

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

August 26, 2025

9:00 am – 11:00 am

Members Present: Lilinoe Kauahikaua, MSW, Co-Chair; Dave Fields, Co-Chair; Emily Andrade, Jon Fujii; John Paul Moses III; ARPR-R; Jawanna Ready, MD.

Members Absent: Kunane Drier, Ku ulei Salzer-Vitale, MSW

Staff Present: John Valera, AICP; Robyn Loudermilk, AICP; Brenda Wong; Michaela Abitz

Guests Present Shalev Eckert, Sophie Gralapp, Matthew Leonard, Tim McCormick,

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DUE DATE
1. Call to Order:	The meeting was called to order at 9:15			
2. Consideration and approval of meeting minutes of July 22, 2025.	Motion by Commissioner Moses, seconded by Commissioner Fujii to adopt minutes from the July 22, 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]	<ul style="list-style-type: none"> No community input provided. 			
4. Alcohol and Drug Abuse Division (ADAD) Report <ul style="list-style-type: none"> Update on the 2025 Revision to the 2023 State Plan on Substance Use. Request for Information (RFI) has been posted on the State of Hawaii Awards & Notice Data System (HANDS) for: 	<p>Mr. Valera reported on the revision to the 2023 State Plan on Substance Use and posting of RFI's for SUD outpatient program on Lanai services.</p> <ul style="list-style-type: none"> In the early stages of the 2023 State Plan on Substance Use update. Have assembled a project team and going through existing plans and reports such as Point in Time counts. Will be reviewing and assessing recently updated state and federal data. 			

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<ul style="list-style-type: none"> ○ Substance Use Disorder (SUD) Services Outpatient Program on Lanai ○ Homeless Triage and Treatment Center 	<ul style="list-style-type: none"> • A lot has happened since the completion of the current plan, which occurred several months prior to the Maui fires. • Will prepare a draft document and then engage stakeholders such as the Hawaii Overdose Initiative, HACDACS, service providers, and others that ADAD is partnering with on various projects. • Ms. Loudermilk is leading this effort. Please forward any plans, reports, and resources related to substance to her. We are especially interested in information on the Neighbor Islands. • Two RFI's recently released: one for SUD outpatient services for Lanai and the other for a homeless triage and treatment center. • SUD outpatient services RFI based upon preliminary meetings with stakeholders on Lanai. Responses provided some ideas on what is needed. Will follow up with another RFI and then a Request for Proposal (RFP). • Homeless triage and treatment center RFI is gathering information on program expectations, services that should be included, gaps in the triage system, and an organizations experience serving those that are unhoused or at risk for co-occurring conditions. Will follow up with another RFI, then move forward with procurement. <p>Co-Chair Kauahikaua led the discussion on the ADAD report.</p> <p>In response to questions, Mr. Valera relayed that the state plan update will review and incorporate information included in the current plan provided by subject matter experts. He explained that the information provided by subject matter experts were</p>			

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	<p>compiled into a separate document and was an appendix to the state plan.</p> <p>Co-Chair Kauahikaua suggested reviewing Maui County SERGE reports.</p> <p>In response to questions Mr. Valera relayed that the model for the homeless treatment and triage center is Act 299, Session Laws of Hawaii (SLH), 2025. Act 299 requires the program to serve individuals that are unhoused and have co-occurring disorders. Range of services could include medical, substance use treatment, detox services, behavioral health, and other wrap arounds. Looking at this being a pilot program, perhaps on a Neighbor Island. No site has been selected. The next RFI will include questions on culture.</p> <p>Commissioner Fujii commented that Medicaid will soon be standing up a medical respite program to service houseless people. Another program beginning soon will provide housing navigation services that helps individuals find and stay in housing. With potential overlap in new Medicaid services to the houseless and services to be provided by the pilot program, would like to meet with ADAD to discuss alignment and how Medicaid can assist with operational funding.</p> <p>Mr. Valera relayed that Act 299 does give some seed money but will need braiding of funds. This pilot program will be small. If the outcomes are good, then can go back to the Legislature to request an appropriation for another site. He also agrees that a meeting between ADAD and Medicaid should occur to continue further discussions between the various programs as they are all serving the same population.</p>			

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	At the request of Co-Chair Kauahikaua, ADAD will forward future RFI's to HACDACS members			
<p>5. Update on meeting topics and presentations for HACDACS meetings in:</p> <ul style="list-style-type: none"> • September 2025 • October 2025 • November 2025 • December 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 system. New topic ideas are encouraged.</p>	<p>Co-Chair Kauahikaua led the discussion on upcoming meeting topics.</p> <p>September 2025 Meeting: Addiction Medicine: Psychological Needs of Substance Use Disorder Clients in Inpatient Setting.</p> <p>No presentations scheduled for the October 2025 and November 2025 meetings. Focus is on the annual report.</p> <p>Meeting recessed.</p> <p>Meeting reconvened.</p> <p>To facilitate the preparation of the annual report, Ms. Loudermilk to provide Commissioners a copy of last year's report, listing of presenters, links to meeting recordings, and possibly meeting transcripts. At the next meeting Commissioners can identify what presentation(s) they would like to write on.</p>	<p>Contact: JABSOM</p>	<p>ADAD Confirmed.</p>	
<p>6. Identification of Areas of Focus for the Next Twelve Months</p>	<p>Co-Chair Kauahikaua led the discussion on areas of focus.</p> <p>Commissioner Moses suggested focusing on coordinating the delivery of services at the state level. The states of Massachusetts, New Jersey, Florida, and Maryland, Oregon, and Washington are models that could be studied.</p> <p>In response to Commissioner Fields question, Commissioner Moses shared some of his reasons that prevent the various organizations from working together. They include politics, funding, and</p>	<p>.</p>		

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	<p>organizations who don't play well with other organizations. Also, there is no political force at state to encourage organizations to combine forces. Resulting in a fragmented system that is basically a recycling machine.</p> <p>Commissioner Fujii commented that it is a good observation and shared Med-QUEST experience in working with the homeless population that may be helpful to this discussion. Also noted that the Governor's Office has a homeless coordinator, yet also faces many challenges. May encounter similar challenges, but got to start someplace.</p> <p>Commissioner Moses agrees that the observation on the homeless populations applies in many ways to delivery of substance use services.</p> <p>Co-Chair Kauahikaua commented that maybe we can bring in speakers from those states to share their models. Shared that she works with the Opioid Response Network and that they are good at finding speakers from other places. She has a contact in Maryland and notes that maybe next year's theme is the coordination of services. Commissioner Moses shared that he has a contact in Massachusetts.</p> <p>Commissioner Andrade commented in the chat that recommendations in HACDACS annual report could include statewide coordination for delivery of services as well as creating a position at the state level.</p> <p>Commissioner Fields commented that is needs to be tied into funding.</p> <p>Will continue this discussion at the next meeting.</p>			

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<p>7. Presentations:</p> <ul style="list-style-type: none"> Summary of recent changes to the Department of Health (DOH) Syringe Exchange Program Summary of the recently released 2023 Hawaii Syringe Exchange Program Annual Report by the Hawaii Health and Harm Reduction Center (HHHRC) 	<p>Mr. Tim McCormick, Chief of the DOH, Harm Reduction Services Branch, provided background on the DOH Syringe Exchange Program (SEP) and a summary of recent changes.</p> <ul style="list-style-type: none"> Mr. McCormick explained that the Harm Reduction Service Branch has responsibility over HIV, sexually transmitted infections, and adult viral hepatitis. They are also responsible for overseeing and supporting the state’ SEP. Syringe exchange is a community-based public health intervention, for people who inject drugs, to reduce dangers created by used syringes by reducing syringe use in the community and providing syringe access to those who inject. One of the most researched public health interventions. Decades of research available going back to the U.S. AIDS epidemic. Continues to be a politically fraught intervention. Consensus on research findings demonstrating that SEPs are effective in preventing infections, protecting the public with safe needle disposal, are cost effective, help people to stop injecting drugs, and do not increase drug use or crime. SEPs are an entry point into treatment. Enacted in 1990, as a pilot project, Hawaii’s SEP was the first state-funded exchange program in the U.S. that became permanent in 1992. Allows for a single program designated by the DOH, provides narrow legal protection for exchange of needles and syringes, strict one-to-one exchange, required to screen out “non-injection drug users”, and required oversight and evaluations. Co-Chair Kauahikaua is a member of the Statewide Syringe Exchange Oversight Committee. A need for modifications to implement current best practices as no amendments to law since 1992. Best practice for distribution is needs-based, not one-to-one. Also, items used for the preparation and injection of drugs, other than syringes and needles, can transmit infections. National guidelines and recommendations for SEPs are available. This information was used to develop a bill to update Hawaii’s SEP which was submitted by the Governor to the 2025 Legislature. The final version of bill became Act 106, SLH, 2025: Relating to Harm Reduction, which became effective on May 29, 2025. Act 106 permits need-based distribution, allows the program to provide services other than syringes and needles to non-injection drug users, allows for the distribution of “Authorized objects,” also added new liability protections for: <ul style="list-style-type: none"> <u>Authorized objects</u>: staff acting in the course and scope of official duties; syringe exchange participants in a program visit. <u>Residue in used syringes and needle</u>: protection from drug possession so that syringe exchange participants are protected to bring used equipment to the program for proper disposal <u>A law enforcement officer</u>: who, acting in good faith, arrests or charges a person who is thereafter determined to be exempt from an offence pursuant to this section shall not be subject to civil liability for the mere arrest or filing of charges. The Branch is currently working towards implementing new requirements. <p>Ms. Sophie Gralapp, Community Research Coordinator, and Shalev Eckert from the HHHRC, provided an overview of and data from HHHRC Hawaii SEP.</p> <ul style="list-style-type: none"> Ms. Gralapp provided a link to and a QR Code to access HHHRC 2023 SEP Annual Report. 			

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	<ul style="list-style-type: none"> • Several myths about syringe exchange: drug use and crime increases in areas with syringe exchanges, syringe exchange doesn't address the problem of addiction, and people who inject drugs don't return used syringes. • Peak number of syringes exchanged occurred in 2021 with 1,234,623 exchanges. Between 2021 – 2024 there was a 61 percent decrease in the number of syringes exchanged. • Peak number of SEP visits occurred in 2023 with 19,732. Between 2021 – 2024 there was a 110 percent increase in visits. • Why could SEP exchanges be declining? Participants change. • Nationally, heroin use is trending down, however methamphetamine use remained steady. Beginning in 2021, SEP participants at registration were asked the substance used in the past 30 days. Between 2021 – 2024 there was a 58 percent decline in those using heroin, while methamphetamine use increased by 7 percent. • Beginning in 2022, SEP participants at registration were asked their mode of substance use. Between 2022 – 2024 there was a 17 percent decrease in those injecting drugs, while smoking increased by 5 percent. • Is smoking harm reduction? It lowers risk of infection, avoids vein damage, lowers perceived overdose risk. Smoking does still carry a high risk of overdose. • Reasons for the increase in SEP visits: obtain first aid supplies (seeing xylazine wounds in the community), safer smoking supplies, food/snacks, hygiene kits, condoms, and test strips (fentanyl and xylazine). • Participants do care about themselves and each other. Provide participants overdose prevention training using naloxone. When participants come to refill naloxone kit, they are asked to self-report overdose reversals and number of kits used to administer naloxone on peers. • Shared some feedback received on naloxone refill forms in the past few months: “It’s a lifesaver!”, “It’s great and saves lives!”, “Thank you H#RC for the Narcan!”, and “I revived two people last month!” • Conclusion: SEP is a community hub that offers harm reduction services participants trust and need, but their needs are changing. There are services that participants, community, and public are motivated by; and if we want them to keep coming must continue to grow with them to benefit the community as a whole and public health in general. <p>Co-Chair Kauahikaua led the discussion on impact of SAMHSA Dear Colleague letter on the state’s SEP, use of qualitative data, availability of longitudinal data on patients, medical insurance for SEP participants, partnering with Medicaid, and recommendations for inclusion in HACDACS annual report.</p> <p>The SAMHSA Dear Colleague letter provided new guidance on the expenditure of federal funds for harm reduction activities. Initial read is that this letter does not impact the State’s SEP and implementation of Act 106 as no federal funds are used. The HHHRC obtains quantitative data through interviews with participants and staff to learn what is going on, wanted, and needed. Also has conversations with the broader community. This data supported the increased number of visits to the SEP. Participant data are available to conduct a longitudinal study on patients, however, time and patience will be needed. Top three immediate needs of new participants are document readiness, SNAP EBT benefits, and medical insurance. Insurance navigators are available to sign up SEP participants for medical insurance and they do enroll people</p>			

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	<p>into Medicaid. In 2024, approximately 72.5 percent of new participants had insurance. There is no breakdown by insurance provider.</p> <p>Mr. McCormick commented that based on participants income data, it seems that a significant portion of participants have Medicaid. The high rate of SEP participants with insurance allowed program expansion to provide low-threshold hep-C treatment and medication for opioid use disorder.</p> <p>Commissioner Fujii shared that the Med-QUEST community education program is available to anyone on Medicaid. This program provides access to homeless support services.</p> <p>HHHRC recommendation to HACDACS is decriminalizing other drug paraphernalia, especially pipes due to the increase in smoking. This is occurring on the continent and will keep folks engaged.</p> <p>Co-Chair thought the HHHRC Annual report could be utilized by ADAD in the state plan update as it has amazing statewide data.</p>			
<p>8. Open Forum:</p> <p>Public comments on issued not on the agenda, for consideration for Commissions agenda at its next meeting.</p>	<p>No community comments provided.</p>			
<p>9. Adjournment</p>	<p>11:00 a.m.</p>			

Next Meeting: September 23, 2025
9:00 am to 11:00 am
Zoom Meeting