



HAWAII SUBSTANCE ABUSE COALITION

SB1214 HOMELESS APPROPRIATION: Appropriates funds to DOH and DHS, including the office of youth services, to provide homeless outreach services.

COMMITTEE ON HUMAN SERVICES: Senator Josh Green, Chair; Senator Stanley Chang, Vice Chair

- Wednesday, Feb. 8, 2017 at 3:00 p.m. Conference Room 016

HSAC Supports SB1214:

Aloha Chairs Green, Espero; Vice Chairs Chang, Harimoto; And Distinguished Committee Members. My name is Alan Johnson, Chair of the Hawaii Substance Abuse Coalition, an organization of more than 30 treatment and prevention agencies across the State.

HSAC supports this bill and emphasizes that:

- **Section 2 Outreach for Serious Mental Illness (SMI): Include co-occurring disorders because many people with SMI also have chronic substance use disorders.**
- **Section 3 Outreach for Substance Abuse: Include treatment in addition to the aforementioned outreach, counseling and diversion services since chronic homelessness is more likely to have chronic substance use disorders than any other illness, even more likely than SMI. And many have co-morbidity, multiple illnesses.**
- **Section 3: LEAD: Full support for this diversionary service.**

Recently, there have been several governmental reports that enumerate the huge costs for not treating chronic substance use disorders. The costs of drug abuse and addiction to our nation are staggering.¹

- Substance abuse is associated with almost 20% of all Medicaid hospital costs and nearly 25% of Medicare dollar spent on inpatient care. Over 14% of patients admitted to hospitals have alcohol/drug abuse and addiction disorders.

Drug abuse and addiction are major burdens to society; economic costs alone are estimated to exceed half a trillion dollars annually in the United States, including health, crime-related costs, and losses in productivity. However, staggering as these numbers are, they provide a limited perspective of the devastating consequences of this disease,” Dr. Nora Volkow, Director of the National Institute on Drug Abuse, Congressional Testimony, 3/1/07

- 70% of individuals in state prisons and jails have used illegal drugs regularly. Drug offenders account for more than one-third of the growth in state prison population and more than 80 percent of the increase in the number of prison inmates since 1985.

¹ Estimating the costs of substance abuse to the Medicaid hospital care program.

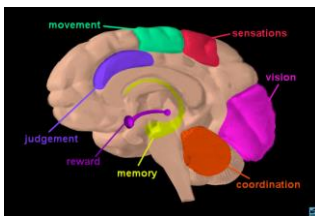
Fox K1, Merrill JC, Chang HH, Califano JA Jr. <http://www.ncbi.nlm.nih.gov/pubmed/7832261> Am J Public Health. 1995 Jan;85(1):48-54.

- The economic burden in the United States for addiction is twice that of any other disease affecting the brain, including Parkinson's and Alzheimer's Disease, as well as all the others.
- Alcohol and Drug-related hospital emergency (ED) visits increased 81 percent from 2004 to 2009 while ED visits involving the non-medical use of pharmaceuticals increased 98.4%.²

Science-Based Prevention and Treatment Works.³

- Substance abuse and/or addiction as well as their exorbitant costs are avoidable. Like any other disease, it is preventable, it is treatable, and it changes biology.
- Discoveries in the science of addiction have led to advances in drug abuse treatment that help people stop abusing drugs and resume their productive lives.
- Research has shown that every \$1 invested in addiction treatment programs, there is:
 - o \$4 to \$7 reduction in the cost of drug-related crime,
 - o \$3 - \$5 reduction in emergent medical care use (ER and Crisis Center) and
 - o Among women – a \$4 reduction in welfare and child welfare costs
 - o Among employed men, a \$7 increase in productivity (fewer absences and health claims)
 - o Among returning Iraq veterans – a 35% reduction in family medical claims
 - o And reductions in family violence problems

Not only is substance abuse a leading cause of preventable hospitalization, it is one of the primary cause of homelessness.



With new processes and procedures to identify and coordinate care for high end users of care that have multiple chronic conditions of health issues, we can effectively coordinate care, treat multiple conditions, and improve the effectiveness of treatment outcomes. The proposed funding can validate the cost effectiveness of providing treatment for the chronic homeless population and provide justification for continued funding.

We appreciate the opportunity to testify and are available for questions.

²Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality (formerly the Office of Applied Studies). *The DAWN Report: Highlights of the 2009 Drug Abuse Warning Network (DAWN) Findings on Drug-Related Emergency Department Visits*. Rockville, MD, December 28, 2010. Available at: <http://www.oas.samhsa.gov/2k10/DAWN034/EDHighlights.htm>

³ William Dewey, Baord of Scientific Advisors, Friends of NIDA November 2008. http://www.cpdd.vcu.edu/Pages/Index/Index_PDFs/TransitionPaperOctober20081.pdf

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SB1214

Submitted on: 2/6/2017

Testimony for HMS/CPH on Feb 6, 2017 14:55PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Brian Murphy	Individual	Support	No

Comments:

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SB1214

Submitted on: 2/6/2017

Testimony for HMS/CPH on Feb 6, 2017 14:55PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Camila Chaudron	Individual	Support	No

Comments: Aloha senators, my name is Camila Chaudron and I am a constituent from the Manoa/Makiki area. I strongly support this bill. Youth homelessness is sadly a major issue in our state and the more we can do to help and stabilize our younger generation, the safer, healthier and more productive our community will be. Mahalo.

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