Summary of Stakeholder Listening Sessions

A Report for the Hawaii Dual Use of Cannabis Task Force

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Background

In 2021, the Hawaii Legislature passed SB1139 which was signed into law as Act 169 Session Laws of Hawaii 2021. Act 169 charged the Hawaii Office of Medical Cannabis Control and Regulation with exploring the development of a dual medical and adult use cannabis program. In order to provide the Task Force with a better initial understanding of key considerations, issues, and concerns regarding possible legalization of adult-use cannabis in Hawaii, the Hawaii Department of Health (HI DOH) sought to conduct six Listening Sessions with different stakeholder groups from Hawaii, including current medical cannabis patients and caregivers, certifying clinicians, current medical cannabis dispensary licensees in Hawaii, public health and prevention professionals, behavioral health and treatment professionals, and public safety and law enforcement professionals.

This report details the methodology used for the Listening Sessions and provides a summary of key information shared by each group, including areas where groups overlap in terms of their concerns, considerations, and recommendations. This report should be used as a starting point in assessing stakeholder considerations and should not replace direct engagement the Task Force might consider to gain additional insight and detail from these stakeholder groups.

Methods

This was not a research-based project, and the structured Listening Sessions were not conducted using rigorous research protocols. The purpose of the Listening Sessions was to better understand stakeholder input related to the broad types of cannabis policy questions the Task Force should consider. The purpose was not to answer specific research questions.

Stakeholder Groups

Stakeholder groups were identified in collaboration with the HI DOH to gather a broad range of perspectives and input for the Task Force. Six Listening Sessions were conducted between March and April 2022 with between 4 and 9 individuals who were identified from each of the following groups or communities:

- Current medical cannabis patients and caregivers in Hawaii
- Certifying clinicians
- Current medical cannabis dispensary licensees in Hawaii
- Public health and prevention professionals
- Behavioral health and treatment professionals
- Public safety and law enforcement professionals

One additional Listening Session was conducted with an individual involved in Emergency Management Services (EMS) in Hawaii to understand potential impacts related to EMS. Because this call was conducted with a single individual, insights from that Listening Session have not been integrated into the findings below.

Participant Recruitment

Participant recruitment was conducted by staff at the HI DOH.

- Current medical cannabis patients and caregiver participants were identified by first reviewing patients in the registry system based on basic demographic information (e.g., age, gender, residential location). Program staff wanted to hear a variety of patient and caregiver perspectives and specified distinct groups that would represent the population in Hawaii, such as patients who only purchase cannabis and manufactured cannabis products from a dispensary,

patients who grow their own cannabis or purchase from an alternative source, caregivers of a minor patient, caregivers of an older adult, a new patient, and patients that have registered in the program for multiple years. Once patient groups had been identified, HI DOH contacted patients and caregivers either by cold calling them or reaching out to those that they had had prior communication with. Since the Listening Sessions included a small number of participants, HI DOH staff felt that including a patient advocate was also important.

- Certifying clinician participants were identified from: (1) records of those who had been certifying patients before the DOH assumed the program officially in 2015 and (2) records of newer clinicians who started providing services after 2015. The department also wanted to hear from a mix of MDs and APRNs who provided general medical services and those who specialized in fields like oncology, pain management, and pediatrics. Once identified the certifying clinician participants were contacted and invited to participate.
- Public health and prevention professionals, and behavioral health and treatment professionals were recommended by the HI DOH primary prevention, harm reduction, alcohol and drug abuse, and adult, child, and adolescent mental health programs. Once identified, individuals from each group were invited via phone and/or email to participate.
- Public safety and law enforcement participants included representatives from state and county agencies with ongoing collaborative relationships with HI DOH around the subject of cannabis, including police, fire, and narcotics enforcement.
- Each of the eight current medical cannabis dispensary licensees was invited to send one individual from their organization to participate in the Listening Sessions.

Recruited participants were invited to share insights as part of a Listening Session on the topic of a dual-use cannabis regulatory system (medical and adult use) in Hawaii. Listening Sessions were conducted via zoom and were scheduled at times when most participants were available.

Listening Session Process and Questions

At the beginning of each Listening Session call, participants were advised about the purpose of the call, including details about Act 169 SLH 2021 and the Task Force. Participants were advised that they would not be identified in the report about the Listening Sessions and were allowed to choose a pseudonym for the zoom call if they were concerned about anonymity. Participants were also advised that the Listening Session was meant to be an initial conversation about their comments, questions, and considerations related to a dual-use system in Hawaii, and they were encouraged to continue to engage with the Task Force in the months to come to provide additional input.

Listening Session participants were generally asked a similar set of questions, with some tailoring based on their stakeholder group. Those questions included:

1. As a member of [STAKEHOLDER GROUP], how do you feel about the idea of adult cannabis legalization in Hawaii? Can you share more about why do you feel this way?
2. What concerns or considerations do you have about adult use legalization? Are you particularly worried about anything?
3. What potential positive outcomes might come from adult use cannabis legalization?
4. Are there particular populations or communities you want to ensure are carefully considered in developing a legalization framework?
5. Are there particular issues you want to make sure are carefully considered in a legalization framework? Which ones? Why?

6. What areas of the current medical cannabis system in Hawaii would you want to see changed or preserved if adult use cannabis was legalized? What would an ideal legalization framework look like for your stakeholders? *[Asked of some but not all groups due to time and relevance.]*
7. Is there anything else we haven't asked you about as part of this topic that you feel is important for policymakers to know when considering adult use cannabis legalization in Hawaii?

Listening session zoom calls lasted between 60 and 90 minutes, and were facilitated in a qualitative manner, with efforts to probe for additional context and detail (as time allowed), to reflect information for verification of understanding, and to synthesize areas of consistency across the group for validation. Most calls were facilitated by Gillian Schauer (Independent Consultant to HI DOH), with an introduction about the call purpose provided by Michele Nakata (HI DOH). Staff from HI DOH were on the line to help take notes, and zoom calls were recorded with permission for internal note taking purposes only.

Information shared during Listening Sessions was summarized after reviewing recordings and notes. Major ideas shared by each Listening Session Group were noted and direct quotes from participants were used to illustrate specific ideas that were shared. Care was taken by the authors of the report to synthesize only ideas that were shared by participants, and not to overlay any additional narrative. Major themes and ideas were cross walked among all the Listening Session groups to identify areas of similarity or overlap in terms of concerns, positives, and policy issues to consider. The summary of the findings was reviewed and approved by DOH staff.

Findings

Information elicited from the Listening Sessions is summarized in a narrative form by question and by group and summarized in tables.

Question 1: How do you feel about the idea of adult cannabis legalization in Hawaii?

Patients and caregivers that were part of the Listening Session were generally supportive of adult use cannabis legalization in Hawaii but pivoted quickly to a discussion about concerns. While participants supported adult use legalization, they were concerned about impacts on patients and the medical program, including access to products, availability of certain medical products, and guidance for patients and caregivers. One participant said, "It should be legalized. It's been illegal way too long for all the wrong reasons. So, I'm absolutely all for legalization of adult use, but I have a lot of concerns after watching legalization in other states and what's happened to the medical programs." Another participant added, "I am pro adult use. I would like to see it because of the discrimination that I hear over and over again. You've got nurses that are worried about their jobs, federal workers, veterans, medical patients at the elderly home…and then also for the medical side to be covered by insurance…there's a lot of reasons that I would like to see the adult use – and the stigma – come off." Other participants reported supporting adult use in general, but feeling that Hawaii was not yet ready for adult use legalization and still had much to do to truly support patients and medical consumers and to understand the implications that adult use legalization might have on patients and caregivers. As described by one caregiver, "I just feel, are we ready? I'm having a hard time with the medical part, let alone the recreational part." Another added, "We need to do some surveys on what is [sic] the expected needs of patients. I have a lot of concerns about how it's going to happen without harm to patients."

Certifying clinicians that were part of the Listening Session were generally supportive of adult use legalization, particularly if legalization has a focus on social justice. One participant said, "I think if we are going to look at adult use, it has to be in a framework that also really supports Native Hawaiians and people who have been affected by the war on drugs." However, they expressed concerns about what adult use would mean for product quality and access for patients, and whether patients would still

have access to the products they need, including those that are home grown. One participant said, "What we have seen in the continental United states with adult use and with legalization is decreased access for patients – cannabis becomes more expensive with tax rates 15-30% depending on which part of the nation you are in, and access to specialty products, RSO[1], concentrates, topicals, things that people are using medicinally become less available." Another participant said, "I share those concerns. We have supported home growing and craft personalized use cannabis for twenty years now here. I would welcome recreational, but I'm wary and concerned that the recreational direction has already been taken with the vertical medical model, and I worry that as we go recreational, we won't have craft growing or home growing and dispensaries will only sell recreational-style cannabis, which is only high in THC."

Current medical cannabis licensees that were part of the Listening Session were supportive of adult use legalization and reported feeling like it was inevitable in Hawaii. They noted that in many ways, "the adult use market is already here and thriving – it's just completely untaxed and unregulated." One participant said, "People are making lots of money off it, they're just all doing it in the shadows. They're not paying their employees on the books; they're not paying health insurance." Licensees generally felt that adult use legalization would help reduce the illicit market. Many also noted that they have been waiting for the adult use market. One participant said, "Very few people got into this business with the hope or belief that there would be a lot of money to be made as a medical provider. The only real way to recover investment and have long term profitability is with adult use. The current medical market is a very small share of the total cannabis commerce in Hawaii."

While supportive of legalization, many licensees also had concerns about how legalization might happen in Hawaii, what regulations would look like, the impact on existing medical operators, and whether current medical licensees would be "at the table" to weigh in on regulations that would set the industry up for success. One participant described this, saying, "We're supportive, but the devil is in the details – in the how to. The greatest benefit to the community can be expressed through adult use, through legal use - reducing the illicit market and untested products." Another licensee said, "We've been paving this difficult road towards acceptance for the last 6 years and we should get to drive on it".

Prevention and public health professionals that were part of the Listening Session were generally opposed to adult use legalization with concerns about impacts to youth, communities, public safety/driving, social norms, and a lack of resources to address potential negative externalities. One participant shared a concern about a "mismatch between what the products are now and what legislators think they are from when they were in college." Another participant wondered if Hawaii was ready – if Hawaii had the right systems in place, including education to doctors, prevention curriculum for children, an understanding of social norms and cultural implications for children seeing parents or other adults using cannabis. A couple of participants supported decriminalization but were concerned about the effects of having a commercial adult use cannabis marketplace.

Behavioral health and treatment professionals that were part of the Listening Session were opposed to adult use legalization, with concerns about impacts on youth, communities, mental health, and exposure to high levels of THC in cannabis products. One participant said, "We know marijuana is most problematic for minors, up into the early 20s – anyone whose brain isn't fully developed. So that's a concern." Many spoke firsthand about the negative effects they observed with patients, clients, and their communities.

Public safety professionals that were part of the Listening Session were opposed to adult use legalization, with concerns about diversion and access by youth, impaired driving, public consumption, and challenges with enforcement. There was also a perception that legalization would not significantly minimize the illicit market. For example, one participant said, "None of legalized programs that exist

[1] RSO stands for Rick Simpson Oil, a specific cannabis oil used for a range of medicinal reasons.

now have minimized the criminal element attached to cannabis. We've had legalized cannabis here for 20 years, but people are always trying to break the limits, exceed what's allowed. No one's going to go to dispensaries if the black market continues to flourish on the streets. The criminal elements will continue, and public safety will suffer." In addition to concerns expressed from their professional experience, a few participants spoke about personal experiences seeing negative effects from cannabis in family members or close friends. One participant said, "I grew up in Hawaii and it's kind of been a culture of marijuana. For me personally, I have two family members who my first recollection of them was smoking marijuana. Both of them ended up in prison. Hence, I have a career in law enforcement. So, for my feelings, I can't think of a positive. Long term – what's the end result going to be? To be determined…"

Table 1: Reported support or opposition to adult use legalization by Listening Session Group

	Oppose	Majority oppose	Majority support	Support
Patients and caregivers			X	
Certifying clinicians			X	
Current medical cannabis licensees				X
Prevention and public health professionals		X		
Behavioral health and treatment professionals	X			
Public safety professionals	X			

*Oppose=consensus among Listening Session participants, Majority oppose=majority of Listening Session participants oppose, with some divergence, Majority support=majority of Listening Session participants support, with some divergency, Support=consensus among Listening Session participants

Question 2: What concerns or considerations do you have about adult use legalization?

Patients and caregivers reported specific concerns with fewer options for products, potential product shortages, and the denigration of the medical program. One participant said, "I have a lot of concerns watching what's happened to the medical programs in other states that have legalized adult use. The first issue patients have been experiencing is shortages of product as the dispensaries switch their focus from medical to adult use and stop carrying the products patients need, like high CBD products. Some of the stores… stop catering to medical patients' needs at all, they don't recognize patients' cards so they can charge tax on the products. I think we need to preserve the medical products and sales, and grandfather in the current dispensary licensees to be able to sell adult use products."

Some participants were also concerned that a transition to adult use could make an already confusing marketplace more confusing for patients. One caregiver described walking into a dispensary and feeling overwhelmed and not getting sufficient information about products to help the patient, saying, "I just don't feel like there's any guidance and then when it gets recreational, what kind of guidance with that?"

One participant expressed concerns about increased public smoking of cannabis, saying, "I have congestive heart failure, I had open heart surgery, and I'm high allergic to the smell [and smoke]." The participant described a neighbor who regularly smokes cannabis and the smoke drifting into her house and burning her lungs. Another participant said, "If we do go adult use, it's going to be 'oh I can smoke joints down at the beach.' And that's not cool. I'm a patient and a [parent] of a patient, but don't want my [grandchildren] to be looking at people getting stoned on the beach."

Participants also expressed concerns about caregivers, home grown cannabis, or collective grows going away. One patient described it as, "[Dispensaries] are selling quarter ounces for upwards for $120, which is one of the main reasons I don't go to dispensaries that much." The patient went on to say that getting rid of caregivers and home grow "will be not too good for medical patients like myself,

being forced to go to a dispensary, just because only a handful of people on this island were awarded certificates [licenses] to sell cannabis. So that's my main concern is that I'm going to have less options with caregivers going away."

One participant expressed concerns about outside influences that in other states, outside influences were able to come into a state medical market and "were able to talk to lawmakers that were not educated enough to understand what they were getting into" resulting in policies that have hurt patients and end of life care.

Certifying clinicians cited concerns about what legalization would mean for product quality, price, and availability. One participant shared, "What we've seen in the continental US is decreased access for patients, increased cost, with tax rates 15-30%, and access to specialty products, concentrates, RSO, topicals become less available." They also expressed a concern that their patients would lose craft or homegrown outlets that they rely on, saying "The dispensaries trying to corner the market have actively discouraged medical patients from growing their own medicine confidently." Another participant added that "I worry that we won't have craft or home grown [cannabis], and dispensaries will only sell recreational-style cannabis, high in THC," and losing craft home grown cannabis could mean that patients could lose access to "low THC, interesting genetics, what patients need, and what we've had here in favor of high THC concentrates that appeal to the adult use market." Others agreed, but with caveats on home growing, "My concern is that first you start small, and then you have a lot of people growing…instead of a pineapple plantation, we'll have farms of cannabis plants, with no oversight on regulations in local growing."

Certifying clinicians also expressed concerns that the local industry would be replaced by out of state, multi-state operators. "This is already happening with our dispensaries ever since the law changed that allowed there to be other owners rather than the original applicants," one participant said. "These Multi-state operators – I think Hawaii is going to be the crown jewel for them. They all want to get in here, they want to take over everything, so that's a major concern for me." Participants went on to talk about related concerns with outside investment, density, social norms, and youth access. One participant said, "If there is a dual system and it goes recreational, I would hate if a bunch of outside corporations came in and flooded the market with storefronts, because it will leach out there, it will get to whoever, and that's a big question. How are you going to regulate that? Now, you kind of know where the grow sites are. But is all of the west coast going to come over and set up store fronts all over Waikiki, and wherever, and the big concern is families, children, and that kind of thing. It shouldn't be like going to buy a beer or some liquor. I think that's the – if you can call it a good thing – about having to see a clinician – at least you have to see somebody who can say, 'Is this going to be right for you' and it's going to be used in a medicinal manner. If you go all recreational, the state's going to have to look at all of the negative effects that the west coast and all of the other states have had to encounter."

Current medical cannabis licensees had a range of concerns and considerations, based on their experience as current operators in the Hawaii Medical Cannabis marketplace. They had concerns about what would happen to existing licensees, who are required to have vertically integrated systems, if legalization adopted a "horizonal" approach wherein licensees are not allowed to grow, produce, and retail the product. One participant said, "The idea of breaking us up when we were forced into vertical…. for us to figure out how to break our companies apart, that seems unrealistic. But I wouldn't want to put this burden of vertical on new licensees. It's a nightmare. A horizontal marketplace is the only thing that makes sense." Another licensee added that breaking up vertically integrated operators would "only become an exercise for lawyers, not for operators. It would be legal maneuvering of corporate structures."

Licensees were also concerned with the timeline for implementation once adult use legislation passes. They reported needing sufficient time to scale up, suggesting the first round of additional licenses need to be for production – then processing/manufacturing, then retail. "When [adult use]

starts, our shelves will be bare within weeks. Tourists will come here and walk into stores with empty shelves," said one licensee. They shared concerns that the industry needs time to be ready for additional demand that adult use will bring – and that the legislature might make reactionary decisions based on perceived lack of supply that would be blamed on existing medical operators. One licensee suggested that there may be a need for incremental expansion, determining whether existing structures can meet demand. Another reported wanting implementation that is, "methodical without being overly slow."

However, licensees also expressed concern about over-licensing in Hawaii. One licensee said that Hawaii "doesn't need to have stores on every corner to give access," but that "stores need to have access to all of the products that are available," favoring the option of a horizontal approach wherein companies can grow and manufacture without having to do both and retail products as well. Another licensee talked about examples of policy failures from other jurisdictions that need to be considered. He reported that "in Oregon, there's enough cannabis for everyone to consume a quarter pound every few months. Careful thought needs to be put into the number of licenses awarded [in Hawaii]." Another licensee felt that current operators don't have enough scale to compete with the illicit market and said, "that won't get better with the issuance of more licenses." They suggested more choice and more locations as a way to approach scale, but not over-licensing.

They also reported concerns that out of state products could flood into the market and crush in-state operators. They felt that other states have already had a huge head start. One licensee felt wholesale and interisland transport is a must, and licensees need to be able to support the other islands, creating a trade economy within the state. "If our competition includes unregulated product coming in from outside, and wholesale and interisland transportation is established for the existing [medical cannabis] business, then we can establish definitions, safety specifications, and stakeholders now with the existing market, and work together to set criteria and path toward adult use."

Licensees also talked about concerns around the existing medical marketplace and patients in a transition to adult use. One licensee said, "If the demand is for more recreational products, that's where everyone will be focused. And there's the cost issue, how many medical patients will there be when the recreational market is rolled out? Will being licensed as a medical provider be worth it to licensees?" Another licensee wondered how many patients would stay in the medical program as well, saying, "How many of our patients are buying into the [medical cannabis] program now? We haven't figured out how to incentivize buy-in. How are we incentivizing patients to buy into the medical program? They don't have to worry about losing their gun rights [with adult use], and people want anonymity. Adult use is going to get buy in from "patients" through an access for all approach. We're not doing our best to incentivize patient buy in now." Licensees also expressed concerns about how a dual-use market would be physically structured. Some licensees favored a blended retail marketplace for access versus a separate side of the store or standalone store for medical consumers. "Space is at a premium. We shouldn't be put in a position where we have to open separate stores where we serve different clients." Another licensee added that, "Giving flexibility to legacy licensees is critical. We might not have built our facilities in a way that makes it easy to separate [medical and adult use retail] marketplaces." Licensees generally agreed that medical patients shouldn't have pay a tax on medical cannabis products, regardless of how the marketplace is divided in an adult use scenario, and that incentives need to be aligned to keep patients in the marketplace.

Licensees talked about what might change in terms of medical products. One licensee shared that, "There might be some products that fall off. Tourism is a big business. Tourists have a different budget. Things like RSO, some of the higher potency tinctures will not be as popular in an adult market. If the state wants to avoid bad press, it will need to do something to keep these available for [patients]."

Licensees further addressed tourism and the illicit market, saying, "The black market is growing, there are already false dispensaries. Law enforcement doesn't care anymore, they will not enforce to help the program. There's going to be an increase in craigslist, delivery, you will see peddlers selling

joints in Waikiki." Another licensee added that the state can't have cannabis tourism with no legal places for tourists to consume, so that would need to be addressed as well.

Prevention and public health professionals shared a range of concerns, from implications for youth and other vulnerable populations, the medical system, and broader communities, to impacts on existing substance use policies, norms, and impaired driving. They talked about legalization having a profit motive, which can present challenges for protecting public health. One participant said, "Most states are motivated by profit. They introduce bills that place legalization under finance or taxation, not prioritizing public health." Another participant added that there are outside interests and lobbyists from other states pushing legalization that don't know or care about Hawaii communities.

Participants agreed that the state should look at potential social and health costs, not just potential profits. "We should be asking about the risks. Is it good for us? Is it healthy? Not – 'can we make money off it?'" Other participants added that we should be asking questions like: Do we have the clinicians to treat cannabis use disorder? To prevent problem cannabis use among youth? Are health care resources prepared for major policy change?

Public health participants also expressed concerns about impacts on other substance use policies, including a concern about rolling back clean indoor air and smoke-free air gains. One participant said, "We don't want smoking [cannabis] in public spaces to renormalize smoking. We've created all these laws to prevent smoking in public to protect our citizens." Another participant added that secondhand smoke exposure is already a problem, sharing that her organization gets calls from people in multi-unit dwellings where their neighbors are smoking and [cannabis smoke] is coming through the walls and lanais. Participants shared that they would like to see policies where you can't use cannabis anywhere you can't smoke a combusted cigarette, and you can't use in commercial establishments if there is any potential leakage into any other area (e.g., a shared air system, wall, etc.)

Participants also expressed concerns about where the product could be sold, and how it would be marketed. One participant said there should be retail density limits and "equitable distribution of outlets so they are not only located in lower income areas and communities of color" – communities that have historically been targeted by tobacco and alcohol marketing and retailing. Participants were concerned certain communities might be more prone to negative outcomes due to fewer prevention services and resources. Participants also talked about the importance of restricting marketing – both in communities that might be targeted by marketing, and to prevent youth exposure. One participant said, "Short of a ban on advertising, the state should say what is permitted and *only* this is permitted. If you say what's prohibited, [the industry] will work around it and be extremely creative."

Participants were similarly concerned about packaging and labeling that might appeal to youth. One participant said, "There shouldn't be advertising to kids. The gold standard is black and white labeling with no cartoons, figures, etc." Another participant added that the goal would be "very generic packaging" that was not attractive, exciting, or colorful to prevent youth appeal. Participants also expressed concern about ingredients and quality control in the wake of the Vaping Lung Injury Outbreak (VALI/EVALI) that occurred in 2019. One participant expressed worry about "addiction and other harms, and unexpected chemicals."

Participants talked about mental health outcomes and questioned whether the medical system was prepared to deal with increases to mental health incidences following adult use. One participant talked about a study where cannabis was the number one drug in suicides and said there is "some evidence about suicidal ideation and depression with marijuana use." Another participant talked about the link between high THC cannabis products and psychosis, especially in youth who initiate cannabis early and consume daily or near daily. Another participant added that Hawaii needs "more certified substance abuse counselors" and that cannabis-related visits need to be reimbursed by insurance and are not when they occur in the schools. A participant said, "we're not taking care of the people we've

got already – there's a shortage of clinicians and resources" and another added that there is "very little capacity for mental health inpatient treatment in the state."

Behavioral health and treatment professionals shared concerns about high THC concentration products, increased underage exposure to high THC products in the home, an inability to assess for impaired driving, and insufficient medical and clinical resources to deal with negative effects – from impairment to cannabis use disorders to mental health effects. Behavioral health and treatment providers were especially concerned about the impact of cannabis on youth. "You hear it talked about across the country as 'adult use' – but it affects minors. It impacts social norms and kids' beliefs about the harms. And we do often see increases in use [in youth]," said one participant. Another participant was concerned about exposure to cannabis use at home, saying, "We've done work with adolescents for twelve years or so, we see that if it's in the home, whoever is in the home it's in them too."

They were also particularly concerned about the advertising and marketing that might target youth. One participant said, "What policies do we have around education about the risks? There's going to be so much for-profit marketing that's going to go out to promote the adult use, that it's going to encourage kids to use. What's the public health message that's going to go out, the commercials, to try to counter some of that, for children? That's the big thing. How is it going to be marketed? Right now, we know that marijuana gets marketed heavily in social media. How are we going to restrict advertising? How are we going to prevent [cannabis use], because the industry's goal is to get people using as young as possible, so they become lifelong [cannabis] users. So how are we really going to prevent that?"

Listening Session participants in this group talked about criminal justice and felt that legalizing adult use cannabis may not have the beneficial effect people think it will in terms of reducing justice-related encounters. One participant said, "There's this idea with adult use legalization there are all these people who will no longer be in the system, but in our program, no one comes to us who only has drug charges. They all have other charges as well. There's this idea we're going to decrease the population [in the criminal justice system]. I question how real that is based on what we see. They come in because they have a whole host of charges. It's possible their other criminal behaviors are related to their drug use, but they're still criminal behaviors."

When talking about high THC products, one participant said, "Until we figure out how that's going to be addressed with the concentration [of THC] that's available and very readily around, I don't think we have the ability to [have] that kind of safety net for our community, at least our small community here." Another participant shared that, "In terms of what [cannabis] exacerbates when a person has already a mental health diagnosis – there are certain diagnoses people have where it will put them over the edge and cause them to be suicidal or homicidal. And people want to use it to self-medicate for anything."

Behavioral health and treatment providers also talked about concerns with impaired driving. One participant said, "non-[cannabis] users are at risk from cannabis users on the road, operating heavy equipment, doing jobs in shipping," and went on to say, "We don't have the ability to ensure the safety of people who don't use [cannabis] when they're around people who do use [cannabis] and are impaired."

Public safety professionals were most concerned about impaired driving, a lack of resources to address potential public safety issues related to cannabis, diversion and exportation, public consumption, and challenges with enforcement. In terms of impaired driving, one participant shared, "If we look at the toxicology reports for our impaired drivers [in Hawaii], the number one [substance] is cannabis. It's not even legal in Hawaii yet, but it's easily accessible. There's nothing to keep people from driving impaired. … We have DREs [drug recognition experts/evaluators] in every county, but they can't be everywhere at once." Another participant added, "In terms of police resources, our DRE department is [one of the] largest for the state, and it's a drop in the bucket from what we'll need to address the impairment and keep them trained and certified. That's going to really tax our resources." Another

participant pointed out that the "lack of consensus on intoxicating levels of THC is problematic for enforcement."

Expanding on the discussion about a lack of resources, participants detailed that Hawaii does not have a state toxicology lab, so they must send samples to the mainland, and then they must bring people from the mainland over to testify who have handled the samples, which affects the costs of prosecution. From a fire safety resources standpoint, one participant highlighted "concerns with production facilities and processes, storage, use, and disposal of hazardous, combustible materials," and the need to train staff to deal with that. Another reported that it's not just officers that would need additional training – multi-drug detection dogs would also have to, at a minimum, be retrained. "They're trained on multiple substances, and most of them include marijuana. We would have to retrain, probably replace those K9s. [Adult use legalization] would render them ineffective." Another participant said that other states have reported that "police have had to change their policies and procedures, retraining K9s. Now they can't sniff for marijuana, and it costs $25,000 per dog to retrain them." Reflecting on the resource and workforce issues, on participant said, "[Adult use] is going to cause a lot more work, more manpower will be needed to address all the issues. Another participant talked about treatment resources and said, "We don't have the resources to ensure public safety. We don't have a diversion program. We've tried to implement that in an emergency department: if they come across someone who is impaired, can they be diverted to treatment. But we don't have the resources to allow an ideal system. There are not enough treatment options, not even for alcohol." A participant summed up the issue by saying, "The public and legislators usually look at tax revenue and don't consider implications [for] public safety."

In talking about diversion and exportation of cannabis, one participant said, "A big thing for Hawaii is becoming an exporter of marijuana. The interdiction efforts associated with legalization are ridiculous. So much marijuana is detected in parcels, and the interdiction teams become completely focused on marijuana, diverting all the resources from cocaine, etc. The cost of dealing with all the marijuana seized is incredibly significant." Another participant expressed concern about diversion to kids, saying, "We know kids are going to get it". Participants talked about broader negative impacts for youth, including behavioral health impacts.

Participants also talked briefly about public use and enforcement challenges. "You notice the smell everywhere you go. I'm starting to notice it so much more in the last few years – in parks, as cars drive by. We get nuisance complaints that officers have to deal with in various locations." Another participant talked about the increasing complexity of enforcement in the cannabis space, saying, "The cannabis environment is becoming more and more complicated legally. Twenty years ago, everything was forbidden. Now we have CBD and hemp, and all of these discussions make enforcement very hard. We're going to create big law enforcement problems in a climate where it's not friendly for us to enforce the law. We can't even tell the difference between hemp and marijuana, or between legal and illegally sold marijuana."

Table 2: Reported Concerns About Potential Adult Use Legalization in Hawaii, by Listening Session Group

	Patients and caregivers	Certifying clinicians	Current medical cannabis licensees	Prevention and public health professionals	Behavioral health and treatment professionals	Public safety professionals
Concerns cited included those related to:	• Potential product shortages and access issues • Fewer product options/fewer medical products • Increased cost • Lower/no access to craft or home-grown cannabis • Loss of caregiver model • Patient confusion • Outside investment • Increased public smoking • Negative effects on youth/communities • Reduced product quality	• Potential product shortages and access issues • Fewer product options/fewer medical products • Increased cost • Lower/no access to craft or home-grown cannabis • Outside investment • Negative effects on youth/communities • Reduced product quality	• Potential product shortages and access issues • Fewer product options/fewer medical products • Future for existing licensees with vertically integrated systems • Implementation timeline and process • Over-licensing for adult use • Out of state product flooding market • Separate adult use/medical use retail outlets • Approaches towards illicit and legacy market	• Outside investment • Increased public smoking • Negative effects on youth/ communities • Over-licensing for adult use • The focus on profits vs. public health • Impacts on other substance use • Impacts on clean indoor air policies • Lack of licensing caps/density caps • Stores locating in low-income and under resourced areas	• Negative effects on youth/ communities • Impacts on other substance use	• Increased public smoking • Negative effects on youth/ communities • Approaches towards illicit and legacy market

				• Packaging, labeling, and advertising that appeals to youth • High THC products and mental health effects • Unsafe additives and ingredients • Understaffed and under resourced medical and behavioral health systems	• Packaging, labeling, and advertising that appeals to youth • High THC products and mental health effects • Understaffed and under resourced medical and behavioral health systems • Impaired driving	• Impaired driving • Lack of resources for law enforcement; retraining needs • Enforcement challenges re: cannabis and hemp

*Table includes specific topic areas raised by each Listening Session group in response to the question. Participants were **not** directly asked about specific ideas or topics, including topics raised by other Listening Session groups. More agreement may exist across groups than is represented here.

Question 3: What positives outcomes might come from adult use legalization?

Patients and caregivers cited tax revenue for education, research, and medical education as potential positives that could come from legalization. They also reported that legalization might eliminate the barrier some medical patients have that they cannot access medical cannabis if they own a gun, and it could reduce the stigma of cannabis use for patients. One patient said, "With making it legal you're also taking away the stigma, with all these people who can't get a card because of whatever job that they have, but they're using it anyways, and they're breaking the law in the eyes of their kids. What is that actually teaching us? 'Hey mommy's doing this but don't say anything?' That's been something that I grew up with as a child before there was medical marijuana. I knew my parents used, it but you didn't speak about it." Participants also talked about how legalization could reduce the illicit market, saying, "I think adult use would take away from the black market. If you can legally grow a few plants in your back yard then you don't have to go to the [person] down the street that's a meth head that also sells weed, you know?"

Certifying clinicians felt one benefit could be that tax revenues from adult use are used to fund research for medical patients. One clinician also felt legalization would be a step towards getting rid of "this so-called-war on drugs, which is a war on people." Another clinician thought that if dispensaries could use profits from adult use to extend lower prices to patients, that would be a positive. And another clinician said, "We think by having [cannabis] recreational, it will bring down the cost of the medicine for patients, and that's one good reason to do it, because that's who we're here for – the patients." They also thought broader adult use legalization could further remove stigma for patients. But another participant talked about the current challenges, including patients being discouraged from home growing, not having access to appropriate products, and getting misinformation from dispensaries and the media and said, "That worries me, when I think about positives, I just get more and more worried that there won't be many positives."

Current medical cannabis licensees felt that adult use legalization is the "best bet to get the black market into the fold," and noted that "it needs to be taxed and regulated, to be a part of society." Current medical cannabis licensees also noted that adult use legalization would be a growth opportunity for existing operators, who got into this market and have invested heavily without the ability to capture a big portion of the market due to illicit market activity. One participant noted that adult use legalization could result in increased access for patients and could help bring patients into the market who cannot access the current medical program because they own a gun, want anonymity, have a condition that is not on the qualifying conditions list, or aren't aware of the medical use program.

Prevention and public health professionals listed reduced arrests and reduced criminalization as a potential positive, given the negative impact that incarceration has on a range of health outcomes. They also suggested that tax revenue for the state could be a positive but felt the actual benefit realized would depend on where the money is invested. Ideally, revenue would be funneled into public health, data monitoring, youth prevention, and communities disproportionately impacted by cannabis. Participants also thought legalization might open more honest conversations about impacts of cannabis and how to mitigate them.

Behavioral health and treatment professionals suggested that one positive effect might be tax revenue for the state, but wondered "at what cost?" Another participant added, "The people who really benefit are the people who sell and market the product. People [citizens] don't get the tax cuts and benefits they think they're going to get. Many people will not be able to work because they can't pass the drug test, if it's in their system for 30 days they can't have a safety sensitive job. It's not just the bus driver, it might be the crossing guard at the school, the social worker. Would you want to go to a job where you know that people are impaired?"

Public safety professionals noted that the tax revenue that might be generated from adult use could be a positive, but said, that "does not negate the impacts we've already talked about – it doesn't offset challenges that come forward." One participant suggested that the other alleged positive is that adult use legalization could reduce law enforcement resources spent going after this "so-called harmless drug" and could reduce jail populations, but quickly added that, "studies prove people are not in prison for small amounts of marijuana. Those are pled down from more serious charges." The participant suggested that we could look at our current laws and processes and how we manage the possession and/or distribution of marijuana to determine whether we need to modify or "prioritize," enforcement activity but noted that law enforcement does prioritize every day. "We don't go after simple marijuana users, we go after people doing other things," the participant said.

Table 3: Reported Positive Outcomes from Potential Adult Use Legalization in Hawaii, by Listening Session Group

	Patients/caregivers	Certifying clinicians	Current medical cannabis licensees	Prevention and public health professionals	Behavioral health and treatment professionals	Public safety professionals
Potential positive outcomes that were cited include:	• Tax revenue • Eliminating barriers for some medical cannabis patients • Destigmatize cannabis use • Reduce the illicit market	• Tax revenue • Eliminating barriers for some medical cannabis patients • Destigmatize cannabis use • End the war on drugs (reduce arrests and criminalization)	• Tax revenue • Eliminating barriers for some medical cannabis patients • Destigmatize cannabis use • Reduce the illicit market • End the war on drugs (reduce arrests and criminalization) • Growth opportunity for the current industry	• Tax revenue • Reduce arrests and criminalization • Reinvest in communities • Potential for more honest conversations about impacts of cannabis	• Tax revenue	• Tax revenue

*Table includes specific topic areas raised by each Listening Session group in response to the question. Participants were **not** directly asked about specific ideas or topics, including topics raised by other Listening Session groups. More agreement may exist across groups than is represented here.

Question 4: Are there particular populations or communities you want to ensure are carefully considered in developing a legalization framework?

Patients and caregivers wanted to see careful consideration for patients – for their personal health information, for the quality and availability of their medicine, and for their caregivers. They also wanted cooperatives to be carefully considered in developing a legalization framework, as they have "become a mechanism for patients to protect their health information" and provide access. A few participants also mentioned wanting to see a focus on social justice, equity, and areas that have been disproportionately impacted by cannabis. One participant said, "I'm concerned because minority groups – people of color have been the ones who are the most largely affected by the criminalization and should profit from the sales of now legal product instead of the people who helped incarcerate them." One participant also mentioned a focus on workers in the cannabis industry and increasing corporate compliance and safety in the workplace.

Certifying clinicians said that beyond patients, families and children in Hawaii should be a consideration. One participant cited concerns about adult use legalization leading to a proliferation of retail stores or increased public use and negative effects on children. One participant also suggested tourists as a group to think carefully about, specifically with a focus on creating parameters around where and when consumption can occur. They suggested it would be important to have the Hawaii Tourism Authority involved in discussions of an adult use legalization framework early on.

Current medical cannabis licensees felt that in addition to addressing and incorporating the existing medical cannabis licensees in the state, adult use should address legacy growers (people growing cannabis before it was legalized) that have been growing in Hawaii for generations. One participant said, "Adult use needs to allow Hawaii's cannabis culture to take part – whether it's though social equity or something else." Other participants noted that legacy growers could fit into different tiers of licensees that might include craft growing (small batch grows that can have unique or heirloom genetics), but that the state would need to make it an accessible license, remove some restrictions on where you can grow, and give legacy and family growers the "flexibility to hone their craft."

Prevention and public health professionals suggested the state should conduct needs assessments in advance of legalization to understand who might be at higher risk for negative outcomes. They also noted a range of cultural considerations. One participant said, "Hawaii has a lot of immigrants and migrants, and acculturation is already a challenge. I can see how those communities might be targeted [by the cannabis industry]. Low income and impoverished communities might be targeted as well. We need to look at infrastructure to protect and empower families and communities, so they aren't taken advantage of for revenue gains. How can Hawaii legalize in the safest way possible, so we don't have a lot of people in five, ten, or fifteen years who need treatment or services related to cannabis use dependence?" Public health and prevention also urged a focus on youth, given their vulnerability to negative outcomes from high THC exposure. One participant reported that cannabis is "the number one substance requiring treatment for youth" and that Hawaii will need strict regulations to "keep it out of our keiki's hands, and we cannot assume that parents will regulate that." They also noted that clinicians – from Emergency Department (ED) to mental health and substance use treatment providers – should be a focus of any adult use legalization policy, as the state has limited capacity for mental health and ED treatment, and these systems are already overtaxed.

Behavioral health and treatment professionals said, "any time you legalize something, it disproportionately affects people of color, native Hawaiians, people from Oceania" and encouraged a focus on those communities as they are most vulnerable and may lack prevention, treatment, and social service resources. They also felt that pregnant people and women and parents with children should be a focus, because "there's always going to be influence on and effects to, not only on the individual, but people living in the household." They also underscored parents as important stakeholders and emphasized the need to get them the accurate information about how kids tend to see marijuana as less

harmful when legalization occurs. They added that another population to keep in mind is businesses. "They may not think it's a big deal to have dispensaries around them until they have them around them, and then with adult use dispensaries, there can be heavy cash use, which can increase crime, and they may not be thinking about the consequences when these businesses move in next to them," said one participant. Another participant noted that people living in rural areas should be a focus.

Public safety professionals noted that "minority populations" tend to be disproportionately affected by legalization and should be a focus. One participant said, "marijuana shops are not going to show up in your upper middle class, your middle class [neighborhoods] – they are going to show up in areas where the people don't have the political power to push against them, and so it will disproportionately affect the minority communities by increasing the availability and access to marijuana at a very disproportionate level in communities that need more support and more help than more people selling and marketing an intoxicating substance."

Public safety professionals were also concerned about youth. "How do you keep the product out of a juvenile's possession?" one participant wondered, noting the challenges with keeping nicotine vaping products away from kids. Another participant was concerned about residential communities and felt they would see a "significant impact on the quality of life" due to nuisance odors and use in residential areas. Participants also listed employers and employees as communities to focus on – especially given how many people drive for work and may be impacted by impairment or positive drug tests.

Question 5: Are there particular issues you want to make sure are carefully considered in a legalization framework? What would be included in your ideal legalization scenario?

Patients and caregivers reiterated the importance of protecting patient access to a range of quality medicinal products, prioritizing the patient-caregiver relationship, supporting certifying clinicians, focusing on education for patients at the point of sale, and supporting policies that would continue to allow for collective/cooperative grows and home grows. Participants also talked about wanting to preserve the medical program and retail dispensaries and one caregiver added, "I was told that sometimes in these dispensaries [in other states] they have two separate lines, so the medical people go to the front of the line. I don't even like that. I do like the idea of going to a separate dispensary for medical. I don't want to go in with all of the rest of the people. I don't. I'm there for just that [medical cannabis], and I'm not concerned about the other [recreational use of cannabis]. I prefer to just keep it in a medical environment." Another participant added, "I would continue to support and buy the medical grade if there were two licenses. I would be in support there being a separate recreational license and a medical license if there's any issue on quality." One participant expressed concerns about other adult use states that have allowed communities to opt-out of adult use cannabis, as that can result in pockets where there isn't access for patients. Participants also talked about how vertical integration of the current medical system isn't suited for patients. One participant said, "Vertical integration is not manifest destiny for Hawaii…it is not suited for medical cannabis. That's like saying you have only an HMO you can go to for your cannabis meds, and you can only choose one of these seven HMOs."

Certifying clinicians said an ideal program would be one in which fresh, quality cannabis is ready for patients, adding that this could be possible in a horizontal market that includes craft growing, because, as one participant described, "craft growers grow for patients, they don't grow for profits. They grow for niche market demands, and I've seen our dispensaries avoid niche market demands." They also emphasized that Hawaii and patients need a horizonal licensing system, not a vertically integrated system. One clinician suggested a process for home grows to bring product to dispensary to get it tested and to sell it in the dispensary to both increase product quality and support home growers that might have extra product. Clinicians talked about wanting to preserve the caregiver program,

preserve growing rights, and keep collective/cooperative grows because they view these as being important to patient access to quality products. Some participants talked about wanting to officially recognize collective/cooperative grows and provide regulatory oversight.

Several clinicians felt that there is still not a good source of reliable patient education, and dispensaries are giving medical advice that is not in line with what patients were told by their certifying clinicians. Some participants suggested that Hawaii should drop the qualifying conditions list and leave it up to clinicians to assess and determine the medical appropriateness of cannabis for their patients. Clinicians also wanted to see better reporting for adverse events or concerns with medical cannabis products.

Current medical cannabis licensees tended to agree that an ideal adult use legalization framework would be one that removes limitations on location, capacity, and plant counts to make building capacity easier. As noted elsewhere in this report, they advocated for horizontal licensing (while not prohibiting vertical licensing, given that they are required to be vertical in the current medical use system). They also advocated for an adult use market in which adult use products are not overtaxed – but with a premium between adult use and medical use products. A couple of licensees urged a focus on accessible craft cannabis licenses for small-scale, focused grows. One participant said an ideal adult use framework would be one where operators could have "five dispensaries each – 40 is enough for the state, with the eight existing licensees as the distributors." The participant continued, "Have an application period for production starting with craft licenses, followed by manufacturing, transport/delivery. Give it 3 to 5 years. Commission a study on the industry to determine if licenses need to be expanded. Protect initial licensees that have paved the road, and also the first round of production licenses that come in – we don't want them to get crushed by a second round with more money." As stated elsewhere in this report, licensees also generally favored a careful, staged roll out for adult use, with the initial priority being on growing licenses to ensure adequate supply. Licensees generally agreed that people should continue to be allowed to home grow, but with limitations to protect quality and the market. As noted elsewhere in this report, licensees also felt that the loophole allowing unregulated large collective/cooperative grows needed to be closed.

Prevention and public health professionals said that, assuming adult use legalization happens in Hawaii, there are policy levers that can protect public health and safety. Some of these have been implemented in other states, countries, and provinces. For example, they suggested Hawaii could have a government-controlled system, similar to government-run alcohol states, which can minimize marketing and control supply. At a minimum, they felt Hawaii should adopt licensing and density caps to avoid an overabundance of stores in particular neighborhoods.

Prevention and public health professionals also advocated for strict approaches to keep cannabis out of kids' hands, including black and white or uniform packaging, clear warning labels, and highly regulated advertising that would not reach children. In terms of the types of products, they want to see policies to address high THC products (one participant said: "a THC limit, maybe 15-30%?"), and don't want to see flavored or candy products that appeal to kids.

At least one participant suggested the tax revenue needs to go back to communities that have been impacted by cannabis criminalization to increase mental health and social services, treatment, and prevention, and remaining funds should go towards service, social, and law enforcement causes. If legalization moved forward, they felt it would be important to do so with a phased roll out approach with benchmarks for whether the program should continue or be repealed. Participants suggested that funds should also be used for monitoring public health-related outcomes and data should be used to adjust the program. Prevention and public health professionals also advocated for funding for regular youth compliance checks and enforcement on illegal sales to youth, with enforcement focused not on the youth, but on the adult(s) involved. They felt that public use should be regulated so you cannot use cannabis anywhere you cannot use tobacco products. Participants underscored that prevention and

public health professionals need to be at the table early on in discussions about developing an adult use regulatory framework, and with equal representation to industry and financial interests. They also felt the regulatory body for adult use should be the Hawaii Department of Health to help prioritize public health and safety.

Behavioral health and treatment professionals said that if adult use legalization happened in Hawaii, they would hope to see laws and rules that prevent packaging from targeting kids in any way, restrictions on high THC products, restrictions on advertising to prevent kids from seeing any cannabis ads, and education for the general population about the risks. One participant predicted, "there's going to be so much for-profit marketing that it's going to promote adult use and encourage kids to use," noting it would be important to avoid that. Participants also talked about the need for resources for the regulatory agency to have adequate staff to protect public health and consumer safety, and resources to educate clinicians and expand the pool for mental health counselors, which they noted is already insufficient to address mental health needs in the state.

Public safety professionals said that if adult use legalization does happen in Hawaii, laws around operating a vehicle under the influence of an intoxicant would need to be revised. "We're trying to broaden the definition of drug in the statute now, which would make it less of an issue," said one participant. They also reported wanting to make sure that tax funds collected would go towards public safety and law enforcement, including job retraining, and Drug Recognition Evaluator (DRE) and Advanced Roadside Impaired Driving Enforcement (ARIDE) officers. One participant said, "I would love to sit here and tell you 'here's the perfect idea on how we can actually safely implement this that minimizes the risks to our communities and benefits us all in the best way that it can,' but this is an intoxicating substance that can be grown in your home that has all kinds of problems that come alongside it – the increased psychosis, the impact on addictions, all of those things that come along with it. I hate being the typically law enforcement guy that says, 'no we don't support it' – but we've all seen the negative impacts of it."

Table 4: Policy Issues to Consider in and Adult Use Framework, by Listening Session Group

	Patients/caregivers	Certifying clinicians	Current medical cannabis licensees	Prevention and public health professionals	Behavioral health and treatment professionals	Public safety professionals
Policy Issues to Consider included:	• Protection of patient access to a range of quality medicinal cannabis products. • Preservation of the patient-caregiver relationship. • Preservation of collective/cooperative grows. • Preservation of home grow. • Expansion of patient education, especially at point of sale. • Allocation of tax funds to research • Horizontal (not vertical) licensing.	• Protection of patient access to a range of quality medicinal cannabis products. • Preservation of the patient-caregiver relationship. • Preservation of collective/cooperative grows. • Preservation of home grow. • Expansion of patient education, especially at point of sale. • Allocation of tax funds to research • Improved systems for reporting adverse events. • Horizontal (not vertical) licensing. • Dropping qualified conditions, letting clinicians determine appropriate use.	• Preservation of home grow (but with limitations) • Horizontal (not vertical) licensing (with vertical licensing allowed but not required) • Limited licensing • Craft grow licenses • Closing loophole for large unregulated collective/cooperative grows. • Staged roll out, prioritizing growing licenses first.	• Limited licensing • Density caps, especially on retail stores to avoid concentration in low-income neighborhoods • Staged roll out, assessing data w/ benchmarks to assess if program should continue or scale back • Plain packaging of products • Clear warning labels • No advertising to children • No flavored or candy products	• Plain packaging of products • No advertising to children • No flavored or candy products	

				• Government controlled retail (similar to alcohol) vs. a commercial model • THC concentration limits on products • No cannabis use in places where you cannot use tobacco • Youth compliance checks • Allocation of tax funds to public health, public education, prevention, treatment, disproportionately impacted communities • Public health at the table before, during, and after legalization	• THC concentration limits on products • Allocation of tax funds to public health, public education, prevention, treatment, disproportionately impacted communities	• Revision of laws and statutes around operating a vehicle under the influence of an intoxicant. • Allocation of tax funds to public safety and law enforcement.

*Table includes specific topic areas raised by each Listening Session group in response to the question. Participants were **not** directly asked about specific ideas or topics, including topics raised by other Listening Session groups. More agreement may exist across groups than is represented here.

Question 6: What areas of the current medical cannabis system in Hawaii do you want to see changed or preserved if adult use cannabis was legalized? What would an ideal legalization framework look like for your stakeholders?*

Patients and caregivers felt that guidance once a patient gets to the dispensary is missing in the current medical program. They talked about wanting to have an educated nurse or other clinician on site to help patients navigate product choices at the point of sale. One participant specifically suggested that clinician education was needed, noting that clinician education is required in virtually every other medical profession. They also felt that dispensaries should invest in continuing education for their employees to help provide detailed guidance on strain, product, dose, and more.

One participant talked about the importance of preserving the focus on product safety, saying, "As the caregiver of a somebody who has a compromised immune system, I want to feel like the product is safe. And I know that causes more regulatory issues for the dispensaries, but for me, that's a positive."

Other participants talked about the importance of preserving and expanding the patient/caregiver relationship. A couple of participants specifically noted that they felt collective grows and cooperatives were important to preserve, adding that cooperatives could be expanded and even taxed and regulated, but from a patient perspective, there was a need to preserve them due to cost, quality, and access for patients. A few participants said they didn't like the vertical integration of Hawaii's current medical cannabis markets and did not feel it was suited to medical cannabis because it does not promote quality, product access, and product variety in the ways patients need. One participant also spoke to the need to ensure better protection of patients' personal health information.

Certifying clinicians felt that the current vertically integrated medical cannabis system wasn't working for patients and a horizontal system would better serve patients. One participant described it further by saying, "Let me talk about supply chain. In a vertical industry – this oligopoly that we've set up – they have to sell their old herb first. What I'm finding is that patients can't get fresh terpenes in dispensaries. They will be a month from cure, sometimes, but a lot of the strains they'll buy – if it's flower, are sometimes three months from being harvested or cured, and a lot of terpenes are volatile. That's why home grown is so much better. Medical patients always need to have fresh available cannabis protected for them. The solution there is to go horizontal." Some certifying clinicians added that the type of products at dispensaries are not what patients need. One participant said, "I've got [patients] I'm trying to get on cannabis and they're getting way too high, because [the dispensaries] are selling concentrates like they're a rec market when they're not. I'm trying I tell [current dispensaries] that they need to do low potency strains, and they won't do it. I have very mixed feelings sending patients to what is already a defacto recreational marketplace." Many certifying clinicians reported that they recommend that patients grow at home or access home grown cannabis because of perceived quality gaps in the current medical cannabis marketplace. Along those lines, one participant said, "On the 'preserve' side – keeping collectives. I think they need to be expanded, and officially recognized and regulated."

Another participant talked about the gaps in patient education, saying: "There's still not a good source for education that is reliable, and the dispensaries are continuing to give medical advice. I've had several patients who were given RSO or concentrates and told to use a grain of rice size. For somebody who's a senior, that can actually be dangerous for them. They were told by their clinician – one of us – how to dose it, but then they go to the dispensaries and the dispensaries tell them something else. It's a pure safety issue, and I think that the education needs to be provided by the Department of Public Health and be really accessible."

Participants also talked about the need for a reporting system for adverse effects and they talked about a need for better feedback loops with dispensaries on quality, safety, and types of cannabis products. One participant suggested that clinicians or a clinician representative need to be engaged in a feedback loop to influence dispensaries. "The dispensaries are not medically trained to survey what of

products are working or not working. Because there is no feedback loop for the type of cannabis and product safety – that's one of the reasons why we need a doctor more involved, and dispensaries need to listen." Another clinician added, "The dispensaries are not interested in this feedback loop, because they want to capture the sale at the time of the customer encounter, and they think they are the experts, and they are giving out medical advice."

Lastly, they talked about how patients still don't have protection in the workplace and can still be fired if they use cannabis. There was a perception that moving to adult use without worker protections in place could create real workforce issues.

Current medical cannabis licensees felt that the current vertically integrated system was not ideal as a standalone option, and that some wholesale and horizontal licensees could help improve access to a variety of products and current licensees wouldn't have to manufacture every product. But at the same time, licensees quickly pointed out that they were forced into a vertical system and that the existing medical use infrastructure would need to be considered in an adult use regulatory framework. They also talked about the challenge of being successful as business operators in the current medical marketplace where cooperative grows continue to take a significant share of the market and the need to address that moving forward. One licensee said, "We'd like to see a full market with no co-ops. As current operators, we haven't had a day of sales without that."

Question 7: What haven't we asked about or what hasn't come up yet that is important to you in terms of potential adult use policy in Hawaii?**

Patients and caregivers shared that in addition to preserving and expanding access for patients to quality cannabis products for medicinal use, social justice and equity are also important to prioritize in an adult use framework for Hawaii. They also wanted to comment on who should regulate cannabis – noting that the current group at the Hawaii Department of Health who is involved in the medical cannabis program has been doing a good job, but that the program needs more resources, especially if adult use is coming online. Some felt that adult use might need a commission to both provide focus and streamline engagement from various state agencies, but that medical regulation would still need to be adequately resourced. Participants also talked about the need to use data to inform Hawaii's path towards adult use. One participant said, "We need to understand what proportion of people will leave medical cannabis [for adult use]. We just feel that we need to collect data. Much more data need to be collected on why people are doing what they are doing." Another added, "We need to do some surveys on what are the expected needs of patients and how many people are going to be using it for adult use, how many patients are we going to lose to that program."

Current medical cannabis licensees talked about a need to preserve the Hawaii brand in a state legalization framework in anticipation of future federal legalization. One licensee shared a concern that many other established adult use cannabis brands that have been operating in other states will want to come in and "take a piece" of Hawaii, similar to what has happened with Hawaiian coffee brands. Licensees talked about the opportunity for the state to preserve "Hawaiian cannabis" and define what that means. Licensees also talked briefly about regulatory authority and the legislative process. One licensee expressed a desire to see regulatory authority set in such a way that "we don't have to go back to the legislature for every potential change," noting that launching an adult use program would have a learning curve and rules might have to be tweaked to adapt.

Behavioral health and treatment professionals added thoughts on the impact adult use legalization might have on the focus of the economy in Hawaii. One participant described this by saying, "What happens if it becomes more profitable to grow marijuana than tomatoes, or green peppers, or to do cattle ranching? And all of the sudden we become a marijuana-based economy. And all of the other things we could be growing, or we could be teaching people in sustainable agriculture fall away." There was also discussion about the impacts a cannabis-based economy would have on Native Hawaiian

people and culture, with one participant saying, “When you look at native Hawaiian culture and what we’re trying to promote, and not only for native Hawaiians but for other groups, we want to promote sustainable agriculture, aquaculture, and animal husbandry, and then what happens if you introduce a substance and it totally upends the economy?”

Public safety professionals One participant said, “The black market puts the ones trying to get licensed and pay their taxes out of business. They can’t compete with it. If you have one section that is regulated and the others who can’t legally get licensed and sell it, it just doesn’t work for us. One thing that complicates it for us [law enforcement], is once you have an area that it’s legal to sell, tax, whatever, but ‘not for you’, we enforce the ‘not for yous’ but it’s a mess in court. I can promise you. They won’t get prosecuted. They won’t get charged. At best, we confiscate, but even then, it can get returned.

**This question was not asked of all stakeholder groups due to time and the nature of the discussion.*
***All stakeholder groups were asked this question. Only information not covered elsewhere in the report is included here.*

Summary and Conclusions

The six Listening Sessions provided a range of information for the Task Force to consider in terms of different stakeholder group concerns and policy considerations as Hawaii contemplates adult use cannabis legalization. A summary of findings from the Listening Sessions revealed concordance on a number of issues across groups. Some of these areas of overlap are highlighted below.

Concerns about potential adult use legalization in Hawaii

- Patients and caregivers, certifying clinicians, and current medical cannabis licensees were all worried about potential product shortages and the impact adult use legalization could have on product options for medical cannabis patients (see Table 2). While all three groups felt this should be addressed, none offered specific policy solutions.
- Patients and caregivers, certifying clinicians, and prevention and public health professionals were all concerned about outside investment in the Hawaii cannabis marketplace and impacts on communities, patients, etc.
- All groups except for current medical cannabis licensees specifically mentioned concerns about the negative impact adult use legalization might have on youth and/or communities. Specific concerns varied across groups and included concerns about increased youth exposure to cannabis consumption and/or cannabis retail stores, impacts on low-income and/or under-resourced communities, impacts on mental health, and impacts on public safety.
- Patients and caregivers, prevention and public health professionals, and public safety professionals all mentioned concerns about increased public smoking. Concerns ranged from individual exposure to more secondhand cannabis smoke and exacerbation of existing medical conditions to renormalization of smoking and rolling back clean indoor air policies.
- Current medical cannabis licensees and prevention and public health professionals both expressed concerns around over-licensing of a future adult use cannabis market. Individuals in both groups talked about how Hawaii does not need cannabis stores on every corner, but rather should take a calculated approach using data and analyses to determine how to meet demand.
- Current medical cannabis licensees and public safety professionals both talked about concern over approaches towards illicit and legacy market operators.
- Prevention and public health professionals and behavioral health and treatment professionals both talked about a concern that cannabis legalization could negatively impact other substance use. Both groups also talked about a concern that packaging, labeling, and advertising could

appeal to youth, and that high THC products would be more readily available and could negatively impact mental health, particularly in youth and young adults. Lastly, both groups were concerned with how understaffed and under-resourced medical and behavioral health systems already are, and both groups wondered whether the medical system has the resources to respond to the externalities that would follow adult use legalization.

- Prevention and public health professionals, behavioral health and treatment professionals, and public safety professionals were all concerned about increases to impaired driving and the lack of resources Hawaii has to deal with those increases.

Potential benefits of adult use legalization in Hawaii

- All stakeholder groups listed tax revenue as a potential benefit of adult use legalization in Hawaii (see Table 3), but groups differed in terms of where they wanted to see taxes allocated, and in whether they felt the benefit of tax revenue outweighed the risks and externalities they perceived to be associated with legalization.
- Patients and caregivers, certifying clinicians, and current medical cannabis licensees all listed the elimination of barriers for some medical cannabis patients as a potential benefit, with one of those current barriers being that you cannot currently be a medical cannabis patient in Hawaii if you own a gun. All three stakeholder groups also listed the destigmatization of cannabis as a potential benefit of adult use legalization.
- Patients and caregivers and current medical cannabis licensees both listed a reduction in the illicit market as being a potential benefit.

Policy considerations

- Patients and caregivers and certifying clinicians listed seven of the same policy priorities for adult use legalization, suggesting good concordance between patients and the clinicians who recommend cannabis to them. The agreed upon policy issues were protection of patient access to a range of quality medicinal cannabis products, preservation of the patient-caregiver relationship, preservation of collective/cooperative grows, preservation of home grow, expansion of patient education (especially at point of sale), allocation of tax funds to research, and a focus on a horizontal (not vertical) approach to licensing in Hawaii.
- Patients and caregivers, certifying clinicians, and current medical cannabis licensees all listed the preservation of home grow as a policy consideration for adult use legalization, though current medical cannabis licensees specifically noted that home grow should have limitations to protect quality and markets.
- Patients and caregivers, certifying clinicians, and current medical cannabis licensees all noted that horizontal (not vertical) licensing would better serve the state in an adult use legalization framework. Current licensees added that because they were “forced” to be vertically integrated under Hawaii’s current medical use system, vertical integration should still be permitted, just not required, as they aren’t interested in trying to undo the systems they’ve already set up.
- Current medical cannabis licensees and prevention and public health professionals both advocated for limited licensing in an adult use marketplace. Both talked about using data and doing assessments to determine the needs in Hawaii so as not to create oversupply. Both groups also talked about a staged rollout for adult use that would leverage data to assess needs and next steps.
- Prevention and public health professionals and behavioral health and treatment professionals both advocated for plain packaging of cannabis products, no flavored or candy products that can

appeal to kids, and no advertising to children as part of an adult use framework. Both groups also advocated for THC concentration limits in products to avoid high THC products.

These areas of overlap suggest that even stakeholder groups that may not think they have concordance on cannabis policy issues may have overlap on certain aspects of policy – potentially for different reasons but overlap in recommendations, nonetheless. Areas of overlap can serve as a starting point for discussion among diverse sets of stakeholders. It is important to note that the policy considerations captured through these stakeholder Listening Sessions were organic and came from the stakeholders. We did not probe specifically to assess approval or disapproval of certain policy options. It is possible that there is concordance on issues that some stakeholder groups did not mention during their Listening Sessions.

In addition to these areas of overlap, stakeholder groups differed substantially on issues as well. Despite differences in their opinions about whether adult use legalization should occur in Hawaii, all stakeholder groups we engaged in Listening Sessions had given some thought to policies they felt would protect the communities and populations they serve or work with. The Task Force can benefit from engagement with each of these stakeholder groups to understand policy factors they feel would protect their interests and communities.

The author of this report and the DOH staff who worked on the report were careful not to overlay any of our own opinions, thoughts, or recommendations. That said, there are a number of places where other states have explored policy solutions to concerns or issues that were raised by Listening Session participants. For example, with regard to the concerns raised by patients, caregivers, and certifying clinicians about reduced access and increased cost to medical cannabis in an adult use scenario, other states have statues and rules that require adult use licensees to maintain a certain proportion of product for medical patients. Many states have also opted to exempt medical cannabis patients from having to pay excise taxes that have been added to adult use cannabis products at the point of sale. States have also discussed providing incentives for adult use licensees to continue to manufacture products that may not have mass-market appeal but are important products for medical consumers. There are a range of other policy approaches that other states have taken to address issues raised as part of the Listening Session Discussions. The Task Force could follow up on specific policy areas to better understand from other state cannabis regulators how their state has approached certain commonly raised concerns, and what lessons they have learned from those approaches. It is important to recognize that just because a state has something in statute or rule, it does not necessarily mean it is working well or addressing the issue at hand. Policymaking in states is inherently political. As government officials who work with a range of stakeholders, cannabis regulators charged with implementing policy in each state tend to be neutral parties who can provide the Task Force with insights about what is and is not working on the ground based on their engagement with the range of stakeholders who are impacted on a particular issue.

Limitations of this report include the following: (1) Not all potential stakeholder groups could be included in these Listening Sessions due to time, capacity, and resources. There are a myriad of other stakeholder groups the Task Force could seek input from, including parents and trusted adults, educators, non-certifying clinicians and emergency medicine professionals, adult use cannabis consumers, non-cannabis businesses, and non-profit and community groups. (2) Listening Sessions were small in size to allow for adequate discussion. Opinions expressed during the Listening Sessions may not represent the opinions of every individual in that particular stakeholder group. (3) Discussion time was limited due to scheduling and did not provide unlimited time to explore the context around certain perspectives, or to elicit reaction to perspectives we had heard from other groups. Subsequent work by the Task Force could seek to do that.

Despite these limitations, this report provides an overview of some of the concerns, considerations, and policy recommendations from six of the stakeholder groups that stand to be impacted by potential adult use cannabis legalization in Hawaii. The report demonstrates some overlap across all domains we assessed, in addition to differences between stakeholder groups. The purpose of this report was to provide the Task Force with a foundation that can be used to help guide future discussions with stakeholders. This report is not a substitute for those discussions but can help frame subsequent work by the Task Force.