23 diseases to the list of debilitating medical conditions that qualify for  
24 the medical use of cannabis as recommended by the advisory board;

25 (5) identify requirements for the licensure of producers and cannabis  
26 production facilities and set forth procedures to obtain licenses;

27 (6) develop a distribution system for medical cannabis that provides  
28 for:

1 (a) cannabis production facilities within Guam housed on  
2 secured grounds and operated by licensed producers; and  
3 (b) distribution of medical cannabis to qualified patients or their  
4 primary caregivers to take place at locations that are designated  
5 by the Department and that are not within one thousand (1,000)  
6 feet of any school, church or daycare center;

7 (7) determine additional duties and responsibilities of the advisory  
8 board;

9 (8) be revised and updated as necessary; and

10 (9) set application fees for registry identification cards so as to defray  
11 the administrative costs of implementing this Act.

12 (B) The Department *shall* issue registry identification cards to a patient and  
13 to the primary caregiver for that patient, if any, who submit the following, in  
14 accordance with the Department's rules:

15 (1) a written certification;

16 (2) the name, address and date of birth of the patient;

17 (3) the name, address and telephone number of the patient's  
18 practitioner; and

19 (4) the name, address and date of birth of the patient's primary  
20 caregiver, if any.

21 (C) The Department *shall* verify the information contained in an application  
22 submitted pursuant to Subsection B of this section and shall approve or deny an  
23 application within thirty days of receipt. The Department may deny an application  
24 only if the applicant did not provide the information required pursuant to  
25 Subsection B of this section or if the Department determines that the information  
26 provided is false. A person whose application has been denied *shall not* reapply  
27 for six (6) months from the date of the denial unless otherwise authorized by the  
28 Department.



1 (D) The Department *shall* issue a registry identification card within five (5)  
2 days of approving an application, and a card *shall* expire one year after the date of  
3 issuance. A registry identification card *shall* contain:

4 (1) the name, address and date of birth of the qualified patient and  
5 primary caregiver, if any;

6 (2) the date of issuance and expiration date of the registry  
7 identification card; and

8 (3) other information that the Department may require by rule.

9 (E) A person who possesses a registry identification card *shall* notify the  
10 Department of any change in the person's name, address, qualified patient's  
11 practitioner, qualified patient's primary caregiver or change in status of the  
12 qualified patient's debilitating medical condition within ten (10) days of the  
13 change.

14 (F) Possession of or application for a registry identification card *shall not*  
15 constitute probable cause or give rise to reasonable suspicion for a governmental  
16 agency to search the person or property of the person possessing or applying for  
17 the card.

18 (G) The Department *shall* maintain a confidential file containing the names  
19 and addresses of the persons who have either applied for or received a registry  
20 identification card. Individual names on the list *shall* be confidential and not  
21 subject to disclosure, except:

22 (1) to authorized employees or agents of the Department as necessary  
23 to perform the duties of the Department pursuant to the provisions of  
24 this Act;

25 (2) to authorized employees of state or local law enforcement  
26 agencies, but only for the purpose of verifying that a person is  
27 lawfully in possession of a registry identification card; or

28 (3) as provided in the federal Health Insurance Portability and

1 Accountability Act of 1996, codified at 42 U.S.C. § 1320d *et seq.*

2 **§122408. Homegrown Cultivation Registrations.** If after nine (9) months  
3 after enactment of this Act, the Department has failed to promulgate rules as  
4 mandated under Section 122407(A) of this Act for the production and distribution  
5 of medical cannabis, the Department *shall* issue a homegrown cultivation  
6 registration to a qualifying patient allowing the patient or the patient’s personal  
7 caregiver to cultivate a limited number of plants, sufficient to maintain an adequate  
8 supply of cannabis, and *shall* require cultivation and storage only in an enclosed,  
9 locked facility. Until the Department promulgates said rules, the written  
10 recommendation of a qualifying patient’s physician *shall* constitute a valid  
11 cultivation registration.”

12 **Section 2. The following *new* subsection (g) is added to Appendix A of**  
13 **Chapter 67 of Title 9 Guam Code Annotated, to read as follows:**

14 “(g) The enumeration of marihuana, tetrahydrocannabinols or chemical  
15 derivatives of these as Schedule I controlled substances does not apply to the  
16 medical use of cannabis pursuant to the Joaquin Concepcion Compassionate  
17 Cannabis Use Act of 2013.”

18 **Section 3. Temporary Provision.**

19 (A) During the period between December 1, 2013, and thirty (30) days after  
20 the effective date of rules promulgated by the Department pursuant to Subsection  
21 122407(A) of this Act, a qualified patient who would be eligible to engage in the  
22 medical use of cannabis in accordance with this Act but for the lack of effective  
23 rules concerning registry identification cards, licensed producers, cannabis  
24 production facilities, distribution system and adequate supply, may obtain a written  
25 certification from a practitioner and upon presentation of that certification to the  
26 Department, the Department *shall* issue a temporary certification for participation  
27 in the program. The Department *shall* maintain a list of all temporary certificates  
28 issued pursuant to this section.

1 (B) A person possessing a temporary certificate and the person's primary  
2 caregiver are not subject to arrest, prosecution, civil or criminal penalty or denial  
3 of any right or privilege for possessing cannabis if the amount of cannabis  
4 possessed collectively is not more than the amount that is specified on the  
5 temporary certificate issued by the Department.

6 (C) A practitioner *shall not* be subject to arrest or prosecution to be  
7 penalized in any manner or denied any right or privilege for recommending the  
8 medical use of cannabis or providing written certification for the medical use of  
9 cannabis pursuant to this Act on or after December 1, 2013.

10 **Section 4. Severability.** *If* any provision of this Act or its application to  
11 any person or circumstance is found to be invalid or contrary to law, such  
12 invalidity shall not affect other provisions or applications of this Act which can be  
13 given effect without the invalid provisions or application, and to this end the  
14 provisions of this Act are severable.

15 **Section 5. Effective date.** The Act *shall* take effect upon enactment into  
16 law.