

# COMMUNITY ALLIANCE ON PRISONS

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## COMMITTEE ON JUDICIARY

Rep. Karl Rhoads, Chair

Rep. Sharon Har, Vice Chair

Friday, April 5, 2013

2:00 p.m.

Room 325

## SUPPORT FOR HCR 173 – More Community-Based Drug Treatment and Mental Health Programs

Aloha Chair Rhoads, Vice Chair Har and Members of the Committee!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative promoting smart justice policies for more than a decade. This testimony is respectfully offered on behalf of the 5,800 Hawai'i individuals living behind bars, always mindful that approximately 1,500 Hawai'i individuals are serving their sentences abroad, thousands of miles away from their loved ones, their homes and, for the disproportionate number of incarcerated Native Hawaiians, far from their ancestral lands.

HCR173 encourages the department of public safety to expand community drug treatment and mental health programs for nonviolent offenders and move low-risk offenders into community programs that directly address their pathways to incarceration.

Community Alliance on Prisons supports this resolution. Incarcerating low-risk lawbreakers has proven to be expensive and ineffective.

For every \$1 spent on drug treatment in the community, you save approximately \$18. Substance abuse treatment provided in the community is more cost-effective than imprisonment. Individuals with substance abuse histories compose a large portion of the prison population. Substance use/abuse plays a role in the commission of certain crimes. Treatment delivered in the community is one of the most cost-effective ways to prevent such crimes.<sup>1</sup>

Mental health litigation has established the legal right to treatment in custodial facilities—for pretrial detainees as well as sentenced inmates. Among its benefits, good mental health treatment can reduce

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<sup>1</sup> Aos, Steve, Polly Phipps, Robert Barnoski, and Roxanne Lieb. 2001. The comparative costs and benefits of programs to reduce crime. Olympia: Washington State Institute for Public Policy.

<http://www.wsipp.wa.gov/rptfiles/costbenefit.pdf>

security risks by minimizing the symptoms of mental illness, thereby decreasing potential disruptions to jail routines and injuries to staff and detainees. The problems jails experience in connection with mentally ill detainees are associated with the absence of criminal justice policies, procedures, and standards specifically addressed to this group of offenders. Deficiencies in training, communication, and resources result from viewing the jail in isolation, rather than as an integral part of a criminal justice system (that includes the police, the courts, defense attorneys, and prosecutors) with linkages to mental health and other human services based in the greater community.<sup>2,3</sup>

Increasing investment in community-based treatment, improving diversion from prison and jail, and ensuring that those leaving prison have adequate care, all will reduce the financial burden of imprisoning community members suffering with a mental illness.

Unless we start directly addressing an individual's pathway to crime, which can ultimately lead to incarceration, we will never solve our correctional crisis. Let's do what works; what is fair and just. The research supports this. **Red** states support this. It is time for ostensibly **Blue** Hawai'i to get on board and do what works!

This is also part of the Justice Reinvestment Initiative implementation. Let's stop wasting money and creating a huge criminal underclass by directly addressing the reason folks break the law. One solution is more community based drug treatment and mental programs!

Mahalo for this opportunity to testify.

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<sup>2</sup> Statement of Harley G. Lappin, Director, Bureau of Prisons before U.S. Sentencing Commission, Regional Hearing on the State of Federal Sentencing, Austin Texas, November 20, 2009  
<http://www.ussc.gov/AGENDAS/20091119/Lappin.pdf>

<sup>3</sup> Providing Services for Jail Inmates with Mental Disorders, NIJ Research in Brief, Travis, Jeremy, and January, 1997. <http://www.ncjrs.gov/txtfiles/162207.txt>



### **HCR173**

## **ENCOURAGING THE DEPARTMENT OF PUBLIC SAFETY TO EXPAND COMMUNITY DRUG TREATMENT AND MENTAL HEALTH PROGRAMS FOR NONVIOLENT OFFENDERS AND MOVE LOW-RISK OFFENDERS INTO COMMUNITY PROGRAMS THAT DIRECTLY ADDRESS THEIR PATHWAYS TO INCARCERATION.**

House Committee on Judiciary

April 5, 2013

2:00 p.m.

Room 325

The Office of Hawaiian Affairs (OHA) **SUPPORTS** HCR173, which is a house concurrent resolution that would expand community drug treatment and mental health programs.

In 2010, OHA produced a comprehensive report detailing the disparate treatment of Native Hawaiians in the criminal justice system. Since then, OHA has administered the Native Hawaiian Justice Task Force (NHJTF), which was tasked by the Legislature to address this multi-faceted issue. A copy of the NHJTF 2012 legislative report and related materials are available at:  
[www.oha.org/nativehawaiianjusticetaskforce](http://www.oha.org/nativehawaiianjusticetaskforce)

This resolution would further recommendation G of the NHJTF report. This series of recommendations calls for the increased use of programming that addresses the source of criminal behavior. This often comes down to drug and mental health treatment. Proper community programs, rather than just incarceration, may help to reduce recidivism.

Therefore, OHA urges the committee to **PASS** HCR173. Mahalo for the opportunity to testify on this important measure.





## **HCR173 Public Safety to Expand Community Drug Treatment and Mental Health Services.**

COMMITTEE ON JUDICIARY: Rep. Rhoads, Chair; Rep. Har, Vice Chair  
Friday, Apr. 5, 2013; 2:00 p.m. Conference Room 325

### ***Hawaii Substance Abuse Coalition Supports HCR173***

*Good Morning Chair Rhoads, Vice Chair Har and Distinguished Committee Members. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide hui of more than twenty non-profit treatment and prevention agencies.*

### **The case for treating drug abusing offenders is compelling.**

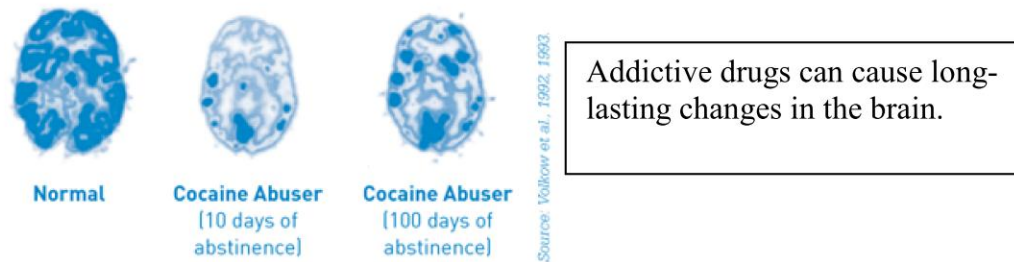
Effective treatment decreases future drug use and drug-related criminal behavior; it can improve the individual. Drug abuse treatment improves outcomes for drug abusing offenders and has beneficial effects for public health and safety.

### **The change from voluntary drug use to compulsive drug is a brain change requiring treatment.**

The repeated use of addictive drugs eventually changes how the brain functions. The change from voluntary drug use to compulsive drug use is the result of significant brain changes, causing the addicted person to use drugs in spite of the adverse health, social, and even legal consequences (Baler and Volkow 2006; Volkow et al. 2010; and Chandler et al. 2009). Addiction is complex, involving basic neurobiological, psychological, social, and environmental factors. Craving for drugs may be triggered by contact with the people, places, and things associated with prior drug use, as well as by stress. The compulsive drug use can return because of these cravings if not effectively managed.

Forced abstinence (when it occurs) is not treatment, and it does not cure addiction. Abstinent individuals must still learn how to avoid relapse, including those who may have been abstinent for a long period of time while incarcerated.

**Forced abstinence is not  
treatment, and it does not  
cure addiction.**



Potential risk factors for released offenders include pressures from peers and family members to return to drug use and a criminal lifestyle. Tensions of daily life—violent associates, few opportunities for legitimate employment, lack of safe housing, and even the need to comply with correctional supervision conditions—can also create stressful situations that can precipitate a relapse to drug use.

### **We must treat addiction and also deal with reentry risk factors.**

Reentry for drug abusing offenders must address those problems in other areas besides addiction. Examples include family difficulties, limited social skills, educational and employment problems, mental health disorders, infectious diseases, and other medical issues. Effective reentry should take these problems into account, because they can increase the risk of drug relapse and criminal recidivism if left unaddressed.

Stress is often a contributing factor to relapse, and offenders who are re-entering society face many challenges and stressors, including reuniting with family members, securing housing, and complying with criminal justice supervision requirements. Even the many daily decisions that most people face can be stressful for those recently released from a highly controlled prison environment.

### **Coordinated treatment and criminal justice effort can address environmental stress factors that trigger cravings and cause a relapse.**

Threats to recovery include a loss of support from family. Drug abusers may encounter people from their lives who are still involved in drugs or crime and be enticed to resume a criminal and drug using lifestyle. Returning to environments or activities associated with prior drug use may trigger strong cravings and cause a relapse.

**In any case, treatment is needed to provide the skills necessary to avoid or cope with situations that could lead to relapse. Research also reveals that with effective drug abuse treatment, individuals can overcome persistent drug effects and lead healthy, productive lives.**

We appreciate the opportunity to provide testimony and are available for questions.

**HCR173**

Submitted on: 4/4/2013

Testimony for JUD on Apr 5, 2013 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Kevin Mulligan	Hawaii Government Employees Association	Support	Yes

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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**HCR173**

Submitted on: 4/4/2013

Testimony for JUD on Apr 5, 2013 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Sandy Salmers	Individual	Support	No

Comments: I support HCR 173. I support the Department of Public Safety in expanding community substance abuse and mental health treatment programs for nonviolent and low risk offenders. These programs are effective in changing lives, reuniting families, reducing recidivism, and saving the state money. Thank you.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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