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**A BILL FOR AN ACT**

RELATING TO INTERVENTION FOR SUBSTANCE ABUSE.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

1           SECTION 1. This Act shall be known as the "Providing  
2 Intervention for Substance Abuse Act."

3           SECTION 2. Medical personnel, particularly in emergency  
4 rooms and trauma centers, regularly encounter patients who have  
5 sustained injuries, loss, or trauma resulting from the use of  
6 alcohol or other drugs. This initial point of contact in a  
7 medical setting is a recognized window of opportunity where  
8 patients are most vulnerable and open to intervention and  
9 dialogue that address their underlying alcohol or illegal drug  
10 issues. It is at this "teachable moment" that individuals can  
11 benefit from an assessment, education, counseling, or, if  
12 necessary, referral to treatment.

13           The "screening, brief intervention, referral and treatment"  
14 program capitalizes on this "teachable moment" in medical  
15 settings by offering screening, brief intervention, education,  
16 and, if necessary, referrals to appropriate care or treatment  
17 for individuals at risk for, or diagnosed with, alcohol and  
18 other substance use disorders.

1           This evidence-based, cost-effective program is recognized  
2 as a best practice model by the Substance Abuse and Mental  
3 Health Services Administration, an agency of the United States  
4 Department of Health and Human Services. Successful screening,  
5 brief intervention, referral, and treatment programs have been  
6 implemented and are ongoing in other states, including  
7 California, Alaska, Illinois, New Mexico, Pennsylvania, Texas,  
8 and Washington. Evidence from existing screening, brief  
9 intervention, referral, and treatment programs conducted in  
10 medical settings has shown dramatic reductions in alcohol and  
11 other drug use among patients receiving services.

12           The purpose of this Act is to appropriate funds to  
13 establish a pilot program for screening, brief intervention, and  
14 referral to substance abuse treatment in the State of Hawaii.

15           SECTION 3. There is established a pilot program for  
16 screening, brief intervention and referral to substance abuse  
17 treatment, which shall be sited at the emergency department of a  
18 major urban medical facility in Honolulu.

19           SECTION 4. There is appropriated out of the general  
20 revenues of the State of Hawaii the sum of \$1,333,513, or so  
21 much thereof as may be necessary for fiscal year 2007-2008, and  
22 the same sum or so much thereof as may be necessary for fiscal

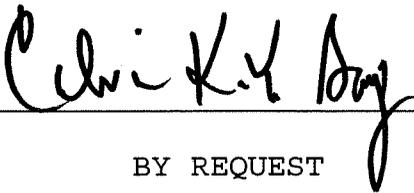
H.B. NO. 1395

1 year 2008-2009, to implement the pilot program for screening,  
2 brief intervention, and referral to substance abuse treatment.

3 The sums appropriated shall be expended by the University  
4 of Hawaii, through its John A. Burns School of Medicine, for the  
5 purposes of this Act.

6 SECTION 5. This Act shall take effect on July 1, 2007.

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INTRODUCED BY: 

BY REQUEST

JAN 22 2007

JUSTIFICATION SHEET

DEPARTMENT: Office of the Lieutenant Governor

TITLE: A BILL FOR AN ACT RELATING TO INTERVENTION FOR SUBSTANCE ABUSE.

PURPOSE: To establish a pilot program for screening, brief intervention, and referral to substance abuse treatment.

MEANS: Establish the pilot program by law and appropriate funds.

JUSTIFICATION: Medical personnel, particularly in emergency rooms and trauma centers, regularly encounter patients who have sustained injuries, loss, or trauma resulting from the use of alcohol or other illegal drugs. This initial point of contact in a medical setting is a recognized window of opportunity where patients are most vulnerable and open to intervention and dialogue that address their underlying alcohol or substance abuse issues. It is at this "teachable moment" that individuals can benefit from an assessment, education, counseling, or, if necessary, referral to treatment.

The "screening, brief intervention, referral, and treatment" program capitalizes on this "teachable moment" in medical settings by offering screening, brief intervention, education, and, if necessary, referrals to appropriate care or treatment for individuals at risk for, or diagnosed with, alcohol and other substance use disorders.

This evidence-based, cost-effective program is recognized as a best practice model by the Substance Abuse and Mental Health Services Administration, an agency of the United States Department of Health and Human Services. Successful screening, brief intervention, referral, and treatment programs have been implemented and are ongoing in other states, including California, Alaska, Illinois, New Mexico, Pennsylvania, Texas, and Washington. Evidence from existing screening, brief intervention, referral and treatment programs conducted in medical settings have shown significant reductions in alcohol and other drug use among patients receiving services.

Many patients with alcohol and illegal drug abuse routinely visit the emergency department for medical care. In fact, studies have found a higher likelihood of self-reported alcohol and drug use among patients who identified the emergency department as their regular source of care (O'Brien et al.; Davidson et al. 1997; Degutis, 1998). Unfortunately, despite high rates of heavy drinking and drug use among emergency department patients, routine screening and brief interventions are rarely performed in the emergency department. Because of this, an important opportunity to address alcohol and drug related problems is missed (Soderstrom & Crowley, 1987; Cherpitel, 1993; Connecticut General Statutes, 1998).

There is an emerging body of research and clinical experience that supports use of the screening, brief intervention, referral and treatment approach as providing effective early intervention for adolescents and adults at risk for, or diagnosed with, a substance use disorder (Substance Abuse or Dependence) (e.g., Barry, 1999; Babor and Higgins-Biddle, 2001; Bernstein et al. 1997; Zweben and Fleming, 1999; Babor, 2002; Blow, 1998; Fleming 2002; Breslin, et al. 2002; Degutis, 2003; Fleming, 2003; Babor, 2004). These and other studies demonstrate the effectiveness of brief intervention in a broad array of settings and present compelling evidence for its inclusion in the emergency room and clinic settings (Monti et al. 1999; Longabaugh, 2001; Chang et al. 1999, Chang et al. 2000; Gentilello et al. 1999; Marlatt, 1995, Marlatt et al. 1998; Wilk et al. 1997). Brief intervention is one of the most supported and cost-effective intervention modalities.

Effective means of intervening in alcohol and drug problems clearly exist and they are consistent with the time and financial constraints of many emergency room departments and healthcare clinics. Critical examinations of the true costs and actual benefits of a particular intervention are essential, especially in the current era of resource conservation. One recent study estimated the economic benefits of brief intervention in the primary medical care setting (Fleming et al. 2000). The average

per-subject benefit of the intervention was \$1,151, while the cost per subject was \$205, yielding a benefit-cost ratio of 5.6 to 1. Specifically, this analysis suggests that an investment of \$10,000 in treatment resulted in a total benefit of \$56,263. These studies suggest that brief interventions can generate positive net benefit for patients, the healthcare system and society.

Impact on the public: Screening, brief intervention and referral to substance abuse treatment services increase access to appropriate health care for persons with alcohol and other drug use issues.

Impact on the department and other agencies: Added screening, brief intervention and referral to substance abuse treatment services expand and enhance the continuum of care for substance abuse.

GENERAL FUND: \$1,333,513 in each of the years for fiscal biennium 2007-2009.

OTHER FUNDS: None.

PPBS PROGRAM  
DESIGNATION: UOH 100  
University of Hawaii, Manoa

OTHER AFFECTED  
AGENCIES: University of Hawaii, John A. Burns School of  
Medicine; Department of Health.

EFFECTIVE DATE: July 1, 2007.