



EYE ON AN EPIDEMIC

The end goal of the Hawai'i Opioid Initiative and its numerous partners — including medical professionals, community organizations, and key spokespeople like former UH and pro football player Chad Owens — is to coordinate a multifaceted approach to substance use prevention and treatment within the State of Hawai'i.



Leading The Fight Against Opioid Abuse

Pūpūkahi I Holomua: Unite To Move Forward

BY KYLE GALDEIRA

The ongoing opioid epidemic represents a dangerous cycle of addiction and destruction, which raises red flags across the state as this major public health and safety challenge impacts thousands of people throughout Hawai'i.

While this epidemic is less severe than what is being seen throughout the continental United States, opioid misuse continues to needlessly kill and harm Hawai'i's people.

In 2018, the drug overdose death rate (age adjusted) in the 50th state was 14.3 deaths per 100,000 people, compared to 20.7 deaths per 100,000 people nationally. In 2018 alone, 213 people in Hawai'i died from a drug overdose, which represents a public health challenge: That figure is higher than the 183 people who died that same year from kidney disease. As a proactive effort to address the opioid epidemic, Hawai'i Opioid Initiative (HOI) was established in July 2017 in a joint effort by Gov. David Ige and the Hawai'i State Department of Health.

HOI is a collaboration of public health and safety officials, health care professionals and

community partners who have joined forces to address misuse and overdoses related to opioids and other drugs. After launching three years ago, HOI was organized into seven work groups that meet regularly to implement the HOI strategic plan, which integrates substance use prevention and treatment within Hawai'i's health care system.

HOI includes a multipronged action plan, which involves a comprehensive strategy aimed at aggressively counteracting the increased abuse and misuse of opioids. Work groups within HOI focus on seven key areas: access to treatment; prescriber education and pain management; data-informed decision making and evaluation; prevention and public education; pharmacy-based intervention; the involvement and education of law enforcement and first responders; and "SBIRT," which encompasses screening, brief intervention and referral to treatment.

HOI is a true partnership, as the effort is led by the Hawai'i Department of Health together with the Department of the Attorney General, Department of Human Services' Med-QUEST

Division, Department of Public Safety's Narcotics Enforcement Division, county police departments across the state, and an array of community groups. It's through collaboration like this that such a complex and challenging issue of opioid addiction can be addressed and curtailed in Hawai'i's communities.

For those seeking addiction treatment or recovery support services, the team at Hawai'i CARES (Coordinated Access Resource Entry System) is always ready and standing by to help. A qualified treatment specialist addresses each case and, after evaluating the individual's needs, can provide information about and referrals to appropriate treatment in the area. For help 24 hours a day, seven days a week, call 1-800-753-6879.

For more information, visit hawaiiopioid.org.

The information that follows is based upon published evidence and other generally accepted resources available to the public. All treatment recommendations should ultimately be made using professional judgment by qualified health care professionals directly involved in the patient's care.



MESSAGE FROM
**LIEUTENANT GOVERNOR
JOSH GREEN**

While much of our focus in 2020 has shifted to the COVID-19 pandemic, opioid use remains a growing crisis in Hawai'i. Nationally, the opioid crisis has been declared a public health emergency, and it is estimated 130 people die each day as a result of opioid-related drug overdoses. Millions of individuals are affected by opioid dependency and addiction, and countless more lives have been impacted from knowing, loving or losing someone to opioid addiction.

Opioids are highly addictive and can lead to dependency quickly. For many people, it can start with a simple health care procedure and subsequent pain management regimen using opioids that leads to tolerance, dependency and addiction. It can happen to anyone.

In Hawai'i, we have seen fewer opioid-related addictions and overdoses than other states, but we need to remain vigilant about the growing trend of opioid dependency and addiction in our community. Our first line of defense is public awareness and education, which is why I'm humbled to share a small message in this important and special edition.

We know opioid abuse disorder touches every corner of daily life — from the people suffering from dependency and addiction and their loved ones supporting them to our health care workers, first responders, physicians and nurses who are caring for their treatment. To our public health and safety officials, health care professionals and community partners who have banded together to address this immediate need in our community, thank you. Your efforts are seen and critically important.

For those of you with loved ones — family, friends, coworkers — who are suffering from opioid abuse disorder, your love and unwavering support is appreciated. We need you.

To anyone reading this and dealing with opioid dependency or addiction, you are not alone. Reach out. Ask for help. You have an entire community ready to support your journey to feeling whole again.

Above all, we must have hope. We can turn the tide of the opioid crisis. We will do it together.

Warmly,

Josh Green, M.D.
Lieutenant Governor, State of Hawai'i



MESSAGE FROM
THE DEPARTMENT OF HEALTH

On behalf of the Department of Health, I am pleased to share the resources available to you through the Hawai'i Opioid Initiative. This work represents over 190 community partners across the islands that meet regularly to make substance use prevention and treatment accessible to our public through programs that serve our communities and to ensure its integration into state and local priorities.

Substance use is a topic that many people feel is taboo, however the ability to talk about one's struggles openly and to not feel shame or judgment is critical for a successful recovery. That is why one of the goals of the Hawai'i Opioid Initiative is to destigmatize the topic so that it becomes easier for people to share and relate to others. Having spokespeople like football legend Chad Owens tell his story is integral to our efforts—it creates a safe environment where others feel they too can share their struggles, and it reminds us that it's okay to ask for help.

Mr. Owens has appeared in PSAs promoting safe pain management and access to substance use treatment services. "I wanted to share my story because so many of us are struggling right now," he explained. We would like to thank Mr. Owens for taking part in this critical work by sharing his story with Hawai'i's people. His full story is available to watch at HawaiiOpioid.org.

Since the HOI launched in 2017, overdose death rates have declined and there have been more than 200 overdose reversals from administration of Naloxone. Still, the incidence of drug-related deaths in the state has far surpassed traffic fatalities, with 989 drug-related deaths versus 595 traffic fatalities from 2015 to 2019. Last year, approximately 700,000 prescriptions for opioid or narcotic pain medication were dispensed in Hawai'i.

With the ongoing pandemic comes greater challenges for our people—this includes mental health and substance use challenges. We are concerned that we may see a rise in substance use and overdose as more people struggle with the emotional impact of COVID-19.

We urge anyone who is struggling with mental health or who needs substance use treatment services to call Hawai'i CARES (Coordinated Access Resource Entry System) at 1(800)753-6879, available 24 hours a day, 7 days a week. Trained, caring counselors also provide crisis support, as well as assistance to those in isolation and quarantine due to COVID-19. More information about this resource is included in subsequent pages and at HawaiiOpioid.org.

Lastly, it's very important right now to keep yourself and your loved ones safe and avoid contracting COVID-19 by wearing a mask and practicing physical distancing. But remember that being physically distant doesn't mean you have to be socially distant—reach out to ohana and friends who may be struggling on a daily basis.

Be well, Hawai'i, and take care.

Edward Mersereau, LCSW, CSAC
Deputy Director, Behavioral Health Administration

Advocating For Access To Treatment

**WORK GROUP 1:
TREATMENT ACCESS**

BY CAROLINE WRIGHT

Targeting opioid misuse and addiction, as well as addiction to stimulants such as methamphetamines, Hawai'i Opioid Initiative's Treatment Access group works to improve and modernize health care strategies in Hawai'i, with a special focus on treatment and recovery services.

"We want to improve systems for higher quality, as well as better coordination," says co-chairman Alan Johnson, who is also president and CEO of Hina Mauka prevention and recovery center in Kāne'ohe. "Additionally, we identify procedural improvements and address challenges in barriers for people to engage in treatment."

The group's achievements include advocating and providing advice for the state Department of Health as it developed a call center for the community and providers to ask for help to start treatment. Launched on Oct. 1, 2019, Hawai'i CARES (Coordinated Access Resource Entry System) is the state's multiple entry-point and coordinating center for substance use disorder treatment and recovery support services, providing valuable continuum of care. Referrals can originate from anyone. Hawai'i CARES received 400 referrals in its first month of operations; 60-70 percent were new clients.

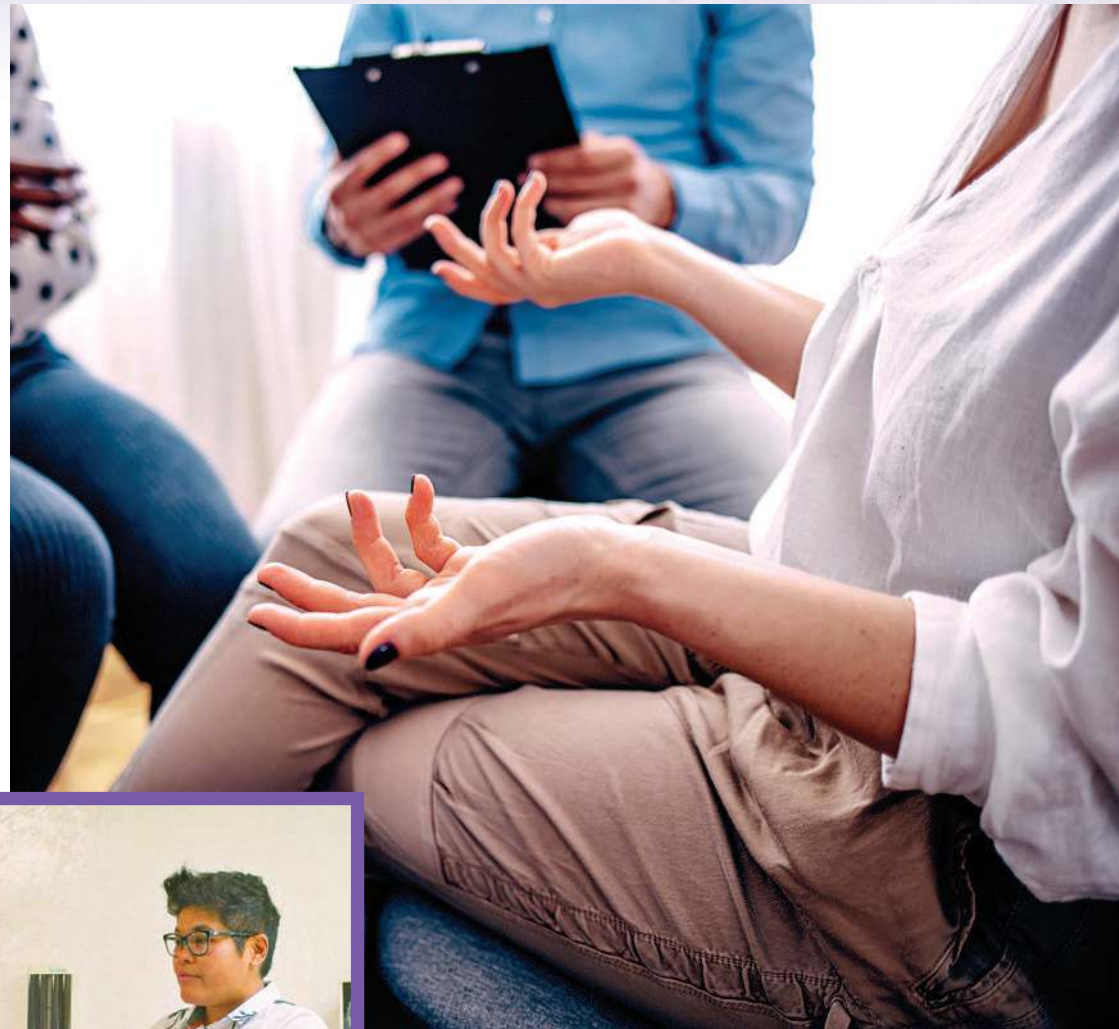
"Our group also provided advice, advocacy and training to promote the concept that behavioral health providers use medications, such as Suboxone and naltrexone, to help in counseling," Johnson adds. "The meds reduce cravings and withdrawal symptoms for people going through opioid treatment."

Access to naloxone has been identified as a key prevention activity that

can help reduce deaths in the case of opioid overdose. In 2019, Hawai'i's Alcohol and Drug Abuse Division (ADAD) purchased 1,776 naloxone kits (3,552 doses) to distribute to partnering agencies and trainees. Kits were distributed to syringe exchange programs run by Hawai'i Health & Harm Reduction Center, and in high-intensity drug trafficking areas, as well as to Kaua'i and Maui police departments, Hawai'i Island HIV/AIDS Foundation, and others.

Additionally, 28 training sessions on medication-assisted treatment were conducted, expanding training for 448 providers.

Though the group's physical meetings have stopped for now, due to the pandemic, Johnson says the energy of its participants, which includes treatment providers, insurers, government representatives and members of the community, remains high. "We quickly adjusted to Zoom meetings, and our



attendance in September was the highest ever, with about 25 active members," he reports.

Through CARES, the group continues to address systems and procedure challenges for coordinating care through a call center. They're also tackling systemic changes for improving criminal justice approaches to offenders in treatment. The group will continue to explore ideas for expanding medication use in treatment, as well

as Native Hawaiian practices that can be integrated into treatment methods.

"Community engagement is very welcome," says Johnson. "We appreciate stories, successes and concerns about people wanting to access treatment, and how we could improve it. We are experiencing a lot of momentum as more people come forward wanting to work together."

Learn more online at hawaiiopioid.org/get-help.

The professional care team at Hawaii Cancer Care recognize the special needs of patients diagnosed with cancer. Our highly trained team uses a multidisciplinary approach to cancer treatment that is specialized to each patient and precise for their disease. This means bringing the latest in medical innovation to diagnose and treat cancer. Our care philosophy includes providing supportive services in addition to medical treatment and a commitment to providing the best patient experience as possible.

We are here for you, right here in your community, and are fully open and operational despite the COVID-19 health pandemic. In addition to in-person services provided in our clinics, where we have put full infectious disease safety protocols in place, we offer telehealth visits, which connects you with a Provider via telephone or video conference.



**Call us at (808) 524-6115,
send an email to
telehealth@hawaiicancercare.com,
or visit us at
www.hawaiicancercare.com**



Hawaii Cancer Care

www.hawaiicancercare.com

How To Respond During An Overdose

More than 200 people in Hawai'i died from an opioid drug overdose in 2018.

It's evident that time is of the essence when responding to an overdose. Clear signs of an opioid overdose include inability to wake up (attempt to rouse them by rubbing your knuckles hard on their sternum); slow or no breathing; pale, ashy and cool skin; and blue lips or fingernails.

An opioid overdose can come on suddenly or occur over the course of a few hours, and the risk is greater when opioids are combined with alcohol or other drugs like sleeping pills, benzodiazepines, cocaine and methamphetamine.

If you think someone has overdosed on opioids, call 911, administer naloxone (if available) and stay with them until help arrives. You can also perform "rescue breaths," which the National Harm Reduction Coalition explains as getting the person on their back, tipping their head back to straighten the airway, pinching their nose, putting your mouth over theirs to form a seal, and administering one breath every five seconds.

Visit hawaiiopioid.org/prevent-overdose or opiorecue.com to learn more on how to respond to an opioid overdose, and other steps you can take.



Testimonial

"As an outreach worker, I distribute naloxone kits to the community for our participants to carry and use so no one dies from an overdose. Sometimes I am called on to use them myself to save a participant's life; when someone panicking runs to the van, there is no hesitation. One time, a program participant down the street was laying there blue, unresponsive and not breathing. After the easy administration of naloxone nasal spray, in minutes that person was breathing, coherent and, most important of all, alive. It is rewarding and a comfort to know that I can, and truly that anybody can, prevent a needless death at any time, any place with naloxone. **"**

— PajBritt Emmanuel

What Exactly Is Naloxone?

Naloxone is a medication — there are injection and nasal administration methods — that has been proven to stop the effects of opioid overdose and save lives. One of Hawai'i Opioid Initiative's key achievements was allowing trained pharmacists to prescribe and dispense naloxone, which is often referred to as an "opioid antagonist."

Within the state, it's legal to carry naloxone (also known by the brand name Narcan). It is not a psychoactive and has no potential for misuse or abuse. In fact, side effects are rare. Naloxone is an inexpensive, FDA-approved generic drug that works to reverse an opioid overdose, including fentanyl overdose, by restoring breath to unconscious overdose victims.

To get naloxone, the public should contact their primary care provider, or they can get naloxone from HHHRC (hhhrc.org/overdose). Some pharmacies are also able to dispense naloxone without a physician's prescription. Check with your pharmacist for more information. Visit hawaiiopioid.org/prevent-overdose to learn more.



A Look At Improving Prescription Practices

**WORK GROUP 2:
PRESCRIBER
EDUCATION
& PAIN
MANAGEMENT**

BY CAROLINE WRIGHT

In 2016, 50 million — or 20 percent — of American adults were affected by chronic pain. As many as 29 percent of these adults misused their prescribed pain medication, and up to 12 percent actually developed an opioid use disorder.

With an overall goal of improving prescribing practices for opioids and related drugs, the Prescriber Education and Pain Management work group addresses several areas that are critical to Hawai'i Opioid Initiative.

The group's objectives include an increased understanding of the benefits and risks of opioids; increased awareness of unsafe opioid use; expanded patient use of alternative treatment options; and improved patient access to overdose treatment.

"There's a lot of conflicting information and misinformation about opioids,

and all the changes to the way we manage pain in general," says Roy Goo, co-chairman of the work group and associate professor/departments chair of the Pharmacy Practice Department at the College of Pharmacy at University of Hawai'i - Hilo. "Our work group tries to educate providers about the appropriate use of opioids, and even more so, about appropriate management of pain and how to help patients manage complex pain syndromes."

The goals of a pain management treatment plan include relief, improved mental and emotional well-being, decreased disability, and improved overall quality of life.

"Pain, especially chronic pain, is so subjective that it's often difficult to have conclusive evidence of efficacy," Goo points out. "It's a balance to represent different perspectives



and tailor the approach to individual patients, and stress that we really need to look at each one and take individual circumstances into account."

Traditionally, Goo explains, most physicians and pharmacists receive continuing education through in-person conferences, but efforts have shifted to online platforms, a movement motivated by economics and accelerated by COVID-19.

"We've focused on collaborating with various organizations, including health systems, the Department of Health, JABSOM and the Pharmacy School," he reports. "We've brought these entities together to provide education on a distance-based platform."

Project ECHO (Extension for Community Health Outcomes) is a highlight of the group's achievements. The ECHO model has been proven effective in



addressing opioid addiction in states like New Mexico, by increasing the number of physicians qualified to dispense or prescribe medication-assisted treatment for opioid addiction. ECHO provides continuing medical education in a grand rounds format, attended by providers, social workers, pharmacists, case managers and other health care workers.

Studies of ECHO Project's effectiveness in other cities show an average decrease of 23 percent in annual

opioid prescriptions per patient, and an increase in prescriber confidence, knowledge and self-efficacy.

Also in development: online educational modules that talk about different aspects of opioid use and pain management. "They'll be available to providers, caregivers, social workers, medical support staff and the public," says Goo. "The more education everyone has, the better."

For more information, visit hawaii-opioid.org/manage-pain.

Testimonial

"I have gotten to know many suffering from an opioid use disorder who weren't able to access "traditional" (abstinence only) treatment since I started working with H3RC two years ago. I used to believe that Hawai'i wasn't part of the opioid epidemic because I rarely encountered those whose drug of choice were opioids in more traditional treatment settings. It turns out that Hawai'i has many community members engaged in chaotic opioid use who can't access inpatient services due to the complexities of opioid use withdrawal and the state lacking the available resources to detox. Since working in harm reduction, I have witnessed how important access to Buprenorphine is for clients who want to manage their opioid use. Buprenorphine offers an extra layer of reassurance that they can balance preventing withdrawal symptoms while also not abusing the opioids. I must also stress the importance of having this medication be covered by insurance, as many who need it are part of our most vulnerable populations. I am grateful to see more providers willing to prescribe and work with people taking Buprenorphine."

— Natalia Werkoff, a certified substance abuse counselor and licensed clinical social worker

TACKLING THE ISSUE OF OPIOID ABUSE

BY KYLE GALDEIRA

As a spokesperson for Hawai'i Opioid Initiative, former UH and pro football standout Chad Owens uses his personal testimony to help those battling opioid addiction.



As a football player performing at the highest level during each stop of his impressive career, Chad Owens made it a habit of playing through pain.

After all, making the choice to remain on the sideline to heal while dealing with injuries could have spelled an early end to his career, which took him from local star at Roosevelt High School to prodigious wide receiver and kick returner at University of Hawai'i, and all the way to an illustrious professional career in the National Football League (NFL) and Canadian Football League (CFL).

In football's professional ranks, a lengthy injury can often lead to players getting cut, as the business of the sport requires teams to trim rosters and

maximize output from healthy players. Essentially, an all-world talent does nothing on the bench.

Owens recalls seeing veteran players using medication to mask injuries so they could play through pain and perform on the field during games. As an up-and-coming prospect in the professional ranks, Owens thought that he, too, needed to buy into this culture of masking pain in order to have a chance of making and remaining on a team.

"You take it so you don't feel any pain, so you can go out there and play at 110 miles per hour, every single play," Owens said when discussing painkillers. "For a one- or two-year guy, seeing veterans doing this, you just think that's the thing to

do. That's what's helped them last so long ... it's what allows them to go out there and play like Superman; let me get that."

It was this by-any-means-necessary mindset that led Owens to initially discard any concern regarding his long-term health and well-being. At that time, it became about living in the moment — about making sure he'd be on the field to perform and extend his playing career.

"I found that even when I didn't have any issues, I would still get in line (for painkillers) because that was part of the routine," Owens said. "My lack of knowledge about it caused me to jump in line. But once I realized that this wasn't healthy for me, I made a decision to use alternate forms of pain relief."

Owens found that he needed to use safer means of pain recovery and relief, including eating better and cutting out intense painkillers, because masking pain ended up making him feel worse and had more dramatic effects on his body.

"Trust me, I've felt it the next day, worse than it was prior to the game, and it's not a good feeling," Owens said. "When you take pain meds, you're essentially putting a Band-Aid on by masking the pain, and you don't really let yourself heal. It then becomes a habit because even when you aren't in pain, you get addicted to the numbness (that the medications cause). After learning more about the dangers, I decided not to go that route."

Owens came to realize that it was OK to be

injured, because that's part of a dangerous game like football. He understood that pain should be a guide that your body should follow: If you feel so much pain that you can't play, then you should rest and recover. It's a simple mindset, but one that was, and to a degree still is, not widely accepted in professional sports.

As a counter to pain medication, Owens worked on strengthening his mental toughness as a way to naturally address pain and help his body heal efficiently. He began to trust his body's natural instincts, and realized that missing a practice or game paled in comparison to the long-term negative effects of using opioids to mask pain, which can often lead to more devastating and lingering injuries.

"When you feel pain, that's your body's way of telling you to chill out. If I can manage the pain myself and endure it, then cool," Owens said. "But, if not, then I needed to sit out. Now that I'm done playing, I've found other ways to decrease inflammation by eating better and having a different mental approach. I don't care what anyone else says. I'm doing what's best for myself, my body, and the future of me and my family."

Owens notes that everyone



deals with pain throughout life, whether it's physical pain via injury or mental anguish and issues that may not be noticeable externally. He has learned that a useful tool when it comes to dealing with pain is simply talking to people, whether its family, friends or medical professionals.

"Especially for youth, if I could give them a message: It's OK to take a break and miss a practice or repetition, even a game sometimes, because your body is a machine and it tells you what

you need," Owens said. "Football is here and gone in the blink of an eye. Even though I've played more than 20 years of football, more than half my life, there's still so much life ahead of sports that you need to dig deep, soul search and figure out 'Is it worth it?'"

"Even if you get that scholarship or make it to the pros, statistically the downside of what can come from abusing pain medications, you can lose it all. If I could go back, I'd tell my younger self, 'I want you to also

focus on business classes, create more, be artistic.' It's going to be hard because these guys want to go to the 'show.' But, along the lines of 'Can you do it the natural way?' Yes, you can, you just need to diversify your dreams because sports will come to an end, but will you be capable of doing that next thing if you're addicted to pain meds? If you're depressed, you're not going to be able to take that next step in with approaching life with mental and physical health intact."

The Power Of Data To Transform Policy

**WORK GROUP 3:
DATA-INFORMED
DECISION MAKING
& EVALUATION**

BY CAROLINE WRIGHT

The earliest objective of Hawai'i Opioid Initiative's Data-Informed Decision Making & Evaluation Group included a significant revision of a law.

The change to the Uniform Controlled Substances Act, which opened the door for limited release of data by the Narcotics Enforcement Division to the Department of Health, helped the work group move toward developing a standardized framework for the collection, analysis and dissemination of data on opioid use in Hawai'i.

"Our group had an early presence in the initiative," comments co-chairman Daniel Galanis, epidemiologist for the Department of Health's Emergency Medical Services & Injury Prevention System Branch. "We were probably the main contributors in terms

of the data behind the Initiative and its initial activities, and going forward, behind a lot of the work groups."

The data-driven work group has made progress with a prescription drug-monitoring program (PDMP) that helps identify patients at risk for overdose or misuse of controlled substances. The PDMP can reveal if a patient is dispensed controlled substances by multiple providers and multiple pharmacies. The group is also working toward innovative utilization strategies of the PDMP, such as incorporating naloxone prescribing and dispensing.

"The PDMP shows there's less prescriptions being written for high-dose substances," says Galanis. "I think we can interpret that as likely that prescribing practices are becoming more informed. The downside is that some per-



fectly legitimate consumers of opioids have been cut off, or struggle to obtain the meds they need. It goes back to careful prescribing and case management."

Galanis says his group is grateful for the support it receives

from the Laulima Data Alliance. A nonprofit subsidiary of the Healthcare Association of Hawai'i, Laulima collects, analyzes and disseminates statewide health information in support of efforts to improve the quality and cost

efficiency of the state's health care services.

"Their small shop manages to maintain a repository of hospital records from every acute care hospital in the state, both at emergency department and inpatient

levels," Galanis adds. "That's a big resource for describing epidemiology of this issue."

Goals for the work group include the collection of emergency department data on all suspected drug, opioid, heroin and stimulant overdoses, and of drug overdose death circumstances using death certificates and medical examiner/coroner data.

"Mortality has actually been decreasing related to opioid overdoses, whereas methamphetamine mortality has gone up in recent years," observes Galanis. "That's not to say we're done with one and we can move on to the next. Though the HOI was funded around opioids specifically, this initiative was constructed to be able to pivot to other substances, with the basic underlying philosophy that the issue of addiction can take different forms."

For more information, visit hawaiiopioid.org/learn-the-facts.

Testimonial

"I love him deeply (my brother). I really miss him. Even if a family tries to intervene, as we know, this is coming from a recovering alcoholic, that doesn't always work. That person has to be ready to get sober. And I think he was just in so much physical pain, emotional pain, mental pain. Sometimes families can really hide their feelings, and they have the same story that plays out year after year, generation after generation. I really think we need to get rid of stigma so people can talk freely about these things so there's not so much guilt around it, so people can move on and heal. We have to get rid of this stigma so people don't feel ashamed and they're more apt to get help. If you can't talk about it in the family, if you can't talk about it in the community, that's not a good thing. I feel so honored to be able to share my brother's story, as sad as it is, in hopes that I can save somebody's life. This has been heartbreaking to me. If I can reach somebody, a family member that has a loved one, that's addicted, or the person that's struggling themselves just to get rid of that stigma and go, yeah, I need help. Sometimes you feel so helpless because you've got to hit your bottom, whatever that looks like. Unfortunately, he hit a bottom that took him out."

— Catherine Cooper



Reliable Resources For The Community

One of the best ways to spread awareness is by supplying the public with ample information. That's why Hawai'i Opioid Initiative offers resources on its website for the public to peruse. Find a link to conversation starters to refer to when sparking a critical discussion with children about medicine abuse.

Teens and teachers, meanwhile, can check out a website that offers science-based information on everything from videos detailing how drugs affect the body to lessons about drug facts. In addition, there are links for information covering drug abuse outside of opioids, as well as HIV and hepatitis testing, and needle exchange sites.

Whether you are a patient, parent, teen, doctor, pharmacist or first responder, check out resources tailored for you at hawaiiopioid.org/resources.

Whether you are a patient, parent, teen, doctor, pharmacist or first responder, check out resources tailored for you at hawaiiopioid.org/resources.

Testimonial

"I want people to know that life can be so much better. If you decide to change, there's so much help. There are people willing to listen and to help you. You don't have to live that way. You can live the life you always wanted. You can be what you always wanted to be. Have your own money. Have your own things. Don't have to steal. Life is too precious. And, you know, your life is too precious. Love yourself."

— Candie Spencer



McKenna Recovery Center
Addiction Treatment Center
Serving the State of Hawaii via Telehealth



Returning the patient to health on ke ala pono: the right path for recovery.

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The McKenna Recovery Center is a private intensive outpatient treatment program for substance use disorders serving the State of Hawaii via Telehealth.

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Gerald J. McKenna, M.D., FASAM, DLFAPA
Board Certified in Psychiatry and Addiction Medicine

Medicare Annual Enrollment is Oct. 15 - Dec. 7



IF YOU NEED HELP CALL ME.

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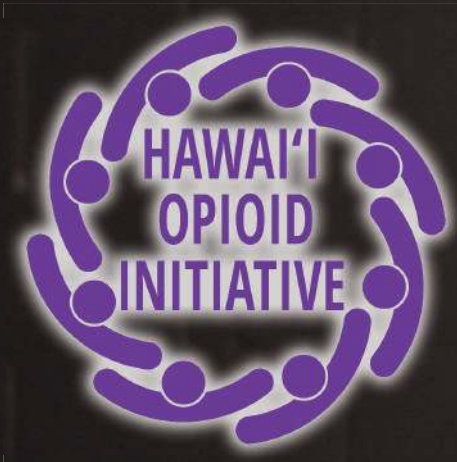


1585 Kapiolani Blvd., Suite 1020, Honolulu 96814

Whether you have been affected by Covid-19, turning 65, retiring, or already have **Medicare**, I would be glad to assist you. My promise to you is to provide honest and unbiased guidance with all aspects of your Medicare benefits. As an independent agent that represents most Medicare plans available in Hawaii, my goal is to guide you to a plan that fits **your** needs. Best of all, there is never a fee for my services.

Mahalo and let's get through these difficult times extending the aloha spirit to each other!

***“I’m glad I reached out.
The best form of recovery is talking to someone.”***



Chad Owens

**Hawai'i Football Legend
Pro Football Player**

**To connect to substance use treatment services,
call Hawai'i CARES at 1-800-753-6879**

Community Education Is Key To Prevention

**WORK GROUP 4:
PREVENTION
& PUBLIC
EDUCATION**

BY CAROLINE WRIGHT

Hawai'i Opioid Initiative's fourth work group, which focuses on Prevention & Public Education, is assigned the task of improving community-based programs and public education to prevent opioid misuse and related harms.

"Basically, we focus on building resiliency and innovations within communities, families and people with lived experiences in Hawai'i," explains co-chairman Thaddeus Pham, who also serves as the Viral Hepatitis Prevention Coordinator for the Hawai'i Department of Health.

Early goals for this work group included the development of a multi-level public awareness campaign that included a website, social media and collateral material, all designed to increase awareness of opioid issues, risks and centralized resources. The website, hawaiiopioid.org, is packed with resources for the general public and specific community segments (e.g., pharmacists, parents and teens).

"Tied in with the website, our work group has developed broadcast and digital campaigns to promote risk assessments and pain management options," says Pham.

Patients can use the website to obtain more info about Hawai'i CARES (Hawai'i Coordinated Access Resource Entry System, the state's new multiple entry-point and coordinating center for behavioral health services including substance use disorder, mental health, and crisis intervention services).

The site also includes tips on pain management, preventing overdose, safe storage and disposal of medications, and more. An awareness campaign for the new resource launched



in August 2019. By November 2019, website traffic increased by 286 percent and averaged 70 visits a day.

"Our group has also helped implement year-round drug 'take-back' boxes in all counties across the state," says Pham.

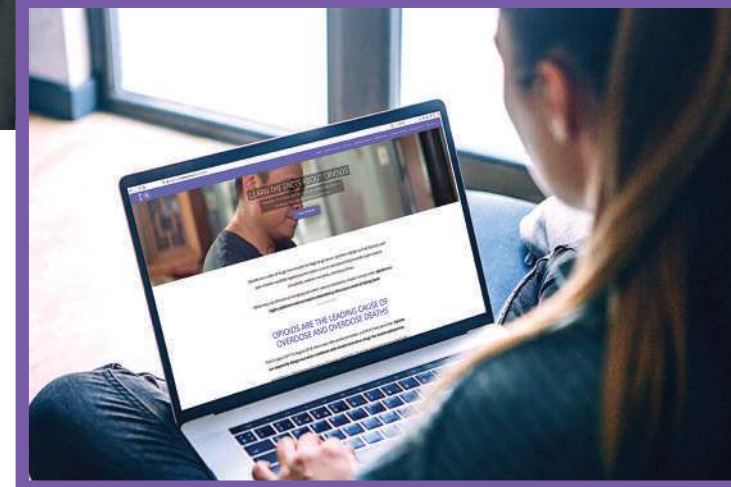
In survey responses, representatives from many community organizations said they benefited greatly from high-impact initiatives like those "take-back" boxes. HOI's website even includes Google mapping of the year-round drug "take-back" boxes on each island.

During the COVID-19 pandemic, the work group has continued to meet, working toward more communi-

ty-driven approaches to opioid prevention and education. "We know that our work must continue, since COVID-19 has not only health but also social impacts, such as depression, isolation and suicidality, that can contribute to opioid misuse and related harms, like HIV, hepatitis C and overdose," says Pham.

As the end of 2020 draws near, the group's objectives include ongoing promotion of the HOI website as the one-stop shop for local resources around opioid prevention and education.

"We'll continue, as needed, to develop local media campaigns that drive people to the website to learn more and get linked to services," adds



Pham. "We'll also be taking a broader look at how our local communities are already doing things to keep our families healthy and resilient. That way, we can promote local innovations that truly come from — and are made for — our 'ohana."

Visit hawaiiopioid.org/learn-the-facts for a brief anonymous quiz to see if you might be at risk for opioid dependence.

To learn more about how you can get involved with HOI, visit hawaiiopioid.org or send an email to hawaiiopioid@gmail.com.

The Lowdown On The Legislation

According to the state Legislature, opioid-related overdoses resulted in upward of \$9.8 million in hospital costs back in 2016.

Thanks to the vigilance of community groups and organizations like Hawai'i Opioid Initiative, there are a number of bills going through the state Legislature regarding opioids,

substance abuse, health care and drug treatment.

For more information and status updates on the bills listed below, visit capitol.hawaii.gov.

HB 35, HD1

Relating to Mental Health

Authorizes expenditures from the mental health and substance abuse special fund to be used for capital improvement projects. Effective July 1, 2050. (HD1)

HB 933, HD2

Relating to Crisis Intervention

Creates a crisis intervention and diversion program in the department of health to divert those in need to appropriate health care and away from the criminal justice system. Appropriates funds. Sunsets on June 30, 2023. Effective July 1, 2050. (HD2)

SB 2592

Drug Treatment

Appropriates funding for the implementation and development of the Hawaii coordinated access recovery entry system to increase access to treatment for all individuals who suffer any form of substance abuse and mental illness. Requires the DOH to pursue all known funding sources for drug treatment programs prior to expending general revenue funds appropriated. Requires DOH to exhaust all public and private insurance options for reimbursement for individual treatment provided before expending appropriated funds.

SB 2505

Relating to Health (Non-forensic Stabilization Crisis Residential Beds)

Requires and appropriates funds for the Department of Health to establish a continuum of stabilization beds statewide for non-forensic patients with substance abuse or mental health disorders, or both, by repurposing unused state facilities. (SD1)

SB 2773

Opioids

Requires providers authorized to prescribe opioids to discuss with patients certain risks associated with controlled substances that are opioids prior to issuing initial opioid prescriptions for the treatment of acute pain. Requires providers to include a note acknowledging the discussion of the risks associated with opioids in the patient's medical record.

HB 2022

Relating to the Mental Health and Substance Abuse Special Fund

Authorizes expenditures from the mental health and substance abuse special fund to be used for certain capital improvement projects. Limits the expenditures for capital improvement projects to an unspecified percentage of total expenditures from the special fund and an unspecified percentage of the total surplus of the special fund. Excludes projects that would expand inpatient forensic capacity at the Hawai'i State Hospital from permissible capital improvement projects funded from the mental health and substance abuse special fund. Effective Dec. 31, 2059. (HD2)

HB 2522, HD1

Relating to Health

Requires DOH to establish a continuum of stabilization beds statewide by repurposing unused state facilities for short-term residential use by non-forensic patients with substance abuse or mental health conditions, and accessing and triaging the patients to a clinically appropriate level of care through the Hawai'i coordinated access resources entry system. Appropriates funds. Takes effect on Dec. 31, 2059. (HD1)

SB 2506

Mental Health and Substance Abuse Special Fund

Authorizes the mental health and substance abuse special fund to be used for certain capital improvements. Requires the Department of Health to identify, among other things, capital improvement projects that should be made with moneys from the mental health and substance abuse special fund to improve the continuum of care for behavioral health and submit a report to the Legislature. Repeals on June 30, 2025. (SD1)

HB 2237, HD1

Relating to Drug Disposal

Establishes the Drug Disposal Program, administered by the Department of the Attorney General, to dispose of prescription and over-the-counter drugs in a safe, secure, and environmentally friendly manner. Establishes the Drug Disposal Special Fund and appropriates funds. Effective July 1, 2050. (HD1)

HB 668, HD1; SB 534

Relating to Health Care

Requires DHS to obtain legislative approval prior to reducing the number of medicaid plans available in any part of the State. Requires an audit and legislative task force to review DHS' request for information and request for proposals processes regarding RFP-MQD-2019-002. Effective July 1, 2050. (HD1)

HCR 65; HR 50

Recognizing and supporting ongoing collaborative efforts between the Department of Health, HEP Free Hawai'i, and others to produce a statewide plan to eliminate viral hepatitis in Hawai'i.

HB 1807; SB 2225

The Physical Therapy Practice Act

Clarifies the scope of practice for licensed physical therapists to include the practice of dry needling. Expands other competence-related activities to include certain dry needling specific knowledge.

Testimonial

“(When I was addicted), my mind was always churning. I couldn't stay still. Not being present. You know, I think that's the biggest red flag is when you're spending time with your family, and they're just all over the place versus just being present with you face-to-face.

I would wake up in the morning and take three pills just to get out of bed, like someone drinking coffee. I needed those pills just to get me out of bed.

At the end, when I realized what I was putting into my body, when I was detoxing, I was up to about 20 to 23 pills a day. So I got to the point where I had to take a pill or two, sometimes three every hour just to get through my day.

What I learned is that when I was an active user, active pill taker, basically it allowed me to not be present. And it just allowed me to escape from things. And later on in life, I found I found out that it just numbs you from the world.

You know, it robs you from being present in people's lives. It robs you of your life. I haven't taken any prescriptions. I haven't taken anything stronger than Tylenol or Advil.

And in all honesty, I actually had my chart flagged, my medical records say do not prescribe me any narcotics, patient is highly addictive. Because it's easier. It's easy to get it again.”

— Alberta Silva

HOI Helps Train And Educate Pharmacists

**WORK GROUP 5:
PHARMACY-
BASED
INTERVENTION**

BY CAROLINE WRIGHT

When Patrick Uyemoto first got involved with Hawai'i Opioid Initiative a few years ago, the effort to address opioid addiction in Hawai'i was in its nascent stages.

"The state put all these people, all these resources, together in one room to think about how we could respond to the opioid pandemic," recalls Uyemoto, who is director of pharmacy for Times Pharmacy, the pharmaceutical department at Times Supermarket. "We got perspectives and buy-ins from multiple organizations and departments. They really tackled this issue in a very good way."

As co-chairman of the Pharmacy-Based Intervention work group, Uyemoto helped his team establish objectives that would prove to be deeply impactful.

"Working with various partners in the Department of Health and their relationships in the Legislature, we were actually able to pass a bill that allows pharmacists to prescribe and dispense naloxone," he says. "That prescription author-

ity is the biggest piece. If people can just get naloxone from their pharmacy, it's a lot easier than having to schedule an appointment, go to the doctor's office, get a prescription, and then find a pharmacy that will fill it."

Access to naloxone is a nationally and universally recommended practice, proven to reduce the incidence of opioid deaths due to overdose. Many states have instituted a standing order that allows pharmacists to dispense the lifesaving medication. Thanks to Hawai'i Opioid Initiative, the Aloha



State passed a similar law during the 2019 Legislative session.

SB535 authorized pharmacists, acting in good faith and exercising reasonable care, to prescribe and dispense opioid antagonists like naloxone to patients at risk of overdose, and/or to their family members and caregivers. Naloxone training, developed

by University of Hawai'i at Hilo - The Daniel K. Inouye College of Pharmacy, was presented to pharmacists across the state. The response has been overwhelmingly positive.

"I think the DOH recognized the accessibility of community pharmacies," says Uyemoto. "The pharmacies are very dedicated to their communities and their patients, so wherever they can help, especially on the neighbor islands where resources are limited, they're happy to do new things to support their communities and protect their patients."

As the primary points of contact for patients with opioid and other narcotic prescriptions, pharmacists can provide key screening and education. They're also well-positioned to support public awareness efforts.

Moving forward, the Pharmacy-Based Intervention group is developing resources for hawaiiopioid.org, including a list of pharmacies that participate in the naloxone program. The group will continue to provide training for pharmacists on naloxone access to patients, along with continuing education on the pharmacist's role in screening patients for opioid dependency and addiction risk.

"The state really did a good job when it created this initiative," Uyemoto remarks. "We're just one of seven groups, just one arm of this effort. We're all collaborating to help protect Hawai'i and prevent the opioid epidemic from taking hold here, and I think it's been successful."

More information for pharmacists is available at hawaiiopioid.org/resources.

Testimonial

"My theory was, as long as I wasn't picking out something that was in a baggie, it wasn't as bad. I thought because I was getting these pills from a doctor, I convinced myself that this was fine. Each paycheck, I would spend about \$500 just to make myself feel better. I did a lot of it to numb myself. When there's nothing to numb yourself with, those feelings are going to come back and they come back harder. If you are able to gather a big group of friends and a group of people you can call family like I did, you'll make it through. There are people that are going to be there for you to lean on. It was crazy because, you know, when you're a kid, you never expect that that's where your life's going to be. And when you get to that point and you're looking back and you're like, was that worth it? I think that was the hardest part for me. When I looked at everything and I was like, I did all this for nothing, to end up in a shed with random people that don't even know my first name."**"**

— Gabe Bautista

Tips for Appropriate Medication Storage

Hawai'i Opioid Initiative encourages the community to be vigilant about keeping their medications safe and secure. Best practices for storing prescription painkillers and other medications include a lockbox, safe or locked medicine cabinet to prevent any of the aforementioned uses or misuses. However, if locking up medications is not a viable option, the next best thing would be to keep them out of sight and out of reach. To safely get rid of unneeded or expired prescriptions, it's best to visit a medication drop box near you. Check out the full list of available Hawai'i Medication Drop Box locations later in this publication.

These guidelines can go a long way in preventing the abuse of prescription medications and ensuring someone else in your household doesn't accidentally take the wrong medications. Check out the sidebar (at right) to find easy ways to keep your medications safe, and learn more online at hawaiiopioid.org/safe-med-storage.

• Store medications as recommended by the manufacturer and your doctor or pharmacist.



• Don't leave medications in checked bags when flying. Put them in your carry-on luggage.

• Don't put medications in the trunk while driving. Rather, keep them in the car when driving and take them with you when you park your vehicle.

• Choose overnight shipping for mail-order medications. If you work during the day, have the medication shipped to your office. An FDA study from 1995 found that the interior temperature of a black mailbox can reach as high as 136 degrees when the ambient air temperature was 101 degrees.

• Take extra care of injectable medications, as these may be more vulnerable to extreme temperatures.

• If you see a change in color or texture in your medication, do not consume it.

• Most importantly, if you have any doubts or questions about the medications you're taking, consult your doctor or pharmacist.



Testimonial

“ My younger son has a severe substance use disorder, and his drugs of choice are opiates, which include prescription painkillers and heroin. He knows how important it is that he stop. One evening, he looked at me, near tears, and said, 'A woman at my AA meeting told me I would die. And I will, if I don't beat this.' I've heard a heroin addict relapses an average of nine times. This is not a treatment failure; the physiological changes that have taken place in the brain take months, sometimes years, to return to normal. Relapse is part of the disease.

Getting useful information was so difficult for our family that I wrote a book titled *Feathers in the Soul: A Guide for Families Struggling with a Child's Addiction*, which tells of our own struggle and offers the advice of addiction specialists, treatment professionals, and the sage words of young people who have succeeded in gaining sobriety. *Feathers in the Soul* is a story of hope and recovery. Treatment specialists are beginning to acknowledge the powerful role that families play in a loved one's recovery. The Hawai'i Opioid Initiative Prevention & Public Education work group is establishing a call-in system for families facing a loved one's substance use. Family members will be connected to trained coaches who have faced the same crisis.

Let's beat addiction and its stigma. This disease should be as shame-free as diabetes or myopia. And in the meantime, take action. Lock up all addictive medications. Reach out for advice and guidance. It takes a village, and you are a powerful influence.”

— Debby Atkinson

“I thought I would never see my family again.”

Spent 3 weeks in a coma due to COVID-19.



Watch real patient stories at
hawaiiocovid19.com/survivors



Wear a mask. Avoid social gatherings.



HAWAII HEALTH SYSTEMS CORPORATION
KAUA'I REGION
E PONO MAU LOA
Always Excellent



Drug use is a staggering problem on Kaua'i.

"I volunteered the last year to meet with inmates at the Kaua'i Community Correctional Center and am working with jail staff to develop an MAT (Medication-Assisted Treatment) program that officials want to replicate at jails statewide. Also I'm asking every Hawai'i hospital to offer MAT so when someone is ready for help, we are ready. When you are ready, ask for help"

Graham Chelius, MD
Family Practice with Obstetrics
HHSC Kaua'i Region

Dr. Chelius practices at the HHSC Kaua'i Region's
The Clinic at Waimea and The Clinic at Kapa'a
(808) 338-8311 • kauai.hhsc.org



Equipping The State's Frontline Workers

**WORK GROUP 6:
LAW ENFORCEMENT
& FIRST
RESPONDERS**

BY KYLE GALDEIRA

Law enforcement officers and first responders are trained to use their unique skillsets when addressing an array of potentially disastrous situations affecting residents in communities across the state. However, when it comes to dealing with the rapidly evolving opioid epidemic in Hawai'i, these everyday heroes are now being provided with specialized training to help with treating opioid overdose victims.

The sixth focus area of Hawai'i

Opioid Initiative (HOI) is geared toward helping the dedicated law enforcement officers and first responders learn about and implement policies and procedures that will help when treating opioid overdose victims and suggesting treatment options.

Early in the process, which began more than two years ago, the initial goals for this specific work group included developing a standardized course of action and clearly defined protocols

when encountering opioid overdose victims; training at least 30 percent of the law enforcement members and first responders in all four counties on the program implemented by the work group; coordinating with other work groups within the HOI and like-minded stakeholders to create a list of diversion programs to use as a reference when referring overdose victims; and creating a mechanism for real-time reporting and data collection for opioid-re-

lated incidents and emergencies.

Throughout 2019, this work group took positive steps toward addressing the opioid epidemic in the state. It collaborated with the work group focused on prevention and public education to develop a resource card/info-graphic explaining the availability and effectiveness of treatment options for both opioid users and their families in health care settings. Additionally, the Maui Police Department piloted an overdose

mapping system to help with disseminating real-time data reflecting the reporting of substance use disorders or crisis incidents to allow for a coordinated response by available community resources.

The law enforcement and first responder work group continues to tackle new objectives throughout the complex process involved with decreasing Hawai'i's dependence on opioids. Some of the

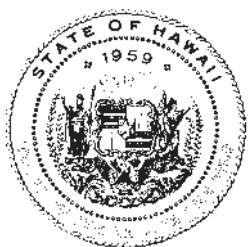


projects the work group aims to finish by the end of 2020 include collecting, analyzing and sharing quarterly data from hospital emergency departments on inpatient and outpatient discharges on suspected all-drug, all-opioid, heroin and all-stimulant overdoses (organized by month, county, sex and age group to be shared with the HOI work groups). It also plans to develop a plan to distribute personal protective equipment for Hawai'i law enforcement officers to protect them from fentanyl when responding to overdose cases; and provide coordination and leadership for community stakeholders and resources for implementing "Law Enforcement Assisted Diversion" activities.

More information for first responders is available at hawaii-opioid.org/resources.

***"With COVID-19,
you're not the only
one that suffers."***

Husband was hospitalized for 7 weeks.



Watch real patient stories at
hawaicovid19.com/survivors



Wear a mask. Avoid social gatherings.

What You Need To Know About Hawai'i's Drug Take-back Initiative

An assemblage of people from the Office of the Lieutenant Governor, Department of the Attorney General, Department of Health, Department of Public Safety and county police departments have joined forces to offer a safe and secure way to dispose of unused medication.

The Hawai'i Medication Drop Box and Disposal Program was initially offered at select police stations. However, thanks to a partnership with Longs Drugs, the project expanded last July and now features several more secured collection receptacles on O'ahu, three on Hawai'i Island, three on Maui and two on Kaua'i. The driving force behind this initiative is to provide residents with a viable option to rid of medication — especially narcotics like opioids — and prevent the drugs from potentially ending up in the wrong hands. Studies show that the majority of opioid misuse begins with individuals taking medication that was not prescribed to them.

The most common opioids include oxycodone, hydrocodone, morphine, methadone, codeine and fentanyl, a lot of which, if left sitting in a bathroom cabinet unused or disposed of improperly, could contribute to abuse. Items not accepted are infectious waste, aerosol cans, syringes, thermometers, inhalers and illegal drugs (e.g. heroin).

For more information, visit hawaiiopioid.org/drug-take-back.

O'AHU

State Narcotics Enforcement Division Honolulu
3375 Koapaka St.#D-100

Longs Drugs Hau'ula
54-316 Kamehameha Hwy.

Longs Drugs Honolulu
2470 S. King St.

Longs Drugs Honolulu
1620 N. School St.

Longs Drugs Kāne'ohe
46-047 Kamehameha Hwy. #C

Longs Drugs Kapolei
590 Farrington Hwy. #300

Longs Drugs Pearl City
850 Kamehameha Hwy. #107

Longs Drugs Wahiawā
925 California Ave.

Longs Drugs Wai'anāe
86-120 Farrington Hwy.

Longs Drugs Waipahu
94-060 Farrington Hwy. #6

Military Locations
(military ID required)

Joint Base Pearl Harbor-Hickam
15th Medical Group Hickam Clinic

Joint Base Pearl Harbor-Hickam
Naval Health Clinic Makalapa

Kalaeloa Airport
Warrior'Ohana Medical Home

Marine Corps Base Hawai'i
Naval Health Clinic Kāne'ohe Bay

Naval Computer & Telecommunications Area Master Station
Naval Health Clinic Wahiawā

Schofield Barracks
Desmond T. Doss Health Clinic

Tripler Army Medical Center
Mountainside Main Entrance, 4th floor

KAUA'I

Kaua'i Police Department Līhu'e
3990 Kā'ana St.

Longs Drugs Kapa'a
845' Aleka Loop

Longs Drugs Līhu'e
3-2600 Kaumuali'i Hwy.
#1100

MAUI

Maui Police Department Hāna
4611 Hāna Hwy.

Maui Police Department Kihei
2201 Pi'ilani Hwy.

Maui Police Department Lahaina
1850 Honoapi'ilani Hwy.

Maui Police Department Lāna'i
855 Fraser Ave.

Maui Police Department Moloka'i
110 Ainoa St.

Maui Police Department Wailuku
55 Mahalani St.

Longs Drugs Kahului
70 E. Ka'ahumanu Ave.

Longs Drugs Kihei
1215 S. Kihei Road #B

Longs Drugs Lahaina
1221 Honoapi'ilani Hwy.

HAWAI'I COUNTY

Hawai'i Police Department Hilo
349 Kapiolani St.

Hawai'i Police Department Laupāhoehoe
Pu'u'alaea Homestead Road

Hawai'i Police Department Honoka'a
45-3400 Māmane St.

Hawai'i Police Department Kapa'au
54-3900 Akoni Pule Hwy.

Hawai'i Police Department Kona
74-611 Hale Māka'i Place

Hawai'i Police Department Nā'ālehu
95-5355 Māmalahoa Hwy.

Hawai'i Police Department Pāhoa
15-2615 Kea'au-Pāhoa Hwy.

Hawai'i Police Department Waimea
67-5185 Kamāmalu St.

Longs Drugs Hilo
555 Kilauea Ave.

Longs Drugs Kona
75-5595 Palani Road

Longs Drugs Pāhoa
15-1454 Kahakai Blvd.

Testimonial

"I have worked in public health for over 25 years and found the Hawai'i Opioid Initiative to be one of the most effective collaborations I have ever participated in. Focusing on a balance of public health and public safety provided an unprecedented opportunity for evidence-based innovations such as our police and first responders carrying naloxone and saving lives by using it during opioid overdose. Hawai'i pharmacists can now prescribe naloxone, and treatments for opioid use disorder such as suboxone are more accessible than ever thanks to the efforts of the Hawai'i Opioid Initiative. Visit hawaiiopioid.org and hhrc.org/overdose." — Heather Lusk (MSW HHHRC), Hawai'i Opioid Initiative founding member

A Progressive Way To Address Opioid Abuse

**WORK GROUP 7:
SCREENING, BRIEF
INTERVENTION,
REFERRAL TO
TREATMENT (SBIRT)**

BY KYLE GALDEIRA

The seventh focus area of the Hawai'i Opioid Initiative (HOI) targets screening, brief intervention and referral to treatment (SBIRT). The screening model involves implementing a widespread screening and early detection system for individuals at risk for substance use disorder (SUD). The goal of this approach is to utilize brief interventions, whenever possible, to reduce the demand for and stress on the treatment care system, as well as to support coordinated entry points and referrals for individuals who need more specialized care.

The initiative is working with the state to provide statewide SBIRT training for hospitals and primary care settings for specific populations like mothers and newborns.

The work group responsible for this focus area collaborated with Hawai'i Maternal & Infant Health

Collaborative to expand the Hawai'i Prenatal SBIRT efforts statewide; this effort sets a foundation for healthier keiki and 'ohana that will make a lasting impact for generations to come. The goal of the Hawai'i Maternal and Infant Health Collaborative is to improve birth outcomes and decrease pre-term births in Hawai'i by reducing risk factors stemming from tobacco, alcohol and illicit drug use during pregnancy. Improvement in this area is made possible through implementation of a universal statewide system that is dedicated to increasing the delivery of prenatal SBIRT services, which will promote the cessation of substance use by pregnant women.

The next steps in bolstering this initiative, and enhancing its sustainability in the future, include increasing collaboration with like-minded stakeholders, developing plans and standardized training

via clear links to the referral system, and coupling those efforts with subsequent tracking of the SBIRT approach throughout the state.

Additional critical pieces necessary to advancing the objective are collaborating with federally qualified health centers to incentivize SBIRT-related performance measures and promoting inclusion of Native Hawaiian cultural intervention treatment programs, wellness plans and holistic living systems of care.

More information about this work group's efforts — as well as the full Hawai'i Opioid Initiative with facts, prevention strategies and resources — can be found at hawaiiopioid.org/resources.



Testimonial

"I would say to those struggling, there are people that are here for you, people with no motives other than to just try to help you find another way to live. I know there are people that care about you that don't even know you, because I care about you. And you have value. You are somebody's child, daughter, mother, son, grandson, grandpa. Whatever you are, you are somebody. And however you may feel, it's not the end all be all. There is something else out there and it's good. I used to hear in treatment that I would never trade my worst day sober for my best day high. And I was like, yeah, OK, whatever. I get that today. I couldn't even imagine going back now. I couldn't imagine living without drugs and now I couldn't imagine living with drugs again.**"**

— Farah Aquino



Caring For Hawai'i's Communities

Those in need of substance use treatment or recovery support services can rely on Hawai'i CARES (Coordinated Access Resource Entry System) to get help. Hawai'i CARES has merged with the former Crisis Line of Hawai'i, now providing a one-stop hotline for Hawaii residents for crisis support, mental health and substance use treatment.

It's all thanks to a collaborative effort between the state Department of Health's Behavioral Health Administration and University of Hawai'i at Mānoa's Myron B. Thompson School of Social Work. The group is responsible for the development of Hawai'i CARES, as well as its overall planning and implementation to serve as a multiple entry-point and coordinating center for behavioral health services.

Individuals and their loved ones can call or text Hawai'i CARES at 1-800-753-8679 or text ALOHA to 741741 for crisis support, substance use treatment services, and mental health resources.

Trained, caring professionals are available to take your call 24 hours a day, seven days a week. Local specialists will offer a listening ear and provide information and referrals to treatment options in your area, if needed. Hawai'i CARES also offers assistance to those in isolation or quarantine due to COVID-19.

Trained, caring professionals

are available to take your call 24 hours a day, seven days a week.

Local specialists will offer a listening ear and provide information and referrals to treatment options in your area, if needed.

Hawai'i CARES also offers assistance to those in isolation or quarantine due to COVID-19.

Around-the-clock call and referral center for behavioral health services



Just like the sunrise will always be there. HAWAI'I CARES will always be there.

Call us at
1-800-753-6879
 Available 24/7

or text "ALOHA" to
741741



INSPIRING THE NEXT GENERATION

Our youth are facing unprecedented challenges with COVID-19. Hawai'i Opioid Initiative and the Department of Health are reaching youth through a campaign developed by students from the University of Hawai'i at Mānoa College of Social Sciences, Mānoa Now, and UH Productions. These students are helping to spread the word about Hawai'i CARES, through a social media campaign funded by the Hawai'i State Department of Health. "A Surfboard Apart" focuses on keeping physical distance during the pandemic, but urges youngsters to reach out to friends or family members if you are struggling, and to call Hawai'i CARES if you need extra support. The students plan, develop, and film the ads themselves, with guidance from the Department of Health Communications Office. Follow Mānoa Now on Instagram and check out their website manoanow.org/covid19 for fun quarantine activities and more helpful resources for young adults.

Hawai'i Opioid Initiative and the Department of Health are also sponsoring a category in next year's 'Ōlelo Youth Xchange Student Video Competition, dedicated to substance use and dependency. Kids and teens are encouraged to create a short, 5-minute film to share how alcohol and drugs have directly impacted their lives or the lives of their loved ones, focusing on questions like "What have you learned from the experience? How has it made you a stronger person? What plans do you have for the future as a result of your experience?" For more information on the Substance Use Prevention category visit olelo.org/yxc2021.

Are You At Risk For Opioid Dependency?

It's possible that someone can be at risk for opioid dependence and not even know it. To help determine your reliance, Hawai'i Opioid Initiative provides a self-reported screening tool to help assess one's risk for opioid abuse.

Opioid or narcotic prescription pain medications include (but are not limited to) things like

oxycodone, oxycontin, hydrocodone (like Vicodin or Norco), buprenorphine, fentanyl, morphine and codeine.

To use this guide, circle your answer for each question and tally your "yes" answers, or take the quiz online at hawaiiopioid.org/are-you-at-risk.

1. I am currently taking one or more of the aforementioned pain medications.

YES / NO

2. I have chronic pain or have recently had an accident or injury.

YES / NO

3. I have misused drugs or alcohol in the past.

YES / NO

4. I have been taking prescription pain medication for longer than one week.

YES / NO

5. I have difficulty controlling how much I use or for how long I use prescription pain medication.

YES / NO

6. I have made unsuccessful attempts to cut down my use of prescription pain medication.

YES / NO

7. I spend a significant amount of time using or recovering from my use of prescription pain medication.

YES / NO

8. My use of prescription pain medication has had negative consequences on my home life, school or work.

YES / NO

9. My use of prescription pain medication has had negative consequences on my relationships or social life.

YES / NO

10. I have continued to use despite negative consequences.

YES / NO

11. I have concealed how much I use or people have commented on my use.

YES / NO

12. I have procrastinated or neglected to do things because of my prescription pain medication use.

YES / NO

13. I have experienced strong cravings for prescription pain medication.

YES / NO

14. I need a higher dose of prescription pain medication than before to achieve the same result.

YES / NO

15. I have experienced any of the following symptoms after stopping use of prescription pain medication: diarrhea, nausea, vomiting, crying/tears, runny nose, sweating, yawning, chicken skin, anxiety/worrying, trouble sleeping or fever.

YES / NO

16. My prescription pain medication use caused me to put myself or someone else in a dangerous situation.

YES / NO

Your Score:

If you answered "yes" to two to three questions, you are at low risk for dependence on opioids or narcotic pain medication.

Resources that HOI provides include:

- Complementary and integrative approaches to pain management
- How to dispose of unused medications properly to keep your friends and family safe
- The signs of dependence and withdrawal symptoms
- How to prevent an overdose

If you answered "yes" to four to five questions, you may be dependent on opioids or narcotic pain medication. Discuss your results with your doctor or health care provider, and check out:

- The signs of dependence and withdrawal symptoms
- How to identify risk factors for opioid overdose
- Treatment options available
- Complementary and integrative approaches to pain management

If you answered "yes" to six or more questions, it is very likely that you are dependent on opioids or narcotic pain medication. It is important that you keep naloxone on-hand to prevent an overdose. If you are experiencing a crisis, call 911 or the CARES line available on O'ahu (832-3100) and neighbor islands (1-800-753-6879). Discuss your results with your doctor or health care provider, and check out:

- Treatment options available
- Complementary and integrative approaches to pain management
- How to identify risk factors for opioid overdose

For more information, visit hawaiiopioid.org/learn-the-facts

Safe Medication Disposal Units



Longs Drugs® and CVS Health® are dedicated to helping the communities we serve address and prevent prescription drug misuse and diversion through our commitment to safe medication disposal.

Customers can now dispose of expired or unused prescription medications, over-the-counter medications and liquid medication bottles promptly, safely and securely by accessing medication disposal bins at any of the following Longs Drugs locations throughout Hawaii:

O'AHU

- 54-316 Kamehameha Highway, Hauula
- 1620 North School Street, Honolulu
- 2470 South King Street, Honolulu
- 46-047 Kamehameha Highway, Suite C, Kaneohe
- 590 Farrington Highway, Unit 300, Kapolei
- 1215 South Kihei Road, Suite B, Kihei
- 850 Kamehameha Highway, Suite 107, Pearl City
- 925 California Avenue, Wahiawa
- 86-120 Farrington Highway, Waianae
- 94-060 Farrington Highway #6, Waipahu

HAWAI'I ISLAND

- 555 Kilauea Avenue, Hilo
- 75-5595 Palani Road, Kailua Kona
- 15-1454 Kahakai Boulevard, Pahoa

MAUI

- 70 East Kaahumanu Avenue, Kahului
- 1221 Honoapiilani Highway, Lahaina

KAUA'I

- 645 Aleka Loop, Kappa
- 3-2600 Kaumualii Highway, Suite 1100, Lihue

For more information, call your neighborhood Longs Drugs Store.

Longs Drugs®