



FINAL REPORT
of the
Joint House-Senate Task Force
on
Ice and Drug Abatement
January 2004

Submitted by:

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DESCRIPTION OF TASK FORCE

At the close of the 2003 Regular Session of the State Legislature, the Speaker of the House of Representatives, Calvin K. Y. Say and the Senate President, Robert Bunda, recognized the need to address issues relating to the manufacture, sale and use of the drug crystal methamphetamine, commonly known as "ice."

Communities throughout the State are crying for help to eliminate the drug from the marketplace, treat the individuals addicted to the drug and the families torn apart by the effects of this addiction and ensure that our youth and adults do not start down the road to addiction.

The leaders of the House and Senate heard the cries from the communities and named 18 legislators to the Joint House-Senate Task Force on Ice and Drug Abatement (Task Force). The Task Force was charged with this mission:

- **GO OUT INTO THE COMMUNITIES.**
- **LISTEN TO THE PEOPLE.**
- **SEARCH FOR NEW IDEAS AND FRESH SOLUTIONS.**
- **RULE NOTHING OUT.**

The ultimate goal of the Task Force is to bring forth legislation with a

comprehensive approach to the myriad of problems associated with the ice epidemic.

The members of the Task Force are:

House of Representatives

Rep. Eric G. Hamakawa, Co-Chair
Rep. Thomas Waters, Vice-Chair
Rep. Cindy Evans
Rep. Robert N. Herkes
Rep. Michael Y. Magaoay
Rep. Romy M. Mindo
Rep. Maile S.L. Shimabukuro
Rep. Colleen R. Meyer
Rep. Bud Stonebraker

Senate

Sen. Colleen Hanabusa, Co-Chair
Sen. Melodie Williams Aduja, Co-Chair
Sen. Suzanne Chun Oakland
Sen. Willie C. Espero
Sen. Lorraine R. Inouye
Sen. Norman Sakamoto
Sen. Shan Tsutsui
Sen. Fred Hemmings
Sen. Bob Hogue

EXECUTIVE SUMMARY

The Task Force spent nearly 80 hours collecting information and listening to over 400 persons. In addition, members of the Task Force attended community and town hall meetings sponsored by groups organized to find solutions to the ice problems within their communities. In conclusion, the Task Force finds:

THE SOLUTION TO THE ICE EPIDEMIC IS TO PREVENT THE FUTURE GENERATION FROM SUBSTANCE ABUSE AND CURE THE PRESENT GENERATION OF ICE ABUSERS.

Accordingly, the Task Force recommends a comprehensive funding and legislative package consistent with its overall conclusion. The most important findings and recommendations are:

- Ice usage has reached epidemic proportions. The ice epidemic is a public health crisis that must be cured.
- Safety of Hawai`i's residents is the most important objective. This means that the ice epidemic must be cured by treating the addicted and protecting against the spread of the disease of drug addiction. Enhanced criminal penalties are required to protect the public and send a strong message to drug traffickers who profit from the spread of the ice epidemic.
- Early intervention and treatment of adolescents is the highest funding priority. School based treatment programs should be expanded to the middle school level and efforts should be made to identify and treat adolescents who drop out of school. Treatment of adolescents will prevent the present epidemic from spreading into its third wave. Recommended funding: \$4.5 million.
- Substance abuse prevention is the second funding priority, focusing on youth programs within and outside of the schools and families with children. Preventing the spread of substance abuse is a sound investment in the future. Recommended funding: \$3.6 million.
- Coordination of community, government and law enforcement efforts to fight the ice epidemic is needed. The Task Force recommends that this coordination function be assigned to the Office of Community Services. Recommended funding: \$200,000 per year for five years.
- Substance abuse treatment for adults is the third funding priority to close the gap between those who need publicly funded treatment and current resources available. The Task Force finds that treatment is effective to combat ice addiction. Curing the present generation of ice addicts will reduce future costs for public services in health care, welfare, child care and child welfare services. The Task Force recommends that women of childbearing age, pregnant women, parents of young children in the home and Hawai`ians receive priority for treatment. Recommended funding: \$10.7 million.
- Protection of the family is an important objective. In addition to its recommendation for funding for treatment and counseling services for the family (under adult treatment), the Task Force recommends legislation to (1) amend the civil commitment statutes to provide an expedited civil process for involuntary commitment to outpatient substance abuse treatment and (2) establish a task force to develop a drug endangered child protection program.
- Treatment for the first time, nonviolent drug offender as an alternative to incarceration is an

important objective, provided the offender does not pose a public safety risk or has a lengthy criminal history and can benefit from treatment. The Task Force recommends amending existing laws to permit court discretion in granting probation and the terms and conditions of probation, with referral to Drug Court for those who can benefit from supervision by Drug Court in order to maximize successful outcome in treatment. Avoiding incarceration for nonviolent offenders whose addiction drives their criminal activities can save millions of dollars. Recommended funding: \$850,000.

- Expansion of Drug Court for the adult and juvenile drug offender and for families. The Task Force finds that Drug Court is an effective method of intervention and a good use of resources in lieu of incarceration. Recommended funding: \$1.2 million.
- Partnerships with the business community are necessary to fight the ice epidemic. Since about 20 percent of the known admissions for substance abuse treatment are employed, employers are big stakeholders to ensure that the disease does not spread throughout the workplace. The Task Force recommends that employers offer mandatory drug education and awareness training for their employees and receive a tax credit for doing so. The Task Force also recommends that employers, in limited circumstances, be required to continue health insurance for employees who are terminated due to their addiction.
- Hawai`i's sensitive environment must be protected from the toxic chemicals produced by the manufacture or conversion of methamphetamine. The Task Force recommends that a study be conducted on the environmental effects of methamphetamine laboratories. Recommended funding: \$300,000.

A complete summary of the Task Force's findings and recommendations is included in this report.¹ The recommended funding totals nearly \$21.6 million. A detailed analysis of the facts and information considered by the Task Force in support of its findings and conclusions follows the summary. The report includes appendices that summarize the testimonies of speakers, the community recommendations and a list of recommendations from individual Task Force members.

The Task Force commends all the persons in recovery, community members, community organizations, treatment providers, law enforcement officers, state, local and federal government administrators and employees for their commitment to finding a solution to the ice epidemic. Mahalo to everyone who took time out of their busy schedules to talk to the Task Force and share their ideas and information.

¹ Each of the findings and recommendations in this report reflect the views of at least half of the Task Force members. Whenever the term "Task Force" is used, it may or may not indicate a consensus of all the Task Force members.

SUMMARY OF FINDINGS BY SUBJECT

FINDINGS RELATING TO THE ICE EPIDEMIC

- The ice epidemic is a serious public health crisis that must be immediately abated to protect Hawai`i's future generations and its resources.
- An epidemic is that which affects a disproportionately large number of individuals within a population, community or region. (Webster's) An epidemic is a pervasive condition affecting the well being of the population and reoccurs. (Wood)
- An ice epidemic exists in Hawai`i, which probably began in 1997. (Wolkoff, "Methamphetamine Abuse: An Overview for Health Care Professionals," Hawai`i Medical Journal, Vol. 56, February 1997) The use and abuse of this powerful drug has permeated all facets of our community, workplace, prisons and law enforcement activities. The data below overwhelmingly suggests a problem that is growing, and if left unchecked, it will consume government resources and further destroy lives and families.
- Ice usage and drug interdiction efforts related to ice manufacture and distribution were first reported in the 1980's and have continued to the present.
- Hawai`i has been experiencing a second wave of the disease in the last few years, as the longer term effects of the early onset of the disease now manifests itself in the addicted population. (Wood) For example, based on testimony from treatment agencies and in discussions with persons in treatment, most recovering addicts report long-term use of ice, five to ten years or longer. Trends in State adult arrests for drug possession for the past ten years reflect this second wave. Arrests for possession of ice (reported as a "nonnarcotic" drug) peaked in 1997, then declined for two years. Starting in 2000 arrests for ice possession began to dramatically increase. In 2002, ice possession arrests had nearly tripled since 1999 and more than doubled over the peak in 1997. (Office of the Attorney General of the State of Hawai`i, Crime in Hawai`i 2002, p. 110) Similarly, although less dramatic, the drug offenses of manufacture/sale of ice over the past ten years reflect the same peak in 1997 followed by a one year decline, then a steady increase since 1999 to its highest level in 2002. (Id.)
- Between 1998 and 2002, admissions into treatment for ice increased by approximately 80 percent (DOH/ADAD). In 2002, ice was the number one substance abused for which treatment was sought. (DOH/ADAD) Nearly every adult in recovery who spoke to the Task Force reported ice as the primary drug of choice. Every agency testifying before this Task Force that provided adult drug treatment services reported ice as the primary drug of choice among its treatment population.
- O`ahu deaths associated with ice usage rose from 11 in 1991, to 27 in 1998 to 62 in 2002. (Wood) Similarly, on the neighbor islands, deaths associated with methamphetamine usage rose from 1 in 1998 to 20 in 2002. (Wong)
- Among adult men arrested who tested positive for drug use, 37.4 percent tested positive for ice in 2001. Hawai`i's ice usage among the male arrested population is the highest in the nation. Among adult women arrested who tested positive for drug

use, 36.1 percent tested positive for ice in 2001. Hawai`i's ice usage among female arrestees is among the highest across the nation. (ADAM, NDCS Report February 2003)

- Comparison of Hawai`i federal drug cases with the national percentage of drug cases indicates 51 percent of Hawai`i's cases involved ice, in comparison with 14.2 percent ice-related cases across the nation. (HIDTA 2004 Report)
- In the period November 2002 to May 2003, among Hawai`i's prison population, out of 7,456 drug tests, approximately 5 percent tested positive. Of those positive tests, 69 percent tested positive for ice. (Peyton)

- Ice and drug paraphernalia are readily available, as reported by users and those in recovery. (National Drug Threat Assessment January 2003)
- While marijuana is the drug of choice in Hawai`i's workplace, the use of methamphetamine in Hawai`i has increased by 25 percent (Diagnostic Laboratory Services) and 67 percent (Clinical Labs of Hawai`i) over the past five years, as indicated by Hawai`i's largest drug testing laboratories. Hawai`i's methamphetamine use in the workplace is 4 to 5 times higher than the national average. (Linden) This is significant because nationally, while drug use in the workplace has declined, methamphetamine use increased by 70 percent in the past five years. (Quest Diagnostics Drug Testing Index 2003)

FINDINGS RELATING TO THE EFFECTS OF ICE ON THE USER

- Ice is a bad drug. Ice cannot be used recreationally without detrimental effects on the body and psyche.
- Ice addiction drives a compulsive need to seek out and take the drug, to the exclusion of awareness of other bodily needs and life responsibilities.
- Ice addiction is a chronic disease, with frequent relapses.

FINDINGS RELATING TO THE EFFECTS OF ICE USAGE ON FAMILIES AND CHILDREN

Fetal Exposure to Ice

- Drug use by a pregnant woman may pose dangers to the fetus. However, tobacco and alcohol use by a pregnant woman is far more dangerous to the fetus than ice. No laws exist that impose criminal sanctions on the woman for fetal exposure due to alcohol or tobacco use. Therefore, the Task Force makes no recommendations about laws to protect the unborn fetus from ice use.
- The Task Force strongly supports education and awareness programs directed toward women of childbearing

age regarding the effects of ice. As discussed in more detail under Section G. Adult Treatment, the Legislature has provided funding for treatment programs directed toward pregnant women and supports continued funding. As discussed in more detail under Section E. Prevention, the Task Force recommends funding priority for programs directed to women of childbearing age.

Civil Commitment Process

- Families should not have to resort to filing criminal charges against a family member who is abusing ice simply to

force a "wake up call" on the user. A civil commitment process that allows the family to expeditiously commit a family member to involuntary drug treatment is needed. This avoids stigmatizing a person as a criminal because of his or her addiction to illicit drugs.

Protecting Children Exposed to Ice in the Home

- The effects of ice abuse in the home that affects children cost Hawai`i's taxpayers between \$75 to \$84 million dollars annually.
- No apparent coordinated plan exists between various governmental

departments, such as the Department of Health, Department of Human Services, law enforcement, prosecutor's offices, Judiciary and community agencies to respond to the effects on the child due to ice usage in the home. A multidisciplinary approach to problem solving must be enacted.

Family Counseling and Support Services

- Family counseling and support services should be part of the continuum of care needed to heal the drug addict and the families affected by the addiction. This appears to be a service gap.

FINDINGS RELATING TO SUBSTANCE ABUSE TREATMENT SERVICES FOR ADOLESCENTS

- Hawai`i's youth must receive substance abuse treatment. Early intervention is the key to divert young adults away from drug use. The treatment gap of adolescents who need treatment and do not receive it is over 5,000, based on both state and federal estimates.
- Marijuana and alcohol use poses the greatest threat of substance abuse for Hawai`i's adolescents who are in school. However, ice and ecstasy use levels remain problematic. Ice usage is the drug of choice for those adolescents who have entered the juvenile justice system.
- School based treatment programs appear to be successful in returning students to a drug free lifestyle. Family and Juvenile Drug Court programs also report success rates.
- Current levels of funding for adolescent treatment are woefully inadequate to protect our investment in Hawai`i's youth.
- The Task Force is concerned about the adolescents who drop out of school and have no access to school based treatment programs. Except for the Courts and juvenile justice system or privately paid treatment, these youths have no where to turn to for help with drug addiction.

FINDINGS RELATING TO SUBSTANCE ABUSE PREVENTION

- Substance abuse prevention is a high priority for the State of Hawai`i. The State has relied on federal funding to support prevention programs in the past. While such efforts have paid off in terms of the decline in use of hard drugs among Hawai`i's youths, the State must be vigilant in prevention efforts.
- The State's limited financial resources are better-spent on treatment and prevention programs for adolescents than on mandatory drug testing.