

ADVISORY COMMISSION ON DRUG ABUSE AND CONTROLLED SUBSTANCES (HACDACS)

Alcohol and Drug Abuse Division (ADAD), Department of Health (DOH), State of Hawai'i

Kākuhihewa Building, 601 Kamokila Boulevard, Room 360, Kapolei, Hawai'i

April 22, 2025

9:00 am – 11:00 am

Members Present: Ku ulei Salzer-Vitale, MSW Co-Chair; Diana Felton, MD Vice Chair; Emily Andrade; Jawanna Ready, MD; Greg Tjapkes.

Members Absent: Lilinoe Kauahikaua, MSW, Co-Chair; Erika Vargas, LCSW.

Staff Present: John Valera, AICP; Robyn Loudermilk, AICP, Merrick Lambaco, Michaela Urial Abitz.

Guests Present Dr. Nicole Kau'i Baumhofer Merritt, Katherine Burke.

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DUE DATE
1. Call to Order:	The meeting was called to order at 9:03 am.			
2. Consideration and approval of meeting minutes of March 25, 2025.	Motion by Vice-Chair Felton Co-Chair S and seconded by Commissioner Ready to adopt minutes from the March 25, 2025, meeting. Motion approved.	Motion unanimously approved.		
3. Community Input: [Pursuant to section 92-3, Hawaii Revised Statutes, all interested persons will have three (3) minutes to speak, i.e., per person, per item, or written testimony can be submitted on agenda items]	No community comments provided.			
4. Alcohol and Drug Abuse Division (ADAD) Report <ul style="list-style-type: none"> • Announce Release of the State Epidemiological Profile 2024: Substance Use Trends in Hawaii • Update on Activities of the Hawaii Overdose Initiative (HOI) 	Mr. Valera reported on the release of the State Epidemiological Profile 2024 and provided an update on HOI activities. <ul style="list-style-type: none"> • Report was prepared with data from the Hawaii Behavioral Risk Factor Surveillance System and the Hawaii Youth Risk Behavior Survey. Data provided can be looked through a number of lenses i.e. by sex, age, ethnicity, social-economic status, gender identity, mental health, and 			

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	<p>location. A link to the report was provided in the chat.</p> <ul style="list-style-type: none"> • The Principal Investigator presented this report, on April 4, 2025, at ADADs monthly providers meeting. Will provide a link to the meeting recording along with the segment. • HOI draft report still being fined tuned, also following up on the data sources. • The Mapuna Lab have been emailing members on the various action teams to set up meeting dates and times. • Will follow up with UH West Oahu to post a meeting calendar for the action teams. 			
5. Discussion on Commission Recruitment.	<p>Co-Chair Salzer led the discussion on commission recruitment.</p> <p>Ms. Loudermilk reported that all Interim appointments have been confirmed by the Senate. However, she was not able to find submittal of nominations to replace members whose term expires on June 30, 2025. ADAD will contact the Office on Boards and Commissions regarding interim appointments.</p> <p>Sectors currently not filled include law enforcement, corrections. Additional sectors include community & business affairs, medical, education, pharmacological, youth Action</p> <p>Commissioners to reach out to individuals and organizations. Requested ADAD assistance in recruiting new members by publicizing openings. Suggestions include an announcement at ADADs monthly Provider’s meeting. Also suggested providing information to professional organizations, and substance use organizations such as Hawaii Substance Use Coalition to inform members of openings.</p>			

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6. Discussion on Update to Bylaws	<p>Co-Chair Salzer led the discussion on update to bylaws.</p> <p>The State Council on Mental Health bylaws was adopted in on July 13, 2021, and revised on January 20, 2023. ADAD will follow up with the Adult Mental Health Division regarding the preparation, adoption, and revision of the bylaws.</p> <p>Ms. Loudermilk provided responses to bylaw questions raised at the March 25, 2025, meeting, about existing bylaws, state law, duties and responsibilities, and permitted interaction groups (PIGs).</p> <p>Article I. Establishment, Article II. Duties and Responsibilities, and Article III. Membership and Meeting of the current HACDACS bylaws are taken directly from state law. HACDACS does not have the authority to change state law. Only the legislature has this authority. Article II sets forth the parameters of HACDACS duties and responsibilities. With the exception of the annual report, it is up to HACDACS to set forth priorities to determine the implementation of duties and responsibilities. What does HACDACS want to take on? What policy(ies) to focus on?</p> <p>The State Sunshine Law allows for the establishment of PIGs which allows more than two members, but less than the number of members that constitute a quorum. There are two types of PIGs; investigative and negotiations. ADAD consulted with the Office of Information Practices and was informed that HACDACS can form an investigative PIG to work on bylaw revisions.</p> <p>The investigative PIG is established at a HACDACS meeting. The agenda item should define the scope of the investigation and each members authority. There are currently nine members with a quorum being five.</p>			

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	<p>Thus, maximum number of PIG members is four. Once the revisions are complete, the PIG will report on the revised bylaws at a HACDACS meeting. Voting to adopt the revised bylaws occurs at the following HACDACS meeting. OIP guidance on investigative PIGs will be distributed to members.</p> <p>There was consensus to use an investigative PIG to revise the bylaws. The May 27, 2025, meeting agenda will include an item to establish the investigative PIG.</p>			
7. Discussion on Conducting an In-Person Meeting on June 24, 2025	<p>Co-Chair Salzer led the discussion on the in-person meeting.</p> <p>The in-person meeting is envisioned as a mahalo to outgoing members and a welcome to incoming members. Will be held in the ADAD conference room.</p>			
<p>8. Update on meeting topics and presentations for HACDACS meetings in:</p> <ul style="list-style-type: none"> • June 2025 • July 2025 • August 2025 • September 2025 <p>Potential topics include Medical Cannabis Safety and Testing Policies; Harm Reduction Review based on substance use; Status of Residential Treatment Programs and their trends and needs, Prevention Initiatives, Medication Assisted Treatment for Methamphetamine Use Disorder, the intersection of substance use treatment and the criminal justice</p>	<p>Co-Chair Salzar led the discussion related to planning and any schedules or topics that the groups would like to discuss:</p> <ul style="list-style-type: none"> • May 2025 Meeting: Primary Prevention Strategic Plan • June 2025 Meeting: Hawaii Opioid Settlement Program <p>Potential presentations for the July, August, and September meetings include youth vaping and qualitative trends being seen by inpatient medical providers on hospitalization for substance use.</p>	<p>Contact ADAD</p> <p>Contact ADAD</p> <p>Contact Hawaii Public Health Institute on youth vaping.</p> <p>Identify and contact inpatient medical provider.</p>	<p>ADAD confirmed.</p> <p>ADAD confirmed</p> <p>Commissioner Tjapkes.</p> <p>ADAD</p>	

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system. New topic ideas are encouraged.				
9. Presentation on Findings from the Hawaii Opioid Initiative Needs Assessment	<p>Dr Nicole Kau’i Baumhofer Merrit and Katherine Burke from the Mapuna Lab presented on the findings of the Hawaii Opioid Initiative Needs Assessment/Strategic Plan, and the transition to and implementation of the Hawaii Overdose Initiative</p> <ul style="list-style-type: none"> • The Hawaii Opioid Initiative Strategic Plan (Strategic Plan) was developed with the ‘A’ali’ Alliance. In-depth interviews were conducted with 16 individuals, representing various stakeholders. Interview questions focused on exploring chasms between Western and Indigenous approaches to treat substance use disorder (SUD). • Strengths of Western approaches include being structured and resourced, evidence based, medicated assisted treatment (MAT), and understanding of brain and addiction. Weaknesses of this approach include limited in scope, one size fits all, too clinical, short term, surface level. • Strengths of Indigenous approaches include focus on connections, deeper healing, increased retention, idea of aina as medicine, and non-threatening. Weaknesses of this approach include not perceived as evidence-based and are harder to measure with Western metrics. • Indigenous and Western approaches have different outcomes. Indigenous approaches think intergenerational and value long-term outcomes while Western approaches value short-term goals (immediate urgent care). • Stakeholders thought that the two approaches are more effective together and not necessarily conflicting. There is an opportunity in combining the two approaches as current system of care offers a boost towards long term healing. Thus, having a greater impact. It will take effort, humility, and careful bridge work for these two approaches to come together. • Culturally based services are hard to find. Currently, there are few “deep culture” substance use disorder (SUD) treatment programs available. Culturally rooted programs are not more utilized as they are not “evidence-based”. Also, that there is a lack of expertise on how to implement these programs. There are also concerns with the potential risk of cultural exploitation. • Key takeaways include that there is no sacrifice to meeting ASAM criteria when incorporating cultural approaches and there is a need to educate the ecosystem of the system of care on the effectiveness of cultural approaches. • Recommendations: 1) Build a bridge between cultural practitioners or aina organizations and Western SUD treatment programs. 2) Create a culture of pilina (relationship building) within the Hawaii Opioid Initiative. 3) Work to establish common goal and outcomes for SUD treatment that incorporate both Western and Indigenous outcomes. 4) Build evidence for Indigenous approaches. • In January 2025, the Hawaii Opioid Initiative was relaunched as the Hawaii Overdose Initiative (HOI). The Strategic Plan informed the identification of HOI themes and creation of HOI Action Teams (HOI ATs). HOI themes are wellness, health, responsiveness to trauma, lived experience, and cultural integration. HOI ATs are equitable access to care, culturally responsive systems, collaborative & sustainable communities, harm reduction & public safety, strengthening workforce & resources, and data-infused decisions. 			

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	<ul style="list-style-type: none"> • Envision that HOI themes provide the foundation for SUD treatment in Hawaii. Together they create a “Community Pili”: pili is a value of togetherness and relationships. Pilina is about forming, maintaining, and continuing improvement of relationships. Thinking about how to incorporate deep culture into a system. • Mapuna Lab to provide technical assistance to the HOI, conduct an evaluation of the HOI process, redesign the Substance Misuse Statistics website, and conduct a geographic analysis on priority populations. • Meeting logistics will be provided to support the HOI ATs over the next year. While the HOI evaluation will cover organization, effectiveness, barriers, and facilitators to participation. • The Substance Misuse Statistics website will be redesigned to create an interactive timeline showing policy, research, cultural, economic, and social factors related to overdose. The timeline to provide a big picture of the opioid crisis in Hawaii through the prevalence of and social/cultural changes to overdoses over the last 25 years. Looking to highlight some interesting data points. For example, on the continent opioid overdose is a white middle-aged male, blue collar problem. However, in Hawaii, the indigenous population is overrepresented in fatal and nonfatal overdoses. • Data from the website shows that the drug of choice shifted by age. Fentanyl is the drug of choice for younger folks, with opioids for those between the ages of 35-44, and methamphetamines for older adults • Did discover an issue with race and ethnicity that needs to be resolved. A review of data aggregation of race and ethnicity revealed that Native Hawaiian data reflects those individuals who identified themselves only as Native Hawaiian. Usually, Native Hawaiian data reflects all individuals who identified themselves as Native Hawaiian, alone or in combination with another race. • The geographic analysis to provide a systems analysis and geographic perspective on the treatment landscape for priority populations. The analysis will identify the location of treatment providers, services provided, whether services target priority population, and if not, what are the barriers/challenges. An interactive map will be created to share data. Priority populations are Native Hawaiians, high school students, college students, pregnant women and women with dependent children, persons incarcerated, persons in recovery, persons experiencing houseless, and rural remote populations. • In person tours will be conducted between May and August 2025, on the Big Island, Maui, Molokai, Lanai, Oahu, and Kauai. These tours will also include meeting with focus groups as well as key informant interviews with members and key stakeholders of each priority population. • Data collection will occur during the summer, analysis in the fall, and wrapping things up in the spring. • Mr. Valera commented on willingness to form connections with those practitioners in the community to help clients in their recovery is very valuable. Shared that ADAD and Adult Mental Health Division are conducting a needs assessment with their service providers. Though the focus is more on business sustainability it will also include gaps in services. The need assessments has not looked at the cultural component that can aid in healing. <p>Co-chair Salzer led the group discussion on in-person tour activities, treatment providers, and potential recommendations for inclusion in the HACDACS annual report. Mapuna Lab will not meet with all service providers during the in-person tours. Meetings will occur with one or two service providers in a geographic region. Key stakeholder interviews will also be conducted during this time. Need to help those treatment providers who are nervous of incorporating culture in their treatment services. How to make them comfortable to incorporate the values without using Hawaiian words. The</p>			

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	HACDACS annual report could recommend enhancing the SUD system of care through strategic collaborations with community health centers. Who have been expanding their cultural base programming , Hawaiian healing programming, and building out partnerships with aina base providers. Also consider facilitating referrals and warm hand offs between treatment providers and culturally based community partners. HACDACS will coordinate the write up and recommendations on this presentation for inclusion in their annual report to the Legislature with The Mapuna Lab.			
10. Open Forum: Public comments on issues not on the agenda, for consideration for Commissions agenda at its next meeting.	No community comments provided.			
11. Adjournment	The meeting was adjourned at 11:04 am			

**Next Meeting: May 27, 2025
 9:00 am to 11:00 am
 Zoom Meeting**