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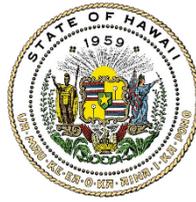
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February 11, 2026

**SB 2250: RELATING TO THE PROMOTION OF CONTROLLED
SUBSTANCES**

**Chair Rhoads, Vice-Chair Gabbard, and Members of the Committee on
Judiciary:**

The Office of the Public Defender (OPD) **opposes SB 2250** which amends Hawaii 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.

The OPD opposes SB 2250.

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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STEVEN S. ALM
PROSECUTING ATTORNEY
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THOMAS J. BRADY
FIRST DEPUTY PROSECUTING ATTORNEY
HOPE MUA LOIO HO'OPI'I

**THE HONORABLE KARL RHOADS, CHAIR
SENATE COMMITTEE ON JUDICIARY
Thirty-Third State Legislature
Regular Session of 2026
State of Hawai'i**

February 13, 2026

REGARDING S.B. 2250 — RELATING TO THE PROMOTION OF CONTROLLED SUBSTANCES.

Chair Rhoads, Vice-Chair Gabbard, and members of the Senate Committee on Judiciary, 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. This bill is part of the Department's 2026 package and we appreciate the opportunity for it to be heard.

S.B. 2250 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 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 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 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**.

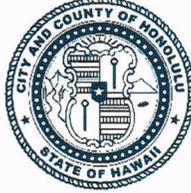
For these reasons, the Department of the Prosecuting Attorney strongly urges passage of S.B. 2250. Thank you for the opportunity to testify.

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

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LATE

RICK BLANGIARDI
MAYOR
MEIA



RADE K. VANIC
INTERIM CHIEF
KAHU MĀKA'I KŪIKAWA

AARON TAKASAKI-YOUNG
RYAN T. NISHIBUN
INTERIM DEPUTY CHIEFS
NĀ HOPE LUNA NUI MĀKA'I KŪIKAWA

OUR REFERENCE JP-HR

February 13, 2026

The Honorable Karl Rhoads, Chair
and Members
Committee on Judiciary
State Senate
415 South Beretania Street, Room 016
Honolulu, Hawai'i 96813

Dear Chair Rhoads and Members:

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

I am Jerome A. Pacarro, Major of the Narcotics/Vice Division of the Honolulu Police Department (HPD), City and County of Honolulu.

The HPD supports Senate Bill No. 2250, 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, Relating to the Promotion of Controlled Substances. Thank you for the opportunity to testify.

APPROVED:

Handwritten signature of Rade K. Vanic in black ink.

RK
Rade K. Vanic
Interim Chief of Police

Sincerely,

Handwritten signature of Jerome A. Pacarro in black ink.

Jerome A. Pacarro, Major
Narcotics/Vice Division



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

TO: Honorable Senator Karl Rhoads
Chair, Senate Committee on Judiciary

Honorable Senator Mike Gabbard
Vice Chair, Senate Committee on Judiciary

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

RE: SB2250 - Relating to the Promotion of Controlled Substances

DATE: February 11, 2026

POSITION: IHS supports SB 2250

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 only amplified by the number of homeless shelters, kauhale, and services concentrated 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.

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

TESTIMONY OPPOSING SB 2250

TO: Chair Rhoads, Vice Chair Gabbard, and JDC Committee

FROM: Nikos Leverenz, DPFH Board President

DATE: February 13, 2026 (9:00 A.M.)

Drug Policy Forum of Hawai'i (DPFH) **opposes** SB 2250, 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.

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. It's notable that this measure is coming 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. [With one year in prison now exceeding \\$112,000](#), the cost of a single application of this code section is almost one-quarter of a million dollars. 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 by the use of a fiscal note or analysis, which is widely used in other statehouses.

[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. 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, [Hawaii 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, among other measures, "Right-to-Work" laws, the privatization of public services (including education), restrictive voter ID laws, and "Stand Your Ground" laws. It is highly curious that the Honolulu Prosecutor looks to have this state position itself to the right of ALEC and states like Indiana, Kentucky, and Utah that have reformed 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.

Since 1993 DPFH has advanced public discussions and policy changes around Hawai'i's drug policies, 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.

LATE

SB-2250

Submitted on: 2/12/2026 2:31:08 PM

Testimony for JDC on 2/13/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Azul	Testifying for Schooling	Comments	Written Testimony Only

Comments:

Supportive Argument/Fact 1:

SB2250 helps keep areas around homeless shelters safe by making it illegal to sell or promote drugs there.

Supportive Argument/Fact 2:

Including homeless facilities in drug-free zones treats these locations like schools and parks, which are already protected by law.

Supportive Argument/Fact 3:

This law can help protect people who are vulnerable, including those trying to get help at shelters.

LATE

SB-2250

Submitted on: 2/13/2026 5:16:04 AM

Testimony for JDC on 2/13/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Lorenn Walker	Testifying for Hawai'i Friends of Restorative Justice	Oppose	Written Testimony Only

Comments:

COMMITTEE ON JUDICIARY

SB 2250 RELATING TO THE PROMOTION OF CONTROLLED SUBSTANCES

Dear Committee Members,

The Hawai'i Friends of Restorative Justice strongly opposes this measure. Expanding “drug-free zones” to homeless shelters and service providers is not evidence-based policy. Rather, research consistently shows these sentencing enhancements do not dismantle high-level trafficking networks.

This bill would primarily increase felony exposure for low-level, street-level sellers, many of whom live in or near the very zones where enforcement is concentrated.

Empirical [research in Massachusetts](#) found that less than 1% of school-zone cases involved sales to minors, while the vast majority occurred in dense, low-income neighborhoods where protected sites are clustered. Most charged individuals lived within the zones themselves—demonstrating that the law punished geography, not kingpins.

[National analyses](#) conclude that drug-free zone laws disproportionately impact economically disadvantaged communities and people of color, [without clear evidence of improved safety outcomes](#).

Expanding these zones around homeless facilities will predictably increase incarceration of people struggling with addiction and poverty, while doing little to address organized drug distribution.

To increase public safety, the Legislature should invest in evidence-based treatment, housing stability, and targeted investigations of high-level trafficking, and not simply broaden punishment to people suffering poverty and addiction problems.

Please contact Lorenn Walker, JD, MPH, at lorenn@hawaiifriends.org if you need more information about our opposition to this bill.

Mahalo for the opportunity to submit testimony and for your public service.

LATE

COMMUNITY ALLIANCE ON PRISONS

P.O. Box 37158, Honolulu, HI 96837-0158

Phone/E-Mail: [\(808\) 927-1214](tel:(808)927-1214) / kat.caphi@gmail.com

Today's Inmate; Tomorrow's Neighbor



COMMITTEE ON JUDICIARY

Senator Karl Rhoads, Chair

Senator Mike Gabbard, Vice Chair

Friday, February 13, 2026

9:00 am

Room 016 and VIDEOCONFERENCE

STRONG OPPOSITION TO SB 2250

Aloha Chair Rhoads, Vice Chair Gabbard 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 in Hawai'i for almost three decades. This testimony is respectfully offered on behalf of the 3,654 Hawai'i individuals living behind bars¹ and under the "care and custody" of the Department of Corrections and Rehabilitation on February 2, 2026. We are always mindful that 799 – 43% of Hawai'i's imprisoned male population are serving their sentences abroad -- thousands of miles away from their loved ones, their homes and, for the disproportionate number of incarcerated Kanaka Maoli, far, far from their ancestral lands.

Community Alliance on Prisons appreciates this opportunity to express our **STRONG OPPOSITION TO SB 2250** to the inclusion of homeless facilities in amending the offense of promoting controlled substances. Criminalizing poverty and some of the most vulnerable people in our community is NOT a value that we support.

¹ DCR Weekly Population Report, February 2, 2026

dcr.hawaii.gov/wp-content/uploads/2026/02/Pop-Reports-Weekly-2026-02-02.pdf

This bill smells like an organization we investigated several years ago. At that time we contacted national researchers to gather data from those people most familiar with the right-wing's attempt to take on the less fortunate. One of our contacts warned us about a group of young authoritarians who were attempting to take over the educational system in their state. We received several strong warnings to be very careful about letting them influence social policy in Hawai'i.

Instead of expanding the criminalization of poverty, behavioral health issues, and drug use, 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. Ask County prosecutors how effective it is.

Community Alliance on Prisons served on the 2025 Penal Code Review Committee and what was abundantly clear was that Honolulu prosecutors are punitive and disconnected from our community while prosecutors from the other three counties appeared to be more in touch with their local communities.

SB 2250 is dangerous and we urge the committee to ignore it and let the bill die. We all have enough information about the oligarchs trying to take over the federal government to know that authoritarianism threatens our democracy.

We hope the committee will preserve our community values and support those individuals in our community who are 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.

Please respect our cultural and community values of Aloha, Ahonui, and Ha`aha`a.

Mahalo for this opportunity to share our deep concerns. Please don't pass SB 2250.

LATE

SB-2250

Submitted on: 2/12/2026 11:49:07 PM

Testimony for JDC on 2/13/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Angela Young	Testifying for CARES	Support	Remotely Via Zoom

Comments:

Support.

SB-2250

Submitted on: 2/10/2026 11:05:17 AM

Testimony for JDC on 2/13/2026 9:00:00 AM

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

Comments:

I strongly oppose SB2250. This bill will make it even harder for houseless individuals to access services.

SB-2250

Submitted on: 2/11/2026 10:26:41 PM

Testimony for JDC on 2/13/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
David Fukuzawa	Individual	Support	Written Testimony Only

Comments:

Dear Honorable Senators:

I respectfully support bill SB2250. I thank you for your support.

Sincerely,

David Fukuzawa, SAS-5

LATE

COMMITTEE OF THE JUDICIARY

Senator Karl Rhoads, Chair

Senator Mike Gabbard, Vice Chair

Friday, February 13, 2026 at 9:00 a.m.

Conference Room 016

**OPPOSE: SB2250 RELATING TO THE PROMOTION OF CONTROLLED
SUBSTANCES**

Dear Chair Rhoads, Vice Chair Gabbard, and Members of the Committee:

I strongly oppose **S.B. 2250 Relating to the Promotion of Controlled Substances**.

This legislation, which proposes the expansion of drug-free zone laws to include homeless shelters, or other assistance to homeless individuals, is fundamentally flawed, deeply counterproductive, and represents a dangerous step backward in our approach to public health and social equity.

This is bad public policy for the following reasons:

- **It Criminalizes Vulnerability, Not Crime:** Expanding drug-free zones to shelter spaces effectively criminalizes the disease of addiction and the state of homelessness. This policy treats addiction as a moral failing to be punished rather than a public health crisis requiring compassionate, evidence-based treatment.
- **It Contradicts Best Practices for Addiction Treatment:** Effective solutions require a public health model: robust access to on-site treatment, harm reduction services, and long-term supportive housing. HB2083 is a punitive measure that wastes resources, ignores data, and serves only to make our communities less safe by pushing addiction out of sight and out of reach of care.
- **It Undermines the Purpose of Shelters:** The primary goal of a homeless shelter is to provide a safe, low-barrier entry point for individuals to find stability. By turning these critical spaces into high-risk criminal zones, HB2083 will actively deter people—especially those struggling with substance use—from seeking essential help, driving them away from services and further into the shadows.
- **It Exacerbates Racial and Economic Disparities:** Studies of existing drug-free zones consistently show they lead to the over-policing and mass incarceration of people of color and low-income communities. Applying this policy to homeless shelters will only intensify this devastating cycle of poverty, arrest, and imprisonment, hindering any chance of recovery or reintegration.

This proposed bill mirrors the President Trump’s Executive Order to dismantle evidence based “Housing First” approaches to homelessness and create more barriers to housing.¹ As a result, more people who are houseless and struggling with mental health and drug use will likely be criminalized and funnelled into our jails and prisons. This measure will disproportionately impact Native Hawaiians, and divert limited public funds into the carceral system, rather than health care, permanent supportive housing and community based treatment.

Significantly, there is no solid evidence that drug free zones are effective.

<https://www.sentencingproject.org/app/uploads/2022/08/Drug-Free-Zone-Laws.pdf>

Please support legislation that offers proven pathways to housing stability and recovery. ***Urge you to reject S.B. 2250 and instead prioritize solutions that are rooted in evidence-based practices that advance public health and wellness.***

Sincerely,

Carrie Ann Shirota, Esq.

Honolulu, HI 96813

National Alliance to End Homelessness

<https://endhomelessness.org/resources/policy-information/protecting-the-use-of-housing-first/>

What is Housing First?

“Housing First” is an approach, according to HUD’s notice for the annual competition for homelessness grants, “to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.” Under “Housing First”, an individual or family is offered both housing and services, not just housing.

Why does Housing First not require services to be accepted?

The client is not required to take Housing First services, but the provider is required to continue to offer guidance to the client on avoiding risky behaviors and come back, again and again and again, to the client with offers of services. People with sobriety and substance use issues seek and accept help in different ways and at different speeds. It’s up to the Housing First provider to design a program that

¹<https://endhomelessness.org/understanding-trumps-executive-order-on-homelessness-attacks-on-housing-first/>

serves the unique needs and interests of each client being served, rather than impose a one-size-fits-all rule which denies help to a client or requires disqualification of a client if that client, for example, fails to eschew all drugs and alcohol.

So why is it called “Housing First”?

It's understood that if we first get a person experiencing homelessness into housing, they'll be more capable of taking advantage of services. Everything's easier when one has a home (instead of a shelter bed or a place on the streets)—from having a secure place to keep medications and schoolbooks to a quiet place to sleep in order to be ready for work to a safe space to avoid bad influences. Provision of housing satisfies a basic human need of the client, builds trust between the client and the provider, and makes it possible for the client to take advantage of services.

When did Housing First start?

Housing First was adopted as federal policy during the George W. Bush Administration, replacing a wasteful, one-size-fits-all approach of denying housing and services to anyone who failed to comply with strict sobriety and substance abuse requirements. Most people suffering from mental illness and / or substance use disorders are incapable of overcoming their problems without failures and setbacks. It's wasteful and cruel to deny clients housing and services or kick them out of programs for those failures and setbacks, especially as their problems will only become worse out on the streets.

Is Housing First used only by HUD?

Housing First is also followed by the Department of Veterans Affairs (VA) in its two most famous homelessness programs—Supportive Services for Veteran Families (SSVF) and HUD-Veterans Affairs Supportive Housing (HUD-VASH). Under SSVF regulations, for example, it is noted that “re-housing assistance is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the unique needs of the household.” **Those two VA homelessness programs, considered to be the gold standard for homelessness programs both here and abroad, have been instrumental in reducing veteran homelessness by 50% over the last dozen years.** The major differences between the HUD homelessness program and the HUD-VASH and SSVF homelessness programs are that the VA programs are much better funded per capita and are both integrated into the world-class VA health care network.

Why is the Housing First approach so widely embraced?

Housing First is particularly effective at housing people who have experienced homelessness for long periods and suffer from one of more morbidities (problems with physical health, mental health, and substance use disorders). This subpopulation is often very expensive to communities for costs associated with police, corrections, and emergency health care. Helping these people into housing

and providing them with services as well to keep them housed allows local communities to avoid significant costs while improving the health and well-being of their populations.

Does Housing First discriminate against faith-based organizations?

Faith-based organizations play vital roles in local homelessness systems, establishing and operating shelters and rapid re-housing and permanent supportive housing programs, consistent with Housing First. The principles which animate Housing First—upholding the dignity and autonomy of the client being served; building services around the client’s needs and interests, rather than the organization’s; and understanding that the client may fail, perhaps repeatedly, but is still deserving of help—find favor with many creeds and faiths.

What about someone who wants to enter a program that, contrary to Housing First, imposes preconditions and barriers to entry, such as sobriety?

People who want a sober lifestyle can be accommodated with single rental units or in shared housing with others who also want to live that lifestyle.

Is Housing First a treatment program for people with mental illness or substance abuse disorders?

No, Housing First is an approach used by HUD and VA to house and provide services to people experiencing homelessness, one which has the ultimate objective of keeping them safely and securely housed. It is not a treatment program, like those under the jurisdiction of the Department of Health and Human Services. Many people have issues with sobriety or experience substance use disorders but remain safely and securely housed; they may need treatment programs but they don’t need housing programs. Housing First, through the provision of housing and services, helps people experiencing homelessness to become housed; in getting them out of shelters and off the streets, they will be in a much better position to address the issues that caused them to become homeless—whether it be financial or familial issues, or issues related to poor physical health, mental illness, or substance use disorder—so they can remain housed. Once safely and securely housed, beneficiaries of Housing First can seek treatment programs for more extensive help for sobriety and substance use issues—and thanks to Housing First they will be in a much better position to take advantage of those treatment programs.

If Housing First is so great, why do we still have so much homelessness?

Local homelessness systems don’t have the resources to provide Housing First to everyone who needs it. They serve only fractions of the people who are eligible for help. With scarce resources, it makes sense to use them in support of cost-effective strategies like Housing First. Moreover, local homelessness systems can be easily overwhelmed by the homelessness caused by the enduring,

national shortage of affordable housing units and the inadequacy of federal programs to provide housing, mental health treatment, or substance abuse treatment for everyone who needs them.

Summary

The Alliance strongly opposes efforts to limit or weaken Housing First. Housing First helps communities avoid significant costs by helping people get into permanent housing, particularly the chronically homeless. Housing First is housing and wrap-around services that help people to addressing underlying reasons for their homelessness. Federal resources to combat homelessness are limited, far from what's needed to address the problem. Therefore, it is imperative that these resources be used on high-performing programs that are successfully helping people stay safely and securely housed.