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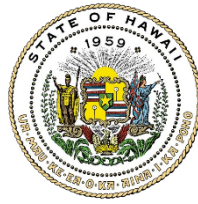
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March 18, 2026

SB 2250, SD1: RELATING TO THE PROMOTION OF CONTROLLED SUBSTANCES

Chair Marten, Vice-Chair Olds, and Members of the Committee on Human Services and Homelessness, Chair Takayama, Vice-Chair Keohokapu-Lee Loy, and Members of the Committee on Health:

The Office of the Public Defender (OPD) **opposes SB 2250 SD1** which amends Hawai'i Revised Statutes § 712-1249.6 to include homeless facilities within existing “drug-free zones,” subjecting conduct occurring in, on, or within seven hundred and fifty feet of these locations to enhanced felony penalties. The bill expressly links homelessness and substance use and proposes expansion of criminal enforcement as the solution.

OPD is concerned that many homeless facilities and shelters are unmarked, difficult to identify, or indistinguishable from surrounding residences or commercial buildings. Unlike schools, school vehicles, or public parks, homeless service sites may operate out of spaces with no visible signage indicating their function.

As a result, individuals often have no reasonable way of knowing when they are within seven hundred and fifty feet of a “homeless facility” as newly defined by this bill. Criminal liability should not turn on invisible boundaries surrounding locations that are not clearly identifiable to the public. This lack of notice raises fundamental fairness and due process concerns and increases the risk of arbitrary or uneven enforcement.

By attaching severe felony consequences to activity occurring near homeless facilities, this measure risks creating perverse incentives. Individuals who use

substances, or who fear being swept into enhanced penalty zones, may avoid shelters, transitional housing, and service providers altogether. This outcome undermines the Legislature's stated goal of addressing homelessness. Policies that discourage people from accessing shelter and assistance make individuals less safe, less stable, and more disconnected from treatment and support, increasing long-term system involvement rather than reducing it.

For these reasons the OPD opposes SB 2250 SD1.

Thank you for the opportunity to comment on this measure.

**DEPARTMENT OF THE PROSECUTING ATTORNEY
KA 'OIHANA O KA LOIO HO'OPI'I
CITY AND COUNTY OF HONOLULU**

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THOMAS J. BRADY
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HOPE MUA LOIO HO'OPI'I

LATE

**THE HONORABLE LISA MARTEN, CHAIR
HOUSE COMMITTEE ON HUMAN SERVICES & HOMELESSNESS**

**THE HONORABLE GREGG TAKAYAMA, CHAIR
HOUSE COMMITTEE ON HEALTH**

**Thirty-Third State Legislature
Regular Session of 2026
State of Hawai`i**

March 19, 2026

**REGARDING S.B. 2250, S.D.1 — RELATING TO THE PROMOTION OF
CONTROLLED SUBSTANCES.**

Chair Marten, Vice-Chair Olds and Chair Takayama, Vice-Chair Keohokapu-Lee Loy, and members of the House Committees on Human Services & Homelessness and Health, the Department of the Prosecuting Attorney of the City and County of Honolulu (“Department”) submits the following testimony in strong support of S.B. 2250, S.D.1. This bill is part of the Department's 2026 package and we appreciate the opportunity for it to be heard.

S.B. 2250, S.D.1 amends Hawaii’s existing drug-free zone statute to include homeless shelters and facilities. This bill is about **protecting a critical point of intervention** for some of our most vulnerable community members—individuals who have taken the difficult first step off the streets and into shelter in an effort to stabilize their lives, access services, and begin recovery.

Shelters Are a Point of Opportunity — and a Point of Risk

Homeless shelters represent a **fragile but vital window of opportunity**. When individuals enter shelter, they are often:

- Newly separated from street-based drug activity,
- Engaging with case managers and treatment providers, and
- Attempting to reduce or stop substance use in order to secure housing, employment, or reunification with family.

Unfortunately, that opportunity is **routinely undermined** by drug dealers who deliberately operate **immediately outside shelter boundaries**, fully aware that residents are struggling with addiction and are at their most vulnerable.

We have heard this from our service providers, in particular the Institute for Human Services. Individuals trying to get clean are tempted, solicited, and supplied with drugs directly across the street from the very shelters designed to help them escape homelessness.

This reality **derails recovery**, destabilizes shelters, and pushes people right back onto the streets.

This Bill Targets Predatory Drug Activity — Not People Experiencing Homelessness

S.B. 2250, S.D.1 does **not criminalize homelessness**, nor does it target individuals seeking help. It focuses squarely on **drug dealers who prey on vulnerability** by positioning themselves near homeless facilities for easy access to customers struggling with substance use disorders.

Hawaii already recognizes that certain locations—schools, parks, and public housing—deserve heightened protection from drug trafficking because of the populations they serve. Homeless shelters serve an equally vulnerable population and deserve the same protection.

Drug-Free Zones Help Stabilize Shelters and Support Recovery

Including homeless facilities in the safe zone statute will:

- Reduce open-air drug markets immediately surrounding shelters;
- Improve safety for residents, staff, and service providers;
- Support sobriety and recovery efforts;
- Increase the likelihood that individuals remain engaged in services rather than returning to street use; and
- Protect public investments in shelter operations and supportive housing programs.

Without this protection, shelters risk becoming **magnets for drug activity**, undermining their purpose and discouraging both participation and community support.

This Is a Public Safety and Public Health Measure

Substance use and homelessness are deeply interconnected. S.B. 2250, S.D.1 recognizes that **interrupting the supply side of drugs near shelters** is a necessary part of addressing both issues.

Allowing drug dealers to operate freely just steps away from shelters sends the wrong message and creates conditions that make recovery exponentially harder.

Conclusion

S.B. 2250, S.D.1 is a **targeted, reasonable, and necessary update** to existing law. It reinforces the Legislature's commitment to helping individuals move from homelessness to stability.

For individuals trying to get clean and rebuild their lives, proximity matters. This bill helps ensure that when someone finally makes it into shelter, **the law is not working against their chance to succeed.**

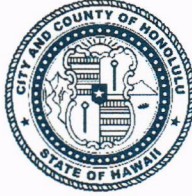
For these reasons, the Department of the Prosecuting Attorney strongly urges passage of S.B. 2250, S.D.1.

Thank you for the opportunity to testify.

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

KA 'OIHANA MĀKA'I O HONOLULU
CITY AND COUNTY OF HONOLULU

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MEIA

RADE K. VANIC
INTERIM CHIEF
KAHU MĀKA'I KŪIKAWA

AARON TAKASAKI-YOUNG
BRANDON NAKASATO
INTERIM DEPUTY CHIEFS
NĀ HOPE LUNA NUI MĀKA'I KŪIKAWA

OUR REFERENCE JP-HR

March 19, 2026

LATE

The Honorable Lisa Marten, Chair
and Members
Committee on Human Services
and Homelessness
The Honorable Gregg Takayama, Chair
and Members
Committee on Health
House of Representatives
415 South Beretania Street, Room 329
Honolulu, Hawaii 96813

Dear Chairs Marten and Takayama and Members:

SUBJECT: Senate Bill No. 2250, S.D. 1, Relating to the Promotion of Controlled Substances

I am Clinton Corpuz, Acting Captain of the Narcotics/Vice Division of the Honolulu Police Department (HPD), City and County of Honolulu.

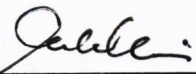
The HPD supports Senate Bill No. 2250, S.D. 1, Relating to the Promotion of Controlled Substances.

From a law enforcement perspective, it is important to acknowledge the vulnerabilities present in homeless facilities, where substance abuse can relapse. By implementing measures to deter drug use in these sensitive areas, we help protect the well-being of our community, much like we do in schools, public parks, and public housing complexes. This approach ensures a safer environment for all residents.

The HPD urges you to support Senate Bill No. 2250, S.D. 1, Relating to the Promotion of Controlled Substances. Thank you for the opportunity to testify.

APPROVED:

Sincerely,



Rade K. Vanic
Interim Chief of Police



Clinton Corpuz, Acting Captain
Narcotics/Vice Division



The Institute for Human Services, Inc.
Ending the Cycle of Homelessness

TO: Honorable Representative Lisa Marten
Chair, House Committee on Human Services and Homelessness

Honorable Representative Gregg Takayama,
Chair, House Committee on Health

FROM: Connie Mitchell, Executive Director
IHS, The Institute for Human Services, Inc.

RE: SB2250 SD1 - Relating to the Promotion of Controlled Substances

DATE: March 17, 2026

POSITION: IHS supports SB 2250 SD1

IHS, The Institute for Human Services, has been providing emergency shelter services to adult men, women, and families with children on Oahu for nearly 48 years. In recent years, we have experienced an increase in conflicts and threats of bodily harm to guests. Alongside this increase of threats of violence brought on by the use and abuse of substances, many of IHS' guests, clients, and staff are actively working to maintain a sober lifestyle. IHS' shelters and service centers are drug-free properties; however, an individual only needs to walk outside to be tempted by the very drugs they've been clean from.

This type of temptation is increasingly hard to ignore, and the disease of addiction causes many to relapse. This is further amplified by the concentration of homeless shelters, kauhale, and services in the Iwilei block. Many of our clients and guests have done the hard work, fought through withdrawal, and are working toward sustained housing – yet, as they chose a different path, their physical surroundings are working to entice them back rather than push forward.

Passing this measure is an important step toward helping our homeless facilities better serve those who accept our help, while also providing a better environment for those working in this field and making our community safer. Mahalo for the opportunity to testify.



SB2250 SD1 Homeless Selling Drugs is Felony

COMMITTEE ON HEALTH

Rep. Gregg Takayama, Chair

Rep. Sue L. Keohokapu-Lee, Vice Chair

COMMITTEE ON HUMAN SERVICES & HOMELESSNESS

Rep. Lisa Marten, Chair

Rep. Ikaika Olds, Vice Chair

Friday, Mar 19, 2026: 9:30: Room 329 Videoconference

Hawaii Substance Abuse Coalition Comments on SAB2250 SD1:

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 prevention and treatment agencies and recovery-oriented services.

COMMENTS:

Part of the reason that this population, including homeless and offenders, remains a continuing problem is that **this population gap for complex patients are underserved**, despite that there are capable services that could be developed by building upon existing piloted models.

Complex patients with double or triple diagnostic burdens of substance use disorders and/or mental health disorders, coupled with chronic physical conditions, are underserved due to existing silos in funding. Most patients with multiple diagnosis only receive care if their severe mental illness (SMI) is forensic in nature.

Today, substance use disorder treatment agencies provide both substance abuse treatment and treatment for the severely mentally ill that are forensic, so **services' expertise exists within those substance abuse agencies** that could end silos to treat both conditions.

Infrastructure already exists, but must be developed, which can be done most economically. A substance abuse counselor can also treat mental health disorders under the guidance and support of an onsite psychiatrist and a few nurses in each agency, of which 2 agencies have pilot programs already: Hina Mauka and Aloha House on Maui.

With psychiatrist and nurse support, agencies like Hina Mauka and Aloha House also treat patients that have a diagnosis of physical chronic health conditions. as well as co-occurring disorders (substance abuse and mental health disorders).

There are considerably more people with significant multiple disorders (54K) than those who are severely impaired SMI (21K). Both can be treated.

This is **one of the most expensive populations** to our healthcare system. **We can change that by ending silos and employing evidence-based practices for complex patients with substance use disorders, mental health disorders, and chronic physical conditions, in one site.** We can expand this most economically by having one site treating all conditions utilizing the same staff trained to do so.

Complex patient care model has the potential to transform the way Hawaii providers deliver care in a more integrated model.

Additionally, having complex patient models in the state will allow Hawaii to be more competitive **to receive federal funding next year, which is now available to those states who are more developed.**

We urge the legislature to first create capacity in complex patient services for such a bill as this to succeed. We appreciate the opportunity to provide testimony and are available for questions.



SB2250,SD1 Relating to the Promotion of Controlled Substances

COMMITTEE ON HUMAN SERVICES & HOMELESSNESS

Rep. Lisa Marten, Chair

Rep. Ikaika Olds, Vice Chair

COMMITTEE ON HEALTH

Rep. Gregg Takayama, Chair

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

Thursday, Mar 19, 2026: 9:30: Room 329 Videoconference

Comments on SB2250,SD1:

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.

COMMENTS:

A major factor contributing to the ongoing challenges faced by high-need populations—such as individuals experiencing homelessness and those involved in the justice system—is the lack of adequately developed systems to serve people with complex, overlapping conditions. While promising pilot approaches already exist, they have not yet been expanded to meet the scale of need.

Individuals with co-occurring substance use disorders, mental health conditions, and chronic medical illnesses often fall through the cracks of a fragmented system. Current funding and service structures separate these conditions into different categories, resulting in care that is incomplete or inaccessible. In many cases, individuals only receive comprehensive services when their substance use disorder or mental illness is tied to the forensic system, leaving a much larger group without appropriate support.

Importantly, the expertise needed to address these challenges is already present. Substance use treatment providers across the state have developed the capacity to work with individuals who also have serious mental health conditions, as well as chronic medical conditions. These organizations are well-positioned to move beyond siloed care and deliver integrated services that address the full spectrum of patient needs.

With strategic investment, existing infrastructure can be strengthened rather than rebuilt from scratch. A coordinated model—where counselors are supported by on-site psychiatric, primary care, and nursing staff—has already been piloted successfully by organizations such as Hina Mauka and Aloha House on Maui. These programs demonstrate that it is both feasible and cost-effective to deliver comprehensive care for individuals with co-occurring substance use disorder, behavioral health and chronic medical conditions in a single setting.

The need is significant. The number of individuals living with multiple, intersecting disorders far exceeds those classified solely substance use disorders, or severely mentally ill. Yet both groups can benefit from a unified approach to care.

This population also represents one of the highest-cost segments of the healthcare system. By shifting to an integrated, evidence-based model that treats substance use, mental health, and physical health conditions together, Hawaii has an opportunity to improve outcomes while reducing long-term costs.

Adopting a true Complex Patient Model would fundamentally improve how care is delivered across the state. It would move Hawaii away from fragmented services toward a coordinated system that reflects the realities of patients' needs.

Furthermore, developing this capacity would position Hawaii more competitively for upcoming federal funding opportunities, which increasingly prioritize integrated and advanced care models.

For these reasons, we strongly encourage the legislature to invest in building capacity for comprehensive complex patient services as a critical first step.

We appreciate the opportunity to offer comments.



OFFICE OF HAWAIIAN AFFAIRS

‘Ōlelo Hō’ike ‘Aha Kau Kānāwai

TESTIMONY IN OPPOSITION TO SENATE BILL 2250 SD1
RELATING TO THE PROMOTION OF CONTROLLED SUBSTANCES
Ke Kōmike Hale o ka Lawelawe Kānaka a me ka Pilikia Ho’okuewa
(House Committee on Human Services & Homelessness)
Ke Kōmike Hale o ke Olakino
(House Committee on Health)
Ke Kapitala ‘o Hawai‘i
(Hawai‘i State Capitol)

Malaki 19, 2026

9:30 AM

Lumi 329

Aloha e Chair Marten, Chair Takayama, Vice Chair Olds, Vice Chair Keohokapu-Lee Loy, Members of the House Committee on Human Services & Homelessness, and Members of the House Committee on Health:

The Office of Hawaiian Affairs (OHA) respectfully **OPPOSES SB2250 SD1**, which expands the offense of promoting a controlled substance in, on, or near schools, school vehicles, public parks, and public housing projects or complexes to also include homeless facilities.

OHA recognizes the importance of protecting residents and staff at shelters and other homeless facilities from violence, exploitation, and predatory drug activity. We share the goal of improving safety in and around these sites. However, this measure takes a punitive approach that is likely to produce significant unintended consequences while doing little to address the underlying drivers of substance use, trafficking, and homelessness.

As drafted, this bill would create enhanced felony exposure not only within homeless facilities, but also within seven hundred and fifty feet of them. Unlike schools, school vehicles, parks, and public housing projects, homeless facilities may be temporary, low-profile, dispersed, or not readily identifiable to the public. That raises serious notice and fairness concerns. Criminal liability should not turn on invisible or poorly understood boundaries surrounding service sites that many people would have no reasonable way to identify.

OHA is also concerned that expanding drug-free zone penalties around homeless facilities may deter people from accessing shelter, outreach, and other stabilizing services. Federal housing policy literature has increasingly emphasized Housing First and other low-barrier approaches as evidence-based alternatives to strategies that criminalize homelessness, because stable access to shelter and services is often the entry point to

treatment, recovery, and long-term housing stability.¹ Policies that increase the criminal consequences associated with being near shelters risk undermining that access rather than strengthening it.

This concern is especially significant given the longstanding disproportionate impact of Hawai‘i’s criminal legal system on Native Hawaiians. OHA has repeatedly documented that Native Hawaiians have historically been overrepresented at multiple points of criminal system contact. Expanding location-based felony enhancements around homeless facilities risks compounding those disparities, particularly where homelessness, behavioral health needs, poverty, and prior system involvement already intersect.

If the Legislature wishes to better protect shelter environments, OHA respectfully suggests approaches that are more targeted and more likely to improve safety without discouraging service engagement. These may include stronger on-site security measures, improved lighting and environmental design, dedicated outreach and behavioral health response, treatment linkage, peer support, and coordinated enforcement strategies aimed at serious trafficking activity rather than broad geographic penalty enhancements. For these reasons, the Office of Hawaiian Affairs respectfully urges this Committee to **HOLD SB2250 SD1**.

Mahalo nui for the opportunity to provide testimony on this measure.

¹ U.S. Department of Housing and Urban Development, Office of Policy Development and Research, *Housing First Works, Evidence Matters* (Spring/Summer 2023), <https://www.huduser.gov/archives/portal/periodicals/em/spring-summer-23/highlight2.html>.



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

TESTIMONY OPPOSING SB 2250, SD 1

TO: Chair Marten, Vice Chair Olds, and HSH Committee

FROM: Nikos Leverenz, DPFH Board President

DATE: March 19, 2026 (9:30 A.M.)

Drug Policy Forum of Hawai'i (DPFH) **opposes** SB 2250, SD 1, which seeks to include homeless facilities in those locales covered by current “drug-free zones” in [HRS §712-1249.6](#). The current language of drug-free zone law, as with other provisions of HRS §712, uses the term “promoting” in manner that perpetuates a semantic absurdity given that it applies to “any amount,” including unusable traces and residue. This includes possession for personal use “in any amount,” which is classified in [HRS §712-1243](#) as “promoting a dangerous drug in the third degree,” currently a Class C felony punishable by five years in prison and a \$10,000 fine.

[At a time when the state budget is already under significant pressure from lost federal funding,](#) the increased costs proposed by this addition to the current drug-free zone law counsel this bill’s deferral. ***With one year in prison now exceeding \$112,000, the cost of a single application of this penalty enhancement is almost one-quarter of a million dollars.*** Policymakers should also seriously consider whether there is utility in having the current code section, with other states reducing the scope of their “drug-free zone” laws in recent years. Unfortunately, [Hawai'i has joined states like Texas and Arkansas in expanding these laws in the 21st century.](#)

Drug-free zone laws were the subject of a [2018 resolution](#) from the [American Legislative Exchange Council](#) (ALEC), [an arch-conservative policy group funded by large corporations and others](#) that has successfully advanced measures in statehouses that have included “Right-to-Work” laws, the privatization of public services (including education), restrictive voter ID laws, and “Stand Your Ground” laws. ***It is curious that the Honolulu Prosecutor seeks to have this state position itself to the right of ALEC and states like Indiana, Kentucky, and Utah that have curbed and not expanded their “drug-free zone” laws.***

As noted in the preamble in the ALEC resolution: “Most drug-free zone laws were established decades ago but have not been reformed despite evidence that drug-free zones are **arbitrary and often unnecessarily broad**, are **ineffective at deterring drug-related crime**, and create significant unintended consequences, including **unwarranted disparate impacts on minority defendants**.”

Importantly, the resolution observes that “**states that have studied drug-free zones have been unable to identify any empirical basis for their size or scope**.” Further, “several states have already reformed drug-free zone laws, including by reducing the number of drug-free zones and the size of such zones, and eliminating mandatory penalties and enhancements for violations committed in such zones, and have not seen increased drug activity as a result.”

[The Sentencing Project](#), which “advocates for effective, humane responses to crime and punishment by promoting racial, economic, and gender justice,” is also among those organizations that have outlined the deficiencies of drug-free zone laws:

“In practice, **drug-free zone laws have created a number of serious issues within the criminal justice system, by frequently imposing excessive penalties and by subjecting urban poor and minority populations to harsher penalties than others for similar drug offenses**.” (“[Drug Free Zone Laws: An Overview of State Policies](#),” December 2013).

Given the history of this land and its people, it is well past time for [prosecutors in this state to commence with practices that advance a public health response to drug use](#), especially as public health is intentionally eroded on the continent. As noted by the Institute for Innovation in Prosecution at John Jay College in “Prosecution, Drug Use & Public Health”:

Traditional prosecution of drug-related crimes, with an emphasis on incarceration, is largely ineffective. Instead, prosecutors should adopt a range of practical strategies to achieve two interrelated goals: (1) enhancing access to voluntary treatment and services in community settings; and (2) minimizing the role of the criminal system to mitigate harms created by arrest, incarceration, surveillance, involuntary treatment, and the stigma of a criminal record.

As with other aspects of the “war on drugs,” which operates principally as a war on individuals from disfavored groups, this bill will further marginalize persons in our communities who are highly likely to be struggling with economic insecurity, behavioral health problems, lack of access to medical care, adverse childhood experiences, histories of individual and family trauma that likely includes prior criminal legal system involvement. [The criminal legal system in Hawai'i has disproportionately impacted Native Hawaiian families](#) across generations, [including drug law enforcement](#).

Instead of expanding the criminalization of poverty, behavioral health issues, and drug use (or some combination thereof), the state should instead look to whether the current “drug-free zone” law, which implements a location-based mandatory minimum of at least two years and up to ten years, is utilized and operating as intended. Each county prosecutor should be able to readily identify the number of defendants who have been penalized under the current code section over the past decade so that the legislature can determine its ongoing efficacy and utility.

Having served on the Advisory Committee on Penal Code Review last year, [which issued its final report to the legislature this past December](#), it was striking to see the disparity in sentencing charges between the First Circuit and other circuits regarding unusable traces and residue as noted in Appendix B4. This attests to significantly more severe prosecutorial practices on O‘ahu. This measure comes at a time when the state is in the process of greenlighting a new privately constructed jail facility that will cost more than \$1 billion.

Additionally, policymakers should consider the additional costs of incarceration, which are borne fully by the state budget given the unified jail and prison system. Given the foreseeable cost implications, it is curious that this bill is not have a referral to the Finance Committee. The legislative process could be greatly enhanced through the use of a fiscal note or analysis, which is widely used in other statehouses.

Since 1993 DPFH has advanced public discussions and policy changes around Hawai'i's drug polices, which continue to advance severe criminal penalties and extended periods of criminal legal supervision. DPFH also supports policy changes around substance use and behavioral health issues that are anchored in harm reduction, public health, and human rights. These changes include broader access to community-based behavioral health treatment, the repeal of cannabis prohibition in favor of rational regulation, reducing the severity of sentencing laws, prosecutorial practices, penological practices, and criminal legal supervision, and advancing other changes to laws and policies that reduce the impact of the criminal legal system on individuals and families from under-resourced communities.

Mahalo for the opportunity to provide testimony.



HAWAII HEALTH &
HARM REDUCTION CENTER

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Honolulu, HI 96813

(808) 521-2437
www.hhhrc.org

*"Reducing harm,
promoting health,
creating wellness, and
fighting stigma
in Hawai'i and
the Pacific."*

TESTIMONY OPPOSING SB 2250, SD 1

LATE

TO: Chair Marten, Vice Chair Olds, & HSH Committee

FROM: Nikos Leverenz, Policy & Advancement Manager

DATE: March 19, 2026 (9:30 A.M.)

Hawai'i Health & Harm Reduction Center (HHHRC) **opposes** SB 2250, SD 1, which seeks to include homeless facilities in locales covered by current "drug-free zones." HHHRC has deep concerns that the penalty enhancement contained in this bill will frustrate current and prospective opportunities to provide vital services to underserved individuals with behavioral health issues who are already disproportionately criminalized.

Personal possession of illicit drugs in any amount, including unusable traces and residue, is already classified as a Class C felony punishable by up to five years imprisonment. Each application of this bill's penalty enhancement will add almost \$250,000 in costs borne by the corrections system, funds that can be more effectively used in the provision of community-based behavioral health services.

The Legislature should revisit the utility of existing drug-free zone laws, including the extent to which current provisions are utilized in each county. As noted by a [resolution from the arch-conservative American Legislative Exchange Council](#), "states that have studied drug-free zone zones have been unable to identify any empirical basis for their size or scope." The resolution also finds that drug-free zones are "arbitrary and often unnecessarily broad" and are "ineffective at deterring drug-related crime."

HHHRC's mission is to reduce harm, promote health, create wellness, and fight stigma in Hawai'i and the Pacific. We work with many individuals impacted by poverty, housing instability, and other social determinants of health. Many have behavioral health problems, including those related to substance use and mental health conditions, and have also been deeply impacted by trauma related to histories of physical, sexual, and psychological abuse.

Mahalo for the opportunity to provide testimony.

SB-2250-SD-1

Submitted on: 3/17/2026 11:23:48 AM

Testimony for HSH on 3/19/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Aaron Ruddick	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose SB2250 SD1. This bill will negatively affect houseless individuals accessing services.

SB-2250-SD-1

Submitted on: 3/17/2026 11:45:05 AM

Testimony for HSH on 3/19/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Dajon Lee Francisco	Individual	Oppose	Written Testimony Only

Comments:

I am writing to express my opposition to SB2250 SD1.

While I understand the intent behind this measure, I am concerned about its potential impact on vulnerable individuals who are actively working to rebuild their lives. In my work, I have seen firsthand how difficult it is for individuals to overcome past challenges when systemic barriers—such as lack of housing and access to services—continue to stand in their way.

Homelessness in Hawai‘i is already at a critical level. According to recent data, there are approximately 6,389 individuals experiencing homelessness statewide, with 4,494 on O‘ahu alone. Additionally, homelessness increased by over 10% on O‘ahu between 2023 and 2024. These numbers highlight the urgency of addressing housing instability—not creating additional barriers for those seeking help.

Research shows that roughly 30–40% of individuals experiencing homelessness also struggle with substance use disorders. However, policies that focus primarily on criminalization rather than support risk worsening outcomes. Studies and local reports emphasize that punitive approaches can deepen homelessness and make it harder for individuals to access services and stabilize their lives.

SB2250 SD1 expands drug-free zones to include homeless shelters and service locations. While this may be intended to improve safety, it may also discourage individuals from accessing critical services out of fear of legal consequences. This could unintentionally undermine outreach efforts and disconnect people from the very support systems designed to help them transition out of homelessness.

We know that stable housing and supportive services are key to long-term success. Hawai‘i has seen progress when focusing on housing-first approaches and coordinated care systems, demonstrating that supportive—not punitive—strategies are more effective in improving outcomes.

I urge you to consider policies that address the root causes of homelessness, including lack of affordable housing, limited access to healthcare, and economic instability. Efforts should focus on increasing access to services, expanding housing opportunities, and supporting rehabilitation and reintegration.

For these reasons, I respectfully oppose SB2250 SD1 and ask that you prioritize solutions that uplift individuals and strengthen our communities.

Thank you for your time and consideration.

SB-2250-SD-1

Submitted on: 3/17/2026 2:29:42 PM

Testimony for HSH on 3/19/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
RUSSELL ABORDO	Individual	Oppose	Written Testimony Only

Comments:

I, R. Kelii Abordo, oppose SB 2250, which seeks to include homeless facilities in those locales covered by current “drug-free zones” in HRS §712-1249.6. Until comprehensive support is available for those that use drugs, spaces identified to support these individuals should remain safe for the individuals that use them.

Testimony Opposing SB 2250 SD1

Aloha Chair Marten, Vice Chair Olds, and Committee Members,

I am writing in strong opposition to SB 2250 SD1, which would add homeless facilities to locations covered by the “drug-free zones” law.

In a state with so many people living unsheltered there is no reason to raise additional barriers for those seeking help. The definition of “promoting” in current statute is very broad and includes unusable amounts and residue. People who merely have items with trace amounts and are in no way promoting or even using substances on property would be criminalized by this bill.

This bill is discriminatory. It discriminates against people living with substance use disorder, it discriminates against people who access the state’s syringe exchange program and could potentially run afoul of the Americans with Disabilities Act because of this.

Please do not pass this bill out of committee.

Mahalo for your time,

Michael Paul

SB-2250-SD-1

Submitted on: 3/18/2026 10:11:42 AM

Testimony for HSH on 3/19/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Rick Ramirez	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair Rhoads, Vice Chair Gabbard, and JDC Committe memebers,

I am writing testimony in opposition of this bill as it creates significant barriers to care for our houseless population and creates stigma around staying in shelters and fear of unnecessary arrests. Please see the resounding ways that this bill would impose harm on Hawaii and oppose the passing of this bill!!

Mahalo

Dr. Rick Ramirez, DNP, APRN, AGACNP-BC FNP-BC, ENP-C