



STATE OF HAWAII  
DEPARTMENT OF EDUCATION  
KA 'OIHANA HO'ONA'AUAO  
P.O. BOX 2360  
HONOLULU, HAWAII 96804

**Date:** 04/06/2023  
**Time:** 10:00 AM  
**Location:** CR 229 & Videoconference  
**Committee:** Senate Commerce and  
Consumer Protection

**Department:** Education

**Person Testifying:** Keith T. Hayashi, Superintendent of Education

**Title of Bill:** HB 0378, HD2, SD1 RELATING TO CONTROLLED  
SUBSTANCES.

**Purpose of Bill:** Includes as a factor for determining whether the issuance of a controlled substances registration is in the public interest the prevention of activities within an applicant's areas that are potentially injurious to the health, safety, and welfare of the public and neighborhood. Establishes a Substance Use Disorder Services Clinic Working Group to develop recommendations to balance the needs of persons receiving treatment for substance use disorders with the needs of public safety. Requires a report to the Legislature. Effective 6/30/2050. (SD1)

**Department's Position:**

The Hawaii State Department of Education (Department) supports HB 378, HD2, SD1, and respectfully offers comments.

The Department also defers to the Departments of Health and Public Safety for comments.

The Department supports the convening of a working group as defined in HB 378, HD2, SD1. However, the Department maintains its position and recommends that methadone clinics be located at least a half-mile (2,640 feet) from schools.

Principals have shared their concerns about the safety of their students. While these clinics offer important services, they should be located further from schools. The traffic these types of clinics bring does not align with school safety and wellness support. For example, Ke'elikolani Middle School students have witnessed conflicts with loiterers, the homeless, and substance

abusers. Since the methadone clinic was located across the street, which is at least 750 feet away, clinic clients lined up against the school fence line and created negative conditions for parents and students. The school has needed to call the police on multiple occasions due to disturbances that disrupted education at the school. Vulnerability assessments have found that schools' safety and security are compromised.

As part of the working group, the Department will benefit from collaborating, consulting, and developing legislative recommendations regarding balancing individuals needing treatment versus public and school safety. As always, the goal for the Department is to keep our students and staff safe and to provide an optimal learning environment.

Should there be no requirement for methadone clinics to be located at least a half-mile from schools, the Department requests that funding be provided for security to mitigate incidents generated from methadone clinics.

Thank you for the opportunity to provide testimony on this measure.



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

**Testimony in SUPPORT of HB378 HD2 SD1  
RELATING TO CONTROLLED SUBSTANCES**

SENATOR JARRETT KEOHOKALOLE, CHAIR  
SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Hearing Date: April 6, 2023

Room Number: 229

1 **Fiscal Implications:** Undetermined

2 **Department Testimony:** The Department of Health (Department) supports this measure and  
3 defers to the Department of Law Enforcement on its implementation.

4 The measure amends the Hawaii Uniformed Controlled Substances Act to consider as part of the  
5 public interest the prevention of activities within the applicant's areas that are potentially  
6 injurious to the health, safety, and welfare of the public and neighborhood, to better achieve the  
7 balance between the need for treatment services for substance use disorders with public safety.

8 The Department will actively participate in the Working Group, and wants to ensure that those  
9 who need help have access to needed services while being good neighbors in the community.

10 Please note that substance use disorder (SUD) clinics cannot prescribe nor dispense methadone  
11 (a Schedule II drug). Only an Opioid Treatment Program physician can prescribe and dispense  
12 methadone. Outpatient SUD clinics typically include suboxone (a Schedule III drug because it  
13 contains buprenorphine and the life-saving drug naloxone) as part of a client's treatment plan.  
14 Prescriptions for suboxone are not dispensed at the SUD clinic, the clients pick them up at a  
15 pharmacy.

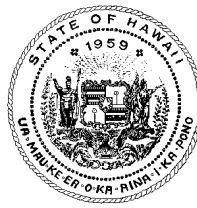
16 The Alcohol and Drug Abuse Division is working with the Med-QUEST Division to expand  
17 Medication Assisted Treatment options for those with opioid use disorders (OUD), which

1 includes the use of buprenorphine, suboxone, and methadone. According to the National Survey  
2 on Drug Use and Health, over 23,000 Hawaii adults statewide need but are not receiving  
3 treatment for illicit drug use disorders that includes use of marijuana, cocaine and heroin. There  
4 are [over 170 Hawaii practitioners with an approved federal waiver to provide buprenorphine](#) to  
5 treat OUD. And to increase the number of available practitioners, the federal Substance Abuse  
6 and Mental Health Services Administration or [SAMHSA in January 2023 removed the federal](#)  
7 [requirement for practitioners to submit a waiver to prescribe medications, like buprenorphine, for](#)  
8 [the treatment of OUD.](#)

9 Thank you for the opportunity to testify.

10 **Offered Amendments: None**

JOSH GREEN, MD  
GOVERNOR



STATE OF HAWAII | KA MOKU'ĀINA O HAWAI'I  
**DEPARTMENT OF PUBLIC SAFETY**  
**KA 'OIHANA HO'OPALEKANA LEHULEHU**  
1177 Alakea Street  
Honolulu, Hawaii 96813

**TOMMY JOHNSON**  
DIRECTOR

**Melanie Martin**  
Deputy Director  
Administration

**Michael Hoffman**  
Deputy Director  
Corrections

**William Oku Jr.**  
Deputy Director  
Law Enforcement

No. \_\_\_\_\_

TESTIMONY ON HOUSE BILL 378, HOUSE DRAFT 2, SENATE DRAFT 1  
RELATING TO CONTROLLED SUBSTANCES

By

Tommy Johnson, Director  
Committee on Commerce and Consumer Protection  
Senator Jarrett Keohokalole, Chair  
Senator Carol Fukunaga, Vice Chair

April 6, 2023; 10:00 a.m.

Chair Keohokalole, Vice Chair Fukunaga, and Members of the Committee:

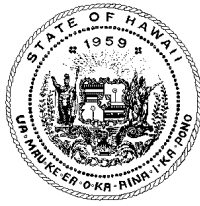
The Department of Public Safety (PSD) **supports** House Bill (HB) 378, House Draft 2, Senate Draft 1, which: 1) includes as a factor for determining whether a controlled substances registration is in the public interest the prevention of activities within an applicant's areas that are potentially injurious to the health, safety, and welfare of the public and neighborhood, 2) establishes a substance use disorder services clinic working group to collaborate and consult on issues relating to addiction recovery and public safety, and 3) requires a report to the legislature. PSD supports this draft for two reasons.

First, PSD supports this draft because PSD believes that it should have the authority to consider the prevention of activities within an applicant's areas that are potentially injurious to the health, safety, and welfare of the public and neighborhood when a new controlled substances registration is being evaluated for issuance. This draft would allow PSD to consider this when evaluating new applications for a controlled substances registration.

Second, PSD also supports this draft because it proposes to create a working group to formalize communication between the drug treatment community and schools. Based on the testimony submitted to the Legislature during previous hearings of this proposal, communication between a Downtown Honolulu Clinic and a neighboring school seems unclear and inconsistent. Consequently, healthier lines of communication between the school and the clinic may help to resolve future problems without the need for State intervention.

Thank you for the opportunity to present this testimony.

JOSH GREEN, M.D.  
GOVERNOR  
KE KIA'ĀINA



JORDAN LOWE  
DIRECTOR

MICHAEL VINCENT  
Deputy Director  
Administration

SYLVIA LUKE  
LT GOVERNOR  
KE KE'ENA

STATE OF HAWAII | KA MOKU'ĀINA O HAWAII  
**DEPARTMENT OF LAW ENFORCEMENT**  
*Ka 'Oihana Ho'okō Kānāwai*  
1177 Alakea Street  
Honolulu, Hawaii 96813

VACANT  
Deputy Director  
Law Enforcement

No.

## WRITTEN TESTIMONY

### TESTIMONY ON HOUSE BILL 378, HOUSE DRAFT 2, SENATE DRAFT 1 RELATING TO CONTROLLED SUBSTANCES

By

Jordan Lowe, Director  
Committee on Commerce and Consumer Protection  
Senator Jarrett Keohokalole, Chair  
Senator Carol Fukunaga, Vice Chair

April 6, 2023; 10:00 a.m.

Chair Keohokalole, Vice Chair Fukunaga, and Members of the Committee:

The Department of Law Enforcement (DLE) **supports** House Bill (HB) 378, House Draft 2, Senate Draft 1, which: 1) includes as a factor for determining whether a controlled substances registration is in the public interest the prevention of activities within an applicant's areas that are potentially injurious to the health, safety, and welfare of the public and neighborhood, 2) establishes a substance use disorder services clinic working group to collaborate and consult on issues relating to addiction recovery and public safety, and 3) requires a report to the legislature. DLE supports this draft for two reasons.

First, DLE supports this draft because DLE believes that it should have the authority to consider the prevention of activities within an applicant's areas that are potentially injurious to the health, safety, and welfare of the public and neighborhood when a new controlled substances registration is being evaluated for issuance. This draft would allow DLE to consider this when evaluating new applications for a controlled substances registration.

Second, DLE also supports this draft because it proposes to create a working group to formalize communication between the drug treatment community and schools. Based on the testimony submitted to the Legislature during previous hearings of this proposal, communication between a Downtown Honolulu Clinic and a neighboring school seems unclear and inconsistent. Consequently, healthier lines of communication between the school and the clinic may help to resolve future problems without the need for State intervention.

Thank you for the opportunity to present this testimony.





**HB378 HD2 SD1 Working Group to Not Restrict Outpatient and Methadone clinics by location which violates ADA laws.**

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Jarrett Keohokalole, Chair

Senator Carol Fukunaga, Vice Chair

Thursday, Apr 6, 2023: 10:00 : Room 229 Videoconference

**Hawaii Substance Abuse Coalition Comments HB378 HD2 SD1.**

*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 and recovery services.*

**Comment:**

**We appreciate the opportunity that the state will lead a work group for Champs Methadone clinic to meet with the school that have existed together for 28 years, to resolve problems about individuals who may be causing difficulties.**

**HSAC Supports the Work Group since there has not been any active dialogue or formal complaints:**

1. We have empathy for schools who are frustrated for any poor performance issues in the community.
2. **HSAC supports the formation of a work group to identify and communicate the concerns of the school to the methadone clinic.**
3. Let's start with dialogue to work towards problem resolution and enforce individual accountability.
4. **Also, let's recognize that this this area around the school is a high-risk drug activity area.**

**Rather than discriminate against a class of people, such as people in recovery, the school and clinic must pursue avenues to hold individuals accountable for their actions and not discriminate against a methadone clinic or substance abuse outpatient clinic.**

## **A concern is that there not be discrimination against a class of people.**

Some states have proposed regulations to legislate substance abuse clinics and methadone clinics, only to see them struck down in Federal court due to discrimination issues.

- 1. People in recovery are a class of people with a disability.** The Americans with Disability Act (ADA) laws protects recovering individuals with disabilities who are currently drug free and also people who are involved in continuing professional rehabilitation and mentoring programs.<sup>1</sup>
- 2. This includes clinics, outpatient and zoning laws.**
- 3. It is unlawful to label all people in that category with respect to restrictions of their rights for treatment and recovery.**
- 4. The laws for recovering people are the same as if a person had any other disabilities** such as an individual with a physical or mental impairment as well as for the treatment of that disability.

**In the bill, there is reference to Substance Abuse Outpatient.**

**Other healthcare facilities may be impacted unintentionally if healthcare clinics and hospitals provide outpatient substance abuse services.**

**Substance Use Disorder (SUD) clinics should not be part of this bill because they don't dispense methadone; a family doctor needs a license to prescribe suboxone, and patients go to pharmacies to fill the prescription:**

- a. Suboxone, a schedule III drug, is needed to help people with opioid misuse and has low to moderate risk to the community because it includes both naloxone as well as buprenorphine.
- b. Other Schedule III drugs are codeine, hydrocodone with aspirin or hydrocodone with Tylenol and certain barbiturates.
- c. There are no lines of people waiting to get their dosage because pharmacists dispense suboxone directly to the patient based on a prescription.
- d. The Federal government, in tangent with the Department of Health, has set goals to have every primary care physician office in the state prescribing suboxone or any other new medications that come along.
- e. This could potentially impact with unintended consequences now and in the future because community health clinics, pain management clinics, and all family doctor offices can now prescribe suboxone. Moreover, the

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<sup>1</sup> National Network Information, Guidance and Training on the American with Disabilities Act: The ADA. Addiction and Recovery: <https://adata.org/factsheet/ada-addiction-and-recovery>

government's vision for opioid disorders is that every clinic, or hospital has some SUD outpatient and that every SUD outpatient has a primary care physician or access to it.

## Why we Need Methadone Clinics

1. **Methadone clinics are an essential part of the U.S. and Hawaii's plan to prevent an opioid pandemic and reduce overdose deaths.**
2. **There are only two Opioid Treatment Programs (OTP) in the state because they need a special license to dispense methadone, a schedule II drug.**
3. **Methadone clinics are medical treatments, targeting interventions aimed at high-risk individuals.**<sup>2</sup> They can be a critical referral source to access higher levels of formalized treatment to help with patient's addiction.<sup>3</sup>
4. **The Narcotic Enforcement Division licenses and monitors them.**
5. **CDC's Stop Overdose campaign wants to reduce stigma around recovery and treatment, a form of discrimination, that labels groups of people.** Methadone clinics educate people who use drugs about the dangers of fentanyl, the risks and consequences of mixing drugs, and the lifesaving power of naloxone without judgement, stigma, or discrimination.<sup>4</sup>
6. **Methadone clinics, such as Champs, are most effective when located in the community where they are needed the most.**<sup>5</sup> Champs is strategically located in a high-risk area. They are for people who need more support than formalized treatment to sustain their long-term recovery.

### 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 while relapsing people would be at risk of dying.

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<sup>2</sup> U.S. Health and Human Services: Overdose Prevention Strategy: <https://www.hhs.gov/overdose-prevention/primary-prevention>

<sup>3</sup> U.S. Health and Human Services: Evidence-Based Practices: <https://www.hhs.gov/overdose-prevention/treatment>

<sup>4</sup> U.S. Health and Human Services: Harm Reduction: <https://www.hhs.gov/overdose-prevention/harm-reduction>

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

**As a community it's imperative that we change our attitudes about drug treatment and recognize addiction as a medical disease<sup>6</sup> so that we can support people in recovery. However, any individual misbehaving should be held accountable for their individual actions.**

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

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<sup>6</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)

**HB-378-SD-1**

Submitted on: 4/3/2023 1:27:50 PM

Testimony for CPN on 4/6/2023 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Jaime Kuhaulua	Testifying for Champ Clinic	Oppose	Written Testimony Only

Comments:

Dear Members of the Legislative Assembly,

I am writing to express my opposition to the proposed Bill 378 which would require Champ Methadone Clinic to create a committee to assess the safety of the surrounding neighborhood. As a concerned citizen, I believe that this bill unfairly targets our methadone clinic and places an undue burden on our healthcare providers. There are multiple Suboxone clinics and 2 other methadone clinics in surrounding areas that have not had to adhere to the unjustly sanctions this bill is trying to oppose on us at Champ.

Methadone clinics such as Champ provide a vital service to individuals struggling with addiction. These clinics help individuals to manage their addiction and improve their overall health and well-being. By requiring these clinics to create a committee to assess the safety of the surrounding neighborhood, this bill unfairly stigmatizes and marginalizes individuals who are seeking treatment for addiction.

Furthermore, this bill places an unnecessary burden on our methadone clinic. Creating a committee to assess the safety of the surrounding neighborhood would require additional resources and time, which could detract from the clinic's primary mission of providing healthcare services to its patients. Especially note that no safety concern or report has ever been submitted by surrounding agency or in form of public safety. This could ultimately result in reduced access to care and harm to those who rely on Champ clinic for treatment.

It is important to note that methadone clinics are subject to the same regulations and oversight as other healthcare providers. They are licensed and regulated by state and federal agencies, and must adhere to strict standards of care. These regulations and oversight are in place to ensure that methadone clinics operate safely and effectively.

In conclusion, I strongly oppose the proposed bill which would require Champ Methadone Clinic to create a committee to assess the safety of the surrounding neighborhood. This bill unfairly targets Champ clinic and places an undue burden on our healthcare providers. We have had pushback for years due to luxury condos in the area of our clinic. It is not ok to use your authoritarian finger and all of a sudden switch from school safety to now safety within the neighborhood. I urge you to reconsider this legislation and instead focus on supporting and expanding access to addiction treatment for all individuals who need it.

Sincerely,

Jaime Kuhaulua

**HB-378-SD-1**

Submitted on: 4/3/2023 3:21:56 PM

Testimony for CPN on 4/6/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Ayman El Dakhakhni	Testifying for CHAMP Clinics Hawaii	Oppose	Written Testimony Only

Comments:

Ayman El-Dakhakhni

President of CHAMP Inc.

To Whom It May Concern:

This testimony is in regard to the amended bill HB 378.

1. For the past 28 years, there have been no documented cases of clients interacting with schools or students in the vicinity or on school grounds. **There have been no official complaints or documented cases from any neighboring businesses, the school, the board of education or from any party in the past 28 years.**
2. We own our building specifically to prevent harassment by residents or surrounding businesses wishing to put pressure on us or our clients to move.
3. This bill is clearly discriminatory as it targets our specific business. There are three methadone clinics on Oahu and fourteen Suboxone clinics in the surrounding area. Not one of these businesses is required to form a committee to discuss neighborhood safety.
4. 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 backyard” when it comes to substance abuse rehabilitation.
5. The building next to us is home to some very influential leadership who have shown interest for us to move.
6. About two years ago, we were approached by developers who wanted to buy our property. It was not a simple request for purchase. **Suspiciously, their one clause was that we must move the clinic out of the downtown area.**
7. We would also like to bring to the attention of the committee that the original proposal is against federal law as Methadone Clinics are protected from discriminatory zoning under the ADA. I would like to remind the committee that every time this has gone to court in other states (New York, Pennsylvania, Florida, Texas, Maryland etc.) the federal court sided with the methadone clinic against discriminatory zoning and prohibition of federally protected citizens from receiving treatment. People with Opioid Use Disorder (OUD) have a disability and they are protected from discrimination by the American

Disability Act ADA. They must be allowed to take their medication in a federally approved facility which is accessible to them. Passing this law would be in violation of the American Disability Act. We are protected and our clients are protected by the Federal Government.

8. Originally. This bill specifically targeted our clinic with threats to remove our 30 year establishment due to its proximity from a school. We have had no documented cases regarding our clients and schools. We maintain that our establishment and our clients are under the protection of the American Disability Act (ADA). We are protected from discriminatory zoning laws as well.
9. The language about the school was removed as it had no merit. We have had no official complaints from the school. If the school or surrounding businesses or residents have issues with downtown homelessness then that is a problem for the city of Honolulu.
10. This amended version uses the following language which requires clarification. In SECTION 1. Section 329-33, part (7) Any other factor relevant to and consistent with the public health and safety[-], including but not limited to the prevention of activities within the applicant's areas that are potentially injurious to the health, safety, and welfare of the public and neighborhood."
11. We need clarification as to the "applicant's area." We need clarification on what is considered our perimeter.
12. We need to address the term "neighborhood." Are we now responsible for the entire neighborhood? Or the whole downtown area? We take responsibility for our clients and we have taken many measures to ensure the security.
13. Also, what is considered "injurious?" This is a very vague term. Does it mean if a person sees somebody walking around that they don't like the look of, does the sight of them become injurious to their health, safety, or welfare?
14. In addition, in the last two hearings, the department of education failed to specify any complaints when they were asked to provide evidence in regard to the school and our clinic. The senator also noted that this was not a board of education bill. She wondered why it was even brought up if the school had no official complaints. This causes us to wonder if this concern about our establishment is really about the school? Or as the language implies, "the neighborhood," meaning the school was used to get people's attention but in fact the issue with our establishment points back to the luxury developments cropping up around us. It seems the "neighborhood" is really the luxury condo owners and their concerns about property value. It seems this is a case of, "not in our backyard", and they used the school to hide behind because it elicits an emotional response.
15. Our Methadone clinic has been in operation for the past 30 years, and at this location for the past 28 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.
16. The clinic is in operation from 6:30AM to 12:30AM and clients are monitored by a security guard. We are only open 12 hours concurrently with school hours.
17. 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.



18. 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.
19. 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 six months. This is strictly regulated by the DEA.
20. 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.
21. 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.
22. Many of our clients are disabled and require easy access from bus service lines.
23. 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.
24. 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.
25. In addition, if the clinic were to be moved, it would cause great hardship to the business. I would like to bring to the attention of the committee that we own our clinic which we bought five years ago at 3%. If we were to purchase another building we would be exposed to the high price of current interest rates which is approximately 8% for commercial properties. If we were to rent, it would be nearly impossible to find a lease or a landlord who will not be pressured to move us. In the first four years on Oahu, we had to move four times due to pressure from landlords. And in Maui in the first three years we had to move three times, due to pressure from the landlords. This put tremendous pressure on us and our clients, but to keep peace we were forced to move.
26. 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 28 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 HB378 as we feel this bill specifically targets our business and clients receiving substance abuse rehabilitation services.

Thank you

Mohamed El-Dakhkhni

President Champ Inc.

## COMMENTS ON HB 378, HD 2, SD 1

TO: Chair Keohokalole, Vice Chair Fukunaga, & Committee Members

FROM: Nikos Leverenz  
Grants & Advancement Manager

DATE: April 6, 2023 (10:00 AM)

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Hawai'i Health & Harm Reduction Center (HHRC) offers comments on HB 378, HD 2, SD 1, which establishes a Substance Use Disorder Services Clinic Working Group to develop recommendations in the registration process of facilities distributing controlled substances.

HHRC joins the [Hawai'i Substance Abuse Coalition](#) in its recommendation that there be **explicit language to underscore the applicability of the Americans with Disabilities Act to persons in recovery and facilities where they are offered treatment**, including a rehabilitative methadone clinic or other outpatient substance use disorder services clinic.

Medication-assisted treatment (MAT) is an underutilized treatment for substance use disorder across the state. A December 2022 article in the *Hawai'i Journal of Health & Social Welfare* notes the absence of methadone clinics on Kaua'i, Moloka'i, and Lana'i, with limited availability on the other islands. The article notes: "[Methadone is a full opioid agonist and studies have shown better retention rate as compared to buprenorphine, a partial opioid agonist which can be filled as a regular prescription. Increasing availability of MAT will provide additional sites and support PCP \[referrals to treatment\].](#)"

HHRC's mission is to reduce harm, promote health, create wellness, and fight stigma in Hawai'i and the Pacific. We work with many individuals who are impacted by poverty, housing instability, and other social determinants of health. Many have behavioral health problems, including those relating to substance use and underlying mental health conditions, and have been deeply impacted by trauma from physical, sexual, and psychological abuse.

Thank you for the opportunity to testify on this measure.

## Dr. Aisha Esker DHA

Director of Operations  
CHAMP Clinics Hawaii.  
173 S Kukui St.  
Honolulu, HI, 96813

April, 5, 2023

To Whom It May Concern:

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My name is Aisha Esker, I was hired to manage CHAMP Inc. approximately two years ago. Recently, Mr. Eldakhakhni, the owner, requested that I do a survey of the surrounding community. **We regularly survey the surrounding community in terms of suggestions and improvements we can make. I called Central Middle School to leave a message for the Vice Principal Jon Hamilton, to ask if he had any suggestions for us. Although, I have not received a direct reply from him (as of this moment, two days later I have received no response), the administrative assistant Joel, was very helpful. He was not familiar with our business and did not know we existed, but he said as far as he knows the school has no suggestions for us to improve services. I told him that he probably wasn't aware of us because we open before school hours begin (three days out of the work week) and are closed before school lets out in the afternoon, therefore he probably never noticed us because we have so few coinciding hours. I mentioned this to Mr. Eldakhakhni, and he informed me that this business has been at this location for 28 years and in that time, there have been no formal complaints to him or the previous office manager; no complaints from the school, its attendants or any surrounding business or resident.**

Over the past two years, I have overseen many activities at CHAMP Clinic. I have gotten to know the staff and clientele quite well. My work day starts early in the morning on some days and I am often here past closing time. We have an excellent security guard who monitors the perimeter, and I have never had an issue with any clients who attend the clinic. In the entire time that I have worked here, I have never gotten a formal complaint from any business, resident or school attendant in regard to any client who participates in the program. Nor have I gotten any formal complaint about our business being in this location. Quite the contrary, I have gotten many comments and compliments about the good work we do in the community and how our being at this location has saved people's lives.

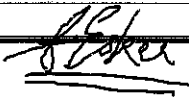
In addition to this, here at CHAMP we take great pride in the work that we do and service we provide to the community. Not only do we provide services to a population of people protected by the American Disability Act who are suffering from Opioid Use Disorder (OUD) but we are

centrally located which enables access for the entire Island. As I am sure people are becoming more and more aware, the opioid epidemic is widespread in the United States and it has hit Hawaii with tragic results. People suffering from OUD need help and services. They must have access to those services at a central location. We are located in the heart of a community ravaged by drug abuse, but the job of this clinic is to provide a way out of that viscous cycle. If help is not provided in an easily accessible location then these people have no options to seek treatment. We provide that helping hand, and I am proud to be of service and work at an establishment that takes its responsibility to the community and its residents so seriously.

Thank you,

4/3/2023

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Dr. Aisha Esker DHA  
Director of Operations  
Signed by: Dr. Aisha Esker DHA

# CHAMPCLINICS

Written Testimony of Nicholas Cunniff  
Substance Abuse Counselor, Champ Clinic  
to the Senate Committee on Commerce and Consumer Protection  
in opposition of HB 378 and Companion SB 983

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Apr 4, 2023

To Senator Keohokelole and Senator Fukunaga, Distinguished Chairs of the Senate CPN Committee:

My name is Nicholas Cunniff; I am a counselor at Champ Clinic testifying on behalf of the organization. I appreciate the opportunity to testify in opposition of HB 378 and Companion SB 983, pertaining to the issuance of controlled substance registrations as it relates to public safety within an applicant's surrounding area. These bills are textbook cases of discriminatory nimbyism on a stigmatized group, leveraged under the guise of legitimate public concern.

Regardless where one stands in on these bills, a genuine value for keeping the community safe should be a shared commonality. Champ Clinic has a security team on duty during all operating hours which monitors both the immediate clinic premises, as well as the surrounding neighborhood. There is even a Champ safety officer posted on the opposite side of South Kukui, to prevent loitering anywhere near the school grounds. This is nothing new. The system that the clinic has successfully been in place for several years.

The school itself has no record of a documented complaint made against the clinic, and support for HB 378 has yet to define specifically what their concern is. HB378 Section 1 line mentions "...activities within an applicant's areas that are potentially injurious to the health, safety, and welfare of the public and neighborhood". Such a statement is simply too vague considering it is what the bill is built upon. Without any documented instances of any such activities actually occurring, further clarification is necessary.

The working group described in HB 378 Section 2 raises concerns that would need to be addressed for effective implementation. The clinic is located in an area of the city where homelessness is prevalent. This was true before the clinic arrived, and will be true even if the clinic relocates. The majority of these street-bound individuals are not clients of Champ Clinic. The clinic is not responsible for these people.

There are 3 methadone clinics on Oahu. All are located within neighborhoods with surrounding businesses and residences similar to ours, but it appears that Champ is the only which will be required to have special committees assess the safety issues of their neighborhoods. ~~Would the 14 clinics prescribing suboxone be subject to the same requirements, given that their clients are receiving treatment for the same illness?~~

When it comes to protecting our community, we know there's no finish line. We will continue to uphold neighborhood safety standards while providing the essential services our clients depend on us for.

Thank you both for your time and consideration on this important matter.

Best regards,



-Nicholas Cunniff  
Counselor, Champ Clinic

Brian Peroff

4/3/23

Head Lab Technician

CHAMP Clinics Hawaii

To Whom It May Concern:

I am writing this letter in opposition to the Bill 378 which focuses on our clinic in Honolulu.

This is discriminatory and prejudice targeting of our clinic.

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~~My question is why is our clinic being targeted for this bill, when there are 3 methadone clinics~~

that are located within neighborhoods with surrounding businesses and residences similar to ours, and they are not being asked to have a special committee to assess the safety issues of their neighborhoods.

There are 14 clinics in the area that prescribe suboxone which is a type three narcotic and they don't have any such committee in place for them.

It seems like we are the only ones dealing with this Bill 378 and its not because of the school because we have had no complaints by them or anyone else. Its because of the luxury condos that seem to want us out.

Therefore, I am opposed to this Bill 378. This is a problem for the city and county of Honolulu. Monitoring Homelessness is not the sole responsibility of one business. Please do the right thing and be fair. Dismiss bill 378. It is unfair and targets a federally protected clinic.

Mahalo,

  
Brian Peroff

Head Lab Tech



Natasha Silva

4/3/23

Director of Women's Outreach

Intake Specialist

CHAMP Clinics Hawaii

To Whom It May Concern,

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My name is Natasha Silva and I'm an Intake Specialist at CHAMP Clinic. I am in opposition of

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the discriminatory HB378. It is now apparent that this bill does not concern the school that sits across the street. There have been no complaints. This bill has been put in place by the residents of this community who deem our clients and the population we serve as "undesirable." This bill is biased and prejudicial.

There are three methadone clinics, and fourteen clinics that prescribe Suboxone ( a type three narcotic)These establishments haven't been targeted by this committee, yet CHAMP Clinic has. None of those clinics must face the uncertainty of what will happen to our clients if we are not able to help them. Our clients depend on us. We may be an " eyesore" to the wealthy inhabitants of the community, but we are a functioning clinic with a mission and commitment to heal those in need. We are truly making a difference in the lives of those who need us. HB378 will further segregate an already disenfranchised population.



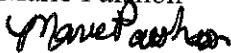
Marie Paishon  
CHAMP Program Director

To Whom it May Concern

I'm writing this letter OPPOSITION to Bill 378 which targets our Methadone clinic. I have been employed here for 21 yrs, and this location has been here about or over 28 yrs. In all that time we've been here before these condos were constructed, and it was a municipal parking. Nobody ever complained about the clinic being here not even the school. Now you have condos being built around us, now all of a sudden we seem to be a nuisance here. Yet we've been helping our clients for many years, getting their lives back on track, to helping the homeless ones find a place to live.

There are other Methadone clinics, as well as facilities such doctor's office, hospitals that prescribe Suboxone, painkillers, etc... some of which is Class Two & Three narcotics. But I don't hear of these places getting a "special committee" to assess the safety issues. And these offices are the ones prescribing medication that people get addicted to, and so patients end up coming to us for help. So this bill is discriminating us because of all these luxurious condos that surround us. So why not target the doctors offices who continuously prescribe painkillers to people.

Why don't the politicians worry about the homelessness. Wasn't that their target when they ran for office?? Now it's not important that they're elected in. Why not target the other Methadone clinics, and other facilities.

Sincerely,  
Marie Paishon  


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**Opposition letter for Bill 378**

6 messages

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**Jaime Kuhaulua** <jaime@champclinics.com>

Mon, Apr 3, 2023 at 1:20 PM

To: Mohamed Ayman El-Dakhakhni &lt;aymand5000@gmail.com&gt;, Aisha Esker &lt;aisha@champclinics.com&gt;

Dear Members of the Legislative Assembly,

I am writing to express my opposition to the proposed Bill 378 which would require Champ Methadone Clinic to create a committee to assess the safety of the surrounding neighborhood. As a concerned citizen, I believe that this bill unfairly targets our methadone clinic and places an undue burden on our healthcare providers. There are multiple Suboxone clinics and 2 other methadone clinics in surrounding areas that have not had to adhere to the unjustly sanctions this bill is trying to oppose on us at Champ.

Methadone clinics such as Champ provide a vital service to individuals struggling with addiction. These clinics help individuals to manage their addiction and improve their overall health and well-being. By requiring these clinics to create a committee to assess the safety of the surrounding neighborhood, this bill unfairly stigmatizes and marginalizes individuals who are seeking treatment for addiction.

Furthermore, this bill places an unnecessary burden on our methadone clinic. Creating a committee to assess the safety of the surrounding neighborhood would require additional resources and time, which could detract from the clinic's primary mission of providing healthcare services to its patients. Especially note that no safety concern or report has ever been submitted by surrounding agency or in form of public safety. This could ultimately result in reduced access to care and harm to those who rely on Champ clinic for treatment.

It is important to note that methadone clinics are subject to the same regulations and oversight as other healthcare providers. They are licensed and regulated by state and federal agencies, and must adhere to strict standards of care. These regulations and oversight are in place to ensure that methadone clinics operate safely and effectively.

In conclusion, I strongly oppose the proposed bill which would require Champ Methadone Clinic to create a committee to assess the safety of the surrounding neighborhood. This bill unfairly targets Champ clinic and places an undue burden on our healthcare providers. We have had pushback for years due to luxury condos in the area of our clinic. It is not ok to use your authoritarian finger and all of a sudden switch from school safety to now safety within the neighborhood. I urge you to reconsider this legislation and instead focus on supporting and expanding access to addiction treatment for all individuals who need it.

Sincerely,

Jaime Kuhaulua

Ayman El-Dakhkhni

President CHAMP Inc.

To Whom It May Concern:

This testimony is in regards to the amended bill HB 378.

1. For the past 28 years there have been no documented cases of clients interacting with schools or students in the vicinity or on school grounds. **There have been no official complaints or documented cases from any neighboring businesses, the school, board of education or from any party in the past 28 years.**
2. We own our building specifically to prevent harassment by residents or surrounding businesses wishing to put pressure on us or our clients to move.
3. This bill is clearly discriminatory as it targets our specific business. There are three methadone clinics on Oahu and fourteen Suboxone clinics in the surrounding area. Not one of these businesses is required to form a committee to discuss neighborhood safety.
4. 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 backyard” when it comes to substance abuse rehabilitation.
5. The building next to us is home to some very influential leadership who have shown interest for us to move.
6. About two years ago, we were approached by developers who wanted to buy our property. It was not a simple request for purchase. **Suspiciously, their one clause was that we must move the clinic out of the downtown area.**
7. We would also like to bring to the attention of the committee that the original proposal is against federal law as Methadone Clinics are protected from discriminatory zoning under the ADA. I would like to remind the committee that every time this has gone to court in other states (New York, Pennsylvania, Florida, Texas, Maryland etc.) the federal court sided with the methadone clinic against discriminatory zoning and prohibition of federally protected citizens from receiving treatment. People with Opioid Use Disorder (OUD) have a disability and they are protected from discrimination by the American Disability Act ADA. They must be allowed to take their medication in a federally approved facility which is accessible to them. Passing this law would be in violation of the American Disability Act. We are protected and our clients are protected by the Federal Government.

8. Originally. This bill specifically targeted our clinic with threats to remove our 30 year establishment due to its proximity from a school. We have had no documented cases regarding our clients and schools. We maintain that our establishment and our clients are under the protection of the American Disability Act (ADA). We are protected from discriminatory zoning laws as well.
9. The language about the school was removed as it had no merit. We have had no official complaints from the school. If the school or surrounding businesses or residents have issues with downtown homelessness then that is a problem for the city of Honolulu.
10. This amended version uses the following language which requires clarification.  

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In SECTION 1. Section 329-33, part (7) Any other factor relevant to and consistent with the public health and safety[-], including but not limited to the prevention of activities within the applicant's areas that are potentially injurious to the health, safety, and welfare of the public and neighborhood."

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11. We need clarification as to the "applicant's area." We need clarification on what is considered our perimeter.
12. We need to address the term "neighborhood." Are we now responsible for the entire neighborhood? Or the whole downtown area? We take responsibility for our clients and we have taken many measures to ensure the security.
13. Also, what is considered "injurious?" This is a very vague term. Does it mean if a person sees somebody walking around that they don't like the look of, does the sight of them become injurious to their health, safety, or welfare?
14. In addition, in the last two hearings, the department of education failed to specify any complaints when they were asked to provide evidence in regard to the school and our clinic. The senator also noted that this was not a board of education bill. She wondered why it was even brought up if the school had no official complaints. This causes us to wonder if this concern about our establishment is really about the school? Or as the language implies, "the neighborhood," meaning the school was used to get people's attention but in fact the issue with our establishment points back to the luxury developments cropping up around us. It seems the "neighborhood" is really the luxury condo owners and their concerns about property value. It seems this is a case of, "not in our backyard", and they used the school to hide behind because it elicits an emotional response.
15. Our Methadone clinic has been in operation for the past 30 years, and at this location for the past 28 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.
16. The clinic is in operation from 6:30AM to 12:30AM and clients are monitored by a security guard. We are only open 12 hours concurrently with school hours.

17. 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.
18. 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.
19. 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 six months. This is strictly regulated by the DEA.
20. 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.
21. 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.
22. Many of our clients are disabled and require easy access from bus service lines.
23. 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.
24. 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.
25. In addition, if the clinic were to be moved, it would cause great hardship to the business. I would like to bring to the attention of the committee that we own our clinic which we bought five years ago at 3%. If we were to purchase another building we would be exposed to the high price of current interest rates which is approximately 8% for commercial properties. If we were to rent, it would be nearly impossible to find a lease or a landlord who will not be pressured to move us. In the first four years on Oahu, we had to move four times due to pressure from landlords. And in Maui in the first three years we had to move three times, due to pressure from the landlords. This put tremendous pressure on us and our clients, but to keep peace we were forced to move.
26. 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 28 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 HB378 as we feel this bill specifically targets our business and clients receiving substance abuse rehabilitation services.

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Thank you



Mohamed El-Dakhkhni

President Champ Inc.

Aloha,

My name is Milton Miyasato, and I am compelled to offer testimony in full support of HB378 in its original form. I am the Facilities Manager at Capitol Place. I support HB378 because I am concerned with the safety and well-being of all students. I also believe that the 750 feet restricted zone indicated in this bill is not unreasonable. I am prepared to cite some examples of why the current situation is not conducive to providing a safe environment. We have heard testimony that the Methadone Clinic on Kukui street provides security to make sure their clients do not loiter on the sidewalk. Sometimes however, the clients are left to do as they please like taking naps on the walkways as evidenced by the photos below.



Sometimes, the clinic clients just use our vegetation as personal toilets by urinating or defecating in our planters. See photos below taken on 3/7/2023.



*Client urinating.*

*Client walking away.*

*Client waiting in line.*

While these issues are more nuisances than safety issue there are more serious occurrences. An incident that occurred on October 24<sup>th</sup>, 2022, concerns me. At around 1:00 am that day, one of the clients of the clinic stopped next to our trash bin, which had been staged on Kukui street for pickup, and lit the trash on fire. In a few minutes the entire bin was a roaring blaze. HFD responded and was able to extinguish the blaze and fortunately no one was injured. I actually shudder to think what would have happened if a combustible household item were tossed in the trash. An aerosol can may explode if the temperature reaches 120 Fahrenheit. An exploding can will fire like a missile for up to 75 feet. A police report was filed with the Honolulu Police Department. That same individual was later seen in line at the clinic. Please see photos below of this incident.





Another incident which is an example of the safety and well being of our school students being compromised by the close proximity of the methadone clinic, occurred on Monday February 6, 2023 at approximately 10:20am. A female client was witnessed at the front door of the methadone clinic on Kukui street, yelling and screaming at their staff. After a few minutes she abruptly turned and stalked off directly into the middle of Kukui street. She stopped right before the center divider lines where a car narrowly missed her as the driver sped past. She then turned around, came back to the sidewalk and continued to yell and scream at the people all the while flailing her arms around in the air. The female then suddenly removed her shirt/blouse and swung it in the air and then pulled down her undergarment, completely exposing herself from the waist up. This individual then continued to yell at the staff who finally approached her, said a few words, then simply turned their back on her and walked away leaving her in this highly aggitated state. I totally understand that the staff of the clinic have limited control of a client once he/she leaves the premises but that is exactly the problem. They just left her like that. After a few seconds the client turned away and ran down the street to join her companion who had been wating for her. The police, who we called, finally arrived and addressed the situation. While this was an extremely disturbing incident to witness personally, I was even more concerned that there were people in the school yard witnessing this entire incident from the yard. It was clearly visible and audible to them. Initially I was horrified at the thought that these people were students but upon closer inspection, the individuals appear to be construction workers who are working on the other side of the property. I am still concerned though that this could well have been the students during recess. I shudder to think they could have witnessed the female being run over by that car or the topless woman behaving erradically. Either one could leave a young impressionable mind with serious psychological issues that parents would have to deal with. Please see photos below with descriptions.



*Female client - highly aggitated state. Stalks off into Kukui Street.*

*Client stops in middle of street.*



*Client stops in middle of street. Vehicle avoids running her over. Client on sidewalk again still screaming.*



*Client approaches clinic staff screaming. The client starts to remove her shirt. Female completely removed her top.*



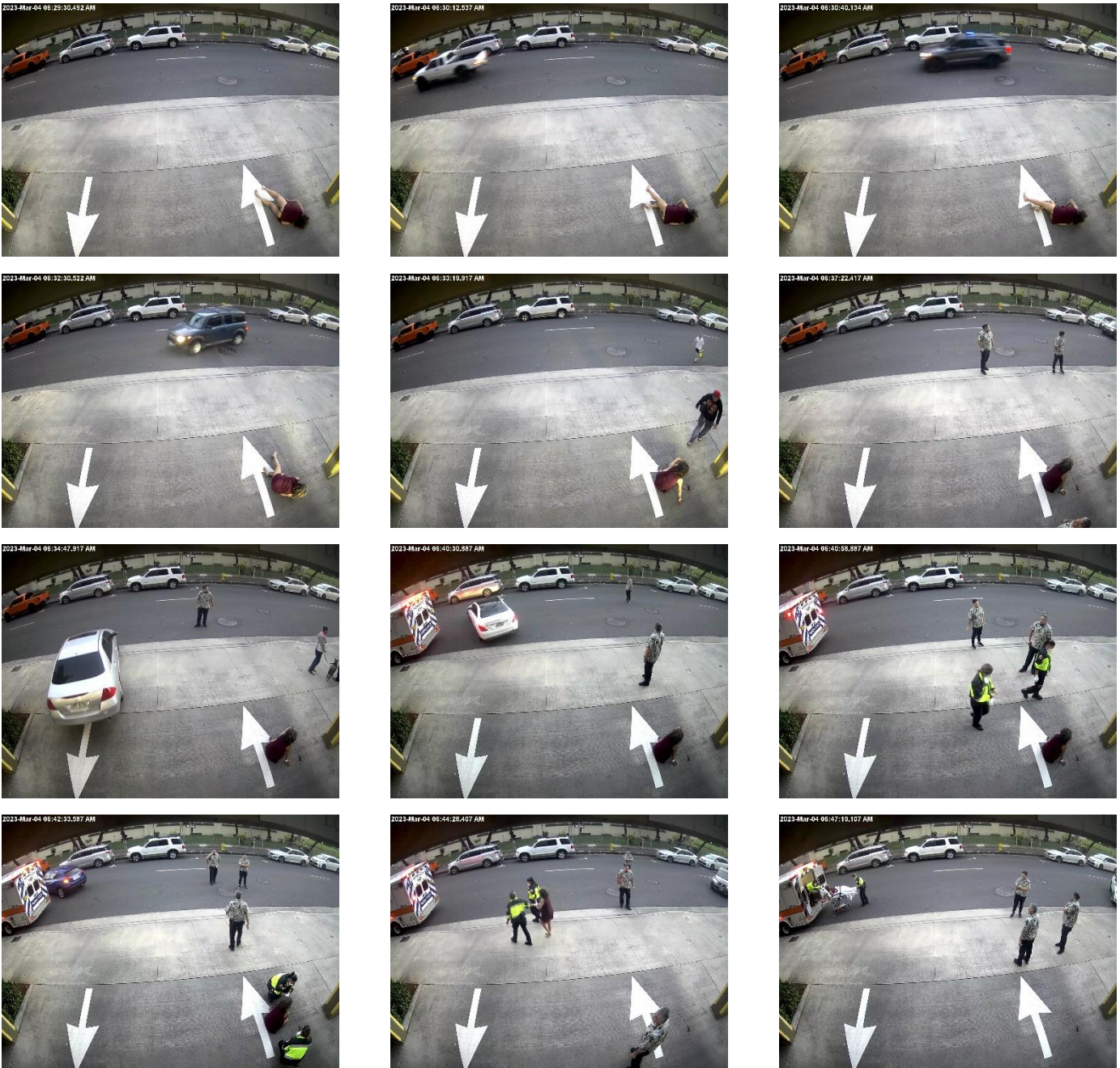
*Client removed her bra. Client is totally exposed from waist up. Staff confronts her then walks away.*



*Staff has nothing more to do with her. People in school yard witnessing this. Client runs to join her companion.*

Another incident that the students should not have to witness is the sometimes unstable medical condition the clients are in that manifests itself in highly visible and somewhat disturbing incidents such as collapsing on our sidewalks as they are headed towards the clinic. Please see photos below.





### Summation

I do not believe a “working group” will work. You can’t fix a problem if you don’t first admit that one exists and the people associated with the clinic apparently don’t believe there is a problem. There have been testimony from staff of one of the clinics that they have never received a FORMAL complaint. I would ask what constitutes a formal complaint? Does it have to be a certified letter from an attorney? There have been numerous neighborly phone calls to inform their staff of certain inappropriate behaviors and activities by their clients, in hopes that they could address them but it appears that they are either unwilling or unable to do

anything about it because the incidents keep happening. Other testimony from the staff of the clinic stated that these allegations are based on “assumptions” that these people involved are clients of the clinic. That may be true but in all of these cases, the individuals “acting out” were seen standing in line with other people waiting for the clinic doors to open either before or after these incidents. So whether they are in fact clients or not, doesn’t matter because they are there for the clinic. If the clinic were not there across from the school, neither would they be. There are other concerns such as used syringes being found in our landscaping. I worry that a student would one day cut through our landscaping and be jabbed by a used needle right through his/her Nike shoes and be infected by a serious disease such as hepatitis or HIV. All it takes is one victim to have tragic results. Testimony was given that the Kukui street location would be negatively impacted by this bill as a lot of their clients live in the area. They claim that these clients were here before the clinic opened many years ago. While that may be true, I suggest that they remain here because of the clinic. They say that if this bill is passed, they would have to relocate and that would be a hardship for their clients. I suggest that it may be an inconvenience rather than a hardship and, although it is regrettable, it is necessary for the sake of our children. There has also been testimony that the Kukui street clinic has been in existence for 26 years. That may also be true but just because something has been in place for a long time does not automatically mean it’s right. Our country has a history of policies that have existed for decades which were fundamentally wrong and it took people with the passion, commitment, and wherewithal to make the right change. I humbly ask that you do exactly that. Make the right change for the sake of our Keiki.

Mahalo,

Milton Miyasato

**HB-378-SD-1**

Submitted on: 4/3/2023 3:33:45 PM

Testimony for CPN on 4/6/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Britt Nakamura	Individual	Oppose	Written Testimony Only

Comments:

<p>To whom it may concern,</p> <p>I oppose this bill because of the real reason it exists, which is to force CHAMP Clinic from its present location of 28 years due to its proximity to a school. All of the other things brought up in this bill are already established basic practices and at best are a smokescreen meant to divert the attention from what the real issue is here at hand. at issue is the perception that somehow the clients served by this methadone clinic are somehow summarily responsible for the drug activity in the neighborhood. This is bogus. this area has been the nexus for drug use and homelessness for decades well before the clinic was established here. As a matter fact, that is one of the main reasons the clinic chose this spot. Now due to the gentrification of the area the new genteel NIMBY residents want to push it out and most likely turn the property into luxury office suites, a Pilates studio and a Starbucks. All the while using the tired trope of ;the children, good gracious protect the children from the those ravening beasts (also known as stigmatized people in recovery).&quot; Lets be clear, the actions of a greater transient population are being scapegoated upon the clients of CHAMP Clinic. I dont think it is necessary to summarize the entire objection yet again here.</p> <p>What I&nbsp;do find necessary to say is &quot;What is the hold up here; the work group etc. was already agreed upon so what are we doing here again exactly &quot;. this seems to be unduly repetitive. You know the old chestnut that goes &quot; Doing the same thing over and over again expecting different results is the definition of insanity&quot;, starting to seem applicable here.</p> <p>I am a former client and patient of CHAMP Clinic who has now enjoyed eleven years of substance free recovery and recovery&nbsp;from the other attendant bad behaviors fostered by chronic drug addiction. i now work helping the population of which i was once a representative. CHAMP Clinic helped me save my life after everyone else had written me off as irredeemable and human trash. I was not trash, I was a human being in pain and suffering greatly and such deserved compassion and care. I was not raised to be garbage, I came from some where and had another life prior to addiction, just like every other person lining up to dose here. I was not oblivious to my appearance to the community, it just added another level of insurmountable hurt to cope with the stigma day in day out. The people coming to this clinic are trying to get better, to free of the obsessions and cravings that make life so very unmanageable for the chronic addict. These are people who have chosen to be part of the solution. A solution that I&nbsp;want to inform all of you has drastically limited options in our state.&nbsp;There is absolutely no medical detox facilities in Hawaii what so ever and only two methadone treatment facilities. So rather than making more onerous legislation why not expend precious time and energy asking the people what it is they need, What a concept&nbsp;yeah.</p> <p>Sincerely,</p> <p>Britt Nakamura</p>



TESTIMONY OPPOSED TO HB378 RELATING TO CONTROLLED SUBSTANCES  
REPRESENTATIVE DELLA AU BELATTI

CHAIR HOUSE COMMITTEE ON HEALTH AND HOMELESSNESS

PUBLIC DECISION MAKING CONFERENCE APRIL 6, 2023 CONFERENCE ROOM 229

- **INTRODUCTION:**

Aloha, my name is Kaile Wilson. I am submitting testimony **AGAINST** HB378 HD2 SD1, legislation that would create zoning that would prevent much needed substance use disorder treatment centers from being built in most residential and other communities across the island, in the areas where people who need these services live, and instead limit them to the existing urban core, which does and will continue to limit access for this much needed life saving treatment to individuals who live in these very communities across the islands.

- **MY SUBSTANCE USE DISORDER COUNSELOR AND TREATMENT PROVIDER PROFESSIONAL BACKGROUND:**

I am a 34 year old, mother of one and in May 2023, will be a graduate of University of Hawai'i at Manoa's Thompson School of Social Work. I am also a Certified Addiction Counselor III in the state of Colorado in the process of transferring that into my Certified Substance Abuse Counselor license here in Hawai'i. I currently work at a treatment center on the Waianae Coast, as well as with a CDC funded overdose prevention program run by UH Manoa and the Hawai'i Department of Health. My experience is not just professional, it is personal. My baby cousin died of an overdose at 24, leaving behind two children, one who hadn't reached his 1st birthday yet, in May 2020 on the Wai'anāe Coast. I also will be 7 years into my own recovery this summer after a decade of opioid abuse starting when I was a minor in high school. So to say that I understand the implications of substance abuse, from the personal, to the familial, to the impact on our community is an understatement.

Not only do I personally understand the heinous destruction and pain of addiction and how difficult the path to recovery is, **I have been both a client of Medication Assisted**

**Treatment programs for opioid addiction treatment that saved my life, and I have worked at one later as a substance abuse counselor.**

- **HOW LIMITING TREATMENT CENTERS HARMS INDIVIDUALS IN NEED OF LIFE SAVING TREATMENT THAT LIVE IN THE VERY AREAS SUPPORTING THIS BILL:**

These are the spaces that this bill targets explicitly. The opioid epidemic has made many of us realize that addiction isn't the old, still not completely correct assumption that "drug addicts" are an inner city urban issue and therefore that's where treatment should remain. Instead we've learned substance abuse, particularly opioid addiction, is in our communities, our neighborhoods and our own ohanas. Because of the opposition to building treatment clinics and the tight federal regulations, many individuals seeking treatment must travel considerable distances. Right now the only methadone clinics are in downtown Honolulu, Ku Aloha on Nimitz across from Sand Island, and CHAMP, downtown just east of Chinatown. Ku Aloha has one other clinic in Hilo, while CHAMP has one more as well, in Wailuku on Maui. People have to travel considerable distances for what starts off as a daily treatment regimen starting at 5 am and that must be completed by 11 am when the clinics shut down. Countless clients come from Waianae, waiting in line at 5 am so they can make it back to their construction jobs on time. Tutus who, like many, fell into addiction through prescribed pain medication, have to travel from the Windward side of O'ahu, often with unreliable transportation. Young people, fresh out of high school, take the bus from the North Shore. They often expose themselves to the ongoing drug use and other high crime rates that exist in these neighborhoods and was already occurring long before the treatment centers opened. This makes receiving life saving treatment is not just incredibly hard to physically get to but potentially unsafe. These are our neighbors, friends and family. Why must we continue to put our heads in the sand and pretend that this problem doesn't exist?

- **WHAT THESE LIFE SAVING MEDICAL AND BEHAVIORAL HEALTH CLINICS TARGETED ACTUALLY ARE:**

Drug treatment centers, particularly medication assisted treatment facilities such as methadone clinics, are not just a hub to get a free dose of an opioid for active users. MAT treatment involves daily dosing, regular urinalysis drug screening, regular meetings



for individual counseling with an assigned counselor, attending numerous groups with other haumana and very strict regulations regarding behavior. Anyone violent is not allowed. Anyone who is suspected of having illicit substances on their person are banned from coming to the clinic. These clinics resemble doctors offices because that's what they are, medical and behavioral health treatment centers that follow strict federal regulations and provide a service that increases the success with sobriety for individuals with opioid use disorder, Studies show that Up to 90% of patients who use MAT maintain sobriety at the 2-year mark according to national data from the South Dakota Department of Health<sup>1</sup>, with countless other peer reviewed and respected studies and research showing the positive impact of MAT treatment in a variety of situations. MAT works.

- **STUDIES REJECT THE NEGATIVE ASSOCIATION BETWEEN TREATMENT CLINICS AND CRIME RATES/PROPERTY VALUES:**

I understand that people are afraid of crime and falling property value rates however there is empirical evidence that shows that drug treatment centers aren't explicitly linked to declining home values and higher rates of crime. A recent study<sup>2</sup> looked at 57 drug treatment centers across the city of Baltimore and compiled the subsequent crime rates and home values starting with and then following when the centers opened. They then looked at the same values attached to a variety of other businesses, such as convenient stores, liquor stores and other corner stores. The study found that corner stores and liquor stores resulted in higher crime rates and lower home values at a rate that far surpassed drug treatment centers. In fact drug treatment centers were found to increase crime and lower home values at the same, rather low, rate that convenience stores do.

- **STAND UP FOR THE IMPORTANCE OF OUR COMMUNITIES AND OHANA IN HAWAI'I BY VOTING AGAINST THIS MISGUIDED ATTEMPT THAT WILL ONLY LEAD TO THE DESTRUCTION OF OUR CORE VALUES AS HAWAIIANS:**

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<sup>1</sup> South Dakota Department of Health. (2020). *Medication Assisted Treatment Facts*. Forms & Publications : SD Dept. of Social Services. Retrieved April 1, 2023, from <https://dss.sd.gov/formsandpubs/>

<sup>2</sup> Furr-Holden, D. C. M., Milam, A. J., Nesoff, E. D., Johnson, R. M., Faulkunle, D. O., Jennings, J. M, & Thorpe, R. J. (2016). Not in my back yard: A comparative analysis of crime around publicly funded drug treatment centers, liquor stores, convenience stores, and corner stores in one mid-Atlantic city. *Journal of Studies on Alcohol Drugs*, 77, 17-24.

The strength of our community and ohana are one of the most valuable resources we have as Hawaiians. Please remember this when considering this bill. Banning drug treatment facilities in neighborhoods ignores the fact that they are a valuable and life saving resource to so many in our own community and families these days. The kupuna auntie down the street, the young mother with a baby, the hard working family man down the street, these are the faces of addiction and making treatment centers more accessible in the communities where people who suffer with substance abuse increases the rate of successful and long lasting sobriety, bettering not just those in sobriety but our ohanas, our communities, our 'aina and all of Hawai'i.

**Mahalo nui loa to the legislature for allowing me to share both my professional experience and my personal story today.**