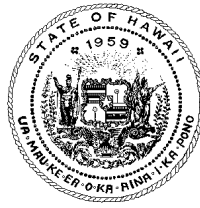


DAVID Y. IGE  
GOVERNOR



STATE OF HAWAII  
**DEPARTMENT OF PUBLIC SAFETY**  
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No. \_\_\_\_\_

TESTIMONY ON HOUSE BILL 1623, HOUSE DRAFT 1  
RELATING TO CONTROLLED SUBSTANCES.

By  
Max N. Otani, Director

House Committee on Consumer Protection and Commerce  
Representative Aaron Ling Johanson, Chair  
Representative Lisa Kitagawa, Vice Chair

Wednesday, February 23, 2022; 2:00 p.m.  
Via Videoconference

Chair Johanson, Vice Chair Kitagawa, and Members of the Committee:

The Department of Public Safety (PSD) **strongly opposes** House Bill (HB) 1623, House Draft (HD) 1 which: 1) expands the prohibition on promoting a controlled substance in, on, or near schools, school vehicles, public parks, and public housing projects or complexes to include group child care centers, group child care homes, public recreation centers, and youth services centers, collectively as protected areas, and 2) requires methadone treatment programs to be located at least 750 feet away from protected areas.

The Department notes that Hawaii's protected area laws were designed to protect the community, especially children, from the social harm of being exposed to open-air drug dealing, drug trafficking, and drug usage. The statute created a buffer zone between protected areas and the elements of the community in which illicit activities were known to occur to reduce the possibility that children might observe a drug deal or people using drugs.

PSD observes that medically dispensing methadone to narcotic-dependent patients via a methadone clinic is strictly regulated by the State of Hawaii and federal laws (Title 21 Code of Federal Regulations Part 291 and Title 42 Code of Federal Regulations Part 8). The medical director of the clinic must be licensed by

the State and the federal Drug Enforcement Agency (DEA), and the licensed practitioner is wholly responsible for the amounts of methadone administered or dispensed according to Substance Abuse and Mental Health Services Administration regulations. The methadone treatment program must obtain a controlled substance registration from the State and the DEA, and admission to the program and medication amounts are strictly regulated.

It is important to understand that substance use disorder is an illness, and when methadone clinics dispense medication to their patients, it is no different than a physician providing medication to a patient in the office, or a pharmacy filling a prescription at the store counter. This closely regulated medical treatment clinic, like any other doctor's office, pharmacy, or treatment facility, is entirely different from a drug den, which PSD agrees, should not be in the vicinity of protected areas.

The Department's Narcotics Enforcement Division (NED) works diligently to enforce the State's controlled substances laws, which mirror federal statutes. Its overarching interest is in reducing the harm to our communities stemming from the abuse of controlled substances. One aspect of the NED's work is to help support efforts to ensure that narcotics-dependent persons receive medical treatment to reduce their dependency, so that they do not return to illicit drug use, which has a high social cost.

NED recognizes that Hawaii is in dire need of methadone clinics. Currently, there are only two such clinics on Oahu, which cannot serve the many more individuals still needing this important medical treatment. HB 1623, HD 1 would affect and likely force the closure of one of them, displacing hundreds of patients undergoing closely supervised treatment who would be at risk for overdose and return to addiction. The State needs more clinics, not fewer, and this measure would stand in the way of providing critical medical services to patients desperate to overcome addiction.

The Department does not believe it is in the public's interest to target as controlled substance dealers methadone clinics that provide essential medical services to a severely afflicted population, and therefore, respectfully requests that the Committee defer this measure.

Thank you for the opportunity to present this testimony.



**STATE OF HAWAII**  
**DEPARTMENT OF HEALTH**  
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**WRITTEN  
TESTIMONY ONLY**

**Testimony COMMENTING on HB 1623 HD 1  
RELATING TO CONTROLLED SUBSTANCES**

REPRESENTATIVE AARON LING JOHANSON, CHAIR  
HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE  
Hearing Date: 2/23/2022 Room Number: Videoconference

1 **Fiscal Implications:** Undetermined

2 **Department Testimony:** The Department defers to the Department of Public Safety on the  
3 implementation of this measure but has the following comments and offers an amendment.

4 First, only Opioid Treatment Programs (OTPs) prescribe and dispense methadone (a Schedule II  
5 drug), since they have a physician.

6 Second, the Alcohol and Drug Abuse Division is working with the Med-QUEST Division to  
7 expand Medication Assisted Treatment options for those with opioid use disorders, which  
8 includes the use of buprenorphine and suboxone. According to the National Survey on Drug Use  
9 and Health, over 23,000 Hawaii adults statewide need but are not receiving treatment for illicit  
10 drug use disorders that includes use of marijuana, cocaine and heroin. There are [over 150 Hawaii](#)  
11 [practitioners with an approved federal waiver to provide buprenorphine](#) to treat opioid use  
12 disorders. The federal Substance Abuse and Mental Health Services Administration or [SAMHSA](#)  
13 [encourages practitioners to apply for a buprenorphine waiver](#).

14 **Offered Amendments:** First, if this measure becomes law, and if SUD clinics are included, we  
15 request an amendment to grandfather existing methadone clinics in the Section 1, page 3,  
16 paragraph (8):

17 (8) The methadone treatment program will be located at  
18 least seven hundred fifty feet away from a protected  
19 area, provided that this section shall not apply to

1           any methadone clinic that maintains centralized  
2           ordering, storage, and record keeping of controlled  
3           substances and that is registered with the department  
4           as of one year from the effective date of this Act.

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



HAWAII SUBSTANCE ABUSE COALITION

## **HB1623 HD1 Controlled Substances Prohibition for Access to Care**

COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Rep. Aaron Ling Johanson, Chair

Rep. Lisa Kitagawa, Vice Chair

Wednesday, Feb 23 2022: 2:00 pm : Videoconference

### **Hawaii Substance Abuse Coalition Opposes HB1623 HD1 as is and makes Recommendation:**

*ALOHA 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 for substance use disorder and co-occurring mental health disorder treatment and prevention agencies.*

### **Four main points, a Cautionary Alert, and a Recommendation:**

- 1. Methadone clinics are now essential for the U.S. and Hawaii’s plan to prevent opioid pandemic and overdose deaths.** Prevention is critical to reducing overdoses and overdose deaths. A methadone strategy promotes tiered, multidisciplinary prevention activities, ranging from population-level strategies to targeted interventions aimed at high-risk individuals.<sup>1</sup>
- 2. Methadone clinics are a critical part of medical treatments, providing the last line of care to the highest risk individuals.** Often Methadone clinics are strategically located in high use areas. Moreover, methadone clinics improve engagement and retention in care, including that at times, they refer to higher levels of formalized treatment to help with patient’s addiction.<sup>2</sup>
- 3. People on methadone are protected by ADA disability rights against discrimination because they are “in recovery.” Methadone clinics help people where they are, without judgement, stigma, or discrimination.**<sup>3</sup> CDC’s Stop Overdose campaign wants to reduce stigma, a form of discrimination that labels groups of people. CDC wants to educate community about the importance of reducing stigma around recovery and treatment options. In alignment with CDC plans, Methadone clinics educate people who use drugs about the dangers of fentanyl, the risks and consequences of mixing drugs, and the lifesaving power of

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<sup>1</sup> U.S. Health and Human Services: Overdose Prevention Strategy: <https://www.hhs.gov/overdose-prevention/primary-prevention>

<sup>2</sup> U.S. Health and Human Services: Evidence-Based Practices: <https://www.hhs.gov/overdose-prevention/treatment>

<sup>3</sup> U.S. Health and Human Services: Harm Reduction: <https://www.hhs.gov/overdose-prevention/harm-reduction>

naloxone. As a community it's imperative that we change our attitudes about drug treatment and recognize addiction as a medical disease.<sup>4</sup>

4. **Methadone clinics are for people who need more support** than formalized treatment in order to sustain their long-term recovery. They are especially most effective when located in the community where they are needed the most.<sup>5</sup>

## **CAUTIONARY ALERT**

**Without Methadone clinics, people with drug addiction don't leave, they continue in the area without intervention or supervision**, leading to increased crime, spreading addiction, and leading to a culture of increased behavioral problems. People will resort back to heroin, fentanyl, and misuse of opioid pain medications. Without Methadone clinics, our schools and children will have much higher risk for exposure.

## **RECOMMENDATION**

**Recommend grandfathering in the two existing Opioid Treatment Programs (OTP) in the state and if problems arise, work with the clinic to resolve problems.**

- a. OTP needs a special license from the state and they are the only ones who can prescribe, store and dispense methadone, a Schedule II drug.
- b. There are only two agencies in the state that are OTP: Champ Clinic and Ku Aloha Ola Mau.
- c. The main distribution clinics for the two OTP agencies have been in their location for at least 28-30 years.
- d. OTPs are medical clinics and heavily monitored by the State.
- e. People who come for methadone doses are people who are in recovery or in the pursuit of recovery. Remember that ADA has determined that people in recovery are included in disability definitions.
- f. Keep in mind that people with addiction not in recovery are the target here for the existing bill that they cannot go near protected areas. Opioid medication is legal while heroin and most forms of fentanyl are illegal.
- g. OTPs are essential to the community to help mitigate the opioid epidemic. Let's work with them to resolve problems that keep our children safe and still provide recovery opportunities to people with opioid problems.

We appreciate the opportunity to provide testimony and can answer any questions.

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<sup>4</sup> U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Spotlight on Opioids. Washington, DC: HHS, September 2018  
[https://addiction.surgeongeneral.gov/sites/default/files/Spotlight-on-Opioids\\_09192018.pdf](https://addiction.surgeongeneral.gov/sites/default/files/Spotlight-on-Opioids_09192018.pdf)

<sup>5</sup> U.S. Health and Human Services: Recovery Support: <https://www.hhs.gov/overdose-prevention/recovery-support>

To Whom It May Concern:

This testimony is in regards to bill #1623. Some key changes were made to this bill which seem to specifically target our business. We are the only methadone clinic within 750ft from a school and as such our Honolulu clinic alone would be targeted by this bill and action. The 750ft law was originally put into place for Drug Dealers not for recovery clinics. However, it seems this new bill directly impedes the operation of our rehabilitation center.

To begin, our Methadone clinic has been in operation for the past 30 years, and at this location for the past 26 years. Our facility has helped over 3000 clients on their way to recovery. We are licensed and certified by the State of Hawaii and CARF and we are heavily regulated by the DEA. We are in good standing and have been so for the past 30 years.

Bill #1623 seems to specifically target CHAMP Clinic Honolulu due to its location. As stated earlier we have been in operation in good standing for the past 30 years.

1. During that time there have been no documented cases of clients interacting with schools or students in the vicinity or on school grounds.
2. The clinic is in operation from 5:30AM to 11:30AM and clients are monitored by a security guard.
3. We have installed 24 Hr surveillance cameras which are independently monitored. The sidewalk in front of and on the side of the clinic as well as the school side walk are monitored with cameras that record and maintain footage for 90 days at a time. They have been in position for the last 15 years.
4. We have a security guard that monitors the sidewalk in front of the building as well as across the street including the school sidewalk. He is sitting on the school sidewalk. No client is allowed to loiter around the building, across the street, or near the school. The security guard sitting on the school sidewalk does not allow any of our clients to loiter or stand on the sidewalk. This policy has been maintained for the last 15 years.
5. Patients dose at the clinic under the supervision of a doctor and a nurse. None of our patients are allowed take home doses unless they demonstrate clean U/A's for at least three months. This is strictly regulated by the DEA.
6. The take home doses are in clear liquid form in small sealed bottles. Liquid doses make it much harder to sell to a second party unlike some physician offices that might prescribe a 30 day dose in pill form which are much more easily sold on the black market.

7. Our location is of utmost importance as we are conveniently located amid all major bus lines. We are within 2 blocks of major hospitals and government assistance facilities. It is extremely important for us to maintain this location for the convenience and ease of access for our clients.
8. Many of our clients are disabled and require easy access from bus service lines.
9. It is our belief that removal of our clinic from this location would make it difficult for our clients to receive recovery services. This would force them back onto the streets rather than remaining in treatment.
10. Forcing the clinic to move its location would cause a huge financial hardship for our business which could prohibit our business from existing. We believe that we should be granted a grandfathered position.
11. It is our opinion that major development occurring in the surrounding area may be influencing policy to specifically target and remove our clinic because they feel it might lower property values. It seems to be a case of “not in my neighborhood” when it comes to substance abuse rehabilitation. In the past, the outskirts of downtown Honolulu remained underdeveloped. We built our business in this area to serve the underprivileged who were neglected for so many years. We have operated successfully for the past 26 years serving the people of this community. In recent years, big business seeking to install luxury condominiums, have specifically targeted our business because it does not fit in with their vision of luxury living. If big business gets its way, our clients, the silent underprivileged, would suffer and they would be the one to pay the price. We are their voice and we will fight to have their needs met. We are not in business to satisfy the concerns of luxury condo owners. We seek to help the underprivileged citizens who need a helping hand on their path to recovery.

We would like to humbly submit this testimony to the House in regards to our opposition of bill #1623 as we feel this bill specifically targets our business and clients receiving substance abuse rehabilitation services.

Thank you

Mohamed El-Dakhkhni

President Champ Inc.





**To: Committee on Consumer Protection and Commerce**

**Hearing Date/Time: Wednesday February 23, 2022**

**Re: Testimony in Opposition of HB1623 HD1**

**From: Heather Lusk, Hawaii Health and Harm Reduction Center**

Dear Chair Johanson, Vice Chair Kitagawa and members of the committee:

The Hawaii Health & Harm Reduction Center (HHHRC) respectfully opposes HB 1623 HD1 as currently drafted. HHHRC appreciates the intent of the measure and understands the community concerns that accompany treating substance use disorders in certain geographical areas. HHHRC would appreciate the opportunity to be involved in discussion of potential strategies to accomplish the intent of this measure without impacting behavioral health providers ability to deliver services. For example, HHHRC employs a “peer security greeter” that develops relationships with people accessing services to mitigate impact on surrounding offices and services. HHHRC also conducts regular outreach in around the adjacent areas to ensure our participants have not wandered onto others’ property and to help reinforce boundaries with visitors to our clinic.

While HD1 does take out problematic language from the first draft that would have had this impact all substance use disorder (SUD) treatment sites, the current draft still would require methadone clinics to comply with this arbitrary distinction that does not address the root of the issue – ensuring that our children have safe spaces. With the opioid crisis at its height in Hawaii, we need more access to treatment for opioid use disorder, not measures that make it more difficult.

HHHRC’s mission is to *reduce harm, promote health, create wellness and fight stigma in Hawaii and the Pacific*. We focus our efforts on those disproportionately affected by social determinants of health, including but not limited to: people living with and/or affected by HIV, hepatitis, substance use, and the transgender, LGBTQ and the Native Hawaiian communities.

Thank you for the opportunity to testify.

Heather Lusk, Executive Director, Hawaii Health and Harm Reduction Center

## To Whom It May Concern

This Testimony is in opposition to bill #1623. The Bill as it pertained to Drug Dealers and 750Ft from schools was a great thing. It now seems that our clinic is being targeted with the amended bill to add rehabilitation centers. As a mother myself I can understand concern with the unknown. I am going to reiterate a few key factors that my colleague touched on

1. Our Clinic has been at its same location for 26 years, opened and helping this community for 30,
2. We are directly under the watch full eye and in good standing with the FDA and CARF
3. We have 24-hour surveillance cameras on all sides of building including walkway of the school side.
4. In all these years we have had not one formal complaint or report made against us by school and or their faculty.
5. We have security present for clinic hours which are from 5:30am to 11:30am.
6. Clients undergo extensive counseling and must meet requirements to even be considered for additional take home medication. Most clients come to clinic daily for their medication.
7. Our clients have to have 3 months of clean urinalysis testing to get just 1 additional take home. It takes years of maintaining a sober lifestyle to be able to gain a 6-day prescription.
8. Urinalysis testing is observed by a Lab Tech and extensive testing is done by one of the most reputable labs in the state of Hawaii.

Our location here at champ is a vital for the recovery of our patients. A fair number of them have some form of disability and need to be close to bus stops, Government and state offices as well as the major hospitals

Aside from these very important factors I would like to give a little insight to the opioid crisis we face today which is getting worse and why our clinic and its location is key for this fight.

CDC recently released new data documents showing that 100,306 people overdosed on opioids in 2021 that is up 27% then the year prior and 32% more than the year before. It is a epidemic inside the pandemic we are currently facing. It is so important that we here in Hawaii come up with solutions and reach as many people as we can to help combat this very sad situation before we become like the mainland.

Champ clinic is here and always has been to help our community, help over 3,000 of our brothers, sisters, mothers, fathers and children see a way other than Jails institutions and Death. We also take part in the education and support of thousands of family members including those who come from the mainland seeking guidance on how to love support and get through this together as a family. Grandmothers with their grandsons and Fathers for their Daughters. Please reconsider this bill and our involvement in it. We are a much-needed service. We have been helping thousands of addicts beat this demon and pray we can continue to do so.

Sincerely  
Jaime Kuhaulua  
Program Coordinator



**HAWAII MEDICAL ASSOCIATION**

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**HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE**

Representative Aaron Ling Johanson, Chair

Representative Lisa Kitagawa, Vice Chair

Date: February 23, 2022

From: Hawaii Medical Association

Elizabeth England MD, Vice Chair, HMA Legislative Committee

**Elizabeth Ann Ignacio, Chair, HMA Legislative Committee**

**Re: HB1623 HD1, RELATING TO CONTROLLED SUBSTANCES**

**Position: Oppose**

Opioid use disorder (OUD) represents a significant source of morbidity and mortality across Hawai'i. In February 2021 alone, 81 people passed away from opioid overdose, a number nearly double the 45 deaths reported in February a year earlier. Appropriate treatment with opioid replacement therapy (i.e. methadone or buprenorphine) has been shown to reduce opioid-related complications and deaths. Despite demonstrated efficacy, over 94% of people living in Hawai'i who would benefit from substance abuse treatment do not receive it.

As a representative of physicians across specialties, the HMA recognizes that every patient deserves an opportunity to access appropriate medical treatment, regardless of their age, income status, race, gender, or diagnosis among others. In pursuit of healthcare equity, patients with fewer means to access care, such as those suffering from OUD, are in need of additional assistance, not further restriction.

Creating strict limitations on the locations of opioid treatment programs (OTP) decreases access to care and further ostracizes an already marginalized population. The farther a treatment facility is from a patient suffering from OUD, the less likely that person is to continue therapy. Opening treatment facilities reduces substance-associated mortality.

The HMA recognizes and appreciates concerns brought forth regarding public safety. The issue of substance-associated crime is complex. Relegating treatment centers farther from accessible areas of town does not provide a solution, but rather moves the concern from one place to another. Notably, studies have found that increasing the number of substance abuse treatment facilities, including methadone clinics, led to a decrease in both violent and financially-related crime. Thus, a potential solution to the public safety concern may be increasing the number of OTPs.

The medical community, Department of Health, and State Government of Hawai'i have made great strides fighting the stigma associated with substance abuse. Hawaii has shown Aloha by treating our community members with OUD as they deserve to be treated- members of our `Ohana in need.

**HMA OFFICERS**

President – Angela Pratt, MD President-Elect – Elizabeth Ann Ignacio, MD  
Immediate Past President – Michael Champion, MD Treasurer – Nadine Tenn Salle, MD  
Secretary – Thomas Kosasa, MD Executive Director – Marc Alexander



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Thank you for allowing Hawaii Medical Association to testify in opposition to this measure.

**REFERENCES**

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Secretary – Thomas Kosasa, MD Executive Director – Marc Alexander

**HB-1623-HD-1**

Submitted on: 2/18/2022 4:59:09 PM

Testimony for CPC on 2/23/2022 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Miri Yi	Individual	Support	No

Comments:

This is an ongoing issue in many neighborhoods, including my own. Please support and pass this bill.