

The ACT 230 Medical Cannabis Oversight Working Group: Sub-Committee Report on Education

Members:

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Recommendations:

1. Establish and support with funding a Coalition for Medicinal Cannabis Research and Education to conduct and disseminate scientific research, provide education, and to guide policy development for the adoption of a statewide policy on the medicinal use of cannabis and educational material for the general public, providers, patients and caregivers.
2. Based on recommendations from the Coalition of Medical Cannabis Research and Education, require the certifying physicians/advance practice registered nurses complete twelve (12) continuing educational hours, annually. The courses and hours should be monitored and tracked by the Department of Health. The educational material should be offered through an on-line learning portal, managed by the Department of Health. The curriculum should be relevant and based on up to date trends including but not be limited to:
 - a. The cannabinoid and the endocannabinoid system,
 - b. Uses, benefits, potential health risks of cannabis,
 - c. Diagnostic criteria, physical examination for qualifying medical conditions,
 - d. Ethical issues,
 - e. Navigating the system of care for medical cannabis patients, including laboratory testing, dispensary use, community resources available related to medical use of cannabis, etc.
 - f. Cannabis use in children, the elderly, and other vulnerable groups,
 - g. Role and responsibility of the Caretaker, and
 - h. Reviewing the patient's controlled drug prescription history in the prescription drug monitoring program database.
3. Based on recommendations from the Coalition of Medical Cannabis Research and Education, establish qualifications to become/remain a patient caregiver status. Caregivers should complete six (6) hours of continuing education, annually. The completion of courses should be monitored and tracked by the Department of Health. The educational material should be offered through an on-line learning portal, managed by the Department of Health. The curriculum should be relevant and based on up to date trends including but not be limited to:
 - a. The cannabinoid and the endocannabinoid system,
 - b. Uses, benefits, potential health risks of cannabis,
 - c. Ethical issues,
 - d. Navigating the system of care for medical cannabis patients, including laboratory testing, dispensary use, community resources available related to medical use of cannabis, etc.
 - e. Cannabis use in children, the elderly, and other vulnerable groups, and
 - f. Role and responsibility of the Caretaker.
4. Universities in State of Hawaii should consider including the study of cannabis and the cannabinoid and the endocannabinoid system in the curriculum of medical, nursing and pharmacy programs. This can ensure physicians; advance practice registered nurses and

pharmacists have access to high-quality education on up-to-date research and clinical applications of cannabis for therapeutic use. They can also benefit from education on the history of cannabis, cannabis law, policy, plant biology, chemistry, and the effects of cannabis on human physiology, and the issues related to cannabis' legal production as a medicine and the benefits and risks of its medicinal use.

5. Recommend with funding the implementation of widespread and comprehensive educational initiatives to address public safety concerns, including but not limited to:
 - a. Public education campaigns by the Department of Health, Department of Transportation, the Department of Public Safety and other law enforcement agencies
 - b. Educational materials and information on personal responsibility and public safety provided by medical marijuana retail dispensaries to their clientele
 - c. Increased use of effective and efficient methods for training law enforcement personnel, including Drug Recognition Experts, to detect or measure the level of impairment of a motor vehicle operator who is under the influence of marijuana by the use of technology or otherwise.
 - d. Maintain and/or increase training and other support to enable law enforcement officers and prosecutors to pursue cases using available evidence.

Drugged Driving Stats

- Hawaii state data show that from 2013 through 2015, out of 272 fatal crashes, 53 (or 19 percent) involved tetrahydrocannabinol (THC). Using Colorado data as an indicator, there is a concern that these numbers may increase with the opening of medical cannabis retail dispensaries and the availability of medical cannabis products. According to the September 2015 “The Legalization of Marijuana in Colorado: The Impact” report, the average number of marijuana-related traffic deaths in Colorado increased 48 percent during the medical marijuana commercialization years (2009-2012) compared to the pre-commercialization years (2006-2008), when medical marijuana was legal but there were no known dispensaries.
- In Hawaii, there was a significant increase in marijuana-involved driving following the legalization of medical cannabis. According to Hawaii state data, during the pre-medical cannabis period (1991-2000) – before medical cannabis was legalized in the state, 4.89 percent of fatally injured drivers tested positive for having cannabis in their systems. After the medical cannabis program went into effect, during the post-medical cannabis period (2001-2011), the proportion of fatally injured drivers who tested positive for THC increased to 14.61 percent.

IMPACT OF MEDICAL CANNABIS IN HAWAII NUMBER AND PERCENTAGE OF THC-POSITIVE FATALITIES

■ Pre Medical Cannabis (1991-2000) ■ Post Medical Cannabis (2001-2011)

