



STATE OF HAWAII
DEPARTMENT OF HEALTH
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**Testimony COMMENTING on HB 0235
RELATING TO HEALTH**

REPRESENTATIVE JOHN M. MIZUNO, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: February 12, 2019 Room Number: 329

1 **Fiscal Implications:** \$1 million General Fund appropriation to four types of drug treatment
2 programs: prescription opioid abuse, methamphetamines, heroin, and other substances.

3 **Department Testimony:** The Department of Health (DOH) agrees that there is a prevalence of
4 methamphetamine abuse and use of multiple (more than two) substances in Hawaii.

5 The DOH respectfully defers to the Governor's Executive Budget which represents the
6 Alcohol and Drug Abuse Division's (ADAD) estimate of budgetary needs for the coming
7 biennium. In addition, ADAD however remains committed to maximizing the pursuit and use of
8 federal funds and federal grant opportunities for this purpose.

9 The DOH also respectfully requests that any additional funds appropriated do not
10 supplant other programs and priorities within the Governor's executive budget. However, if this
11 measure becomes law, DOH recommends removing the specified categories and amounts listed
12 in the measure for the following reasons:

- 13 1. ADAD has been working toward addressing all problematic substance abuse as a
14 chronic illness, rather than focus too heavily on one specific substance. We know
15 from current data that the majority of individuals who meet criteria for a substance
16 use disorder misuse more than one substance. This data supports treatment of all
17 substance misuse as a chronic illness, and employment of a broad public health

- 1 approach that seeks to increase societal, environmental and individual protective
2 factors to reduce prevalence.
- 3 2. ADAD is moving its system of care to a coordinated entry and networked continuum
4 of care, called Hawaii CARES (Coordinated Addiction Recovery Entry System) that
5 increases access to treatment for all individuals who suffer any form of substance use
6 disorder. Allocation of treatment funds for a specific substance related diagnoses
7 would hinder this transition and hamper flexible allocation to where services are most
8 needed by the community.
- 9 3. Specific allocation of appropriated general funds for only treatment services,
10 obstructs ADAD's ability to allocate resources to expanding substance abuse
11 prevention. Targeted and robust prevention efforts are a cornerstone of any public
12 health oriented effort to reduce prevalence of chronic illness.
- 13 4. ADAD is currently in receipt of a significant portion of its federal discretionary funds
14 that have been allocated by the federal government specifically for individuals with
15 opioid use disorders and cautions against general funds being specified for opioid use
16 disorders in a manner that may not be efficiently balanced with the state's ability to
17 leverage federal funding.

18 Thank you for the opportunity to provide testimony.

HB-235

Submitted on: 2/10/2019 11:14:51 PM

Testimony for HLT on 2/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Carl Bergquist	Drug Policy Forum of Hawaii	Support	No

Comments:

The Drug Policy Forum of Hawai'i strongly supports this measure to appropriate funds for more substance use treatment in Hawai'i. This is a crucial measure as we continue to shift away from the criminalization of drug paradigm to an all-encompassing public health approach.

Programs like Law Enforcement Assisted Diversion (LEAD), currently operating on Oahu and soon on the Neighbor Islands, can divert a person from arrest into treatment. It breaks the cycle of punishment and incarceration and focuses on health. If, however, treatment services are stretched thin, the program cannot work as intended and police may revert to arrest.

More treatment options also become essential as we continue to end the War on Drugs and lower penalties for drug offenses. Currently, some seriously argue that we have to lock certain people up in order to treat them - that the services they would get in prison are better than the no services they would get outside. Putting aside whether this is actually currently happening, we should aim to treat non-violent offenders outside the criminal justice system.

This bill can help people with substance use problems avoid a devastating first contact with incarceration, and it can help those who have already had that contact to end it.

Mahalo for the opportunity to testify.



Tuesday, February 12, 2019

House Bill 235
Testifying in Support

Aloha Chair Mizuno, Vice Chair Kobayashi, and Members of the Committee on Health,

The Democratic Part of Hawaii (The Party) stands in **support of HB235 Relating to Drug Treatment**, which appropriates additional funding for drug treatment in Hawaii.

Creating new and funding current facilities in every county that increase access both at the in-patient and out-patient level for those struggling with addiction would benefit everyone in the state of Hawaii. When people are sick and suffering, it is incumbent upon all of us as a society to medically treat those affected.

We must acknowledge the correlation between substance use disorders and mental illness. These issues do not exist in a vacuum, and a collaborative approach must be used.

The National Institute on Drug Abuse shares¹ the following:

The high prevalence of comorbidity between substance use disorders and other mental illnesses does not necessarily mean that one caused the other, even if one appeared first. Establishing causality or directionality is difficult for several reasons. For example, behavioral or emotional problems may not be severe enough for a diagnosis (called subclinical symptoms), but subclinical mental health issues may prompt drug use. Also, people's recollections of when drug use or addiction started may be imperfect, making it difficult to determine whether the substance use or mental health issues came first.

Three main pathways can contribute to the comorbidity between substance use disorders and mental illnesses:

1. Common risk factors can contribute to both mental illness and substance use and addiction.
2. Mental illness may contribute to substance use and addiction.
3. Substance use and addiction can contribute to the development of mental illness.

Many substance abusers use drugs as a way to self-medicate the pain of trauma. According to americanaddictioncenters.com², "About 50-66 percent of those who suffer from PTSD also battle simultaneous addiction, and the reverse is also true.... People

who suffer from PTSD are between two and four times more likely to also battle addiction than their peers who do not also struggle with PTSD, the journal Clinical Psychology publishes.”

The stigma associated with issues related to both addiction and mental illness, keeps people from seeking help. That is further exacerbated by the fact that when people are ready and willing to seek help, they often do not have anywhere to go and seek the treatment that they desperately need.

Whereas Honolulu County may have several facilities available for people to receive treatment, that is not the case in other counties. Hawaii County has only one residential facility available to those receiving MedQuest and that facility is only for men. Kauai County has no residential facilities available to those receiving MedQuest.

For these reasons we urge to vote favorably on this bill and expand treatment options for those struggling with addiction and mental health diagnoses.

Mahalo for the opportunity to testify,



Josh Frost
Co-Chair, Legislation Committee
Democratic Party of Hawai'i



Zahava Zaidoff
Co-Chair, Legislation Committee
Democratic Party of Hawai'i

1. <https://www.drugabuse.gov/publications/research-reports/common-comorbidities-substance-use-disorders/why-there-comorbidity-between-substance-use-disorders-mental-illnesses>
2. <https://americanaddictioncenters.org/ptsd>

HB-235

Submitted on: 2/11/2019 8:53:41 AM

Testimony for HLT on 2/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	O`ahu County Committee on Legislative Priorities of the Democratic Party of Hawai`i	Support	No

Comments:



HB235 Substance Abuse Treatment by Drug Choice

COMMITTEE ON HEALTH AND HUMAN SERVICES:

- Rep. Mizuno, Chair; Rep. Kobayashi, Vice Chair
- Tuesday, Feb. 12, 2018: 9:00 am
- Conference Room 329

Hawaii Substance Abuse Coalition (HSAC) Supports HB235 with Changes:

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

Recommend:

Section 2: with outside vendors, contractors, and healthcare providers to provide drug treatment for the full continuum of care (residential, outpatient, continuing care, and recovery supports), to high-risk communities, including treatment for polydrug abuse, or the abuse of more than one drug, to be allocated as follows for the primary drug use of:

Need more inpatient/residential services:

Following the expansion of substance abuse providers in the 80's and early 90's, managed care restrictions on reimbursement for substance use disorder treatment in inpatient settings, such as limitations on length of residential rehabilitation stays (a common treatment regimen), inpatient substance use disorder treatment services declined from 50% of total spending for substance use disorder treatment in 1986 to only 19% in 2014. *Source: Substance Abuse and Mental Health Services Administration, (2016).*

- Research has shown that uninsured individuals have higher unmet medical needs than do insured individuals, and those without insurance also have higher rates of substance use disorders than do individuals with insurance.

Need more state policies to integrate the full continuum of care:

Policy changes, particularly at the state level, are needed to better integrate care for substance use disorders with the rest of health care. States have substantial power to shape the nature of care within these programs.

- State licensing and financing policies should be designed to better incentivize programs that offer the full continuum of care (residential, outpatient, continuing care, and recovery supports);
- offer a full range of evidence-based behavioral treatments and medications; and

- maintain working affiliations with general and mental health care professionals to integrate care.
- Within general health care, federal and state grants and development programs should make eligibility contingent on integrating care for mental and substance use disorders or provide incentives for organizations that support this type of integration.
- Moreover a workforce that is competently cross-educated and trained in all these clinical areas, including medical and nursing is needed to integrate mental health and substance use disorder care into general health care.

Call to Action by the Surgeon General:

Substance misuse is one of the critical public health problems of our time. The problem of substance misuse, and substance use disorders is deepening and the consequences are becoming more deadly than ever. There is an urgent need to raise awareness about the issue. At the same time, we need to spread the word that substance misuse and addiction are solvable problems. We can, and must, inspire and catalyze action on this crisis. Surgeon General's Report on Addiction: <https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>

Above all, we can never forget that the faces of substance use disorders are real people. They are a beloved family member, a friend, a colleague, and ourselves. [More] individuals and communities are [becoming] rays of hope. It is now our collective duty to bring such light to all corners of our country. How we respond to this crisis is a moral test for America. Are we a nation willing to take on an epidemic that is causing great human suffering and economic loss? Are we able to live up to that most fundamental obligation we have as human beings: to care for one another? Vivek H. Murthy, M.D., M.B.A. Vice Admiral, U.S. Public Health Service, Surgeon General 2016

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



HAWAI'I HEALTH
& HARM REDUCTION CENTER

LATE

TESTIMONY IN SUPPORT OF HB 235

TO: House Committee on Health

FROM: Nikos Leverenz, Grants, Development & Policy Manager

DATE: February 12, 2019 (9 AM)

Chair Mizuno, Vice Chair Kobayashi, and Committee Members:

Hawai'i Health & Harm Reduction Center (HHHRC) supports HB 235, which would allocate \$1 million for drug treatment.

HHHRC strongly supports efforts to expand voluntary access to evidence-based treatment for alcohol and other drugs. We work with many individuals who are impacted by social determinants of health. Many face challenges related to substance use and mental health. Protracted involvement in the criminal justice system for those who are better suited for care within a therapeutic model is neither wise nor compassionate public policy.

Thank you for the opportunity to testify on this measure.