The Hawaii Opioid Initiative
A Statewide Response

The Hawaii Opioid Initiative:
A Statewide Response for Opioid and Other Substance Misuse Issues

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Acknowledgments:

"Many hands make the load lighter".
This plan would not have been possible without the contributions and efforts of every individual involved.
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Special Message from
Governor David Y. Ige
Statewide Action Plan on opioids and other substance misuse issues

December 1, 2017

Our nation is facing a serious opioid crisis that is claiming the lives of thousands of people, plunging families into tragedy, and taking a devastating toll on society. While our state often experiences public health trends well after they occur on the mainland, the warning signs are appearing. Fatalities from drug poisoning have outpaced auto accidents in Hawai'i, and the incidence of non-fatal drug poisonings have also increased.

Reports from governors of some of the hardest hit states highlight the need to take proactive and decisive action. Fortunately, Hawai'i has the opportunity to take early action to mitigate the crisis here at home. In July I directed members of my cabinet to work with key stakeholders in the community to develop a strategic and coordinated plan for a statewide response to the opioid crisis. This opioid and substance abuse response plan is the culmination of a collaborative and extraordinary effort. I am grateful for those who contributed to this work and proud of the "can do" attitude of everyone involved.

The plan details the extraordinary coordination taking place among community, healthcare and government stakeholders, and demonstrates how this approach is already effecting positive change. This sustained collaboration sets Hawai'i apart from other states. I am confident this effort will allow us to reverse the current trends of opioid and other substance abuse problems in our state.

Thank you for joining us in our effort to adopt and implement this unified statewide strategy, and for helping to maintain our standing as the healthiest state in the nation.

With warmest regards,

DAVID Y. IGE
Governor, State of Hawai'i

DAVID Y. IGE
GOVERNOR OF HAWAII

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In reply, please refer to:

A Message from the Hawaii Director of Health

Aloha,

Last July, Governor Ige tasked the Department of Health with coordinating his statewide Opioid response initiative. While the Department convened the initiative, this plan was the result of many hands pulling together for the good of the community. We all recognize that there is a national opioid crisis and many in Hawaii are motivated to do what is needed to ensure that we do not experience the devastation seen on the mainland.

Given that public health trends often reach Hawaii later than on the mainland, the opportunity and need to develop an active response plan for the State is imperative. The key to the success of such a plan is inherent in its multi-systemic development. It means recognizing that a plan of this scale belongs to both everyone and no one; and that many hands are needed to put it together and make it work.

As a community, we tend to view behavioral health as separate from our physical health. The opioid crisis has taught us that we can no longer make that distinction and we can no longer ignore the fact that addiction is a chronic illness. Like diabetes, cancer, HIV and other chronic illnesses, our challenge is supporting and providing new ways to treat addiction effectively.

We all want to create a community where the healthy choice is the easy choice. To achieve this, it is imperative that we make mental health and substance misuse services more accessible for more people, and encourage people to seek and use these services. No individual or entity can do this alone.

I have been inspired by the coordination, cooperation and hard work by so many to develop and implement our opioid and substance misuse response plan in such a short time.

Mahalo,

Virginia Pressler

Virginia Pressler, M.D.
Director of Health

A Thank You Note to Hawaii Legislators:

The participants and stakeholders of the Hawaii Opioid and Substance Misuse Initiative (the Collaborative) are deeply appreciative of the legislators who provided leadership, support, guidance and commitment to this planning process.

Over the last three years, Hawaii's legislators have passed key legislation that collectively set a strong foundation for responding to the opioid crisis and has framed policy perspectives related to substance misuse.

In 2015, Act 217 (SLH-2015) "Relating to Medical Amnesty" was signed into law by Governor David Ige.[1] Act 217 provides immunity from drug related charges such as possession when a person calls for medical assistance in a drug related overdose emergency. This law is modeled after "Good Samaritan Laws" in other states. Act 217 signifies a continuing paradigm shift for policy thinking in relationship to substance misuse and indicates a clear movement to a balanced law enforcement/public health approach to addiction:

> *"The legislature finds that, if criminal punishment is intended to deter drug abuse, it is already too late to deter such abuse when a person is suffering from an overdose."*[2]

In 2016, Act 68 (SLH-2016) "Relating to Opioid Antagonists" was signed into law by Governor David Ige.[3] Act 68 provides immunity for healthcare providers who prescribe, dispense or administer Naloxone; creates immunity for any person who administers Naloxone to a person suffering from an opioid related overdose; authorizes emergency personnel and first responders to administer Naloxone; requires Medicaid coverage for opioid antagonists; and allows harm reduction organizations to store and distribute opioid antagonists. Act 68 signified a clear policy stance toward leveraging medication (Naloxone) to treat the effects of opioid misuse and overdose and paved the way toward a chronic illness approach to opioid and other addiction:

> *"Furthermore, research has shown that the increased availability of opioid antagonists does not encourage people to use more drugs or engage in riskier behavior."*[4]

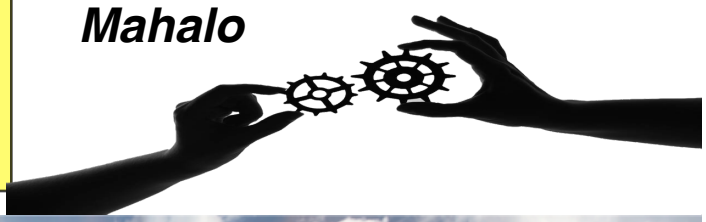
In 2017, Act 66 (SLH-2017) "Relating to Health" was signed into law by Governor David Ige.[5] Act 66, calls for development of an informed consent template by the Department of Health for use by opioid prescribers and limits initial prescription of opioid pain medications to 7 days (with certain exceptions). Act 66 further frames a proactive policy stance for addressing addiction as a chronic illness and for integrating substance misuse awareness into primary care practices:

> *"The legislature also finds that informed consent is an effective process between a provider and patient that relates to a specific medication or a form of treatment such as safe opioid therapy. The informed consent process allows the patient to better understand the goals of treatment, potential benefits of treatment, realistic outcomes, potential risks, how to use the medication, and alternative treatment options. The informed consent process is one approach to begin addressing the nationwide opioid epidemic. The purpose of this Act is to reduce addiction, overdose, and death related to the use of opioids."*[6]

The Collaborative applauds the insight of Hawaii legislators and Governor David Ige for laying a foundation for a public health approach to substance misuse and addiction. We strongly support the continuation of such thoughtful legislation that continues to effectively shape the paradigms through which the State views addiction and implements substance abuse related policy.

For its part, the Collaborative has sought to develop actionable goals and objectives that build on the policy foundation discussed above. The consensus of the Collaborative was that our initial objectives should focus on building upon and effectively implementing existing legislation and statute. Thus, the immediate focus of the Hawaii Opioid Action Plan (the Plan) is centered around coordinating efforts and programs toward a more seamless system of care and have limited legislation based recommendations to those necessary to accomplish key activities.

Mahalo



Executive Summary

In July 2017, Governor David Ige officially launched his Statewide Opioid Action Initiative.

The Initiative brings together stakeholders from the public and private sector, and with both public health and public safety focus. The overarching goal is to develop and implement a proactive coordinated statewide Action Plan on opioids and other substance misuse issues.

While overdose deaths in Hawaii have outpaced auto accident fatalities, public health surveillance data shows that the State has not yet experienced the magnitude of the opioid crisis seen in other parts of the country. Hawaii is faced with a relatively unique opportunity to proactively respond, prepare, and prevent the crisis from reaching the same scale. The Governor tasked the Department of Health (DOH) with convening and coordinating the effort and provided the following guidance:

- Work together.
- Include everyone who wants to be included.
- Honor each other's expertise.
- Make the Plan a "living document".

The DOH convened a broad Collaborative through which the primary areas of need in Hawaii were identified, national recommendations and strategies were reviewed, focus areas were developed and a policy coordination framework was implemented.

The many stakeholders involved formed a working collaboration to:

- Identify primary areas of need,
- Review national recommendations and strategies,
- Develop focus areas,
- Implement a coordinated practice and policy framework to address opioid use in Hawaii,
- Develop a working response plan.

The key needs identified by the Collaborative were in alignment with those identified nationally and promoted by national bodies such as the National Governors Association (NGA), the Association of State and Territorial Health Officials (ASTHO), the American Society of Addiction Medicine (ASAM), and the Center for Disease Control (CDC) as areas where states should focus policy and interventions:

Data

There are many data resources available that provide information on the prevalence of opioid and other substance misuse rates. These include the Prescription Monitoring Program (PMP) which is a database of narcotic prescriptions filled in the State, and the Hawaii Poison Center (HPC) which provides real time data on opioid exposures and overdoses. However, a coordinated data plan for substance use that guides how data is collected, synthesized, and disseminated in way that is useful for policy-makers and program managers is needed.

Prevention Activities

Opioid misuse and overdose related prevention activities are currently limited in Hawaii and there is a need to increase public awareness of opioid risks to prevent more individuals from becoming dependent on opioids. Assuring access to Naloxone was identified as one key prevention activity that can help reduce deaths in the case of opioid overdose.

Reduce Stigma

Stigma around substance use was identified as a primary barrier to seeking and receiving help for opioid and other substance misuse disorders. Stigma was also identified as negatively impacting policy since perceptions about substance users are often inaccurate and outdated. Strategies to actively reduce stigma around using behavioral health services and primary care will encourage those needing treatment to seek care earlier and get the care they need.

Training and Education

There is a need to train medical professionals on opioid prescribing guidelines to assure that all providers understand current best practices. There is also a need to train law enforcement/ first responders, and other relevant professional groups around the risk of opioids and how best to respond to community members who may be experiencing overdose.

Expand Treatment Capacity and Access

One key need identified was to more effectively expand substance use prevention and treatment capacity and integrate with primary care. Efforts are underway to train primary care physicians to identify patients with low-to-moderate substance use before serious health issues develop, and refer to treatment if necessary. A more effective and responsive referral and treatment entry system is needed as well.

Policy Coordination

The need to coordinate policy and policy driven efforts was identified with overwhelming consensus. It was noted that policies are often implemented with good intentions, however, the opioid and other substance misuse crisis requires a complex and multi-faceted response. When policies are implemented without coordination, they risk un-intentional interference with each other.

The DOH, and key staff from the Department of the Attorney General (AG), the Department of Public Safety (DPS), the Department of Human Services (DHS), and the various community partners reviewed available literature from federal agencies and other states on recommended elements for statewide opioid response plans.

This review identified three major themes present in all the national recommendations for state responses to the opioid crisis. They were:

1. That state plans should improve systems-level coordination to positively impact statewide policy;
2. That state plans should promote a balanced public health and public safety response; and,
3. That state plans should precipitate continued movement toward increased behavioral and primary healthcare integration.

Additionally, the review revealed common areas of recommended focus for state plans. The Collaborative adopted 6 key focus areas that were deemed to best encompass the needs of Hawaii discussed above, as well as remain consistent with national themes and recommendations for state opioid response plans:

Focus area 1 – Treatment Access: Improve and modernize healthcare strategies and access for opioid and other substance misuse treatment and recovery services.

Focus area 2 – Prescriber Education: Improve prescribing practices for opioids and related drugs by working with healthcare providers.

Focus area 3 – Data Informed Decision Making: Implement system-wide routine data collection, sharing and dissemination to increase knowledge and inform practice.

Focus area 4 – Prevention and Public Education: Improve community-based programs and public education to prevent opioid misuse and related harms.

Focus area 5 – Pharmacy-based Interventions: Increase consumer education and prescription harm management through pharmacy-based strategies.

Focus area 6 – Support Law Enforcement and First Responders: Coordinate operations and services, support specialized training for first responders and assure effective laws and policies.

The objectives outlined in the Plan were developed to respond to both the identified themes and the focus areas.

Lastly, the Collaborative is recommending an amendment to statute related to the Prescription Monitoring Program (PMP) (HRS 329-104). The recommended change provides additional authority for the DPS, Narcotics Enforcement Division (NED) to provide PMP data to specific divisions of the DOH for public health surveillance purposes.

Within the scope of 5 months, a broad range of government and community organizations came together and produced a comprehensive Statewide Plan that can serve as a roadmap for a proactive and sustainable response to the opioid crisis. A significant accomplishment by any measure, but only a beginning.

Recommendations for next steps beyond implementation of this Plan include:

1. Continue policy framework sessions with work groups and continue to build upon and expand collaborative efforts.
2. Track the progress and effectiveness of interventions on all 6 areas and expand/adjust the Plan as additional data and outcomes are obtained.
3. Utilize the framework to continue to link efforts underway aimed at addressing related issues such as mental health and homelessness.
4. Continue to address serious harms related to opioid misuse such as transmission of hepatitis C and HIV.
5. Prepare recommendations for legislative actions for the 2019 Session that enhance efforts and address barriers.

Introduction

> **The United States faces one of the most pervasive and deadliest public health and drug misuse crises in its history.[7]**

The nationwide opioid crisis is a stark illustration. Both nationally and in Hawaii deaths due to overdose have outpaced traffic fatalities.[8,9] Ninety-one Americans die every day from an opioid overdose.[10] In Hawaii, between 2012 and 2016, an average of 150 people per year died from a drug overdose compared to 113 deaths from motor vehicle crashes.[11]

Many of these deaths were related to prescription medication. **In 2012, 259 million prescriptions for opioid pain relievers were written; enough for every adult in America to have their own bottle**.[12] In Hawaii, there are nearly 490,000 dispensed prescriptions for oxycodone and hydrocodone alone, potentially consumed by one-third (34.1%) of the resident population.[13]

While Hawaii ranks relatively low by national comparison in prevalence of opioid related deaths and rates of heroin use,[14] there is still a need to respond. We know that public health trends often appear in Hawaii later than in other states. Fortunately, this provides Hawaii with the opportunity, through strategic planning and coordinated initiatives, to prevent further spread of the opioid misuse epidemic in the islands and save lives that other states are seeing lost to opioids.

Hawaii leaders and key stakeholders understand that the opioid crisis is an effect of a much greater and more pervasive crisis both in our nation and our State. The disease of addiction is not confined to opioid addiction and continues to increase in prevalence and intensity. In 2016, the Surgeon General's report Facing Addiction in America, illustrates the grim reality that addiction stands out as one of the major public health issues of our time. The report asserts several key notions:

- That addiction is a chronic neurological disorder to be treated as other chronic illness or medical condition;
- That like other chronic illnesses such as diabetes, risk factors are largely impacted by social determinants;
- That the impact of substance misuse and addiction is cumulative and costly for our society;
- That this impact is reflected in both the rapid emergence of opioid addiction as well as the long-standing challenge of alcohol dependence; and
- That shifts in our thinking about this disease, how it develops and how we can effectively address it must occur for us to be successful in reversing the increasing prevalence of this devastating illness.[15]

Opioids are not the only substances claiming lives, destroying families and undermining the quality of life in Hawaii. For example, **aside from alcohol, methamphetamine remains Hawaii's most prevalent drug of misuse among adults while cannabis remains the most prevalent substance used among adolescents**.[16] Hawaii also has one of the highest rates of incarceration due to methamphetamine related convictions.[17] The need to mobilize coordinated and effective strategies that proactively prevent opioid related deaths and which addresses the overall substance misuse problem in Hawaii is inarguable.

To this end, Governor David Ige announced his Opioid Initiative on July 12, 2017 and tasked the Director of Health, to lead the effort to develop a multi-organizational strategic plan that synchronizes multiple sectors and efforts either directly or indirectly focused on addressing opioid and other substance misuse issues in our State.

This Plan assumes success is only possible through a collaborative approach. It considers interventions aimed at both supply and demand, as well as those aimed at harm reduction. It further asserts that the "big picture" goal is to generate positive relationships that prove the notion that what is often mistaken for lack of resources, is actually a lack of effective coordination of resources that already exist. This perspective is reflected in the way that the many participants and stakeholders from across the State are referred to throughout this report as "the Collaborative".

The effort engaged a multitude of community organizations, public and private sector groups, and other key stakeholders to organize resources, energies and initiatives. The focus of these efforts was not necessarily to 'identify' or to 'raise awareness' of the problem. Rather, the focus of the Initiative is to leverage the expertise and efforts of individuals, groups and organizations across the State; to harmonize efforts; to coordinate resources; and to implement a unified plan of action. This task is much easier said than done. However, the hard work and commitment of all involved have made this Plan possible.

This Plan is a "living document," intended to be continuously reviewed and adapted by individual and institutional stakeholders to prompt sustained efforts and joint action. As needs and circumstances change, its use can be adapted to take advantage of new resources for achieving objectives toward successfully addressing opioid and other substance misuse problems in Hawaii. However, the core policy framework adapted by the Collaborative is integral to maintaining the levels of coordination and cooperation that have made this Plan possible and to continue building on the unilateral interventions that have already begun.

Pupukahi I holomua: *Unite to move forward*

UNDERSTANDING THE PROBLEM: OPIOIDS AND SUBSTANCE MISUSE

ON THE NATIONAL LEVEL

The national opioid epidemic has been well publicized and well documented as one of the most pervasive public health and public safety issues of our time.[18]

The last five years have seen a sharp spike in prescribed opioid medications, opioid misuse, and overdose fatalities. The magnitude of the crisis is staggering in that it claims 91 American lives every day.[19]

The death rate has been steadily increasing since 2002 (Fig.1)[20], with no sign of slowing down. The most recent estimates for 2016 continue to reflect an upward trend with almost twice the number of deaths than in 2015.[21]

Prescription overdose deaths are not the only measure of the problem. The crisis is also evident in the more than 1000 patients who are treated every day, in emergency departments for misusing prescription opioids.[22] It is also estimated that 2 million Americans misused or were addicted to prescription opioids in 2014.[23]

Prescription Opioids

The amount of opioid pain relievers prescribed in 2015 was enough to keep every American medicated around the clock for 3 weeks.[24]

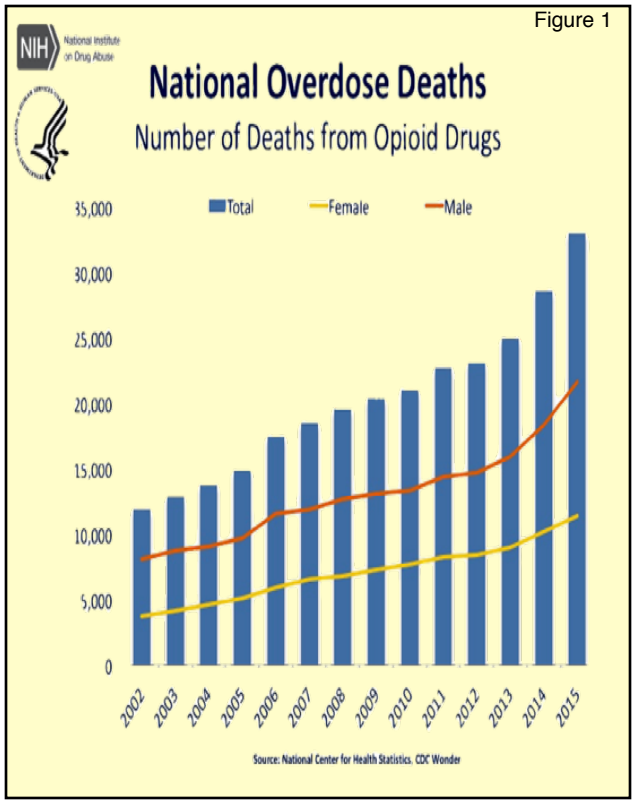
A major cause of the opioid crisis is the volume of prescriptions written for opioids. Nearly half of the overdose deaths in 2015 involved prescription opioids.[25]

In treating pain for a wide range of illnesses, the nation's medical care system has unintentionally contributed to its growing opioid addiction problem.

It is estimated that 1 in 4 individuals who receive prescription medications for non-cancer pain in primary care settings struggle with opioid addiction.[26]

This public health emergency reflects a deep crisis in the nation's healthcare system. Primary care and behavioral health care systems have been traditionally segmented, yet, as illustrated by the opioid crisis, they are intricately impacted by one another. An integrated and holistic approach is needed to more effectively address pain and addiction in our communities.

Figure 1



Heroin

> **The prevalence of other opioids such as heroin is increasing across most demographic groups including people between 18 and 25, people with household incomes of $50,000 or more, and people with private health insurance.**(Fig.2)[27]

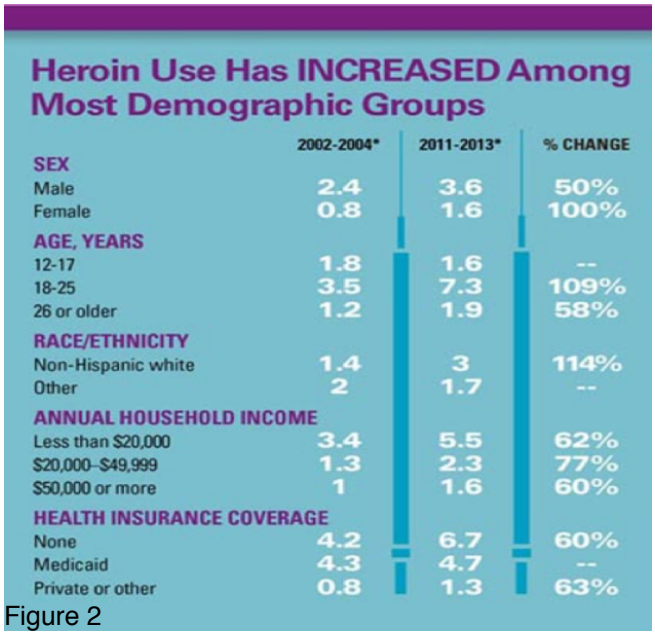


Figure 2

These indicators drive home the notion that individuals who suffer from opioid use disorders are from all walks of life.

The alarming trends of increased heroin use may also be related to prescription opioid problem. **Data shows that past misuse of opioid prescriptions is one of the strongest risk factors for starting heroin.**[28] Substance misuse treatment providers across the nation have shared anecdotal stories of individuals who are prescribed opioids for pain due to an accident, surgery, or illness who become addicted to pain relievers and are left to find a replacement once they are no longer prescribed opioids. **Even at very low doses, taking a prescribed opioid for more than 3 months increases the risk of becoming addicted to opioids by 15 times.**[29]

As awareness of the dangers of long-term use of opioid prescriptions has grown, a movement to limit opioid prescriptions has emerged. For initial prescriptions, this is sound practice. However, through efforts to reverse the trend of over-prescribing, many physicians and managed care organizations (MCO's) are taking steps to limit prescriptions to patients who have been on prescribed opioids for extended periods of time without considering the withdrawal and long-term opioid use disorder treatment needs of patients.

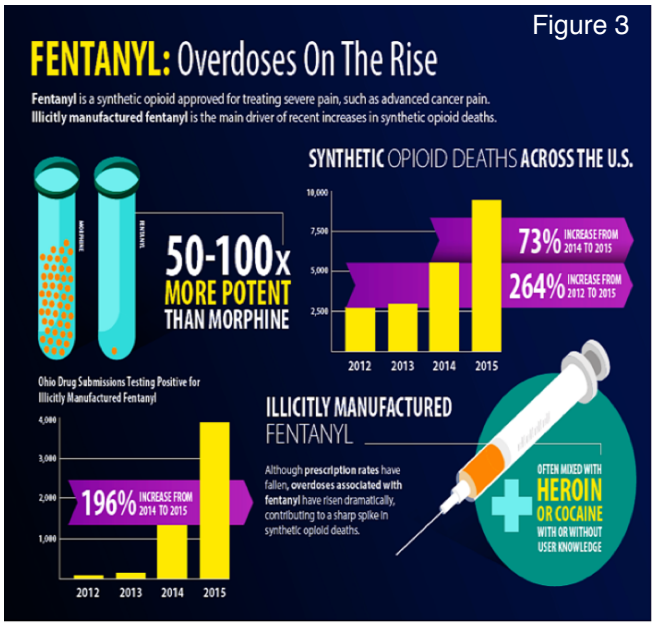
Additionally, adequate steps to find alternatives to chronic pain have not been implemented with sufficient adequacy to 'fill the void' of opioid pain medications. Often, what is identified as a solution to a problem from one perspective may create more problems in another context.

Therefore, **much of the literature on the national level emphasize a coordinated, multi-systemic approach to addressing the opioid crisis.**

Fentanyl

Fentanyl is a synthetic opioid used primarily for treating advanced cancer pain, has emerged as a major concern in relationship to the opioid crisis and has public health and law enforcement officials alike concerned that demand for the drug will only serve to intensify the crisis.

Figure 3



At 50 – 100 times higher potency than morphine, the potential for overdose is even more significant (Fig. 3).[30] In just one year (2014-2015) overdose deaths due to synthetic opioids increased 73%.[31] Law enforcement authorities and others indicate that most fentanyl deaths over the last three years are related to illicitly-made fentanyl that is being mixed with or sold as heroin. In 2015, the Drug Enforcement Administration (DEA) issued a report indicating hundreds of thousands of counterfeit prescription pills have been entering the U.S. drug market since 2014.[32]

Other Substance Misuse

The opioid crisis represents an allegory of a more pervasive addiction crisis in America.

In 2015, over 66 million people aged 12 or older in the United States reported binge drinking and 27.1 million people were current users of illicit drugs or misused prescription drugs.[33]

The widespread misuse of alcohol and drugs, and the prevalence of addiction has taken a toll on American society.[33]

- Substance misuse and substance use disorders cost the U.S. more than $442 billion annually in crime, health care, and lost productivity.[33]
- These costs are almost twice as high as the costs associated with diabetes, which is estimated to cost the United States $245 billion each year.[33]
- Alcohol misuse contributes to 88,000 deaths in the United States each year; and alcohol misuse and alcohol use disorders cost the United States approximately $249 billion in lost productivity, health care expenses, law enforcement, and other criminal justice costs.[33]
- The costs associated with misuse of illegal drugs, non-prescribed medications and drug use disorders were estimated to be more than $193 billion in 2007.[33]
- In 2015,15.7 million people were in need of treatment for an alcohol use disorder and nearly 7.7 million people needed treatment for an illicit drug use disorder.[33]

Relevant to the opioid crisis, data shows that people who are addicted to other substances have an increased likelihood to be addicted to heroin. (Fig.4)[34]

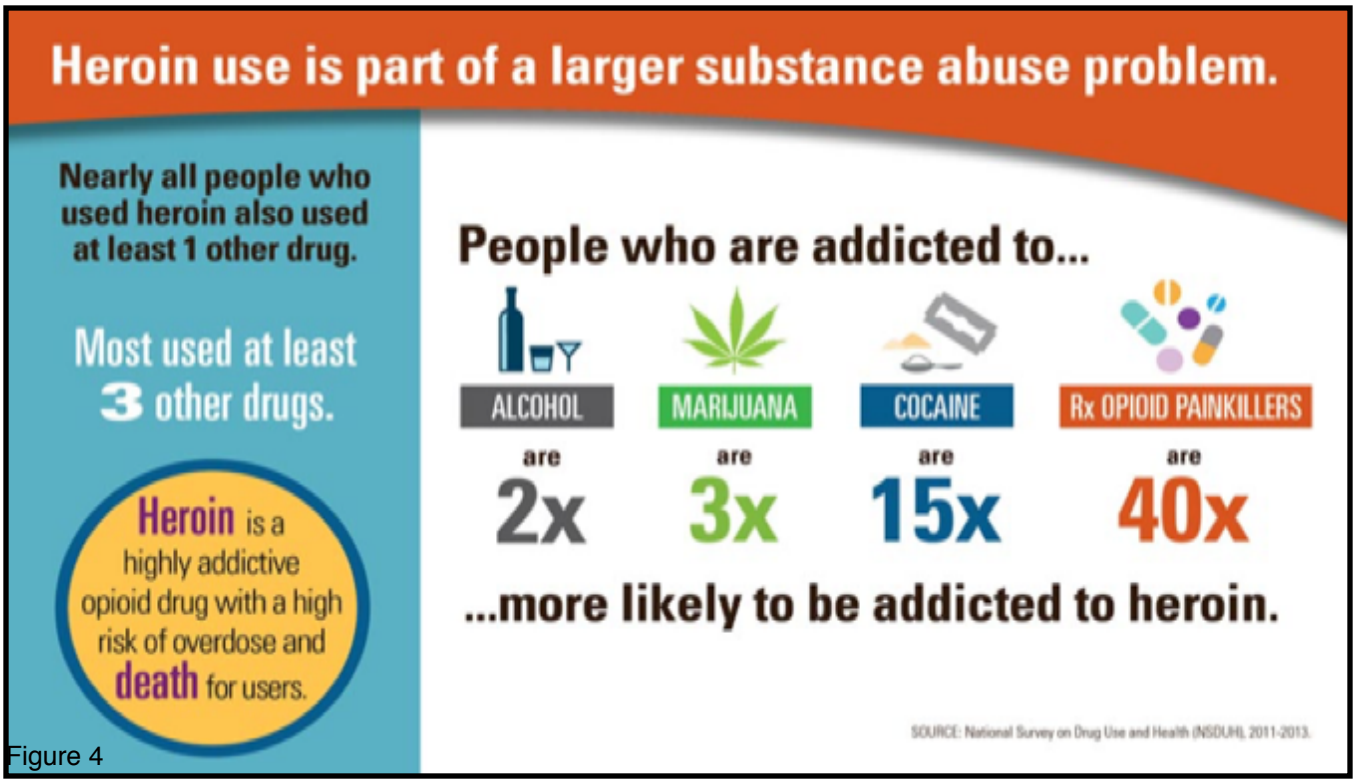


Figure 4

It is also notable that overdose deaths from substances other than opioids, while not as glaring, have continued to steadily increase in the last 3 years.(Fig.5)[35]

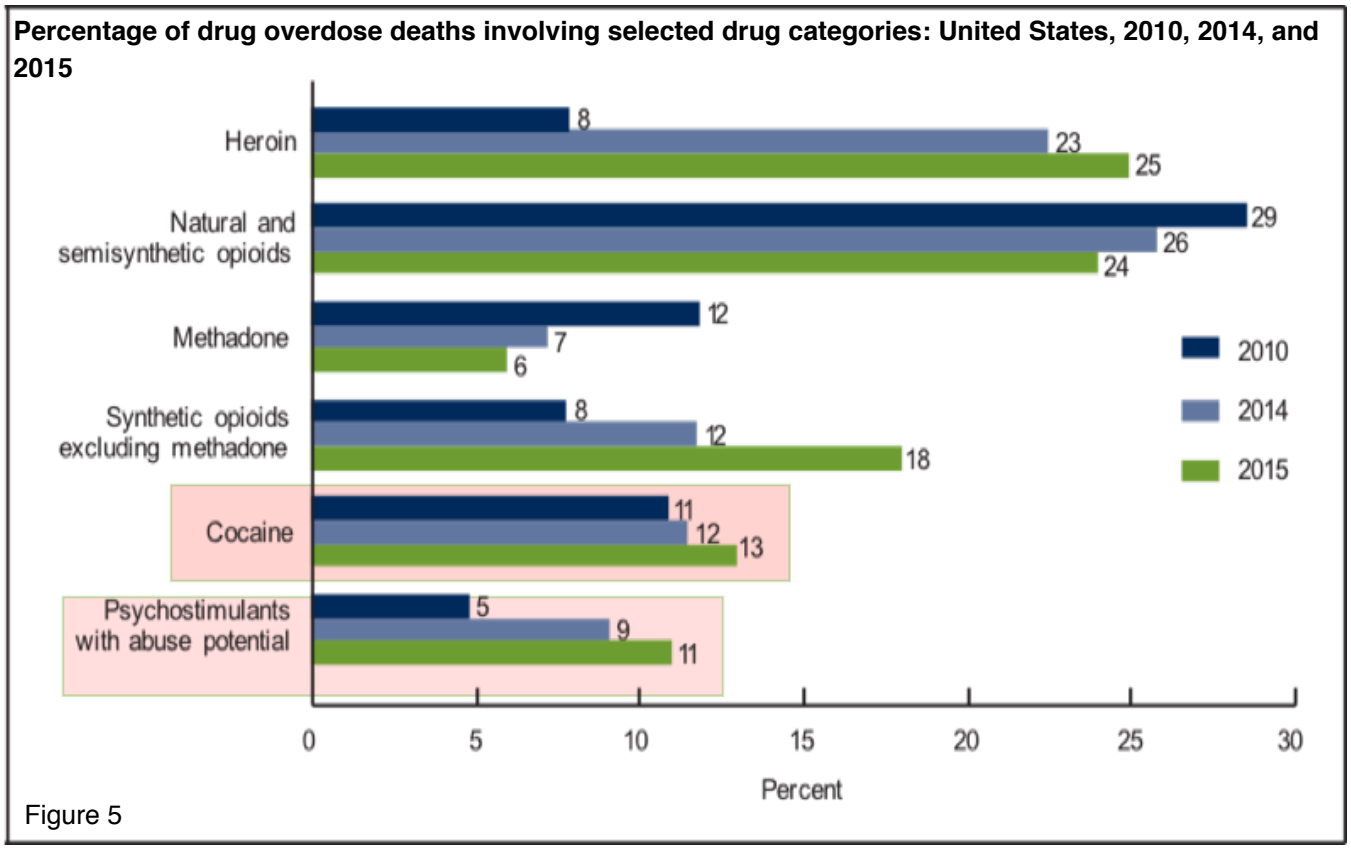


Figure 5

Infectious Diseases and Other Harms

> **The opioid crisis has also resulted in other related health harms, most notably increases in viral hepatitis.**

Over just five years, the number of new hepatitis C virus infections reported to the Centers for Disease Control and Prevention (CDC) has nearly tripled, reaching a 15-year high, according to new preliminary surveillance data by the CDC.[36] New hepatitis C virus infections are increasing most rapidly among young people, with the highest overall number of new infections among 20- to 29-year-olds. This is primarily a result of increasing injection drug use associated with America's growing opioid epidemic. HIV is also readily transmitted through unsafe injection practices and increasing opioid injections use can lead to significant increase in new HIV infections.[37] As Hawaii plans to address opioids for local communities, it is important to consider all the health implications to better coordinate efforts and maximize existing resources and partnerships.

UNDERSTANDING THE PROBLEM: OPIOIDS AND SUBSTANCE MISUSE

ON THE STATE LEVEL

The impact of the opioid crisis in Hawaii is very different from the mainland, but no less compelling and concerning. Similar to the mainland, overdose deaths now rank higher than traffic fatalities in Hawaii. (Fig. 6)[38]

Leading mechanisms of fatal injuries among Hawaii residents, by 5-year periods, 1997-2016

	1997-2001	2002-2006	2007-2011	2012-2016
1	motor vehicle (628)	motor vehicle (703)	DRUG POISONING (774)	DRUG POISONING (782)
2	suffocation (407)	DRUG POISONING (536)	falls (630)	falls (773)
3	falls (391)	falls (525)	motor vehicle (578)	suffocation (570)
4	DRUG POISONING (378)	suffocation (453)	suffocation (557)	motor vehicle (565)
5	firearm (233)	drowning (178)	firearm (205)	firearm (235)
6	drowning (175)	firearm (173)	drowning (202)	drowning (194)
7	cut/pierce (62)	poisoning (46)	poisoning (72)	cut/pierce (66)
8	poisoning (44)	cut/pierce (39)	cut/pierce (61)	poisoning (47)
9	fires and burns (38)	fires and burns (29)	other transport (29)	other transport (37)
10	other transport (27)	other transport (16)	fires and burns (24)	fires and burns (29)

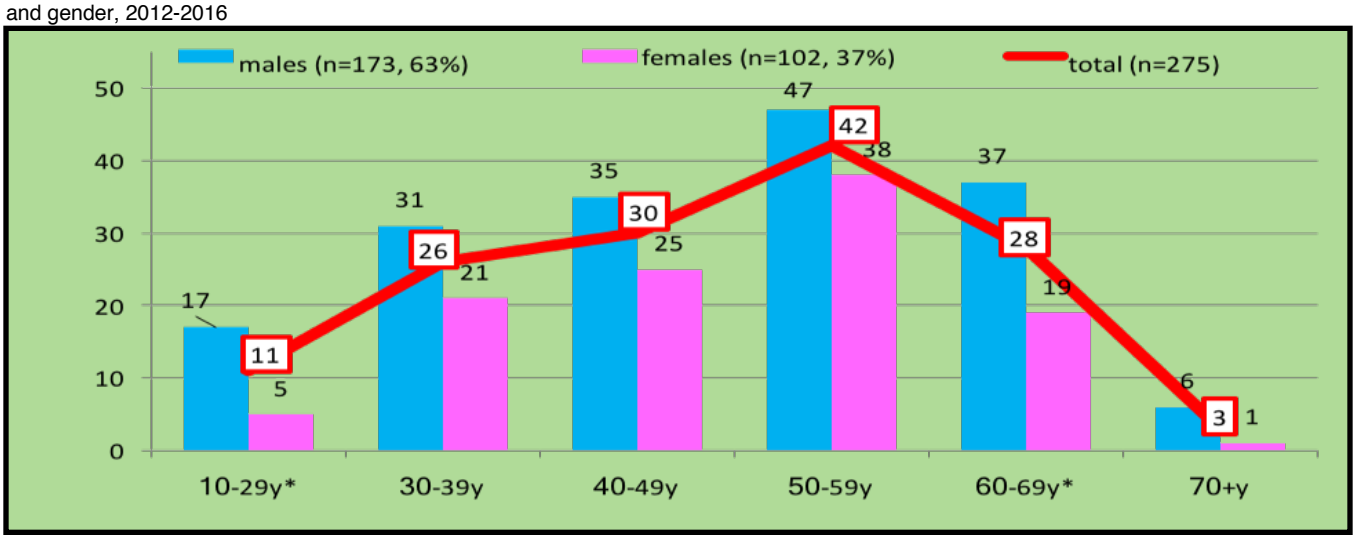
Figure 6

However, the situation in Hawaii diverges from the mainland in several key ways that illustrate the opportunity to proactively respond. For example, age-adjusted rates of drug- and opioid-related fatal poisonings are generally lower for Hawaii residents compared to the U.S. as a whole. Hawaii had the 43rd highest rate (or 8th lowest) rate of either type of mortality among the 50 states over the 2012-2015 period.[39] Perhaps more importantly, mortality rates in Hawaii have been relatively stable after reaching a peak around 2010, while increasing trends persist for the U.S.[40] However, we know that Hawaii often experiences a delayed impact in relationship to national trends in substance use. It would be a mistake to assume the difference in trend patterns between Hawaii and the contiguous U.S. means that there is no need to be vigilant.

Opioids

Hawaii residents in the 50 to 59 year age range had the highest mortality rates for opioid overdoses, for both men and women. (Fig.7)

Figure 7. Five-year poisoning fatality rates (per 100,000 residents) involving opioid pain relievers, among Hawaii residents, by age and gender, 2012-2016



Males comprised nearly two-thirds (63%) of the victims, and had slightly higher mortality rates at every age group.[41] A sampling of autopsy records from a single year (2016) in Honolulu County, provide a wealth of information when examined for primary and underlying causes of death related to opioids. The data provides an unsettling snapshot into the etiology of opioid related fatal overdose deaths in Hawaii including:[42]

- Two-thirds (66%, or 37) of the 56 overdose victims reviewed were positive for opioid pain relievers (OPR) other than morphine, codeine, and methadone.
- The most common OPR were oxycodone (17 victims), oxymorphone (9), fentanyl, and hydrocodone and methadone (8 each).
- Twenty-one percent (12) of the victims were positive for heroin, including 4 who were also positive for OPR.
- Heroin users were significantly younger (38 years on average, vs. 49 years) than the other decedents.
- Nine victims (16%) were positive for methadone, including 4 who were also positive for OPR.
- Thirty-eight percent (14 victims) of the 37 victims who were positive for OPR were also positive for benzodiazepines.
- Nearly one-half (6) of those 14 victims were known to have their own prescription for benzodiazepines.

Death Scene:[43]

- Most (86%, or 48) of the 56 victims were found inside a house or apartment; only 11% in public settings.
- Most (73%, or 35) of the 48 victims who died at residences were deceased when first discovered.
- Others were present for more than half (63%, or 22) of these 35 incidents, but were apparently unaware of the overdosed victim.
- Less than one-third (29%, or 16) of the 56 total victims were alive when discovered.

Other Factors:[44]

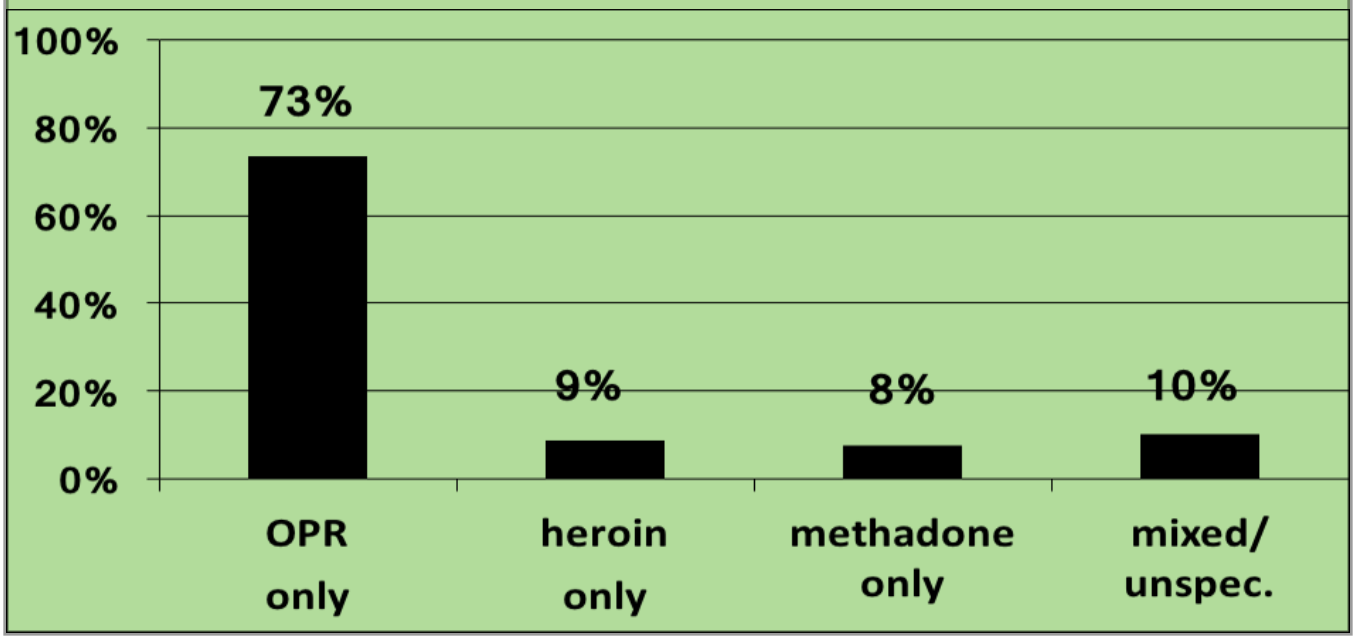
- Only 1 of the 56 victims was described as homeless at the time of their death; another had been homeless in the past.
- About two-thirds (68%, or 38) of the 56 victims had a history of mental illness, including 52% with depression, 16% with anxiety disorders, and 14% with bipolar.
- Most (91%, or 51) of the deaths were classified as unintentional, and 5 as suicides (4) or possible suicides (1).

Non-Fatal Overdoses:

In concert with the trends in fatal opioid-related overdoses, the number of nonfatal overdoses requiring treatment in Hawaii hospitals increased dramatically to a peak around 2010 before levelling off to an average of nearly 400 nonfatal incidents each year.[45]

Nearly half (47%, or 183 per year) of these nonfatal poisonings required hospitalization, attesting to their severity. Most of these poisonings involved prescription opiates (Fig. 8). Only 9% involved heroin, either alone or in combination with other types of opioids; most (80%) of the heroin-related overdoses were treated in Oahu hospitals.[46]

Figure 8: Nonfatal opioid-related poisonings treated in Hawaii hospitals, by type, 2012-2016 (n=1,969)



Overdose Costs

Each opioid-related overdose cost an average of $4,050 per emergency department visit in Hawaii, and about $40,100 for each hospitalization.[47]

Opioid-related overdoses generated about $9.8 million in hospital charges in 2016.[48] Medicaid or QUEST was the principal source of payment for 42% of patients, while 27% were covered by Medicare, 22% by private insurers, and 5% utilized self-pay (also includes "charity care" here).[49] The payer distribution differed by the type of opioid poisonings, with the highest proportion of private payers among those with OPR-related overdoses, while more than half of patients with heroin- and methadone-related overdoses used Medicaid/QUEST policies. (Fig.9)[50]

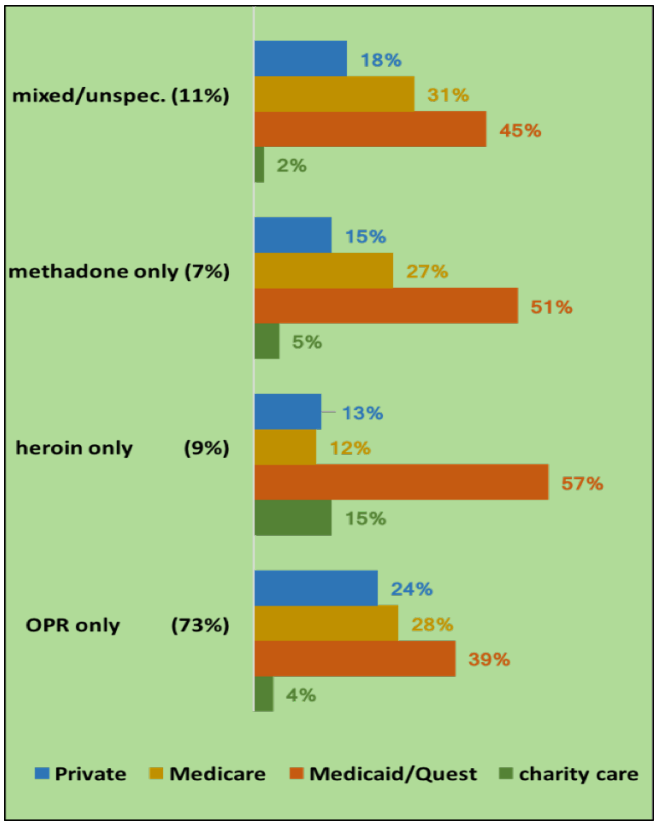


Figure 9. Primary source of payment for patients treated for opioid-related overdoses in Hawaii Hospitals, by type of overdose, 2012-2016.

Other Substance Misuse

As with the rest of the country, opioid misuse represents only one facet of the broader addiction problem in Hawaii. Individuals who suffer from addiction often misuse more than one substance.

As discussed previously, (see Fig.4) each substance misused increases risk for misuse of other drugs.

The same sampling of autopsy records reviewed from 2016 in Honolulu County, that examined primary and underlying causes of death related to opioids yielded equally concerning data on other substance use among overdose deaths including:[51]

Overall, more than half (59%, or 33) of the 56 victims were positive for illicit substances.

- 23 for methamphetamine
- 10 for cannabinoids
- 2 for cocaine; and,
- 12 for heroin.

One-quarter (25%, or 14) victims were positive for at least 2 of these types of illicit substances, most commonly methamphetamine and heroin (7 victims), or methamphetamine and cannabinoids (5 victims). The age and gender distributions were statistically comparable between victims positive for illicit substances and other victims. Six victims (11%) were also positive for alcohol.

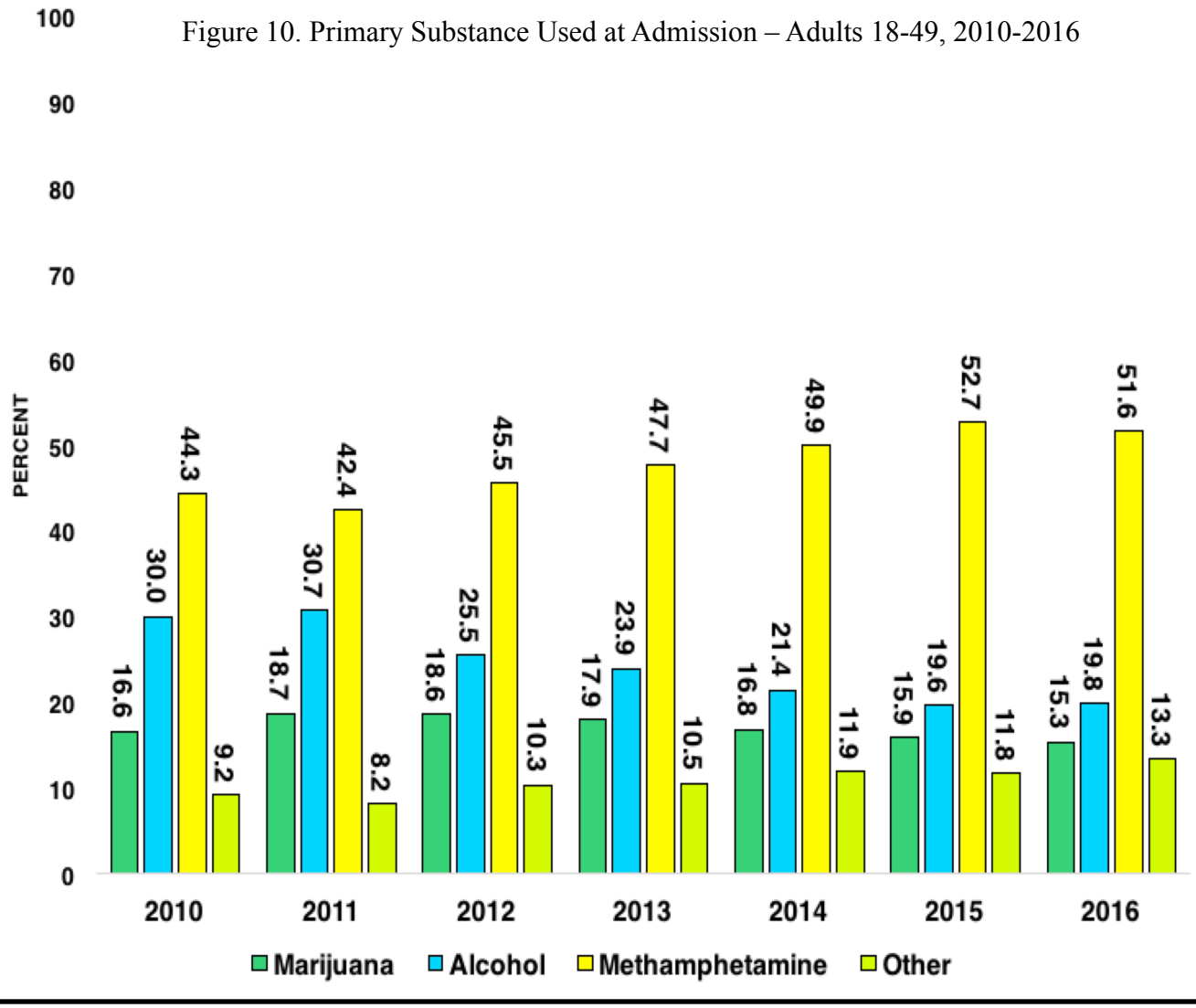
The prevalence of misuse of substances other than opioids and overall addiction in Hawaii are not the primary focus of this report. However, the issue of opioid misuse and addiction can not be fully appreciated unless taken in the context of a broader chronic illness perspective. Substance misuse and addiction represent significant public health and economic burden for the State. For example:

- Workplace drug tests positive for methamphetamine were 410% higher than the national average in 2011.[52]
- Impaired driving deaths in Hawaii (2010-2014) were 39.4% compared to the national average of 30.0%.[53]

- Cannabis was reported as the primary drug of choice upon admission for 59.5% of the adolescents receiving substance misuse treatment in 2014.[54]
- Nationally, methamphetamine played a role in 28.5% of drug convictions in federal court in 2015. In Hawaii, meth was part of nearly 94% of such cases.[55]

Treatment admission data (Fig. 10) for the years 2010 -2016 in Hawaii further underscore the need for a focus on the broader addiction issue in the state and for a coordinated and comprehensive approach to addiction in Hawaii.

Figure 10. Primary Substance Used at Admission – Adults 18-49, 2010-2016



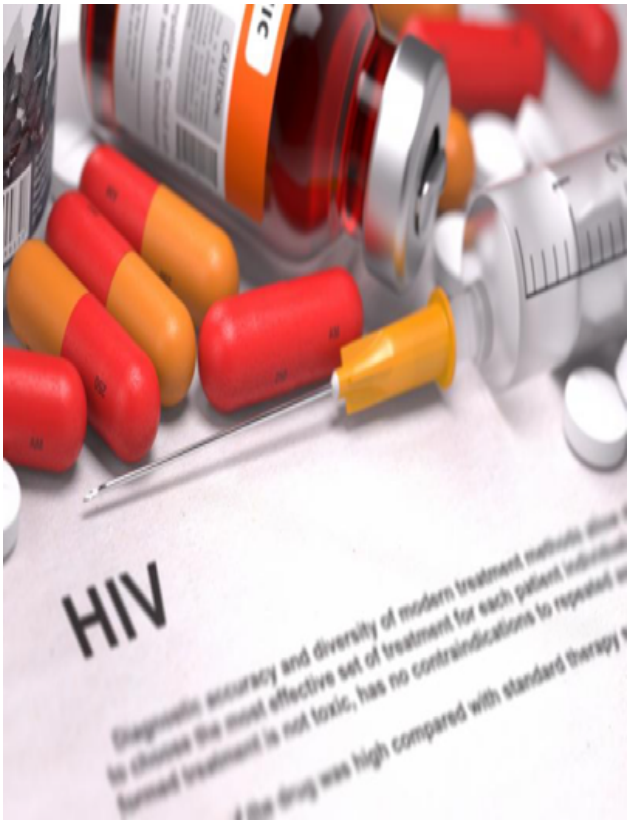
Infectious Diseases and Other Harms

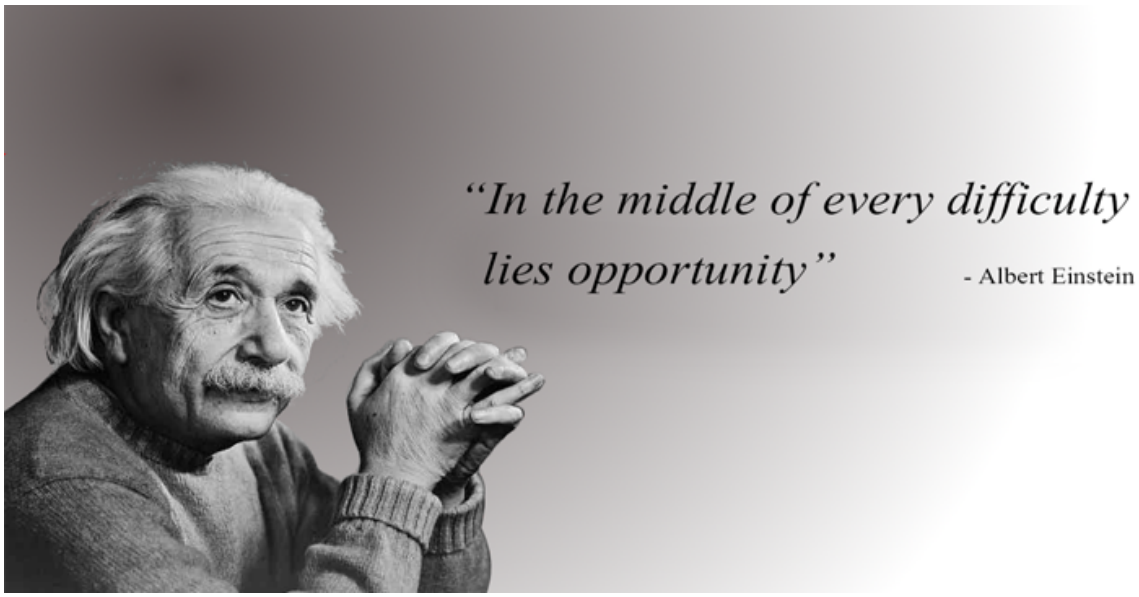
As with overdoses in Hawaii, hepatitis C infection rates related to opioid use (especially via injection) may not currently be as dire as in the continental US. However, some data sources indicate that hepatitis C may be a public health concern in the near future.

The Community Health Outreach Workers Project (CHOW), Hawaii's state-funded syringe exchange program since 1993—found an HCV antibody positivity of 67% among a representative sample of its participants, who are all persons who inject drugs (PWID).[56]

CHOW found a difference in HCV antibody positivity between younger (under age 30 years) and older PWID, with rates of 31.6% and 90.9%, respectively. The lower HCV antibody positivity among the younger cohort at CHOW suggests that HCV prevention efforts are still possible among newer PWID. This is especially important as CHOW and other organizations are observing increases of young PWID in Hawaii. Recently, about 1 in 10 lesbian, gay, and bisexual (LGB) public high school students in Hawaii reported injecting drugs at least once before graduating; 1 in 4 of these LGB youth also reported using prescription drugs without a prescription.[57]

Increase in injection drug use has been closely linked with opioid misuse and its sequelae, especially HCV infection and drug overdose.[58] HIV is also readily transmitted through unsafe injection practices and increasing opioid injections use can lead to significant increase in new HIV infections. As Hawaii plans to address opioids for local communities, it is important to consider all the health implications to better coordinate efforts and maximize existing resources and partnerships.





The Opioid Opportunity:

An Opportunity to Address the Deeper Emergency of Addiction Through Our Response to the Opioid Crisis.

> **The national opioid crisis provides an opportunity for Hawaii to enhance its system of care to avert a greater crisis in the state while simultaneously improving our response to the chronic illness of addiction.**

Hawaii continues to experience alarming trends and disparities in the rates of behavioral health conditions, as well as disparities based on geographic and ethnic identity.[59]

The high prevalence of substance use and mental health problems, especially among Asian Americans, Native Hawaiians, and Pacific Islanders,[60] are juxtaposed with Hawaii's high ranking (#2) among states with the lowest percentage of uninsured by population.[61]

Barriers and gaps in the continuum of care contribute to increased acuity and chronicity rates of co-occurring health conditions and continue to negatively impact the community health gains realized from virtually universal healthcare coverage across the State.

Consequently, a small number of the State's population consumes a proportionally high percentage of the healthcare resources in the State.[62] These challenges provide a clear need for policy initiatives to move Hawaii toward an integrative and preventative care approach.

Substance misuse services are mandated by Hawaii Revised Statutes (HRS) Chapter 321, which charges the DOH with the responsibility of coordinating all substance misuse programs including rehabilitation, treatment, education, research and prevention activities and HRS Chapter 334, which requires that the DOH:

> *"shall foster and coordinate a comprehensive mental health system utilizing public and private resources to reduce the incidence of mental or emotional disorders and substance misuse and to treat and rehabilitate the victims in the least restrictive and most therapeutic environment possible."* [63]

The Alcohol and Drug Abuse Division (ADAD) of the Department of Health is designated as the Single State Authority for substance abuse (SSA). It is the overarching goal of ADAD to effectively link and leverage existing resources and partnerships to strengthen the infrastructure of the system of care.

ADAD's efforts are focused along three tracks: (1) education and training; (2) care coordination and integration; and (3) policy shaping. The desired result is a system that has greater primary and behavioral healthcare integration, increased access to services, and a broad community and professional awareness of the substance abuse issues impacting the State.

These activities and goals are designed to follow the basic tenets of a public health approach to chronic disease.

The 2016 Surgeon General's Report on Alcohol, Drugs and Health underscores the importance of addressing addiction as a chronic illness and mobilizing a public health approach in response.

The focus of both the Opioid Initiative and ADAD reflects our commitment to leverage opportunities to drive improvements in the public health system for substance misuse, use disorder, and related health consequences.

With an increased focus toward a public health approach to opioid addiction nationally, **now is the time to capitalize on all opportunities to develop a more comprehensive system of care that will effectively address the opioid crisis as well as the disease of addiction in Hawaii.**

The Planning Process

> **The Hawaii team recognized early on that the abundance of information and best practices in addressing the opioid crisis available from multiple national sources provided both an opportunity and a challenge.**

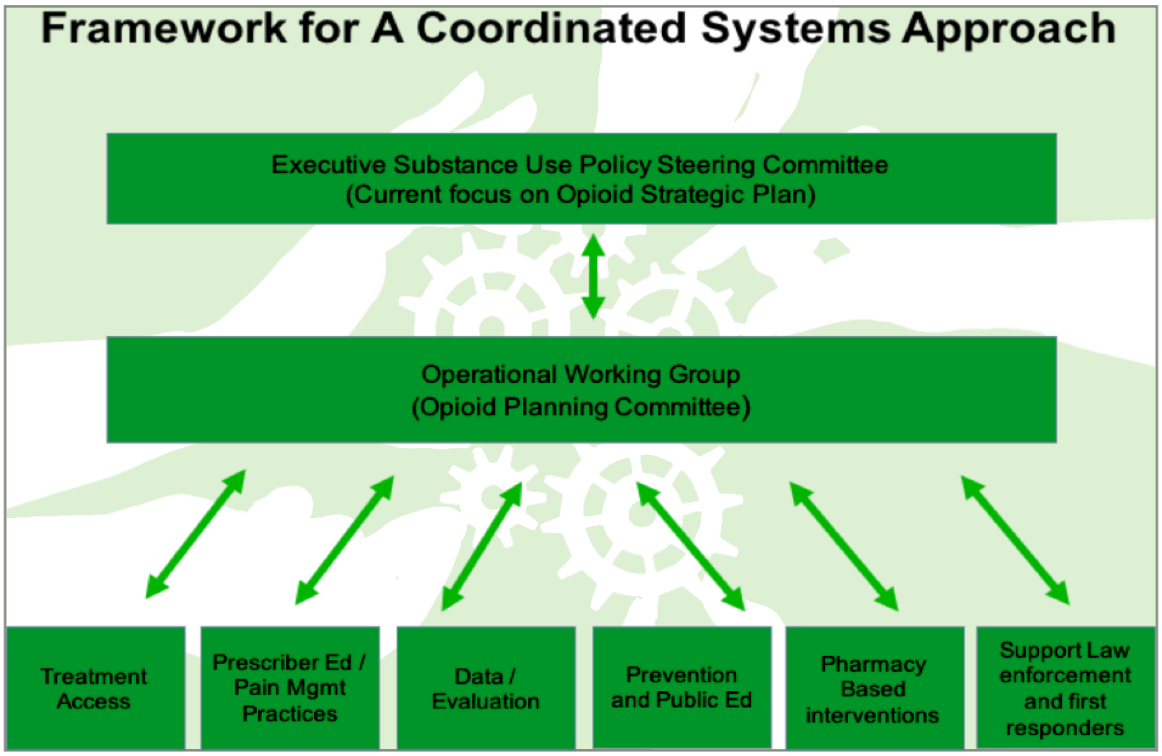
The opportunity to pull from this wealth of knowledge and information provided the State with the ability to focus its time and resources on determining what interventions would fit for the State versus identifying viable strategies from scratch. On the other hand, this presented somewhat of a challenge in that the volume of information and material available required the team to synthesize the information and narrow our focus.

This necessitated pulling various groups and individuals together; each of whom were committed and actively engaged in finding ways to address the issue from their area of focus. For example, local law enforcement and other first responders, while equally devoted to addressing the opioid issue, have different priorities than the medical system.

This environment where all groups were actively looking to address opioids in Hawaii but from different perspectives is a natural result of the complexity of the opioid crisis and the fact that OUD and other SUD permeate and impact society on multiple levels. The phases described below are reflective of efforts to balance this opportunity and challenge in the most effective way possible.

Phase 1: Mobilization and coordination of key decision makers into a collaborative framework.

During this phase, key decision makers and stakeholders were rallied. From the outset, Hawaii approached the state level effort to address the growing national opioid crisis with a collaborative response in mind.



Seeing an opportunity to be proactive, the Hawaii Director of Health and the Governor initiated an inter-departmental effort within the DOH to evaluate how existing healthcare integration and system transformation efforts in the State could be aligned with addressing the opioid crisis in Hawaii.

The framework provides a structured approach to coordinating efforts across various state and community systems.

The Executive Substance Use Policy Steering Committee provides executive level support and input on policy and program initiatives. The Operational Working Group consists of chairpersons of individual working groups who meet regularly to process and synthesize information and recommendations into a multi-systemic proposal. The working groups focus on specific subject areas and consist of key stakeholders who have expertise in their particular focus areas. Each tier provides feedback and input to the other so that initiatives and projects are aligned, coordinated and supported across the system. All three tiers included stakeholder representation from across the State.

This framework has allowed multiple initiatives to coordinate overlapping resources and efforts.

One of the strongest examples of the efficacy of this approach has been the coordination of the State Targeted Response (STR) grant through the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded to the Hawaii Single State Authority (SSA); and the Prescription Drug Overdose Data Driven Prevention Initiative (DDPI) grant, funded by the CDC.

Both grants are focused on addressing the opioid crisis with complimentary requirements of focus. The two initiatives were coordinated to draw on the complementary strengths and focus to assure maximization of resources.

The coordination framework discussed above served to first bring as many key representatives from various groups together and to then begin to align and coordinate efforts in a way that met as many common needs and concerns as possible. Once this approach was initiated, the need to review and process the available material and recommendations for all groups involved was addressed.

This was done through several all-day facilitated working sessions where national material was reviewed and processed to build consensus around strategic focus areas.

Phase 2: Review of key recommendations and interventions published by such entities as the National Governor's Association (NGA), Association of State and Territorial Health Officials (ASTHO), US Health and Human Services (HHS) and Others.

A wide range of national and educational institutions have recommended well reasoned and informed measures that states may implement to effectively address the opioid crisis.

Many of these recommendations coincide with each other and have been implemented in states with positive results. During this phase, national recommendations for addressing the opioid crisis were considered and evaluated. Organizations referenced included NGA, ASTHO, HHS, and Johns Hopkins.

The recommendations were reviewed for applicability to the needs of Hawaii.

A reiteration of these various nationally recommended strategies is not part of this report. Instead, this report provides an overview of the resulting focus areas of the Plan and tasks that fit within each focus area for Hawaii.

Phase 3: Identification of 6 key focus areas and 3 themes for the development of the Statewide Opioid Strategic Plan and form linked workgroups.

When the work of informing and evaluating the available information and recommended interventions was underway, the team developed primary focus areas and themes to focus and filter efforts across the system. This step was a critical cornerstone of the effort in Hawaii because it tied together the various segments of the system in a unified focus and aligned the direction of each individual segment.

Once the focus areas were determined, individual work groups made up of stakeholders with relevant expertise were formed from the more than 150 participants who committed to the Initiative and had participated in the initial 2 stakeholder meetings. The various groups focused on specific elements of the Plan and met independently with support of the DOH. Each group selected 2 co-chairs who then became members of the Operational Working Group.

The following chart illustrates the identified focus areas and themes. The focus areas represent the individual components of the planning process and serve as “buckets” into which objectives and action items can be placed. They also guided the development of the third tier of the coordinated policy framework which consists of individual workgroups.

The themes of the chart represent common guidance that span all focus areas and serve as an initial “muster test” for objectives or action items each group developed for consideration. The agreement and commitment was that all objectives and action items were to support one or more of the 3 themes.

THE HAWAII OPIOID STATEWIDE STRATEGIC PLAN
Focus Areas and Themes

Focus area 1 - Treatment Access: Improve and modernize healthcare strategies and access for opioid and other substance misuse treatment and recovery services.

Focus area 2 - Prescriber Education and Pain Management Practices: Improve opioid and related prescribing practices by working with healthcare providers.

Focus area 3 - Data Informed Decision Making: Implement system-wide routine data collection, sharing and dissemination to increase knowledge and inform practice.

Focus area 4 - Prevention and Public Education: Improve community-based programs and public education to prevent opioid misuse and related harms.

Focus area 5 - Pharmacy-based Interventions: Increase consumer education and prescription harm management through pharmacy-based strategies.

Focus area 6 - Support Law Enforcement and First-Responders: Coordinate operations and services, support specialized training for first responders and assure effective laws and policies.

Primary Theme 1 - System Improvement Through Collaborative Response: Identify and foster key systems level coordination to positively impact statewide policy.

Primary Theme 2 - Balanced Public Health / Public Safety Approach: Identify and foster key systems level coordination to balance public health with public safety needs.

Primary Theme 3 - Healthcare Integration: Ensure that Hawaii’s healthcare system continues to develop as an integrated system that serves Hawaii’s people with continuity along the behavioral and primary care spectrum.

Phase 4: Development of objectives and action items within each focus area.

Each working group was tasked with developing action items for their specific focus area. These action items were then presented by the co-chairs in the Operational Working Group to synthesize into a coordinated and comprehensive plan. The work accomplished in the previous phases provided a foundation from which to develop and identify multi-systemic objectives for the plan, address the opioid issue in Hawaii, and to effect lasting system development. The result is a framework that reduces siloed activity throughout the system and increases efficient use of existing resources. The Plan outlined in this report is reflective of these efforts undertaken by a broad range of stakeholders and participants.

Phase 5: Implementation. (some is happening already)

As of the date of this Plan, the Statewide Opioid Initiative is currently in the implementation phase. Many of the activities outlined in the Plan have already begun and will be described in the goals and objectives section. It is important to note again that this Plan is a “living document” and we expect that adjustments, additions and edits will occur as the overall Plan is implemented. However, the need to take active and decisive steps toward addressing the crisis prevailed upon the members of the Initiative and therefore, we believe, justified some degree of implementation concurrent with the development of the Plan.

Needs Assessment Findings

Initial needs assessments as well as feedback received from the initial two planning sessions identified several general areas of need.

These areas of need were utilized in conceptualization of the Plan and objectives developed were considered in part for their ability to address one or more of the needs listed below:

Data

While there are several data sources available for evaluating and determining the current epidemiology of opioid issues within the State, additional development of how data is collected, synthesized and disseminated was identified as a key need category.

Prevention Activities

There is a limited scope of opioid related prevention activities including public messaging and awareness efforts. Continued and expanded Naloxone were also identified as a prevention activity that warrants particular focus within the Plan.

Training and Education

There is a clear need for increased training and education among the medical community and other relevant professional groups around the risk of opioids and for development of universal guidelines that govern opioid prescribing protocols.

Reduce Stigma

Stigma around opioid use disorder (OUD) and other substance use disorder (SUDs) was identified as a primary barrier to seeking and receiving help for opioid and other substance misuse disorders. Stigma was also identified as negatively impacting policy due to prevalent perceptions and paradigms that are often inaccurate and outdated. The need to employ strategies to actively reduce stigma in behavioral health and primary care, as well as, among the general public was identified as a key need in this area.

Improve Treatment Capacity

The need to more effectively integrate and expand the current scope and capacity of OUD and SUD treatment capacity was identified as a key focus.

Policy Coordination

The need to coordinate policy and policy driven efforts was identified as a key need. It is noted that policies are often implemented with good intentions. However, a problem as complex as the opioid and other substance misuse crisis requires a complex and multi-faceted response. When policies are implemented without coordination, they risk un-intentional interference with each other.

Additionally, there is a clear need to coordinate policy and protocols across the various components of the system to ensure that efforts are not duplicated and to increase access and support for persons at risk-of, or suffering from OUD.

The Hawaii Opioid Action Plan

A Living Document

The following are the objectives developed by the Hawaii Opioid Initiative as a foundation for addressing the opioid and other substance abuse problems in our State.

This Plan is a "living document," intended to be continuously reviewed and adapted by individual and institutional stakeholders to promote sustained efforts and joint action through a coordinated policy framework.

As needs and circumstances change, it can be adapted to take advantage of new resources for achieving objectives toward successfully addressing opioid and other substance misuse problems in Hawaii.

Focus Area 1 - Treatment Access:
Improve and modernize healthcare strategies and access for opioid and other substance misuse treatment and recovery services.

Objective 1-1: By January 2018, establish a pilot coordinated entry system to process and coordinate SUD treatment referrals.

A coordinated entry system for SUD provides a single point of contact for any community based substance misuse referral. This means that medical providers, law enforcement, community organizations and others will be able to make referrals through one entry point utilizing universal procedures. A coordinated entry system is a unified and universal referral system for the community and helps to integrate primary and behavioral healthcare systems by providing a more streamlined access point for referrals by primary care providers. It also enhances a balanced public health/public safety approach by providing opportunities for entities from both fields to work together toward overlapping objectives.

Related Theme(s)	System Improvement Through Collaborative Response Balanced Public Health / Public Safety Approach Healthcare Integration
Related Focus Area(s)	Prescriber Education Data Informed Decision Making Prevention and Public Education Pharmacy-based Interventions Support Law Enforcement and First Responders
Need(s) Addressed	Data Prevention Activities Training and Education Reduce Stigma Improve Treatment Capacity Policy Coordination
Lead Agency/Partners(s)	DOH, Alcohol and Drug Abuse Division (ADAD) Hawaii Substance Abuse Coalition (HSAC)
Status	**On target:** A pilot has been funded through the Hawaii Screening, Brief Intervention and Referral to Treatment (SBIRT) grant and is set to begin accepting referrals from SBIRT providers in December 2017.

Focus Area 1 - Treatment Access:
Improve and modernize healthcare strategies and access for opioid and other substance misuse treatment and recovery services.

Objective 1-2: By October 2017, all ADAD contracted substance misuse providers will be eligible to bill MAT services in both outpatient and inpatient settings. Providers can do this in one of two ways:

1) **Hire qualified staff to provide the services on site.**
2) **Develop a partnership with a pre-existing Opioid Treatment Program (OTP) or Office-based Opioid Treatment (OBOT) entity to provide on-site MAT services to enrolled clients.**

The number of OTP's and OBOTS are limited in Hawaii. This goal is designed to assure sufficient capacity is maintained to fill the need for treating individuals with OUD's. The State will utilize the procurement process to expand the scope and capacity of OUD services by including language in its treatment contracts to that effect.

Related Theme(s)	System Improvement Through Collaborative Response Healthcare Integration
Related Focus Area(s)	Prescriber Education Data Informed Decision Making Prevention and Public Education Pharmacy-based Interventions
Need(s) Addressed	Data Reduce Stigma Improve Treatment Capacity Policy Coordination
Lead Agency/Partners(s)	DOH, ADAD
Status	**Completed:** ADAD treatment contracts have been executed to include the ability for all treatment providers to utilize a MAT billing component, provided they meet one of the 2 criteria described above.

Focus Area 1 - Treatment Access:
Improve and modernize healthcare strategies and access for opioid and other substance misuse treatment and recovery services.

Objective 1-3: By December 2018, increase the number of prescribers licensed to prescribe and administer Medication-Assisted Treatment (MAT) such as buprenorphine and Suboxone by 25%.

The number of providers who are licensed to provide medication assisted treatment is limited in Hawaii. This goal is designed to assure sufficient capacity is maintained to fill the need for treating individuals with OUD's. ADAD will develop and provide quarterly DATA waiver training sessions necessary for providers to obtain authorization to provide MAT.

This objective will also be coordinated with the Hawaii SBIRT project to leverage contracts with Independent Physician Associations (IPA's) and healthcare centers to assist with training and technical assistance for member providers.

Related Theme(s)	System Improvement Through Collaborative Response Balanced Public Health / Public Safety Approach Healthcare Integration
Related Focus Area(s)	Treatment Access Prescriber Education Prevention and Public Education Pharmacy-based Interventions
Need(s) Addressed	Data Prevention Activities Training and Education Reduce Stigma Improve Treatment Capacity Policy Coordination
Lead Agency/Partners(s)	DOH, ADAD (Will engage with the John A. Burns, School of Medicine (JABSOM) and Hawaii APRN Nursing programs)
Status	**Pending**: ADAD will develop training in 2018.

Focus area 2 - Prescriber Education and Pain Management Practices: Improve opioid and related prescribing practices by working with healthcare providers.

Objective 2-1: By December 2018, increase primary care provider PMP registration rates by 25% by providing training to prescribers.

Objective 2-1a: By December 2018, increase prescriber PMP utilization rates by 10%.

The use of a PMP is nationally and universally recognized as a cornerstone activity for reducing over-prescribing of opioid pain medications, as well as for decreasing diversion and "script shopping." Universal use of the PMP in other states have been attributed to reduction of duplicated opioid prescriptions as well as increased awareness of medications patients are prescribed by various providers.

NED and DOH will partner and coordinate resources to develop and implement a statewide training and education campaign to increase prescribers use of PMP.

Related Theme(s)	System Improvement Through Collaborative Response Balanced Public Health / Public Safety Approach Healthcare Integration
Related Focus Area(s)	Treatment Access Data Informed Decision Making Prevention and Public Education Pharmacy-based Interventions Support Law Enforcement and First Responders
Need(s) Addressed	Data Prevention Activities Training and Education Reduce Stigma Policy Coordination
Lead Agency/Partners(s)	NED DOH (ADAD & EMSIPSB)
Status	**On target:** DOH in coordination with NED are working together to identify that the DOH is providing funding support for training and statistical summaries from the PMP database through federal opioid grant funding.

Focus area 2 - Prescriber Education and Pain Management Practices: Improve opioid and related prescribing practices by working with healthcare providers.

Objective 2-2: By 2020, assure universal screening for substance misuse in hospital and primary care settings Statewide.

Providing training for providers on implementation of universal SBIRT screening into provider practice workflows will increase prevalence and normalcy of low level OUD and SUD screening in primary care settings.

One of the primary barriers to effectively intervening with persons at risk for OUD and other SUDs is the lack of universal screening. Often, the emergence of opioid or other substance use problems are a result of critical and acute symptomology such as involvement with law enforcement. Interventions at this point in the progression of the disease, while necessary, requires more resources than if the risk had been identified early on.

Related Theme(s)	System Improvement Through Collaborative Response Healthcare Integration
Related Focus Area(s)	Treatment Access Data Informed Decision Making
Need(s) Addressed	Data Prevention Activities Training and Education Reduce Stigma Improve Treatment Capacity Policy Coordination
Lead Agency/Partners(s)	DOH DHS Primary Medical Administrative Group (PMAG) Hawaii Primary Care Association (HPCA) East Hawaii – Independent Physicians Association (EHI-IPA)
Status	**On target:** Contracts with member organizations have been initiated.

Focus area 2 - Prescriber Education and Pain Management Practices: Improve opioid and related prescribing practices by working with healthcare providers.

Objective 2-3: By March 2018, engage payers and physician organizations to disseminate basic best practice information on opioid-prescribing Statewide.

Objective 2-3a: By December 2019, develop a standardized training on opioid-prescribing best practices and provide training to 50% of prescribers Statewide.

Standardized provider training on best practices in opioid prescribing and management will assure that patients Statewide have access to quality care and minimize inappropriate use of opioids. DOH will work with partners to develop and implement prescriber training based on CDC recommendations. Training curriculum will include information on alternatives to opioids, identification of opioid addiction and referral to treatment, and guidance on weaning patients off opioids.

Increasingly, the need to adopt alternatives to opioid prescriptions for pain management has been a fixture in the national discourse on the opioid epidemic. There is a growing body of research that supports training on current best practices for optimal chronic pain management and for referral to pain management specialists as well as increased use of alternatives to pain medication and/or coordination of alternatives with prescription pain medications.

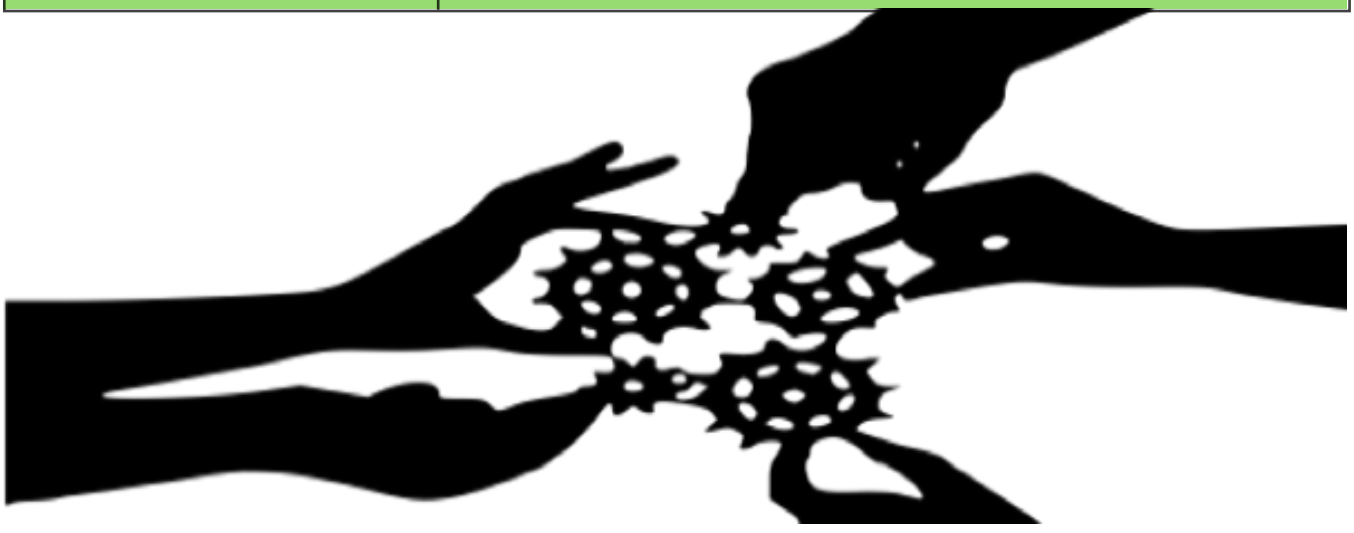
Related Theme(s)	System Improvement Through Collaborative Response Healthcare Integration
Related Focus Area(s)	Treatment Access Prescriber Education Pharmacy-based Interventions
Need(s) Addressed	Training and Education Reduce Stigma Policy Coordination
Lead Agency/Partners(s)	ADAD (Will work with prescriber and pain management entities)
Status	**Pending:** Initial dissemination of information will follow informed consent posting (see objective 2-4). Coordination for training development will begin in January and will coincide with objectivel 2-2.

Focus area 2 - Prescriber Education and Pain Management Practices: Improve opioid and related prescribing practices by working with healthcare providers.

Objective 2-4: By July 2018, implement informed consent template as outlined in ACT 66.

As a result of Act 66, the DOH was tasked with development of an informed consent template for providers. As this activity is in line with the opioid Initiative and supports the overall efforts and focus of the Plan, this activity was included as an objective.

Related Theme(s)	System Improvement Through Collaborative Response Balanced Public Health / Public Safety Approach Healthcare Integration
Related Focus Area(s)	Prescriber Education Data Informed Decision Making Prevention and Public Education
Need(s) Addressed	Prevention Activities Training and Education
Lead Agency/Partners(s)	DOH Workgroup 2
Status	**On target:** A template will be available by January 2018.



Focus area 3 - Data Informed Decision Making:
Implement system-wide routine data collection, sharing and dissemination to increase knowledge and inform practice.

Objective 3-1: By July 2018, amend HRS 329-104 to allow limited release of data by NED to DOH for purposes of public health surveillance.

The statute in its current form limits NED's statutory authority to allow access to PMP data. A change in the language to provide extended authority of NED to provide data for select public health use would significantly support advancement in this area.

Related Theme(s)	System Improvement Through Collaborative Response Balanced Public Health / Public Safety Approach
Related Focus Area(s)	Treatment Access Prescriber Education Prevention and Public Education Pharmacy-based Interventions
Need(s) Addressed	Data Prevention Activities Training and Education Reduce Stigma Policy Coordination
Lead Agency/Partners(s)	PSD, NED DOH AG Hawaii State Legislature
Status	**On target:** PSD/NED and DOH have coordinated on proposed change to the current statute – Governor Ige has included the proposal in his executive package.

Focus area 3 - Data Informed Decision Making:
Implement system-wide routine data collection, sharing and dissemination to increase knowledge and inform practice

Objective 3-2: By September 2018, develop a standardized framework for the collection, synthesis, and dissemination of data.

Much of the discussion in the various groups centered around the "need for data" to make decisions. However, the data workgroup (as well as the Operational Committee) have recognized that while more data is needed, a more pertinent need is for a standard way of collecting, synthesizing and disseminating data. The act of gathering more data, while helpful, does not benefit decision making if it is not processed in a way that informs policy makers.

To assure that opioid prevention and treatment efforts are data driven and measurable, DOH, Emergency Medical Services, Injury Prevention Services Branch (EMS/IPSB) will develop a data framework to analyze and report existing data and identify unmet data needs of the workgroups. A data framework supports and informs system level coordination and policy making by providing clear information on where resources and efforts are most effective. It can be leveraged by both public health and public safety entities to assist with informed decision making that considers the objective of both and promotes balanced policy. A data plan is a framework that not only collects data but effectively processes it in a way that programs can utilize to focus limited resources is self-explanatory.

Components of the plan will support:
1) Public Health surveillance
2) Dissemination of data for informing practice and decision making
3) Outcomes measurement of interventions and programs
4) Availability of data:
    a. In near real time form for use by first responders and others
    b. In periodical format for policy decision making

Related Theme(s)	System Improvement Through Collaborative Response Balanced Public Health / Public Safety Approach Healthcare Integration
Related Focus Area(s)	This objective directly supports and is critical to the success of all focus area objectives.
Need(s) Addressed	Data Prevention Activities Training and Education Reduce Stigma Improve Treatment Capacity Policy Coordination
Lead Agency/Partners(s)	DOH, EMS/IPSB, Workgroup 3
Status	**In development.**

Focus area 3 - Data Informed Decision Making:
Implement system-wide routine data collection, sharing and dissemination to increase knowledge and inform practice

Objective 3-3 : By 2020, increase electronic health records integration between hospital and primary care settings Statewide.

Healthcare providers in Hawaii have a difficult time accessing complete, real time patient information to make appropriate prescribing decisions. Important data related to current opioid use and treatment plans are spread over many systems that may or may not be available to a given provider. Several states employ solutions that push distilled data from multiple hospital and other information systems, including PMP data, directly to providers within their electronic records system at the time they are caring for that patient. Such solutions improve provider compliance and care coordination by easing the use of systems that are already in place.

Related Theme(s)	System Improvement Through Collaborative Response Healthcare Integration
Related Focus Area(s)	Data Informed Decision Making
Need(s) Addressed	Data Prevention Activities Training and Education Policy Coordination
Lead Agency/Partners(s)	Hawaii Chapter ACEP
Status	**Pending:** Hawaii ACEP to work with Workgroup 3 and other stakeholders to develop strategy.

Focus area 4 - Prevention and Public Education:
Improve community-based programs and public education to prevent opioid misuse and related harms.

Objective 4-1: By April 2018, launch a public awareness campaign that includes a website and collateral material to increase awareness of opioid issues, risks and centralize resources in Hawaii.

Develop and implement a multi-level public awareness campaign (including website, social media, and collateral material such as FAQs) that increases awareness of the risks of opioid use and misuse with specific modules geared toward target populations. The campaign will include development of a recognizable brand for consistency of messaging and visibility.

To reduce the negative outcomes of opioid use and misuse (e.g. overdose, hepatitis C/HIV infection) DOH and community partners will utilize public education messaging and materials to inform and educate the public, patients, family members, and healthcare practitioners of the dangers of prescription drug misuse and Naloxone as an antidote for opioid overdose.

These public education efforts and materials will need to help individuals understand the risks associated with long-term use or misuse of opioids, find appropriate treatment, provides evidence-based practices to improve treatment, reduce stigma associated with SUD and encourage those in need to seek treatment, and promotes the recovery of individuals from prescription drug misuse. Messages will need to be tailored to groups at greater risk.

Related Theme(s)	System Improvement Through Collaborative Response Balanced Public Health / Public Safety Approach Healthcare Integration
Related Focus Area(s)	Treatment Access Pharmacy-based Interventions Support Law Enforcement and First Responders
Need(s) Addressed	Prevention Activities Training and Education Reduce Stigma Improve Treatment Capacity Policy Coordination
Lead Agency/Partners(s)	DOH, Harm Reduction Branch Community providers: Community Health Outreach Work to Prevent AIDS Project (CHOW), Coalition for a Drug-Free Hawaii (CDFH), AG, High Intensity Drug Trafficking Areas (HIDTA)
Status	**In development.**

Focus area 4 - Prevention and Public Education:
Improve community-based programs and public education to prevent opioid misuse and related harms.

Objective 4-2: By January 2019, implement year-round drop off / "take back" sites at a minimum of 2 county police stations within the State to include protocols for disposal of unused medications in a safe and secured manner.

The DEA coordinates 2 annual "take back" initiatives through coordination between the AG and NED. Standing "take-back" sites is a cornerstone recommendation and many states as well as corporate entities such as CVS have developed year-round take back initiatives.

This objective seeks to work with county law enforcement to house approved medication drop boxes at county police stations. On October 16, 2017, the AG hosted a meeting with DEA, NED and key law enforcement representatives to discuss the viability of implementing these sites at county police stations. All county police departments voiced their support of exploring the objective further. Implementation will include a review of best practices. DOH will work with law enforcement and other partners to promote awareness of the drop boxes and encourage the public to use this option when medications are no longer used. Safe handling and disposal of unused opioids will be covered in provider training.

Implementation of standing take back sites requires coordination on the federal, state, county and community level. Take back initiatives provide the opportunity for law enforcement entities in Hawaii to assist with prevention efforts and to increase community partnerships. Standing take back sites also provide an important opportunity to collect data related to the volume of medications disposed in comparison with those dispensed.

Related Theme(s)	System Improvement Through Collaborative Response Balanced Public Health / Public Safety Approach
Related Focus Area(s)	Data Informed Decision Making Prevention and Public Education Pharmacy-based Interventions Support Law Enforcement and First Responders
Need(s) Addressed	Data Prevention Activities Reduce Stigma Policy Coordination
Lead Agency/Partners(s)	DPS, NED Drug Enforcement Administration (DEA) AG, DOH Community partners
Status	**Initiated:** Two meetings have been convened by the AG to begin planning.

Focus area 4 - Prevention and Public Education:
Improve community-based programs and public education to prevent opioid misuse and related harms.

Objective 4-3: By July 2018, Develop and disseminate an evidence-based training module on opioid use, misuse, overdose and related harms for non-prescribers.

To reduce opioid misuse and related harms, DOH and community partners will develop and implement a training module to be integrated into existing trainings for Certified Substance Abuse Counselors, Certified Prevention Specialists, adolescents and school-age youth, teachers, home healthcare providers and others who work with populations at-risk for opioid misuse and related harms. There will also be a module for training of trainers to maximize existing training infrastructure and enhance dissemination. Not only will this increase awareness and capacity but will also provide additional opportunities for community engagement around these issues.

The training curricula will be based on research and evidence-based practices from CDC and SAMHSA and content will be aligned with the Prescriber Education training yet will be targeted for non-prescribers. Content will include the risks associated with long-term use or misuse of opioids, data on prevalence of opioid use and overdose in Hawaii, strategies for prevention of opioid misuse and related harms such as overdose, and an overview of opioid use disorder and treatment and local resources.

Related Theme(s)	System Improvement Through Collaborative Response Balanced Public Health / Public Safety Approach Prevention and Public Education
Related Focus Area(s)	Prescriber Education Support Law Enforcement and First Responders
Need(s) Addressed	Prevention Activities Training and Education Reduce Stigma
Lead Agency/Partners(s)	DOH, Harm Reduction Branch Community providers: CHOW, CDFH, AG, HIDTA
Status	**In development.**

Focus area 5: Pharmacy-based Interventions:
Increase consumer education and prescription harm management through pharmacy-based strategies.

Objective 5-1a: By April 2018, establish a standing order through the DOH to allow pharmacists to dispense Naloxone to patients and community members to increase access to life-saving medication.

Objective 5-1b: By July 2019, modify Hawaii Revised Statutes to allow pharmacists prescriptive authority to prescribe Naloxone to patients and community members to increase access to life-saving medication.

Access to Naloxone is a nationally and universally recommended cornerstone practice and has been shown to reduce the incidence of opioid deaths due to overdose. Many states have instituted a standing order that allows pharmacists to dispense the life-saving medication. This objective is specifically targeted for patients who are filling an opioid prescription.

This action is a key system level policy that requires collaborative effort by a number of state and community entities. It provides a foundation for integrated care by normalizing the conversation around opioid overdose and by providing an opportunity for education at the pharmacy level which is a significant point of contact.

Related Theme(s)	System Improvement Through Collaborative Response Healthcare Integration
Related Focus Area(s)	Data Informed Decision Making Prevention and Public Education
Need(s) Addressed	Prevention Activities Policy Coordination
Lead Agency/Partners(s)	DOH Department of Commerce and Consumer Affairs, Board of Pharmacy University of Hawaii – Hilo, School of Pharmacy AG
Status	**In development**: The DOH has coordinated with the Board of Pharmacy and the School of Pharmacy to develop standing order language.

Focus area 5: Pharmacy-based Interventions:
Increase consumer education and prescription harm management through pharmacy-based strategies.

Objective 5-2: By June 2018, provide continuing education presentation on pharmacist role in screening for risk for patients with opioid prescriptions.

Pharmacists play an important role in the strategy to address opioid issues in the State. As a primary point of contact for persons with opioid and other narcotic prescriptions, they represent a significant component for moving the State toward improved integration of healthcare. Pharmacists can provide key screening and education for patients while filling prescriptions and are well positioned to support public awareness efforts.

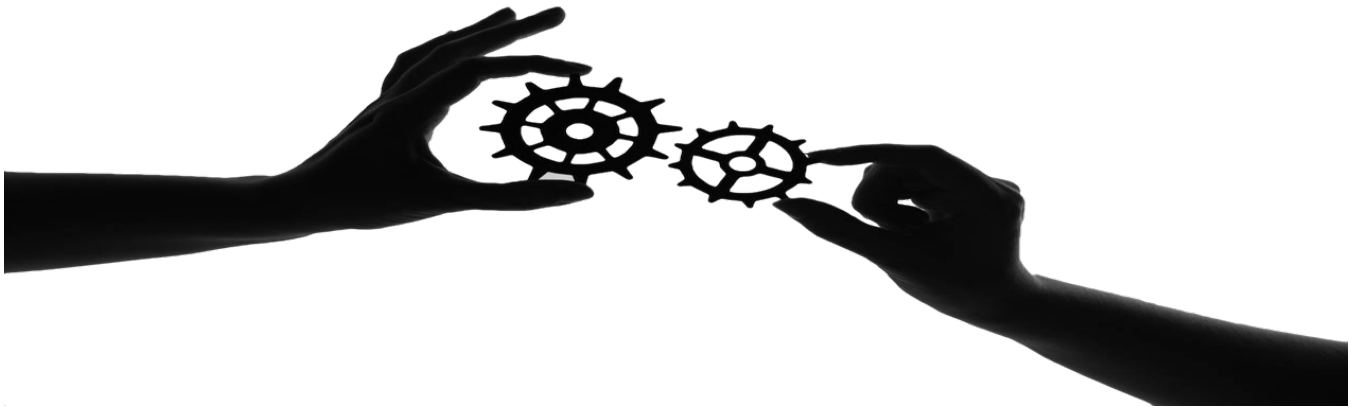
Related Theme(s)	System Improvement Through Collaborative Response Balanced Public Health / Public Safety Approach Healthcare Integration
Related Focus Area(s)	Prevention and Public Education Provider Education
Need(s) Addressed	Prevention Activities Training and Education Treatment Capacity Policy Coordination
Lead Agency/Partners(s)	DOH Department of Commerce and Consumer Affairs, Board of Pharmacy University of Hawaii – Hilo, School of Pharmacy
Status	**On target**: Curriculum is in development.

Focus area 5: Pharmacy-based Interventions:
Increase consumer education and prescription harm management through pharmacy-based strategies.

Objective 5-3: By October 2018, develop Naloxone training program for pharmacists.

Pharmacists play an important role in the strategy to address opioid issues in the State. As a primary point of contact for persons with opioid and other narcotic prescriptions, they represent a significant component for moving the State toward improved integration of healthcare. Pharmacists can provide key screening and education for patients while filling prescriptions and are well positioned to support public awareness efforts.

Related Theme(s)	System Improvement Through Collaborative Response Balanced Public Health / Public Safety Approach Healthcare Integration
Related Focus Area(s)	Prevention and Public Education Provider Education
Need(s) Addressed	Prevention Activities Training and Education Policy Coordination
Lead Agency/Partners(s)	DOH Department of Commerce and Consumer Affairs, Board of Pharmacy University of Hawaii – Hilo, School of Pharmacy
Status	**On target:** Training program is in development.



Focus area 6 - Support Law Enforcement and First Responders: Coordinate operations and services, support specialized training for first responders and assure effective laws and policies.

Objective 6-1: By April 2018, develop a recommended course of action to be taken by first responders when encountering opioid overdose victims using a clearly defined recommended protocol.

Objective 6-1a: By September 2018, train 30% of law enforcement/first responders in all four counties on the training program that is developed by the law enforcement group.

The intent of this goal is to research national evidence-based multi-disciplinary approaches for law enforcement/first responders and develop a training curriculum that meets the needs of Hawaii's law enforcement/first responders. The intended result is a better understanding by first responders (to include Emergency Medical System (EMS), Fire, and Police) of drug trends, protection and exposure protocols to ensure the safety for themselves and the community.

Related Theme(s)	System Improvement Through Collaborative Response Balanced Public Health / Public Safety Approach Healthcare Integration
Related Focus Area(s)	Treatment Access Data Informed Decision Making Prevention and Public Education
Need(s) Addressed	Data Prevention Activities Training and Education Reduce Stigma Policy Coordination
Lead Agency/Partners(s)	HIDTA DOH, EMS Workgroup 6
Status	**On target**: EMS and law enforcement are developing training and reviewing protocols through Workgroup 6.

Focus area 6 - Support Law Enforcement and First Responders: Coordinate operations and services, support specialized training for first responders and assure effective laws and policies.

Objective 6-2: By March 2018, develop and recommend standard procedures for first responders on treatment referrals at initial contact by law enforcement/first responders.

Objective 6-2a: By June 2018, coordinate with other working groups and stakeholders to create a list of diversion programs for law enforcement/first responders to use as a reference when referring overdose victims.

At the center of these goals is the belief that law enforcement and other first responders can help those in need of substance misuse and other behavioral health services even if no immediate crime has occurred.

Diversion efforts such as Law Enforcement Assisted Diversion (LEAD) and Help Honolulu are currently in development in Hawaii. These efforts are based on successful and evidenced-based programs implemented in other parts of the country. The common theme of these programs is the beneficial partnership between first responders and public health personnel.

The result of successful achievement of these objectives will be a set of standard procedures and protocol recommended for first responders.

Related Theme(s)	System Improvement Through Collaborative Response Balanced Public Health / Public Safety Approach Healthcare Integration
Related Focus Area(s)	Treatment Access Data Informed Decision Making Prevention and Public Education
Need(s) Addressed	Data Prevention Activities Training and Education Reduce Stigma Improve Treatment Capacity Policy Coordination
Lead Agency/Partners(s)	DOH, ADAD HIDTA CHOW
Status	**In development.**

Focus area 6 - Support Law Enforcement and First Responders: Coordinate operations and services, support specialized training for first responders and assure effective laws and policies.

Objective 6-3: By December 2018, create a mechanism for real time reporting and data collection for opioid related incidents and emergencies.

In emergency and other first responder situations, accurate and real time information is vital to effectively address the situation. A mechanism that allows first responders to effectively communicate needed information to each other as well as community providers would greatly enhance the efficacy and long term positive outcome of the first response.

Related Theme(s)	System Improvement Through Collaborative Response Balanced Public Health / Public Safety Approach Healthcare Integration
Related Focus Area(s)	Data Informed Decision Making Prevention and Public Education
Need(s) Addressed	Data Training and Education Reduce Stigma Improve Treatment Capacity Policy Coordination
Lead Agency/Partners(s)	HIDTA PSD, NED DOH
Status	**In development.**

Next Steps

While much has been accomplished in the short period of time the Collaborative has been active, these efforts must be continued and expanded. This Plan has been categorized as a "living document" and as such, it requires room to grow and expand. In addition to continuing to work toward successful accomplishment of the objectives identified in the Plan, the Collaborative has identified the following activities that will nurture the life and growth of this Plan.

Continue policy framework sessions with work groups and continue to build upon and expand collaborative efforts.

The Collaborative has experienced first-hand the benefit of working within the policy framework. Efforts have been coordinated on a level rarely seen and results have been an exponential acceleration of progress toward specific goals. Further refinement of how the framework is leveraged is recommended. This refinement will be possible through continued utilization of the framework as a guiding structure.

Track progress and effectiveness of interventions on all 6 areas and expand/adjust Plan as additional data and outcomes are obtained.

It will be important to maintain the momentum of current efforts through documentation of progress and effectiveness of the Plan as well as through adjusting objectives as needed. It is recommended that this Plan be viewed as a beginning rather than an end. Like many plans made throughout history, this one will remain in danger of being "shelved" if not revisited, adjusted and expanded. It is recommended that the Collaborative hold itself, and be held, accountable for periodic status updates.

Utilize framework to link efforts underway aimed at addressing related issues such as mental health and homelessness.

The momentum and accelerated progress of actions seen through utilization of this framework approach supports consideration of expansion of this approach to address other complex social issues such as homelessness and mental health. Indeed, we pose that many of the successes seen in the State regarding these issues in recent years can be attributed to the collaborative efforts led by the Governor and the Governor's Coordinator on Homelessness; as well as the collaboration between DOH and DHS.

Prepare recommendations for potential legislative actions for 2019 Session.

This Plan deliberately limited its legislative focus for reasons described in the "letter to legislators" contained herein. As the Plan proceeds, we anticipate that additional potential legislative initiatives will present themselves. These recommendations will be documented and prepared for introduction in the 2019 Session.

Glossary

LEAD	Law Enforcement Assisted Diversion
MAT	Medication-Assisted Treatment
OBOT	Office-based Opioid Treatment
OD	Overdose
OTP	Opioid Treatment Program
OUD	Opioid Use Disorder
PMP	Prescription Monitoring Program
SUD	Substance Use Disorder

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