



## Community Health Outreach Work

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### TESTIMONY IN SUPPORT OF SB 868: RELATING TO THE CONTROLLED SUBSTANCES ACT

TO: Senator Rosalyn H. Baker, Chair, Senator Clarence K. Nishihara, Vice Chair; and members of the Committee on Commerce, Consumer Protection, and Health

FROM: Heather Lusk, Executive Director, CHOW Project

Hearing: Wednesday, February 8, 2017 at 09:00 AM in Conference Room 229

Dear Chair Baker, Vice Chair Nishihara, and members of the committee:

Thank you for the opportunity to provide testimony **in strong support** of SB 868.

**The CHOW Project supports the HAWAII SUBSTANCE ABUSE COALITION's (HSAC) recommendations for SB 868:**

**HSAC supports Dr. Haning, Regional Director of the American Society of Addiction Medicine (ASAM), who recommends that the legislation be modified to avoid unintended consequences.**

1. There is no reason to exclude Schedule II medications, given that the modifying wording explicitly qualifies only such medications within those categories (II-V) that have been approved for detoxification. This will cause problems if a misguided enforcer then applies it to methadone, despite methadone prescribing operating under other statutes.

Also, the FDA often takes the approach to approve new, effective medications by first classifying it provisionally or even permanently for a time as Schedule II. Including Schedule II, given the existing protective language that it must be FDA approved detoxification medication, makes sense for current and future practices.

2. While the word "detoxification" works, the more appropriate and accurate medical term is "medically-managed withdrawal." Detoxification has become widespread in its use to encompass other definitions such as diet powders, herbal remedies, etc.

3. Recommended language:

(3) A prescription may not be issued for the dispensing of narcotic drugs listed in any schedule for the purpose of "medically-managed withdrawal aka detoxification treatment" or "maintenance treatment" except as follows:

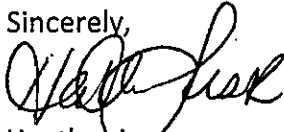
(C) An individual practitioner may administer or dispense (including prescribe) any schedule II, III, IV, or V narcotic drug approved by the United States Food and Drug Administration specifically for use as a

"medically-managed withdrawal aka detoxification treatment" or "maintenance treatment" to a narcotic drug-dependent person; provided that the practitioner complies with the requirements of title 21 United States Code section 823(g) and title 21 Code of Federal Regulations section 1301.28;

**The Community Health Outreach Work (CHOW) Project** is dedicated to serving individuals, families and communities adversely affected by drug use, especially people who inject drugs, through a participant-centered harm reduction approach. CHOW works to reduce drug-related harms such as but not limited to HIV, hepatitis B/C and overdose. CHOW supports the optimal health and well-being of people affected by drug use throughout the State of Hawaii. CHOW has operated the statewide syringe exchange program for the past twenty years.

Thank you for taking the time to read my testimony and please support saving lives by supporting SB 868.

Sincerely,



Heather Lusk  
Executive Director  
CHOW Project

**LATE**

Gerald J. McKenna, MD  
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February 8, 2017

To the Attention of: Committee on Public Health  
Public Safety and Military Affairs

Re: Support for SB868, Relating to the Controlled Substances Act

Dear Senators: Baker, Nishihara, Wakai and Other Members of the CPH & PSM Committees

I am a clinical professor at UHJABSOM. I am also a psychiatrist and Addiction Medicine Specialist, practicing in Hawaii for the past 29 years and have offices in Kauai, Honolulu and Hilo.

Part of my practice involves aiding patients with Opiate Use Disorders using Suboxone and Subutex, for medically assisted withdrawal and maintenance.

Last September, our patients notified me that pharmacies were refusing to fill prescriptions for Suboxone on the orders of the Narcotics Enforcement Division. Through fast intervention by myself and many others in Hawaii, we were able, with the help of the Attorney General's help, to reverse this order. However, it pointed out the importance of having bills in the legislature which allow the use of medications to support patients struggling with Opiate Use Disorders.

SB868 uses the corrected language.

The Opiate Epidemic in Hawaii and the United States is a Public Health disaster. Physicians and others in the Hawaii Society of Addiction Medicine, the Hawaii Psychiatric Medical Association and the Hawaii Medical Association are doing all that we can in stemming the consequences of this epidemic. We need the legislatures support in these efforts.

We urge your support for SB868.

Sincerely,

*Gerald J. McKenna, MD*  
Gerald J. McKenna, MD, DFASAM, DLFAPA  
Clinical Professor UH John A Burns School of Medicine  
University of Hawaii

Lani Nagao  
2850 Kapena St.  
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February 8, 2017

State of Hawaii  
Senate Committee – CPH  
Senate Committee – PSM

Re: Support for SB868

I am the family member of a person recovering from addiction in his youth with a long history of recovery in his adulthood.

When my older brother who is an amazing carpenter and independent contractor had to have extensive surgery for his back pain, he was naturally prescribed opioids. Because he has a history of addiction, the likelihood of his addiction to opioids was also natural. He was later switched to Suboxone which has prevented any dependence on short acting opioids for his recurring pain.

He continues to be a hard working carpenter, and a man of faith who, with his family, has been foster family to many youth in the Child Welfare Services (Child Protective Services) system. He cannot give up his work which he loves, although his doctor believes he should change his occupation to help his pain. His productive life is sustained by the Suboxone he is prescribed (he submits to regular urine drug testing to monitor his use of the medication and or any other non-prescribed medication or illicit drugs a protocol recommended to mitigate diversion).

When the Narcotics Enforcement Division narrowly interpreted the law as it is currently written, he and many others in recovery from addiction, who find their recovery sustained by medication assisted treatment such as Suboxone (buprenorphine with naloxone) and Subutex (buprenorphine), found their recovery threatened. SAMHSA, the federal Substance Abuse and Mental Health Services Administration has identified these medications as an evidenced based method for the treatment of opioid use disorders. I also work in an addiction treatment clinic where I have witnessed hundreds of people recover from their addiction to opioids/opiates: heroin, prescription pain medications such as Oxycodone, Percocet, Vicodin, etc. These people have returned to become productive, contributing members of our community with improved family life, work life and community activity.

I am thankful for the quick and astute handling of the situation by Attorney General Douglas Chun, Director of Health Dr. Virginia Pressler, and the many professional medical community members who brought it to their attention and were able to quickly stop the madness of withholding these patients' medications (prescribed by their physicians who had to have special waiver certification to be allowed to prescribe these medications for this particular purpose, in addition to being certified to prescribe controlled substances).

I understand that SB868 corrects the language in the current law, which created the short period of madness by the NED earlier last year. I urge you to support SB868 as I do.

Mahalo,

*Lani Nagao*