

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 317, Kapolei, Hawai'i

September 24, 2024

9:00 am – 11:00 am

Members Present: Ku ulei Salzer-Vitale, MSW, Co-Chair; Lilinoe Kauahikaua, MSW, Co-Chair; Diana Felton, MD, Vice Chair; Jon Fujii, MBA; Jawana Ready, MD; Greg Tjapkes

Members Absent: Emily Andrade; John Paul Moses III, APRN-R; Erika Vargas, LCSW

Staff Present: John Valera, AICP; Robyn Loudermilk, AICP, Billie-Ann Bruce

Guests Present: Kyle Brandt, Office of Medical Cannabis Control and Regulation, Bree Kapilii

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DUE DATE
1. Call to Order	The meeting was called to order at 9:05 am.			
2. Consideration and approval of meeting minutes of August 27, 2024.	Motion by Commissioner Felton and seconded by Commissioner Kauahikaua to adopt meeting minutes from the August 27, 2024, meeting. Motion approved.	Motion 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 input provided.			
4. Alcohol and Drug Abuse Division (ADAD) Report. <ul style="list-style-type: none"> • Share highlights on the National Recovery Month Resource Fair, co-sponsored by ADAD and Adult Mental Health Division, held on September 18, 2024. • Update on Milliman Rate Study. 	Mr. Valera reported on the National Recovery Month Resource Fair and provided an update on the Milliman rate study. <ul style="list-style-type: none"> • September is National Recovery Month. The resource fair was held in Kapolei at the state building with the goal to reduce stigma and provide education to attendees about resources in the community. There was a large turnout who learned about a wide variety of services from the 			

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	<p>20+ organizations who participated. ADAD's table distributed Naloxone.</p> <ul style="list-style-type: none"> The treatment portion of the rate study is complete and is now focusing on primary prevention, Project kick off recently occurred with primary prevention providers. Study to look at the business operations and the delivery of a number of evidence-based services provided through approved prevention plans. Looking to complete by the end of the year. <p>Chair Salzer led the discussion on ADAD's report. In response to questions Mr. Valera relayed that in 2019, Prevention Branch was asked to move from cost reimbursement to fee for service contracts. At the same time, about ½ dozen other states were also considering similar initiatives. However, upon follow, not much happened in those states. The intent is not to reduce rates, rather gathering more data to establish new rates. Prevention providers prepare a plan, based on a logic model, that is submitted to the Prevention Branch, for review and approval. Once approved, plan implementation occurs. Most activities are session or curriculum based that occur over a period of time. Understands that several providers are implementing cultural adaptations and having conversations with developers and evaluators.</p> <p>Commissioner Kauahikaua shared that a culturally grounded curriculum, Kauila, was developed under the SOR grant. Wondered if it could be considered or be part of the conversation. Mr. Valera responded that there may be an opportunity to be part of the conversation if EBP is serving the community. In response to a question, Mr. Valera relayed that each provider works with an evaluator to assess the effectiveness of their approved plan.</p>			

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5. Election of Chairperson and Vice-Chairperson	<p>Chair Salzer led the discussion on electing a new chair and vice chair. She shared that main tasks of the chair is working with ADAD to prepare meeting agendas, leading the meetings, and the preparation and adoption of the annual legislative report. A proposal to elect co-chairs was supported. It was noted that HACDACS previously had co-chairs. In response to a request ADAD to provide current member roster, including sector and term in next meeting packet.</p> <p>Motion by Chair Salzer and seconded by Vice-Chair Tjapkes to elect Chair Salzer and Commissioner Kauahikaua as Co-Chairs. Motion approved.</p> <p>Motion by Co-Chair Salzer and seconded by Vice-Chair Tjapkes to elect Commissioner Felton as Vice-Chair. Motion approved.</p>	<p>Motion Approved.</p> <p>Motion Approved.</p>		
6. Introduction to the concept of opioid prevention centers.	<p>Commissioner Felton presented on the concept of opioid prevention centers (OPCs). Throughout the presentation there were a number of photos showing various examples of existing OPC facilities.</p> <ul style="list-style-type: none"> • The DOH is developing legislation that may be submitted in the upcoming legislative session to permit OPCs. Should legislation be introduced, it is anticipated that it will not pass. However, want to start the conversation. DOH has been meeting with partners and various groups with a stake in this concept. A priority for the DOH Director. • Hawaii needs to consider additional tools to prevent fatal overdoses as overdose deaths increased by more than 40% between 2018 – 2022. Recently released CDC data covering the first half of 2024 shows overdose deaths in Hawaii continue to increase, while decreasing nationwide. • OPCs are facilities where persons can consume drugs obtained elsewhere, under the supervision of trained staff, out of public view and without fear of arrest. Also known as drug consumption rooms, safe injecting sites, supervised injecting facilities. OPCs offer staff trained to respond to overdoses; sterile equipment, clean spaces, guidance on how to reduce risk of overdose, infections, and soft tissue injury; harm reduction education; connections to social support, housing, basic needs, medical, substance use disorder treatment, and other lifesaving services; and a safe place where people who use drugs can ask for help. • Concept is new to the U.S. First OPC opened in 1986 in Switzerland. Currently there are 200 OPCs operating in 14 countries with decades of research and experience in Europe, Australia, and Canada. In the U.S., Rhode Island, Vermont, and Minnesota have passed legislation permitting OPCs. OnPoint NYC opened in 2021 while Rhode Island anticipates opening an OPC this fall. 			

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	<ul style="list-style-type: none"> • Health and community benefits include preventing overdose deaths, connecting people who use drugs with drug treatment and other health/social services, reduction in the public use of drugs and improperly discarded syringes, keeping people experiencing homelessness living in shelters, and providing protection from physical and sexual violence to women and trans women. • Cost/benefit analyses conducted for Baltimore and San Francisco. In Baltimore the cost to run an OPC is approximately \$1.5M with a projected cost savings of \$7.8M. While in San Francisco the cost to run an OPC is also approximately \$1.5M with a projected cost savings of \$4M. Project cost savings are based upon not utilizing other services such as ambulance, ER visit, and inpatient hospital visit. • OPC would be a next step to existing harm reduction approaches in Hawaii that include syringe exchange (oldest state funded program in the country and beginning in 1990), pharmacy sale of syringes, Housing First, street-based wound care, Good Samaritan immunity, naloxone, and fentanyl test strips. • A growing number of OPCs have also successfully managed stimulant use (methamphetamine). • Endorsed by the American Medical Association, the American Public Health Association, and the American Society of Addiction Medicine • Anticipated challenges include public perception and stigma, legal immunity for operators and participants, location, and funding. • Next steps include engaging with law enforcement, county officials, and community members. Also engage with people who would use OPC in the planning and implementation. Lastly identifying appropriate location. <p>Co-Chair Salzer led the discussion on OPCs. In response to questions Vice-Chair Felton relayed that there is a need to learn more about OPC operations and staffing levels to identify funding needs. That existing programs have not required incentives to draw people into the facilities. However, would want to get opinions from those who will use the facility. Lastly, finding a balance is an important consideration in drafting a bill. Would want to keep the statute general with program specific operations implemented through administrative rules. Amending administrative rules to respond to changes is much easier than amending a statute.</p> <p>Co-Chair Salzer closed the discussion by highlighting the need to get user buy in and incorporate local perspectives. And that this topic should be included in the annual report to acknowledge the need in the community and bring it to the attention of lawmakers.</p>			
7. Discussion on HACDACS annual report to the Legislature including, subject matter areas to be included in the report and writing assignments. Topics may include Hawaii CARES and recovery support communities.	<p>Co-Chair Salzer led the discussion on the annual report. The following subject matter areas and preliminary writing assignments were identified:</p> <ul style="list-style-type: none"> • Hawaii Opioid Settlement – Co-Chairs Salzer & Kauahikaua • Hawaii CARES – Commissioners Tjapkes & Ready • Local recovery support communities – Co-Chairs Salzer & Kauahikaua, 			

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	<ul style="list-style-type: none"> • Medical cannabis -Commissioner’s Felton & Tjapkes • Opioid prevention centers – Commissioner Felton 			
<p>8. Update on meeting topics and presentations for upcoming HACDACS meetings:</p> <ul style="list-style-type: none"> • October 2024 • November 2024 <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>	<ul style="list-style-type: none"> • October 2024 – No presentation. • November 2024 – No presentation. 			
<p>9. Presentation by Kyle Brandt, from the Office of Medical Cannabis Control and Regulation (OMCCR) on cannabis legislation, administrative rules, both patient and dispensary registries, and recommendations on caring for cardholders with substance use and/or mental health.</p>	<p>Mr. Brant presented on cannabis policy at the national and state level, implementation of Hawaii’s medical cannabis program, recent state legislation, and potential legalization of recreational cannabis.</p> <ul style="list-style-type: none"> • As of April 2024, only four states have not legalized cannabis use in some form i.e. CBD w/low THC only, decriminalized, medical, medical and decriminalize, and legalized. • Hawaii’s medical use of cannabis law was passed in 2000 through Act 228. In 2013, the patient registry was transferred from the Department of Public Safety to DOH. The dispensary licensing system was authorized in 2015 with dispensaries opening in 2017. In 2018, the OMCCR was established through Act 159. This same year a reciprocity system was established for out of state patients to have a temporary cannabis use card while in Hawaii. In 2022, Act 169 established the Dual Use of Cannabis Task Force in anticipation of the legalization of recreational cannabis. • The mission of the OMCCR is to ensure safe access to medical cannabis for qualified patients. Guiding principles are patient safety, product safety, and public safety. Currently administers the patient registry and dispensary licensing program. A component of the hemp processing program was recently transferred to the DOH from the Department of Agriculture. 			

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	<ul style="list-style-type: none"> • Chapter 329, Part IX, Hawaii Revised Statutes (HRS) and Chapter 11-160, Hawaii Administrative Rules (HAR) govern the use of medical cannabis. The 329 Registration card program is administered by the Patient Registry Section. Medical providers registered with the DOH are able to certify qualified medical conditions of applicants. In December 2023, the top qualifying medical condition was severe pain followed by PTSD; with persistent muscle spasms, severe nausea, and cancer tied for third. Since 2021, the number of registrants has declined and the OMCCR is trying to determine the reason for this. A recently completed patient survey is being analyzed. Anticipate having the results by the end of the year. Hopefully the results can shed some light on this decline. • Acquisition, possession, cultivation (including home cultivation), uses, and transport of medical cannabis are regulated. Medical cannabis use is not allowed in a moving vehicle, at work, at school or on school grounds, beach, park, on a bus, or other places opened to the public. Also not allowed in a way that endangers the health and wellbeing of another person. Lastly, medical cannabis use is prohibited on federal property. • Chapter 329D, HRS and Chapter 11-850 HAR govern the medical cannabis dispensary system. The dispensary system is vertically integrated, tracking cannabis from seed to sale. Quality assurance testing conducted for potency, chemicals microorganisms, visible foreign or extraneous material, and moisture content. • Statewide there are eight licensees on four islands. Kauai has one licensee with two dispensaries, Oahu has three licensees with nine dispensaries, Maui has two licensees with seven dispensaries, and the Big Island has two licensees with six dispensaries. Products available at dispensaries include whole flower, edibles, gummies, capsules, topicals, cartridges, and topicals. • This past year SB2461 and HB2444 were enacted into law while HB2443 did not pass. SB2461 authorizes medical cannabis dispensaries to purchase cannabis and manufactured cannabis products from other dispensaries. HB2444 authorizes the DOH to conduct criminal history record checks on applicants for permits to operate as a hemp processor. HB2443 proposed to repeal the sunset date of authorization for primary care givers to cultivate medical cannabis for qualifying patients. Additionally, the bill further clarified that primary caregivers may continue to cultivate medical cannabis for qualifying patients subject to restrictions. Caregivers are an important part of the program for patients in which their needs cannot be met by the dispensary system and who cannot cultivate their own cannabis Will be resubmitting the bill in the upcoming legislative session. <p>Chair Salzer led the discussion on potential reasons for the decline of registrants, impacts to potential tax revenue, coops, potential changes to OMCCR from legalization of recreational use, potential impacts related to legalization of recreational use and how it may tie in with tourism, and recommendations for inclusion on HACDACS annual report. Anecdotally, a spike in registration occurred during the pandemic possibly because people were not working. Use stopped once people went back to work. Cost could be another factor. For example, the price of an ounce of flower fluctuates greatly from dispensary to dispensary due to a variety of factors. Does not have information on impact to potential tax revenue. Cannabis coops are concern to the OMCCR and are considered a grey area. The bill drafted by the Attorney General and submitted this past legislative session would have incorporated the OMCCR into a newly created Cannabis Authority overseeing medical and recreational cannabis as well as hemp. Anticipates that a similar bill will be submitted in the upcoming legislative session.</p>			

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	<p>OMCCR is very concerned about the potential impacts to medical patients resulting from legalization of recreational cannabis. Want to ensure that patients do not lose access to cannabis, for example, due to a run on the dispensaries. They are also concerned about an increase in impaired driving and in cannabis use disorders. Currently preparing an RFP to conduct a market study to identify demand of cannabis post legalization. Want to know how big the black-market needs of both residential and tourist populations is. Will continue to collect data on recreational use. As part of collecting this data, the previously mentioned patient survey included questions asking how they are doing now and potential changes with legalization of recreational cannabis. Will provide recommendations to HACDACS at a later time.</p>			
<p>10. Open Forum: Public comment on issues not on the agenda, for consideration of Board's agenda at the next meeting.</p>	<p>No community comments provided.</p>			
<p>11. Adjournment</p>	<p>11:07 a.m.</p>			

**Next Meeting: October 22, 2024
 9:00 am to 11:00 am
 Zoom Meeting**