

# SB2010

Measure Title: RELATING TO DRUG TREATMENT.

Report Title: Drug Treatment; Appropriation (\$)

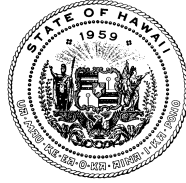
Description: Appropriates funds for drug treatment for opioid abuse, methamphetamine abuse, heroin abuse, prescription drug abuse, and other drug abuse.

Companion:

Package: None

Current Referral: CPH, WAM

Introducer(s): ESPERO, S. CHANG, Baker, Nishihara



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P. O. Box 3378  
Honolulu, HI 96801-3378  
doh.testimony@doh.hawaii.gov

**Testimony COMMENTING on S.B. 2010  
RELATING TO DRUG TREATMENT**

SENATOR ROSALYN H. BAKER, CHAIR  
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
Hearing Date: February 1, 2018 Room Number: 229

1 **Fiscal Implications:** Appropriates \$1 million in FY2019 for drug treatment.

2 **Department Testimony:** The Department of Health (DOH) The Department of Health supports  
3 the intent of S.B. 2010, which is to appropriate funds for drug treatment, but defers to the  
4 Governor's Supplemental Budget Request for appropriations priorities.

5 The DOH is greatly appreciative to the sponsors of this bill for emphasizing that the  
6 prevalence of substance use disorders encompass a wide variety of substances besides opioids and  
7 that many who suffer from the chronic illness of substance abuse, misuse multiple drugs.  
8 According to the Hawaii Opioid Action Plan (Dec. 2017):

- 9 • There are an average of nearly 400 nonfatal overdose incidents each year, nearly  
10 half of which require hospitalization; and
- 11 • The issue of opioid misuse and addiction cannot be fully appreciated unless seen  
12 from from a broader context of a chronic illness perspective, which shows that  
13 substance misuse and addiction represents significant public health and economic  
14 burdens for Hawaii:
  - 15 ○ Workplace drug tests positive for methamphetamine were 410% higher  
16 than the national average in 2011;
  - 17 ○ Impaired driving deaths in Hawaii (2010-2014) were 39.4% compared to  
18 the national average of 30.0%; and

- 1                   ○ Data from the Alcohol & Drug Abuse Division (ADAD)-funded providers  
2                   suggests that methamphetamine was reported as the primary drug of  
3                   choice upon admission for 53.4% of adults receiving substance misuse  
4                   treatment in FY2017.

5                   Treatment admission data from 2010-2016 in Hawaii further underscores the need for a  
6                   focus on the broader addiction issue in the state and for a coordinated and comprehensive  
7                   approach to addiction in Hawaii.

8                   The Governors package includes an appropriation request to add \$800,000 to the base  
9                   budget for the ADAD as part of a strategy to continue to expand and enhance the substance  
10                  abuse prevention and treatment system in the state. We respectfully defer to the Governor's  
11                  budget request as this bill is considered.

12                  Thank you for the opportunity to testify on this measure.



*Dedicated to safe, responsible, humane and effective drug policies since 1993*

TO: Senate Committee on Commerce, Consumer Protection and Public Health  
FROM: Carl Bergquist, Executive Director  
HEARING DATE: 1 February 2018, 9:30AM  
RE: SB2010, Relating to Drug Treatment, **SUPPORT**

Dear Chair Baker, Vice Chair Tokuda, Committee Members:

The Drug Policy Forum of Hawai'i (DPFHI) **strongly supports** this measure to appropriate funds towards drug treatment. As we work together to view through drugs users through a public health lens instead destined for incarceration – by reforming our laws, e.g. drug paraphernalia reform as enacted in 2017 and investing in pre-arrest diversion programs like LEAD (Law Enforcement Assisted Diversion) and efforts like the Community Outreach Court – it is crucial that we help ensure the availability of drug treatment options. One million dollars spread across programs is a good start, and represents faith by tax payers in their fellow citizens. In addition, it simply makes bottom line sense. [A 2013 study by Research Triangle International \(RTI\) and Temple University](#) highlights that even if only 10% of eligible offenders were diverted to treatment instead of being locked up, \$4.8 billion would be saved across the U.S.

In order to better help individuals, it is also important to change some of our state drug laws. The drug paraphernalia law was changed last year via Act 72, and now [SB2880](#) as introduced would reduce simple possession offenses from a class C felony to a misdemeanor. This reduction would not just have cost savings effect, but the arrestee would have a greater chance of making bail and better life prospects by avoiding the mark of “felon.” Such an individual would be surely be a better candidate for drug treatment in cases when it could help him or her.

Thank you for the opportunity to testify.



**SB 2010 Drug Treatment Funds for Various Drugs:** Appropriations for treatment based on drug use: opioid, heroin, prescription drug abuse, and other drugs.

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH:

- Senator Rosalyn Baker, Chair; Senator Jill Tokuda, Vice Chair
- Thursday, February 1<sup>st</sup>, 2018: 9:30 a.m.
- Conference Room 229

### **HAWAII SUBSTANCE ABUSE COALITION (HSAC) Supports SB2010 with Recommendations:**

*GOOD MORNING CHAIR BAKER, VICE CHAIR TOKUDA AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide hui of almost 40 non-profit alcohol and drug treatment and prevention agencies.*

**HSAC supports that more resources are available for drug treatment and recommends there be language about multiple drug diagnosis (polydrug abuse).**

Polydrug use is common among drug users. People with alcohol disorders are 18 times more likely to report nonmedical use of prescription drugs.<sup>1</sup>The most common drugs used in conjunction with methamphetamines include ecstasy, cocaine, marijuana and alcohol.

Generally, users would have a primary, secondary and tertiary choice of drugs depending on what is available, what is their medical or psychiatric condition, where are they using, and the desired effect based on the situation. Often the more intoxicated the user, the more likely they will consider using more or other drugs to maintain an effect.

### **Recommendations:**

SECTION 2. There is appropriated out of the general revenues of the State of Hawaii the sum of \$1,000,000 or so much thereof as may be necessary for fiscal year 2018-2019 for the department of health to contract with outside vendors, contractors, and healthcare providers to provide drug treatment, to be allocated, **allowing for polydrug abuse such as primary, secondary, and tertiary,** as follows:

We appreciate the opportunity to provide testimony and are available for questions.

---

<sup>1</sup> National Institute of Drug Abuse (NIDA). <https://www.drugabuse.gov/news-events/nida-notes/2008/03/alcohol-abuse-makes-prescription-drug-abuse-more-likely> McCabe, S.E., et al. The relationship between past year drinking behaviors and nonmedical use of prescription drugs: Prevalence of co-occurrence in a national sample. *Drug and Alcohol Dependence* 84(3):281-288, 2006

**SB-2010**

Submitted on: 1/30/2018 1:01:39 PM

Testimony for CPH on 2/1/2018 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Greg Tjapkes	Coalition for a Drug-Free Hawaii	Support	No

Comments:

The Coalition for a Drug Free Hawaii supports this measure for funding for Drug Treatment.



## **BEACON OF HOPE HOUSE (KUMC)**

**1216 Keolu Drive**

**Kailua, Hawaii 96734**

Phone: (808) 386-5426

Email: [daphnehookano@yahoo.com](mailto:daphnehookano@yahoo.com)

[beaconofhopekumc.org](http://beaconofhopekumc.org)

**Committee on Commerce, Consumer Protection, and Health**

**TO:** Senator Rosalyn H. Baker Chair  
Senator Jill N. Tokuda Vice Chair

**DATE:** Thursday, February 01, 2018

**TIME:** 9:30 a.m.

**PLACE:** Conference room 229, State Capitol

### **SB 2010 SUPPORT- RELATING TO DRUG TREATMENT**

Aloha Chair Baker and Vice Chair Tokuda,

My name is Daphne Ho`okano and I am a Master's candidate in the Myron B. Thompson School of Social Work at UH Manoa, and I am also the program director at an outreach program of Kailua United Methodist Church (KUMC) called the Beacon of Hope House, that helps women transition from prison to the community. I am here in strong support of the SB 2010 bill relating to drug treatment that would appropriate funds for drug treatment for opioid abuse, methamphetamine abuse, heroin abuse, prescription drug abuse, and other drug abuse.

Working with women that have been incarcerated, I have seen so many women that didn't need to be in prison, but actually needed substance abuse treatment. I feel that:

- Hawaii does not have enough treatment facilities that can treat our growing drug epidemics.
- Providing treatment for substance abuses may help to lower the cost that taxpayers pay for a person to be incarcerated.
- Appropriating funds for treating substance abuses can help to create productive members and positive role models in society instead of overcrowding our prisons.

**Let's treat substance use disorders for what it is, a disease, and give people help instead of creating more criminals.**

Thank you for the opportunity to testify.





**SB-2010**

Submitted on: 1/28/2018 10:39:12 PM

Testimony for CPH on 2/1/2018 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
De MONT R. D. CONNER	Ho'omanapono Political Action Committee (HPAC)	Support	Yes

Comments:

Wyman Barros

(808) 699-6711

41-600 Kalanianaʻole Hwy

Waimanalo, Hi. 96795

Friday, January 26, 2018

**TO: Senator Rosalyn H. Baker Chair and Senator Jill N. Tokuda Vice Chair  
Committee on Commerce, Consumer Protection, and Health**

**RE: IN SUPPORT OF SB 2010, Relating to Drug Treatment**

**DATE: Thursday, February 01, 2018**

**TIME: 9:30 p.m.**

**PLACE: CONFERENCE ROOM 229, STATE CAPITOL**

**Aloha,**

My name is Wyman Barros and I am an MSW student at the Myron B. Thompson School of Social Work at the University of Hawaii Manoa. I am writing in strong support of SB 2010, which would appropriate funds for drug treatment for opioid abuse, heroin abuse, prescription drug abuse, and methamphetamine drug abuse

**[Here are a few reasons why I am in strong support of this bill]**

- It is a fact that we need more treatment facilities that will be equipped with these addictions
- Treating people with these types of addiction which is right now plaguing our island will in the long run benefit our community with a possible reduction in crime and lower the recidivism rate.
- Investing in treatment centers that targets these types of drug addictions can only have a positive outcome with more people being productive members of society, working and paying taxes and being role models for the youths that struggle with addictions.

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH

Senator Rosalyn H. Baker, Chair

Senator Jill N. Tokuda, Vice Chair

COMMITTEE ON WAYS AND MEANS

Senator Donovan M. Dela Cruz, Chair

Senator Gilbert S.C. Keith-Agaran, Vice Chair

Joint Public Hearing – Friday, February 1, 2018

State Capitol, 415 South Bertainia Street,

9:30 a.m., Conference Room 229

Chris Ferguson

[cwferg33@hawaii.edu](mailto:cwferg33@hawaii.edu)

Monday, January 29, 2018

**Support of SB 2010, Relating to Drug Treatment; Appropriation**

I am writing in strong support of SB 2010 which appropriates funds for drug treatment for opioid abuse, methamphetamine abuse, heroin abuse, prescription drug abuse, and other drug abuse. The appropriations would come out of the general revenues of the state of Hawaii to the sum of 1,000,000 or so much thereof as may be necessary for fiscal year 2018-2019 for the department of health to contract to outside vendors, contractors, and healthcare providers to provide drug treatment.

As a graduate student of Social Work at UH Manoa and a crisis counselor who works with individuals with drug and alcohol issues, I have seen the impacts of what widespread drug use can do to individuals, the community and to society in general. I see individuals struggle with their addictions and it often leads them down a path of self-destruction which has a great impact on their lives. This can often lead to loss of employment, family disruption such as domestic violence, crime, and homelessness. Many of these individuals do not have the means to pay for drug treatment which leaves them with little to no options. Appropriated funds to help cover the costs of these treatment programs would be of great assistance to the unfortunate individuals.

Please pass this bill so that individuals with addiction issues can get the help they need and once again become productive members of our community.

Thank you for your time and the opportunity to submit testimony

Sincerely,

Chris Ferguson

Graduate Student

Myron B. Thompson School of Social Work

University of Hawaii at Manoa

[cwferg33@hawaii.edu](mailto:cwferg33@hawaii.edu)

**SB-2010**

Submitted on: 1/30/2018 5:11:28 AM

Testimony for CPH on 2/1/2018 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Teresa Parsons		Support	No

Comments:

Chair Baker and members of the committee,

Opioid addiction is a healthcare crisis of epidemic proportions, and I applaud any and all efforts to address treatment for those battling opioid addiction. The cost to the State to address the problems associated with addiction is astronomical when considering impacts on Emergency services, police engagement, justice system, and loss to the public secondary to crime perpetrated by addicts to support their habit.

My only concern is the small size of the appropriation. An addictions trained physician salary averages over \$200K/annually, so the amounts allocated to each type of addiction will fund one provider. While addictions counselors have more modest salaries, it is critical to engage specialists to address the root of the addiction crisis.

Mahalo for considering my testimony in support of this measure.

**SB-2010**

Submitted on: 1/29/2018 9:24:58 PM

Testimony for CPH on 2/1/2018 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Aaron SP Farias		Support	No

Comments:

My name is Aaron SP Farias and I am a Student at the Myron B. Thompson School of Social Work.

I support SB2010 Relating to Drug Treatment.

**SB-2010**

Submitted on: 1/30/2018 4:00:18 PM

Testimony for CPH on 2/1/2018 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Muhammad Talha Quadri	UH Manoa	Support	No

Comments:

**Senator Rosalyn H. Baker, Chair**

**[COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH](#)**

**SB 2010**

**Thursday, February 1st, 2018**

**9:30 AM in Conference Room 229**

**Introduction:**

**Aloha, my name is Muhammad Talha Quadri. I am Masters student at the Myron B. Thompson School of Social Work at UH Manoa. The measure I am submitting my testimony for is SB 2010. I am in strong support of this measure.**

**Content:**

**I am in strong support of this bill because I see the effects of drug abuse firsthand as a social worker. The clients I work with currently are homeless single men who are discharged from Queen's Medical Center. 90% of the clients I have worked with in the last two semesters were long time meth users early in life. Methamphetamine is a drug of choice for many homeless individuals because it allows them to stay up for days on end, which overworks their hearts and damages their brains. Methamphetamine use is a huge problem in our nation, but the effects are exacerbated in our islands. Hawaii ranks highest in the nation for meth use, which is reflected in negative consequences to our community. Meth use costs us hundred of millions of dollars every year (According to Hawaii Meth Project) due to medical costs, incarceration, foster care, etc. According to the Hawaii Meth Project, nearly 79.3% of drug related**

**crimes were related to meth. 90% of federally sentenced drug cases in Hawaii involved meth.**

**It is clear that the use of law enforcement and Nixon/ Reagan era fear tactics do not help the problem. Drug abuse is not a criminal issue, but rather a disease of the mind. We must shed this portrayal of addicts as solely criminals and start treating their condition for what it is: a disease. I believe this bill is step in the right direction, because it focuses on treating the problem rather than trying to prevent it through strict punishments. The evidence is all around us: prevention through scare tactics does not work, but treatment does. Thank you for taking the time to listen to what I have to say.**

**Muhammad Talha Quadri**

**808-202-1227**

**2437 Parker Place**



Donalei Kepa-Ivester, University of Hawaii at Manoa Student  
E-Mail: donaleik@hawaii.edu  
Phone: (808) 954-2055

January 30, 2018

Senator Baker, Chair  
Senator Tokuda, Vice Chair  
Committee on Commerce, Consumer Protection, and Health

**RE: Strong support of SB 2010, Relating to Drug Treatment**

Hearing Date: Thursday, February 1, 2018 at 9:30 AM  
Hearing Place: Conference Room 229

Dear Senator Baker, Senator Tokuda, and Members of the Committee:

I am testifying in strong support of SB 2010, which seeks to appropriate funds for drug treatment, relating to opioid abuse, methamphetamine abuse, heroin abuse, prescription drug abuse, and other drug abuse. Funding efforts would help support substance use treatment programs in providing quality services and care to individuals and families who are affected by the drug epidemic that has plagued the nation.

I am currently a MSW student at the Myron B. Thompson School of Social Work with a focus in behavioral mental health. From when I was a little girl, I have personally seen the devastating effects of what drugs can do to individuals, families, and communities. As an intern for a substance use treatment program, I have worked directly with women who have been using substances to cope with traumatic events in their lives. Many women shared their life experiences of how their substance use has contributed to teen pregnancy, unhealthy relationships, family separation, domestic violence, child abuse, criminal activity, homelessness, suicide, and motor vehicle crashes. SB 2010 will help in reducing the previously stated issues, in addition to alleviating law enforcement, crime, and prison cost. According to the National Institute on Drug Abuse, research shows that most individuals who enter and remain in treatment stop using mind altering substances, decreases their criminal activity, and improves their occupational, social, and psychological functioning.

Substance use treatment programs will allow community members an opportunity to receive the necessary help to live a healthy quality life, free of all mind-altering substances. I strongly believe that individuals and families who are struggling with substance use disorder deserve a second chance of being a contributing member to society.

In providing an opportunity for individuals struggling with substance use disorders, we are creating a healthy community and environment for all of its members. I strongly recommend that the committee pass SB 2010. Thank you for this opportunity to testify.

My testimony does not represent nor have any affiliation ties to my internship.

**SB-2010**

Submitted on: 1/30/2018 10:01:34 PM

Testimony for CPH on 2/1/2018 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
MEILENE CENIDO	UH MANOA SCHOOL OF SOCIAL WORK	Support	No

Comments:

Meilene M. Cenido

1325 Ala Kapuna St. Honolulu, HI 96819

Email: [meilene@hawaii.edu](mailto:meilene@hawaii.edu)

January 29, 2018

**TO: Senator Rosalyn H. Baker, Chair and Senator Jill N. Tokuda,  
Vice Chair Committee on Commerce, Consumer Protection,  
And Health.**

**RE: IN SUPPORT OF SB 2010, Relating to Drug Treatment**

**DATE: Thursday, February 1, 2018**

**TIME: 9:30 AM**

**PLACE: CONFERENCE ROOM 229, STATE CAPITOL**

**Aloha,**

My name is Meilene Cenido and I am an MSW student at the Myron B. Thompson, School of Social Work at the University of Hawaii- Manoa. I would like to testify in support of SCR 2010. The purpose of this bill is to appropriate funds for drug treatment for opioid abuse, heroin abuse, prescription drug abuse, and methamphetamine drug abuse.

I support this bill for the following reasons:

- I believe that individuals who struggle with substance use disorders deserve another chance at life and an opportunity to change.
- Treating people with the above addictions will benefit our community with possible decrease in high crime rates and recidivism rates.
- Investing in treatment centers and skilled professionals increases chances for recovery and help provide individuals with an addiction to cope in a healthier way.
- Drug abuse treatments not only help addicts detoxify in a safe environment but also assist them through all stages of the recovery process.

I am asking in support of SCR 2010 that this bill be passed. Thank you for the opportunity to testify on this bill.

Sincerely,

**Meilene M. Cenido (BSW)**

**MSW Student UH Manoa**

Nikos A. Leverenz  
Board Member, Drug Policy Forum of Hawai'i  
Committee on Commerce, Consumer Protection, & Health  
01 February 2018 -- 9:30AM  
SB 2010 -- SUPPORT

Sen. Baker & Members of the Committee on Commerce, Consumer Protection, & Health:

SB 2010 appropriates \$1 million for the Department of Health to contract with outside vendors, contractors, and healthcare providers to provide substance abuse treatment for opioids, methamphetamines, heroin, prescription medications, and other substances.

Increasing this state's capacity to provide medically-supervised treatment for substance use disorders is sound policy that not only promotes individual and public health but also has beneficial fiscal and social impacts:

Research studies indicate that spending on treatment produces savings in terms of reduction in the number of crime victims, as well as reduced expenditures for the criminal justice system. At a minimum there was a 3:1 saving, and when a broader calculation of costs associated with crime, health and social productivity was taken into account, the rate of savings to investment rose to 13:1. (United Nations Office on Drugs and Crime & World Health Organization. March 2008. "[Discussion Paper: Principles of Drug Dependence Treatment](#)")

According to several conservative estimates, every dollar invested in addiction treatment programs yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs, and theft. When savings related to healthcare are included, total savings can exceed costs by a ratio of 12 to 1. Major savings to the individual and to society also stem from fewer interpersonal conflicts; greater workplace productivity; and fewer drug-related accidents, including overdoses and deaths. (National Institute of Drug Abuse. "[Is drug addiction treatment worth its cost?](#)" *Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition)*. Last updated January 2018.)

In contrast to the prevailing regime of stigmatization and criminalization of drug users in Hawai'i and the rest of the nation, the UNOC-WHO also endorses a "health first" approach to drug use and treatment: "In general, drug use should be seen as a health care condition and drug users should be treated in the health care system rather than in the criminal justice system where possible." The UNOC-WHO further recommends that "evidence-based good practice and accumulated scientific knowledge on the nature of drug dependence should guide interventions and investments in drug dependence treatment."

For the treatment of opioid use disorder, the Global Commission on Drug Policy specifically recommends the availability of “low threshold” opioid substitution therapy among other harm reduction measures:

Prejudice against the most effective treatments for opioid addiction—opioid substitution therapy (OST)—has translated into lack of treatment for those in need. Opioid substitution therapy has proven effective in treating addictions to heroin and should be offered to those dependent on or addicted to prescription opioids....

While some patients can benefit from counseling and intensive psychiatric or job-training services in addition to opioid substitution therapy, there is no evidence that requiring such participation improves outcomes. Mandating attendance, however, does increase cost (limiting the number of patients who can get care), while also deterring those who would accept medication with fewer strings attached. This is not acceptable when people are dying because they cannot get treatment. Patients seeking abstinence should have access to relevant services, but “low threshold” care should also be available.

Both methadone and buprenorphine are too heavily regulated in the United States: limiting methadone to specialty clinics and limiting the number of patients to whom doctors can prescribe buprenorphine has made opioid substitution therapy far too difficult to get, particularly in rural areas. (Global Commission on Drug Policy. October 2017. [“Position Paper: The Opioid Crisis in North America”](#) at 3, 11.)

The Global Commission on Drug Policy also recommends the decriminalization of drug use and possession for personal use “so that people in need of health and social services can access them freely, easily and without fear of legal coercion.” (*Id.*, at 12.) Revising Hawai‘i statutes to decriminalize possession for personal use from a Class C felony to a misdemeanor or an infraction would also have broad ramifications for realized cost savings in corrections spending.

One hopes that this bill is the beginning of a sustained public commitment to providing substance abuse treatment outside of the criminal justice context to meet the longstanding unmet demand for such services.

Finally, this bill should specifically allow those with diagnosed co-occurring mental health disorders to access this treatment funding stream.

Sincerely,  
Nikos A. Leverenz  
Board Member, Drug Policy Forum of Hawai‘i