



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
KA 'OIHANA O KA LOIO KUHINA
THIRTY-THIRD LEGISLATURE, 2026**

**ON THE FOLLOWING MEASURE:
H.B. NO. 814, RELATING TO CANNABIS.**

**BEFORE THE:
HOUSE COMMITTEE ON HEALTH**

DATE: Friday, January 30, 2026 **TIME:** 10:30 a.m.

LOCATION: State Capitol, Room 329

TESTIFIER(S): Anne E. Lopez, Attorney General, or
Michelle E. Nakata, Deputy Attorney General

Chair Takayama and Members of the Committee:

The Department of the Attorney General provides the following comments on this bill.

This bill appropriates funds to the Department of Health (DOH) to develop and implement a public health and information campaign on cannabis, and to administer grants to prevent substance misuse and treat substance use disorder among youth.

Section 3, on page 8, lines 5-13, appropriates funds to DOH to administer "grants for community-based organizations to provide youth and families with evidence-based prevention services that prevent substance misuse among youth . . ." Similarly, section 4, on page 8, line 16, through page 9, line 6, appropriates funds to DOH to administer "grants for community-based organizations to provide youth and families with evidence-based treatment services."

Article VII, section 4, of the State Constitution provides, in relevant part, that "[n]o grant of public money or property shall be made except pursuant to standards provided by law." As currently drafted, sections 3 and 4 of the bill may be subject to constitutional challenge on the grounds that there are not sufficient standards for awarding these grants.

If the intent of the bill is for DOH to procure prevention and treatment services through contracts, rather than to award grants, we suggest amending the bill to replace the phrase "administer grants" with "contract" in section 3, on page 8, line 10, and section 4, on page 8, line 21.

Testimony of the Department of the Attorney General

Thirty-Third Legislature, 2026

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By contrast, if the intent is for the DOH to award grants to community-based organizations to provide the required prevention and treatment services, we recommend that the bill be amended to include appropriate grant standards. Examples of existing statutes that provide standards for agency grant programs include part II of chapter 9, and sections 10-17, 210D-11, and 383-13, Hawaii Revised Statutes (HRS).

We have attached draft grant standards to this testimony as a sample for the Committee's consideration. These standards could be inserted as a new section 5 of the bill (with the existing sections 5 and 6 of the bill being renumbered as sections 6 and 7, respectively). Additionally, we are available to work with the Committee on developing more specific standards.

We respectfully ask the Committee to make the recommended amendments to the bill. Thank you for the opportunity to provide comments.

POSSIBLE STANDARDS FOR THE GRANTS IN THIS BILL

SECTION 5. (a) As used in this Act, unless the context clearly requires otherwise:

"Community-based organization" means a non-public entity that provides:

- (1) Youth and families with evidence-based prevention services that prevent substance misuse among youth, especially youth cannabis use; or
- (2) Youth and families with evidence-based treatment services, such as residential, intensive outpatient, and outpatient programs, to treat substance use disorder among youth, especially youth cannabis use.

"Department" means the department of health.

"Grant" means an award of state funds to a specified recipient to support the activities or services of the recipient and permit the community to benefit from those activities and services.

"Recipient" means a community-based organization provider receiving a grant.

(b) Requests for grants shall be submitted to the department in accordance with rules adopted by the department to administer the grant program. Each request shall at a minimum state:

- (1) The name of the community-based organization provider requesting grant funds;
- (2) A detailed plan outlining the scope of services, objectives, and projected impact of the activities or services or a clear breakdown of how grant funds will be used;
- (3) The expenses that are necessary for the community-based organization provider to provide activities or services; and
- (4) The age range of the youth that the community-based organization provider serves.

Every request for a grant shall be submitted to the department on an application form provided by the department. The department shall review each request according to this section to determine whether the applicant is eligible to receive grant funds and make a final decision on each request. The department shall inform each grant applicant of the disposition of the application's request. The appeal process in the department's rules shall be available for any applicant who is denied a request for grant funds.

(c) A community-based organization provider applying for a grant shall meet the following standards; specifically, the applicant shall provide proof that the applicant:

- (1) Is licensed or accredited, in accordance with federal, state, or county statutes, regulations, rules, or ordinances, to conduct activities or provide services for which a grant is awarded;
- (2) Agrees to use state funds exclusively for the purposes of the grant program;
- (3) Indicates capability to properly use the grant for the purpose of the grant program. [Specific applicant qualifications should be described for the different types of grants];
- (4) Is in compliance with other federal, state, or county statutes, regulations, rules, or ordinances necessary to conduct the activities or provide the services for which a grant is awarded;
- (5) Complies with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
- (6) Agrees not to use state funds for entertainment or lobbying activities;
- (7) Allows the department, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and ensuring the proper expenditure of the grant;
- (8) Complies with other requirements that the department may prescribe;
- (9) Satisfies any other standards that may be required by the source of funding;
- (10) Agrees to indemnify and hold harmless the State of Hawaii and its officers, agents, and employees from and against any and all claims arising out of or resulting from activities carried out or projects undertaken with funds provided hereunder and procure sufficient insurance to provide this indemnification if requested to do so by the department; and
- (11) Meets all other standards prescribed in rules adopted by the department to implement the grants.

(d) The department shall not release the public funds approved for a grant unless a contract is entered into between the department and the recipient of the grant. The department shall develop and determine, in consultation with and subject to the review and approval of the attorney general, the specific contract form to be used.

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(e) The department shall monitor grant contracts to ensure compliance and evaluate them annually to determine whether the grant attained the intended results in the manner contemplated.

(f) Any recipient of a grant who withholds or omits any material fact or deliberately misrepresents facts to the department shall be in violation of this section. In addition to any other penalties provided by law, any recipient found by the department to have violated this section, rules adopted by the department, or the terms of its grant shall be prohibited from applying for any department grants for a period of five years from the date of termination.

(g) The department may adopt rules, without regard to chapter 91, Hawaii Revised Statutes, to administer the community-based organizations prevention and treatment services program for youth and families to prevent substance misuse among youth.



STATE OF HAWAII
DEPARTMENT OF EDUCATION
KA 'OIHANA HO'ONA'AUAO
P.O. BOX 2360
HONOLULU, HAWAII 96804

Date: 01/30/2026
Time: 10:30 AM
Location: 329 VIA VIDEOCONFERENCE
Committee: HLT

Department: Education

Person Testifying: Keith T. Hayashi, Superintendent of Education

Title of Bill: HB814, RELATING TO CANNABIS.

Purpose of Bill: Appropriates funds for the Department of Health to develop and implement a public health and informational campaign; administer grants to prevent substance misuse among youth; and administer grants to treat substance use disorder among youth.

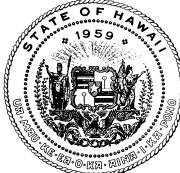
Department's Position:

The Hawaii State Department of Education (Department) supports HB814, which seeks to appropriate funds to the Department of Health for the prevention and treatment of cannabis use disorder among youth.

The Department acknowledges the findings of the legislation presented in HB814, which accurately reflect the evolving landscape of cannabis use among youth, including increased public acceptance, declining perception of risk, and the availability of higher potency products. HB814 provides a comprehensive approach to addressing youth cannabis use by implementing a public awareness campaign, supporting evidence-based prevention strategies, and increasing access to treatment for the youth in need. The Department appreciates the potential for these evidence-based prevention and intervention programs to mitigate the harmful effects of early cannabis use, such as impaired educational success. The focus of HB814 on protecting youth from the harmful effects of cannabis, along with its multi-faceted approach to prevention and treatment, makes it a crucial piece of legislation for the state of Hawaii.

Thank you for the opportunity to provide testimony on this measure.

JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII'



KENNETH S. FINK, M.D., M.G.A, M.P.H
DIRECTOR OF HEALTH
KA LUNA HO'OKELI

STATE OF HAWAII
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**Testimony COMMENTING on HB0814
RELATING TO CANNABIS**

REPRESENTATIVE GREGG TAKAYAMA, CHAIR
HOUSE COMMITTEE ON HEALTH

January 30, 2026, 10:30am and Room Number: 329

- 1 **Fiscal Implications:** The Department of Health (“Department”) requests that any passage of this measure not supplant the priorities and requests outlined in the Governors executive budget request.
- 4 **Department Position:** The Department offers comments and defers to the Department of the Attorney General on the implementation of the grant component.
- 6 **Department Testimony:** The Alcohol and Drug Abuse Division (ADAD) provides the following testimony on behalf of the Department.
 - 8 The bill appropriates specific amounts in SFY 2026 and SFY 2027 for the Department to: (1) develop and implement a comprehensive public health and informational campaign regarding youth cannabis use; (2) for the ADAD to administer grants for community-based organizations to provide evidence-based prevention and treatment services for youth cannabis use; (3) and submit a report to the 2027 Legislature.
 - 13 The Department shares the Legislature’s concern that youth cannabis use poses serious harm on developing brains and can impair healthy brain development. Cannabis use is often normalized in certain community settings, raising concerns about long-term impacts on adolescent brain development, school performance, and concurrent use with other substances.

1 According to the Youth Risk Behavior Survey, in 2023 an estimated 5.4 percent of middle
2 school students in Hawaii public schools and 14 percent of high school students in Hawaii public
3 schools used marijuana in the past 30 days, with approximately 5 percent of middle school
4 students using marijuana before the age of 13. According to the National Surveys on Drug Use
5 and Health, in 2023-2024, **only an estimated 19.5 percent of Hawaii's youth, ages 12 – 17,**
6 **perceived that there was a great risk from smoking marijuana once a month.** Over the past
7 two years, more than half of ADAD-funded adolescent treatment admissions were for marijuana,
8 dramatically increasing from 59.5 percent in SFY 2024 to 70.6 percent in SFY2025. Additional
9 resources will strengthen and expand treatment services and primary prevention services
10 especially for youth cannabis use.

11 The Department recently launched [Clear the Haze Hawaii](#), a statewide cannabis youth prevention
12 public information dissemination campaign to reach young adults from ages thirteen (13) to
13 twenty (20). The site focuses on how cannabis affects brain development, with a special
14 emphasis on the amygdala, and to encourage the audience to avoid cannabis use.

15 **Offered Amendments:** The Department respectfully requests the deletion of the appropriations
16 for fiscal year 2025-2026 and an effective date of July 1, 2026.

17 Thank you for the opportunity to testify on this measure.

LATE *Testimony submitted late may not be considered by the Committee for decision making purposes.

DEPARTMENT OF THE PROSECUTING ATTORNEY

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LATE

THE HONORABLE GREGG TAKAYAMA, CHAIR
HOUSE COMMITTEE ON HEALTH
Thirty-Third State Legislature
Regular Session of 2026
State of Hawai'i

January 29, 2026

RE: H.B. 814; RELATING TO CANNABIS

Chair Takayama, Vice Chair Keohokapu-Lee Loy, and members of the House Committee on Health, the Department of the Prosecuting Attorney of the City and County of Honolulu submits the following testimony in support of H.B. 814.

Prosecutors see firsthand the consequences of youth substance abuse in our communities. While our office remains opposed to commercial marijuana legalization, we recognize that addressing youth cannabis use requires more than enforcement alone. It demands a comprehensive public health response.

Every day, our office handles cases involving young people whose lives have been derailed by substances abuse. The statistics in this bill reflect what we see in our courtrooms: cannabis is a primary substance bringing youth into the justice system. Arresting our way out of this problem has never worked and never will.

The \$5 million appropriation for evidence-based prevention services represents an investment in keeping youth out of the criminal justice system entirely. As prosecutors, we would much rather see resources directed toward preventing substance misuse than processing cases after harm has already occurred.

The \$5 million for treatment services acknowledges what we know to be true: addiction is a health issue that requires clinical intervention. When youth with substance use disorders enter our justice system, we often lack adequate treatment resources to offer meaningful alternatives to incarceration. This funding helps fill that critical gap.

The appropriation for a comprehensive public health campaign will help families, educators, and youth themselves understand the risks of cannabis use during critical developmental years. Informed communities are better partners in protecting young people, and clear public messaging strengthens the legitimacy of enforcement efforts when they are necessary.

We maintain concerns about marijuana commercialization and its normalization, but strongly believe that protecting youth requires us to meet this challenge with evidence-based public health tools. The criminal justice system alone cannot solve this problem. H.B. 814 provides the resources Hawaii needs to build a robust prevention and treatment infrastructure.

The harms this bill addresses are real: impaired brain development, increased dropout rates, mental health crises, and the gateway to more serious substance abuse. These consequences don't just affect individual youth—they impact families, schools, and entire communities that we are sworn to protect.

As prosecutors, we respectfully urge the Committee to pass H.B. 814 and give Hawaii's Department of Health the tools needed to protect our youth from the documented harms of cannabis use.

Mahalo for the opportunity to testify.



HB814 CUD Youth Prevention and Treatment

COMMITTEE ON HEALTH

Rep. Gregg Takayama, Chair

Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

Friday, Jan 30, 2026: 10:30: Room 329 Videoconference

ALOHA CHAIR, VICE CHAIR, AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the ad hoc leader of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization for substance use disorder and co-occurring mental health disorder treatment and prevention agencies and recovery-oriented services including transitional housing.

Hawaii Substance Abuse Coalition Supports HB814 for both prevention and treatment:

Prevention:

As cannabis policies evolve across the country, it is critical that prevention for youth keeps pace with access, commercialization, and changing perceptions of risk. Prevention funding is not about reversing legalization decisions - it is about **protecting developing brains, supporting families, and reducing long-term public health costs**.

1. Youth Prevention Matters because early and frequent cannabis use results in **long term impairments in brain development** for learning and memory, creates higher risks of anxiety and depression, and can lead addiction/mental health disorders later in life.
2. **Youth's perceived risks of harm has reduced** sharply in recent years, even among middle-school students.
3. **High-potency products, vaping, and edibles have changed how youth consume** cannabis, often making use easier to conceal and harder for parents and schools to detect.

Prevention is effective when:

- Age-appropriate education grounded in science, not scare tactics.
- Community-based programs that involve parents, schools, and youth.
- Training for educators and healthcare providers.
- Targeted interventions for higher-risk populations.
- Messaging that addresses today's products, potency, and marketing environment.

Youth Treatment:

There are **significant numbers of young people** who do not simply experiment—but struggle to stop using it despite clear harm to their mental health, school performance, and family relationships. As cannabis becomes more potent and more widely available, Cannabis Use Disorder is a real, diagnosable medical condition.

Adolescents are especially vulnerable. The developing brain is more sensitive to the effects of cannabis, and early, frequent use is associated with higher rates of anxiety, depression, psychosis, academic failure, and long-term substance use disorders. For some youth, cannabis is not benign—it becomes a barrier to healthy development.

Despite that **evidence-based treatment works, treatment capacity has not kept pace with need.** Interventions such as cognitive behavioral therapy, motivational enhancement, family-based therapy can significantly reduce cannabis use and improve outcomes for adolescents. But these services require sustained investments, trained clinicians, and systems that are designed specifically for youth—not adapted from adult models.

Funding treatment is not a substitute for prevention—it is a necessary companion. Prevention reduces future need; treatment addresses harm that is already occurring. Ignoring treatment leaves families without options and shifts costs to schools, hospitals, and public systems later on.

SUMMARY: This is both a public health and fiscal issue. Investing in early, **effective prevention and treatment reduces long-term healthcare costs, improves educational outcomes, and helps young people stay connected to school, family, and community.** Accurate information to young people, their supporting families and communities as well as increasing access to treatment can ensure that policy changes do not unintentionally harm those least equipped to navigate them.

We respectfully urge this Committee to support increased funding for adolescent CUD prevention and treatment services, including youth-specific, culturally responsive, and accessible care across Hawai‘i. Mahalo for your leadership and your commitment to the health of our keiki. We appreciate the opportunity to testify and are available for questions.



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Ross Wilson

January 28, 2026

HB814 – Cannabis Use Disorder (CUD) Youth Prevention and Treatment

Committee on Health

Rep. Gregg Takayama, Chair
Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Distinguished Members of the Committee,

My name is Dr. Hannah Preston-Pita, and I serve as the Chief Executive Officer of the Big Island Substance Abuse Council (BISAC). BISAC is a long-standing nonprofit organization, established in 1964, providing substance use disorder prevention, treatment, and recovery services across Hawai'i Island. We respectfully submit this written testimony in strong support of HB814, which increases investment in youth cannabis use disorder (CUD) prevention and treatment.

As cannabis policies continue to evolve nationally and locally, it is critical that Hawai'i ensure our prevention and treatment systems keep pace with access, commercialization, and changing perceptions of risk especially for youth. Supporting HB814 is not about revisiting legalization decisions; it is about protecting developing brains, strengthening families, and preventing long-term public health and fiscal costs.

Youth Prevention

Research consistently demonstrates that early and frequent cannabis use is associated with long-term impacts on brain development, including learning, memory, emotional regulation, and increased vulnerability to anxiety, depression, and substance use disorders later in life. At the same time, youth perception of harm related to cannabis has declined, even among middle school-aged youth.

Today's cannabis landscape is markedly different from the past. High-potency products, vaping, and edibles have changed patterns of use, making cannabis easier to conceal, more appealing to youth, and more difficult for parents and schools to detect. These realities require modern, well-resourced prevention strategies.



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Effective prevention is grounded in:

- Age-appropriate, science-based education (not fear-based messaging);
- Community-based approaches that engage youth, families, schools, and cultural networks;
- Training for educators, healthcare providers, and youth-serving professionals;
- Targeted interventions for higher-risk youth; and
- Messaging that reflects today's products, potency, and marketing environment.

Youth Treatment

While many youth may experiment with cannabis, a significant number struggle to stop despite clear negative impacts on mental health, academic performance, and family relationships. Cannabis Use Disorder is a real, diagnosable medical condition, and adolescents are particularly vulnerable due to ongoing brain development.

Evidence-based treatments such as cognitive behavioral therapy, motivational enhancement, and family-based interventions have been shown to reduce cannabis use and improve outcomes for youth. However, treatment capacity has not kept pace with need, particularly for youth-specific, developmentally appropriate, and culturally responsive services.

Funding treatment is not a substitute for prevention it is a necessary companion. Prevention reduces future need; treatment addresses harm that is already occurring. Without adequate treatment options, families are left without support, and costs are shifted to schools, emergency departments, child welfare systems, and the justice system.

Summary

HB814 represents a sound public health and fiscal investment. Early, effective prevention and accessible, youth-centered treatment reduce long-term healthcare costs, improve educational outcomes, and help young people remain connected to school, family, and community. Ensuring that youth and their families have accurate information and access to appropriate care helps prevent unintended harms as cannabis policies continue to evolve.





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Members

Dr. Lissandra Baldan-Jenkins
David Bishaw
Ross Wilson

BISAC respectfully urges this Committee to support HB814 and increased funding for adolescent cannabis use disorder prevention and treatment, including services that are youth-specific, culturally responsive, and accessible across Hawai'i.

Mahalo for your leadership and your commitment to the health and well-being of Hawai'i's keiki. We appreciate the opportunity to submit written testimony and are available should you have any questions.

Mahalo nui loa,

Hannah Preston-Pita Psy, D. Ed, D. CSAC
Chief Executive Officer



Hawai'i Island United Way





HB814 CUD Youth Prevention and Treatment

COMMITTEE ON HEALTH

Rep. Gregg Takayama, Chair

Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

Friday, Jan 30, 2026: 10:30: Room 329 & Videoconference

ALOHA CHAIR, VICE CHAIR, AND DISTINGUISHED COMMITTEE MEMBERS. My name is Brian Baker. I am the President and CEO for Hina Mauka, a mental health and substance use disorder treatment and prevention agency for thousands of adults and adolescents on Oahu and Kauai, including recovery-oriented services and housing transitional living programs.

Hina Mauka **supports HB814** and provides this testimony as a major treatment and prevention provider, as well as a member of the Hawaii Substance Abuse Coalition (HSAC).

Prevention:

As cannabis policies evolve across the country, it is critical that prevention for youth not only keeps pace with access, commercialization, and changing perceptions of risk..**but that it precedes legalization.** Prevention funding is not about reversing legalization decisions - it is about **protecting developing brains, supporting families, and reducing long-term public health costs.**

1. Youth Prevention Matters because early and frequent cannabis use results in **long term impairments in brain development** for learning and memory, creates higher risks of anxiety and depression, and can lead addiction/mental health disorders later in life.
2. **Youth's perceived risks of harm has reduced** sharply in recent years, even among middle-school students.
3. **High-potency products, vaping, and edibles have changed how youth consume cannabis**, often making use easier to conceal and harder for parents and schools to detect.

Prevention is effective when:

- Age-appropriate education grounded in science, not scare tactics.
- Community-based programs that involve parents, schools, and youth.
- Training for educators and healthcare providers.

- Targeted interventions for higher-risk populations.
- Messaging that addresses today's products, potency, and marketing environment.

Youth Treatment:

There are significant numbers of young people who do not simply experiment—but struggle to stop using cannabis, despite clear harm to their mental health, school performance, and family relationships. As cannabis becomes more potent and more widely available, Cannabis Use Disorder is a real, diagnosable medical condition.

Adolescents are especially vulnerable. The developing brain is more sensitive to the effects of cannabis, and early, frequent use is associated with higher rates of anxiety, depression, psychosis, academic failure, and long-term substance use disorders. For some youth, cannabis is not benign—it becomes a barrier to healthy development.

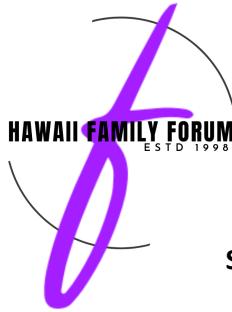
Despite the proof that **evidence-based treatment works, treatment capacity has not kept pace with need.** Interventions such as cognitive behavioral therapy, motivational enhancement, family-based therapy can significantly reduce cannabis use and improve outcomes for adolescents. But these services require sustained investments, trained clinicians, and systems that are designed specifically for youth—not adapted from adult models. **But this takes intention, planning, and funding.**

Funding treatment is not a substitute for prevention—it is a necessary companion. Prevention reduces future need; treatment addresses harm that is already occurring. Ignoring treatment leaves families without options and shifts costs to schools, hospitals, and public systems later on.

SUMMARY:

This is both a public health and a fiscal issue. Investing in early, effective prevention and treatment reduces long-term **healthcare costs**, improves **educational outcomes**, and helps young people **stay connected to school, family, and community**. Accurate information to young people, their supporting families and communities as well as increasing access to treatment can ensure that policy changes do not unintentionally harm those least equipped to navigate them.

We respectfully urge this Committee to support **increased funding for adolescent CUD treatment services**, including youth-specific, culturally responsive, and accessible care across Hawai‘i. Mahalo for your leadership and your commitment to the health of our keiki. We appreciate the opportunity to testify and are available for questions.



Submitted Online: Thursday, January 29, 2026

TO: House Committee on Health
Rep. Greg Takayama, Chair
Rep. Sue L. Keohokapu-Loy, Vice Chair

FROM: Eva Andrade, President

RE: Support for HB 814 Relating to Cannabis

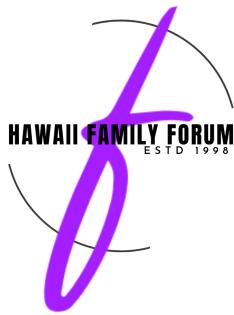
Hawai'i Family Forum is a non-profit, pro-family education organization committed to preserving and strengthening families in Hawai'i. As such, we appreciate this bill that would implement a public health and informational campaign to prevent substance abuse among Hawai'i's youth.

Hawai'i Family Forum supports HB 814 because it reflects a preventive, public health-focused approach to youth substance use at a time when broader discussions about cannabis policy continue to surface. From our perspective, intervention is a far more responsible and protective course of action than advancing policies that expand access to recreational and commercialized cannabis use.

The bill's findings appropriately acknowledge that cannabis use is not harmless for young people and that adolescent exposure carries real risks, including increased likelihood of dependency and negative impacts on brain development, mental health, and academic outcomes. These realities reinforce the need for prevention strategies that are proactive rather than reactive.

We strongly support the concept of a comprehensive educational campaign, particularly one that is evidence-based and coordinated across public health, education, families, and communities. At the same time, we encourage policymakers to view youth substance prevention holistically. While cannabis is the focus of this bill, prevention efforts are most effective when youth receive consistent education addressing alcohol, tobacco and vaping, and other drugs—especially within school settings—so that healthy decision-making and risk awareness are reinforced across substances, not in isolation.

We also believe prevention must go beyond messaging alone. Effective strategies strengthen protective factors by supporting families, equipping youth with refusal and coping skills, reinforcing healthy social norms, and ensuring collaboration between the Department of Health, the Department of Education, and community-based partners. Education and prevention must be sustained and integrated if they are to counteract the normalization youth may observe in their environments.



HB 814 Relating to Cannabis
Page 2

Importantly, Hawai'i Family Forum supports HB 814 precisely because it prioritizes education and prevention in lieu of moving forward with recreational cannabis legalization. Experience with other legal substances demonstrates that adult-only frameworks do not fully shield youth from increased exposure or normalization. From a public health standpoint, it is far wiser to invest in prevention infrastructure first rather than attempting to address youth harm after policies change.

In closing, Hawai'i Family Forum supports the intent of HB 814 and urges the committee to advance this measure as a constructive step toward protecting Hawai'i's keiki through education, prevention, and early intervention. We respectfully encourage the Legislature to view prevention not as a secondary consideration, but as the primary path forward.

Mahalo for the opportunity to provide testimony.

January 28, 2026

RE: HB814 CUD Youth Prevention and Treatment
Committee on Health

Rep. Gregg Takayama, Chair
Rep Sue L. Heohokapu-Lee Loy, Vice Chair

The Coalition for a Drug-Free Hawai‘i (CDFH) respectfully submits testimony in **strong support of HB 814**. Our organization works statewide to prevent substance misuse and reduce substance-related harm, with a strong focus on protecting youth and supporting healthy families and communities.

HB 814 addresses a growing public health concern: the need for evidence-informed prevention and treatment for youth experiencing Cannabis Use Disorder (CUD). As cannabis potency has increased and perceptions of risk among youth have declined, more young people are exposed to products that can negatively affect brain development, mental health, academic performance, and long-term well-being.

Key data points underscore the urgency of this issue:

- **Cannabis Use Disorder:** Rates of Cannabis Use Disorder increase by approximately 25% in states that have legalized marijuana compared to states that have not (peer-reviewed national studies).
- **Youth Use Rates:** Adolescent marijuana use rates are notably higher in states where marijuana is legalized, according to National Survey on Drug Use and Health (NSDUH) data.

CDFH supports HB 814 because it recognizes that prevention and treatment must advance together. According to National Drug Survey on Drug Use and Health (NSDUH) data, adolescent marijuana use rates are notably higher in states where marijuana is legalized, making robust and evidence-based prevention efforts essential.

Some youth struggle to stop using cannabis despite clear harm. For these young people, CUD is a real and diagnosable condition that requires youth-specific, evidence-based treatment.

We respectfully urge the Committee to pass HB 814 and invest in prevention and treatment strategies that safeguard Hawai‘i’s keiki, strengthen families, and reduce long-term public costs.

Mahalo for the opportunity to testify and for your leadership on this important issue.

Respectfully submitted,

Greg Tjapkes
Executive Director
Coalition for a Drug-Free Hawaii

LATE

Testimony in Support of HB 814 – Strengthening Prevention and Treatment Efforts in Hawai‘i

Aloha Chair, Vice Chair, and Members of the Committee,

My name is Ford Naeata, and I serve as the Executive Director of the Bobby Benson Center, a residential treatment facility serving youth and families impacted by substance use and behavioral health challenges in our community. I am writing in strong support of HB 814 and its focus on increasing prevention and treatment efforts across the State of Hawai‘i.

Every day, we see firsthand the devastating impact of drugs and alcohol on individuals, families, and entire communities. Substance use does not exist in isolation — it contributes to school failure, family breakdown, crime, homelessness, mental health crises, and long-term health consequences. The social and economic cost of inaction far exceeds the investment required to strengthen prevention and treatment systems.

As more states and communities normalize the use of drugs and alcohol, particularly among youth, the risks continue to grow. Normalization sends a dangerous message that these substances are harmless, when in reality they are fueling addiction, trauma, and loss of opportunity for countless individuals. Without proactive education, early intervention, and accessible treatment services, we will continue to see rising demand for emergency care, incarceration, and child welfare involvement.

HB 814 represents an important step toward addressing substance use as a public health issue rather than waiting for it to become a crisis. By prioritizing prevention programs, expanding treatment capacity, and supporting evidence-based approaches, Hawai‘i can reduce long-term harm while strengthening families and communities.

Investing in prevention and treatment saves lives. It reduces healthcare costs, improves public safety, supports workforce stability, and most importantly, gives people hope and a path to recovery.

I respectfully urge you to support HB 814 and continue advancing policies that prioritize the health and well-being of our residents.

Mahalo for the opportunity to provide testimony and for your commitment to the people of Hawai‘i.

Sincerely,
Ford Naeata
Executive Director
Bobby Benson Center



LATE

Dedicated to safe, responsible, humane and effective drug policies since 1993

COMMENTS REGARDING HB 814

TO: Chair Takayama, Vice Chair Keohokapu-Lee Loy, and HLT Committee

FROM: Nikos Leverenz
DPFH Board President

DATE: January 30, 2026 (10:30 AM)

Drug Policy Forum of Hawai'i (DPFH) offers the following comments on HB 814, which appropriates up to \$26 million over the next two years to develop and implement a public health and informational campaign; administer grants to prevent substance misuse among youth; and administer grants to treat substance use disorder among youth, with specific references to cannabis.

DPFH strongly supports science-based education and prevention programs regarding alcohol and other drugs for residents of all ages. The state should endeavor to provide more comprehensive science-based education around substance use and sexual health in its public schools, provide additional resources to school nurses and counselors to support student health and well being (including the mental health services provided by the [Hawai'i Keiki: Healthy & Ready to Learn Program](#)), increase funding for afterschool programs that are among the best mechanisms to prevent adolescent substance use and violence, and increase the state's capacity to provide community-based behavioral health services for all residents regardless of insurance status.

Substance use rates among this state's high school and middle school students indicate that the "drug exceptionalism" approach taken by this measure is underinclusive. This approach does not reflect the gravity of harms caused by alcohol and nicotine products, including e-cigarettes and smoked tobacco, that are more widely used.

With respect to cannabis education it should also be noted that, for whatever reason, the Hawai'i State Department of Health (DOH) has yet to provide science-based, tone-neutral

information for medical cannabis patients as [recommended by the Medical Cannabis Outstanding Issues Working Group](#) (Act 116, 2018).

DOH’s Epidemiological Working Group’s January 2025 publication “[Substance Use Trends in Hawai‘i](#)” depicts the negative impacts that problematic alcohol consumption has on an individual, in addition to the deleterious toll it has on this state’s public health and economic productivity:

Alcohol is the most widely consumed substance in the U.S. and a leading cause of preventable death [citation]. In 2023, 177.3 million people aged 12 years and older (62.5%) used alcohol in the past year [citation], while 134.7 million (47.5%) used alcohol in the last month [citation]. ***Excessive alcohol use is related to more than 200 diseases and conditions, such as liver disease, cardiovascular disease, and cancer [citation], and accounts for 178,000 annual deaths in the U.S. and 600 annual deaths in Hawai‘i*** [citation]. Complications from heavy alcohol use affects multiple body systems, causing conditions such as liver disease, cardiovascular issues, neurological impairments, weakened immunity, along with increased cancer risk, while also facilitating the spread of diseases, like HIV and COVID-19, based on increased risky behaviors. ***Through healthcare costs, legal expenses, and lost productivity, excessive alcohol use is responsible for \$250 billion in annual economic costs nationally and \$937.4 million in Hawai‘i*** [citation].

Alcohol use rates among high school students in 2019, 2021, and 2023 were 20.4%, 16.6%, and 16.8%, respectively. During the same time frames use rates among middle school students were 7.0%, 6.4%, and 7.1%. Binge drinking rates among high school students were 10.9%, 8.3%, and 8.6% during those periods, significantly higher than rates among middle school students (4.6%, 2.1%, and 3.3%).

E-cigarette use among high school students in 2019, 2021, and 2023 were 30.6%, 14.8%, and 13.2%. During the same time frames use rates among middle school students were 17.7%, 6.7%, and 10.2%. Cigarette use rates were 5.3%, 3.0%, and 3.0% for high school students and 3.9%, 1.9%, and 2.4% for middle school students. The report underscores that tobacco smoking remains the leading cause of preventable death in the U.S. with significant costs to systems of medical care: \$225 billion annually nationwide, and \$611 million annually at the state level.

Cannabis use rates among high school students in 2019, 2021, and 2023 were 17.2%, 12.0%, and 14.0%. During the same time frames use rates among middle school students were 7.2%, 2.8%, and 5.4%.

Most U.S. residents (178 million) live in a jurisdiction that has implemented adult-use cannabis under state laws, and the experiences of those locales should help inform ongoing policy deliberations, including the allocation of education, prevention, and treatment resources. States that [dedicate a portion of tax revenues from adult-use cannabis sales to support behavioral health treatment](#) include Alaska, California, Connecticut, Illinois, Montana, New York, Oregon, and Virginia.

That opportunity aside, there are several existing programmatic offerings that the state could employ in Hawaii, with some pertaining to cannabis use among youth. For example, Strategic Prevention Framework (SPF) Hawaii features [a list of evidence-based programs for alcohol and illicit drug use prevention](#). Stanford University also offers a “[Cannabis Prevention Toolkit](#)” that can be utilized by a range of groups. California’s Department of Public Health offers a [community toolkit](#) to encourage healthy decision making by youth around cannabis.

Mahalo for the opportunity to provide testimony.

HB-814

Submitted on: 1/27/2026 10:19:48 AM
Testimony for HLT on 1/30/2026 10:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Victor K. Ramos	Individual	Support	Written Testimony Only

Comments:

This bill clearly spelled out the woes of cannabis usage by our youth in Hawaii. It's noteworthy to mention that our youth access to cannabis increased when the use of medical marijuana was legalized and the punishment for criminal possession of same was degraded to a "violation." Our youth are not blind to the overall attitude that our Legislature holds about cannabis. Which is to say that if our Legislature has been trying for years to legalize marijuana, than smoking cannabis must not be that bad.

HB-814

Submitted on: 1/28/2026 2:33:58 PM
Testimony for HLT on 1/30/2026 10:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Colleen Fox	Individual	Support	Written Testimony Only

Comments:

I support HB814 for both prevention and treatment services to address cannabis use among youth. Effective prevention and treatment services are critical to protecting the health and well-being of young people and communities as cannabis use becomes more common. Investing in these supports reduces long-term healthcare costs, strengthens educational outcomes, and helps youth remain connected to school, family, and positive community supports. By ensuring access to accurate information, early intervention, and treatment for those who need it, we can prevent unintended consequences of policy changes and better support individuals and families who are most vulnerable.

Dr. Colleen Fox, Makiki

HB-814

Submitted on: 1/28/2026 3:45:24 PM
Testimony for HLT on 1/30/2026 10:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Stephanie Tran	Individual	Support	Written Testimony Only

Comments:

My name is Stephanie Tran, and I am a resident of Pearl City, HI. I am writing today to express my **strong support for HB814**, which seeks to increase critical funding for the prevention and treatment of Cannabis Use Disorder (CUD).

In my community, I have seen how the lack of accessible, specialized treatment and evidence-based prevention curriculum for CUD affects families and young adults who are struggling to find a path to recovery. As a substance abuse counselor for adolescents, I see firsthand the increasing need for prevention and treatment. When youth come to me for screening, they share with me how they use or how their family members use marijuana. Some youth have even shared with me that it is part of their cultural to use marijuana. More alarming, I have heard of many cases in which youth in the schools consume large amounts of marijuana edibles and passing out, getting sick in school. Also, I have seen cases of youth using dab pens bought and sold illegally not knowing what is inside. A youth was found on the bathroom floors at school--overdosed.

Increased funding allows for youth and young adults have the early education to prevent future addictions and overdoses to marijuana. HB814 represents a necessary commitment to public health and the well-being of our citizens. By prioritizing specialized treatment for Cannabis Use Disorder, we can ensure that our healthcare system evolves alongside our changing laws.

Respectfully,

Stephanie Tran

HB-814

Submitted on: 1/29/2026 10:34:05 AM
Testimony for HLT on 1/30/2026 10:30:00 AM

LATE

Submitted By	Organization	Testifier Position	Testify
MaryElizabeth	Individual	Support	Remotely Via Zoom

Comments:

Aloha Chair, Vice Chair, and Members of the Committee,

My name is MaryElizabeth U Pacheco, and I respectfully submit testimony in strong support of **HB814**, which addresses both **youth cannabis prevention and treatment**.

As cannabis access, potency, and commercialization continue to evolve, it is essential that Hawai‘i invest in prevention strategies that protect developing brains and support families with accurate, age-appropriate education. Youth today face high-potency products, vaping, and edibles that are easier to conceal and often perceived as low-risk, despite clear evidence linking early and frequent use to negative mental health, academic, and developmental outcomes.

Equally important, we must acknowledge that some adolescents are not simply experimenting—they are struggling with **Cannabis Use Disorder**, a real and diagnosable condition. Evidence-based, youth-specific treatments such as cognitive behavioral therapy, motivational enhancement, and family-based interventions are effective, yet access to these services has not kept pace with growing need. Without adequate treatment options, families are left without support and costs are shifted to schools, hospitals, and other public systems.

Prevention and treatment are not competing priorities—they are complementary. Investing in both reduces long-term healthcare costs, improves educational outcomes, and helps youth remain connected to their families, schools, and communities.

For these reasons, I respectfully urge the Committee to support **HB814** and increased funding for **culturally responsive, youth-specific cannabis prevention and treatment services across Hawai‘i**.

Mahalo for your leadership and commitment to the health and well-being of our keiki.

HB-814

Submitted on: 1/29/2026 8:34:01 PM
Testimony for HLT on 1/30/2026 10:30:00 AM

LATE

Submitted By	Organization	Testifier Position	Testify
Myron Oshiro	Individual	Support	Written Testimony Only

Comments:

Support HB 114. For one, it demonstrates the Legislature's knowledge and understanding of the current drug (cannibus) problem facing our students and educators, counselors, and staff. As such, passage of this measure may help curb the excitement and zeal to approve related cannibus related measures that would only expand the harm sought to be addressed in this bill. Passage of this bill, without the Governor's support may suggest that its final passage is slim to none, but still reveals the Governor's priorities with monies to the Department of Health. Likewise, what priorities does the health professionas themselves envision for cannibus exposure among Hawai'i's youth and whether this valid and real concern becomes more important than the desires of those seeking another recreational substance as adults.