PART I:

OPIOID NIGHTMARES IN PARADISE

BY LIANNE YU

THE JOURNEY OF AN OPIOID ADDICT BEGINS WITH A PILL OR TWO THAT CREATES A GLORIOUS EUPHORIA. THEN BEGINS A SLOW DESCENT UNTIL YOU EVENTUALLY HIT A HELLISH BOTTOM UNIQUE ONLY TO YOU. AND THEN, MAYBE – IF YOU ARE STILL ALIVE – YOU BEGIN THE NEVER-ENDING MARATHON OF RECOVERY.

PHOTOGRAPHY BY AARON YOSHINO

EDWARD REMEMBERS TAKING HIS FIRST VICODIN AFTER GETTING HIS WISDOM TEETH PULLED. "I'LL NEVER FORGET THAT MOMENT. I KNEW THEN THAT THIS WAS WHAT I LIKED."

HOW ADDICTION BEGINS

A CAR ACCIDENT in high school left him with a broken jaw. He was prescribed Percocet, a narcotic that numbed his pain and created a sense of euphoria. Each time he asked for a new prescription, his oral surgeon complied.

"Between going to school, working and everyday life, the pills made me feel better, faster and stronger."

When Edward's oral surgeon finally stopped giving him more, he stood outside pain clinics and offered people cash for their bottles. This continued after he moved from the Midwest to Hawai'i Island, where he developed a reputation up and down the Kona Coast as the guy who bought so many pills, there was nothing left for anyone else.

He even developed a knack for spotting new sources. "Opioids have an effect on eyes and they make your nose itch. If I'm at the grocery store and I see someone scratching their nose a lot, chances are they use like I use. And that means they'll know someone who's selling."

He remembers being under a lot of stress one Thanksgiving Day. He had run out of pills, and none of his regular providers had anything for him. Desperate, he approached a homeless camp, offering coffee for information on other dealers.

"It was then that I started doing heroin. I bought $1,000 worth of it that day. And from then on, spent $1,000 every month on it.

"I had no idea that getting my wisdom teeth pulled way back then was going to change the course of my life like that," says Edward, who like other recovering addicts quoted in this story asked that only his first name be used.

The Centers for Disease Control and Prevention reports sales of prescription opioids have quadrupled since 1999, though the amount of pain Americans report has not increased at the same rate. Since 1999, there have been over 200,000 deaths related to opioids. In 2016 alone, there were over 42,000 opioid-related fatalities, surpassing the number of people who died from breast cancer. And by some accounts, these official numbers are low because they only reflect reported deaths.

How did we get here? How does someone like Edward go from taking legitimately prescribed medication after minor surgery to becoming a full-blown addict?

Board certified psychiatrist Dr. Gerald McKenna says that in the 1980s, there was growing concern that physicians were undertreating pain, and by the mid-1990s, the American Pain Society had begun pushing the concept of pain as a fifth vital sign in addition to blood pressure, heart rate, respiratory rate and body temperature.

"A kind of edict came down saying we had to treat pain adequately. It wasn't really specific what the 'adequately' meant, but it had to be to the satisfaction of the patient," says McKenna, who is the founder of McKenna Recovery Center in Līhu'e.

This led to practices such as asking patients to rate the severity of their pain on a scale. "People became very focused on pain, and their expectations changed from 'pain is part of life' to 'I shouldn't have to experience pain.' Whether it was pain from arthritis or a carpenter overworking and having joint issues, all of a sudden, everyone wanted to get their pain treated," says Dr. Norman Goody, medical director of Hospice of Kona.

In 1996, Purdue Pharmaceuticals began marketing OxyContin, an extended release synthetic painkiller. Two heavily cited but now debunked studies gave credence at that time to the argument that patients who are prescribed opioids for pain treatment rarely develop addictions.

Physicians who had never worked with opioids began prescribing them not only for acute pain, but also for chronic issues such as backaches. And people who had little to no experience with addiction found themselves increasingly dependent on the pills their trusted doctors were telling them to take.

"We're talking about baseball coaches and the auntie who fell and broke her hip, got a prescription, became addicted, and is now having issues around that. It's people we normally wouldn't assume could become addicted," says Edward Mersereau, chief of the state Department of Health's Alcohol and Drug Abuse Division.

As people developed tolerance, doses got higher. People began dying from opioids because the drugs slow down breathing and suppress neurological signals to the heart. "We all have an opiate dose that will kill us but we don't know what that dose is. It's different from person to person," explains McKenna. "A person could be taking high doses for back pain and one night, before bed, the pain comes back, so they take another handful. And they just don't wake up after that."

WHERE'S THE SUPPLY

WHILE WORKING in a clinic on Hawai'i Island, Dr. Martyna Bednarczuk saw how easy it was for people to obtain opioids from one particular physician. He had become well known on the island for his lax prescription practices.

She remembers a woman with chronic back pain who always came in early for a refill. At one point, it was clear she had taken a month's worth of Percocet in just four days and was showing signs of severe addiction.

"He would never say to patients, let's think about weaning you off. He thought, well if that guy is weaned off, I lose a patient and I lose an income," Bednarczuk says.

The FBI and the Drug Enforcement Administration have been investigating physicians, like the one Bednarczuk worked with, who are indiscriminately overprescribing. They are also cracking down on pill mills, or shady clinics where people can get opioid prescriptions for cash without being properly examined. But it can sometimes seem like a game of whack-a-mole. Take out one source, and other innovative strategies pop up.

One user named Will describes how his friends go to open houses in wealthy neighborhoods such as Malibu, where rich people own part-time homes but often forget what they leave there. While one person distracts the real estate agent, the other goes through the medicine cabinet.

Will now lives on Maui but grew up on the East Coast, where he used to look for doctors fresh out of medical school. Knowing they likely had student debt, he would offer them $500 to write him prescriptions. If they hesitated, he would offer to get an MRI done. By bending his foot a certain way, he could fake a pinched nerve in his back.

"It was easy during the winter on the East Coast. I could just say I slipped on the ice shoveling snow for my grandmother," he says.

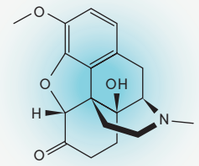
Ann describes her younger self as a popular high school cheerleader from a middle class family. Unbeknownst to her parents, she started using a variety of drugs when she was 15, and became a drug dealer to pay for the habit.

When she moved to Hawai'i Island, she learned the terminally ill are a great resource. They often get prescriptions for large quantities of opioids to manage their pain. Ann would convince them to sell her their pills and use the cash to buy meth, which was cheaper, so they could pocket the profit. "They'd get so high on meth, it didn't matter. They didn't feel the pain anymore," she says.

HOW IT ESCALATES

PAUL WAS A GREEN BERET and could not wait to be deployed to serve his country. But one evening, Paul was in the car when a friend drove into a ditch near Fort Bragg, North Carolina, and died. Paul was left with a broken back and no chance to ever walk again.

While hospitalized, Paul was put on OxyContin. Eventually, he started pretending to swallow the pills the nurses gave him. When he was alone, he would secretly cook them in a spoon and shoot them into his IV line.



OXYCODONE

"At that point, it didn't matter that I was paralyzed, it didn't matter that I had to pee through a catheter and I couldn't feel my legs anymore. All those worries were taken away."

After getting out of the hospital, Paul got clean and, using his GI Bill benefits, eventually graduated from law school in the top 10 percent of his class. He was offered a job at a prestigious law firm in Washington, D.C.

But while having minor surgery, he was given hydromorphone. "The stress about the litigation I was working on and whether I was on partner track and whether I was dating the right girl, all of it was taken away. And I relapsed."

For the next year, he lived a double life, working at the law firm by day and shooting heroin at night.

Four out of five heroin users get their start by misusing prescription opioids, according to the American Society of Addiction Medicine. Heroin is cheaper and often more readily available to buy on the illicit market.

"At the time, OxyContin was going for about $80 for an 80 milligram, whereas a balloon of heroin was $10, and it probably equaled three or four OxyContin 80s," Paul says. "And the Mexican cartels made it so easy. You'd make a phone call and 10 minutes later there'd be a guy in a parking lot."

Once prescription opioid users transition to heroin, new dangers arise. Gary Yabuta, executive director of the Hawaii High Intensity Drug Trafficking Area, explains that heroin in circulation today is vastly different from what was available in the '60s and '70s. Back then, the quality was sta-

> "We all have an opiate dose that will kill us but we don't know what that dose is. It's different from person to person. A person could be taking high doses for back pain and one night, before bed, the pain comes back, so they take another handful. And they just don't wake up after that."
>
> —GERALD MCKENNA, M.D. AND BOARD CERTIFIED PSYCHIATRIST

ble and predictable.

Today, heroin is often laced with varying amounts of fentanyl, a synthetic opioid 50-100 times stronger than morphine, that is typically used for treating severe pain in advanced cancer patients. And illegally made fentanyl from China has flooded into the U.S.

Heroin users now expect stronger products. "Today's addicts are pushing it to that point where death is just a minute microgram away," says Yabuta.

TURNING IT AROUND

ANN'S MOMENT CAME when she realized her Hawai'i Island home was no longer safe for her young son. Strangers had started following her there, demanding her stash. Some had become so aggressive, she had to sic her dog on them. "Being such a small island, we're all connected. My name started getting out there, and eventually it blew up and got out of control."

Edward's moment came when he could no longer hide his addiction from his partner. He had lost a lot of weight, was bleeding "from places you're not supposed to bleed from," and had developed such swollen lymph nodes that everyone around him feared he had cancer.

For Paul, it was losing his short-term memory after an all-night heroin binge. "I was not there, I was just gone. I thought, 'Now I'm brain dead and paralyzed. I might as well just burn it down. Like there's no coming back from this one.' "

Each experienced a turning point that was the beginning of their commitment to get better. But how and when does this happen?

Everybody's bottoming out looks different, says certified substance abuse counselor Bria Hicks, who works at the Hawaii Island Recovery Center. There can be external drivers, such as running out of money, that may drive a person to seek help. And there can be internal drivers, such as the desire to retain custody of a child, that will get a person to stick with recovery. But, Hicks says, it is impossible to predict what each person's rock bottom will look like.

"You could be homeless or you could be living in a mansion. It's the bottom to you if you are experiencing so much despair that you're asking for help, and receptive to recovery."

The most important thing for Ann was that when she was ready, there was a place for her to go. "When you're so desperate, and you don't want to do it anymore, and you make that call, you need someone to call you back or answer the phone – not wait for days for a call back or months for a bed space to open up. A lot of people don't want to do it anymore but it takes so long for help to come, that they end up going back."

Later, Hawaii Island Recovery's medical director, Dr. Stephen Denzer, says that for people like Katherine, Suboxone can make the difference between recovery and relapse. Suboxone is a combination of two drugs. The first, Buprenorphine, is actually a mild opioid. It will, Denzer explains, minimize withdrawal symptoms and cravings.

The second, naloxone, reduces the pain-relieving and euphoric side effects of opioids, so Katherine can get back to what it feels like to not be high but also not be in withdrawal. Naloxone also makes it very difficult to overdose on Suboxone, lessening the potential for abuse.

> "Let me be honest with you. You will never find anything that works as quickly as drugs and alcohol (to mask your problems). ... You will, however, find things that work longer and are healthier for you. And I'm here to teach you that."
>
> —ZAHAVA ZAIDOFF, ADDICTION THERAPIST, SPEAKING TO PATIENTS

LONG ROAD TO RECOVERY

KATHERINE, a woman in her 30s, is wearing a thick sweatshirt while being admitted into a recovery program. Despite the muggy Kona weather, she has the hoodie pulled tight around her head. She can barely walk on her own, her face is contorted with pain, and she shakes uncontrollably. Bria Hicks describes the withdrawal that Katherine is going through as "getting the marrow pulled out of your bones."

Katherine had been in a car accident as a teenager and suffered severe back injuries. Her physician had prescribed fentanyl, keeping her on it for a decade. When he suddenly stopped her prescription, she turned to heroin.

But Suboxone is not a miracle drug. It can only play a part in the recovery process.

"You still need to address the underlying issues that caused the addictions in the first place, whether they were emotional issues or personal problems with family or anxiety. If you're just giving the meds and not addressing the issues, a person isn't getting any better," says Hospice of Kona director Goody.

That is where therapist Zahava Zaidoff enters the picture. She is leading a session at the Hawaii Island Recovery Center and on this day, seven people are in recovery. The oldest is in his 70s; the youngest is just 18.

Zaidoff draws a circle in the middle of the board with the word "problem," and prompts the group to discuss their coping mechanisms. Radiating out from the middle circle, she writes down their answers: food, work, sex, TV, exercise, isolation, partying. And of course, alcohol and drugs.

"Most of you didn't come here to get help for this." She points to the middle circle. "You came because one of these solutions," she says, referring to all of the coping mechanisms surrounding the middle circle, "has become the problem."

"Because we're so focused on the drink and the drugs, we forget to talk about the fact that they are actually a coping mechanism to deal with your original problem. And even if you stop doing drugs, it doesn't mean you won't move on to one of these other things if you don't focus on the real problem."

PHOTO: THINKSTOCK

There are nods and groans in the group as people acknowledge the hard work in front of them.

"Let me be honest with you," Zaidoff says, putting her marker down and looking long and hard at each person. "You will never find anything that works as quickly as drugs and alcohol. Never. There's no tool I can give you that will work faster."

"You will, however, find things that work longer and are healthier for you. And I'm here to teach you that."

One thing Zaidoff and other counselors stress is the importance of deeply connecting to others. Later that week, I attend an open meeting with Narcotics Anonymous, which is based on the Twelve Steps philosophy. It is held under a pavilion at the Old Airport Beach in Kona, against a brilliant sunset backdrop. Over 30 people had gathered around a few picnic tables. A man covered with tattoos sits next to a young mother carrying her toddler, who sits next to a surfer dude.

One person announces that he is 30 years sober that week. Another says she has made it for 24 hours, and then begins to cry. Most people share something about what they are experiencing. There are no responses given to each other, only listening. And sometimes empathetic laughter. Every person, no matter how long or short their sobriety has been, begins by stating their name and the phrase, "I'm an addict."

Edward, who had once scoured the Kona Coast for opioid sellers, says that Twelve Step has helped keep him clean for over nine months now. "These are friends I can be honest with. It's helped me break down some walls because of the unconditional love we get there. I was living a double life. But here, we're all the same. We've all made mistakes. We're all recovering."

By the end of the meeting, it's dark except for the moonlight. Everyone stands in a circle in the sand, holds hands, and recites the serenity prayer. Then people drift off in different directions.

I find myself wondering which of them will be successful in their recovery. But then I remember something Bria Hicks had said – that we just don't know and we shouldn't try to predict based on our stereotypes of addicts.

This makes me think about Paul, the former Green Beret and D.C. attorney, who has gone in and out of relapse and recovery so many times. He laughs when he describes his life as a "sordid story." I don't know if he will stay sober from now on, and he tells me that in all honesty, he doesn't know either. What I do know is that the last time we spoke, he was clean, working in Kona, going to meetings and living in a drug-free house.

"I've seen so many people die from drug addiction. But I've also seen the Twelve Steps raise the dead. And I thought, well, if it's worked for me before, it can work for me again," Paul says.

"I would like to say that I've learned my lesson. But what I know is that by this point in my life, it's a marathon. It's not a sprint. And despite it all, I still have hope that I can have a chance at life again."

PART II:

"FOR ONCE IT'S GOOD TO BE 50TH" . . .

THE OPIOID CRISIS IN HAWAI'I IS MUCH MILDER THAN IN OTHER U.S. STATES, THOUGH IT HAS SURGED HERE IN RECENT YEARS. HERE'S WHAT IS BEING DONE LOCALLY TO REDUCE THE PROBLEM.

EVERY DAY IN THE U.S., an average of 115 people die from opioids, a class of drugs that includes prescription pain pills such as OxyContin plus heroin and fentanyl. The White House says the opioid epidemic costs the nation more than $500 billion a year, and it has been declared the worst public health crisis in our country's history.

Hawai'i's numbers remain small compared to the rest of the country. In 2016, the state had 5.2 opioid-related deaths per 100,000 people. The rate was 43.4 in West Virginia and 32.9 in Ohio, according to the National Institute on Drug Abuse.

"For once it's good to be 50th," says state Sen. Josh Green, who recently helped pass legislation requiring prescribers and doctors to go through informed consent with patients receiving opioids. Nonetheless, he emphasizes this is not the time to be complacent.

"About three years ago, the crisis started to surge in Hawai'i. When we saw that deaths related to opioid overdoses had exceeded car accident deaths, that was a wake-up call that even in the best state, we have work to do," says Green, who is also a physician.

Kaua'i's County Council recently announced that it is suing the prescription drug industry, joining more than 80 other cities and counties seeking to hold companies responsible for the costs related to the epidemic.

Lawsuits, however, can take a long time to resolve. What else is being done to make sure Hawai'i stays at the bottom of the opioid rankings? In this story, community, state, federal and medical leaders outline their efforts.

BREAKING DOWN SILOS

IN DECEMBER 2017, Gov. David Ige released the Hawai'i Opioid Initiative Action Plan. The plan was based on input from physicians, first responders, pharmacists, academics, community outreach leaders, judges, police and drug enforcement officers. It's committed to an integrated approach in six areas:

- modernizing access to treatment,
- improving prescriber practices,
- better data collection,
- improved community-based programs,
- increasing pharmacy-based interventions, and
- coordination and support for law enforcement and first responders.

"I've been in the field 25 years and I have never seen such a cross sector, interdisciplinary approach to addressing such a complex problem," says Heather Lusk, executive director of the Hawai'i Health and Harm Reduction Center, and one of the co-chairs of the initiative.

One immediate outcome is a plan to set up prescription drop boxes at over a dozen police stations, where people can bring unused prescription drugs any day of the year instead of leaving them at home or flushing them down the toilet.

"A lot of times those expired or unused prescription drugs are used in a dangerous way, either because children get a hold of them or they just get into the wrong hands," says Lt. Gov. Doug Chin. "Being able to turn in these drugs and get them out of our medicine cabinets means not only are we protecting the environment but making sure we have fewer opioids being used in ways they were not prescribed for."

The lieutenant governor's office will announce when the boxes are available for public use, possibly in August.

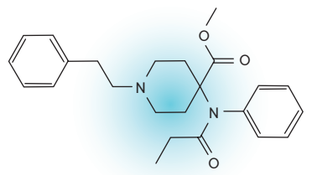
Another new program is called LEAD, Law Enforcement Assisted Diversion: When a police officer finds someone committing a minor offense stemming from substance abuse, instead of arresting the person, they can contact an outreach worker who will get the person addiction help.

"When law enforcement entities like the police are saying to me that we recognize we can't arrest our way out of these issues, that's actually really exciting to hear," says Edward Mersereau, Alcohol and Drug Abuse Division chief at the state Department of Health. "What they are saying is that we know we have to do our job, but that's not going to cut it for solving this issue. Public health needs to work in conjunction with law enforcement and vice versa."

DESTIGMATIZING ADDICTION

LEILANI MAXERA HAS SEEN how stigma kills. "If people are embarrassed to tell others they use, they are more likely to overdose because they are hiding it. The stigma makes people ashamed to get help. I want to tell them, there's nothing to be ashamed of," says the outreach and overdose prevention manager at the Hawai'i Health and Harm Reduction Center.

Changing everyone's view of addic-



CARFENTANIL

A NARCOTIC SO DANGEROUS THAT PARAMEDICS MUST WEAR MASKS

Hawai'i Island Fire Department EMS Capt. Chris Honda and his team are preparing for what might be the next big thing in illegal narcotics: carfentanil, a morphine derivative that is 5,000 times as potent as heroin.

Carfentanil is used primarily for sedating large animals, but illicit forms from China have been found on the Mainland mixed with heroin.

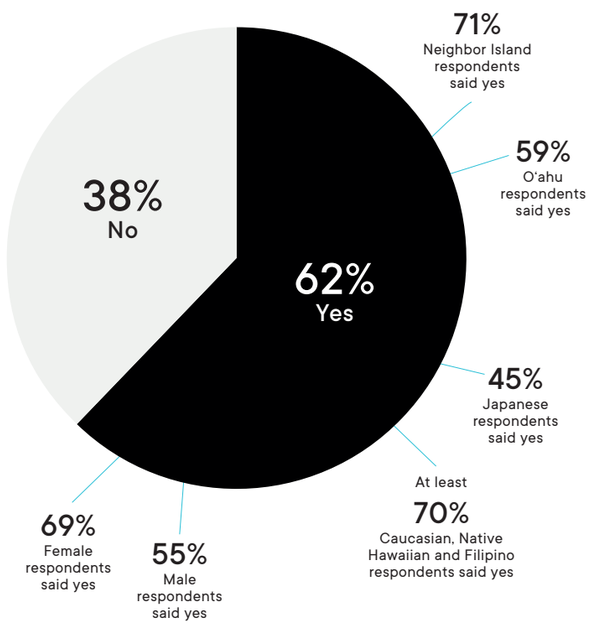
There are no documented cases of it in the state so far, but because it is so deadly, Honda and his emergency medical services team would need to use protective masks and protection for their eyes and mucus membranes if they ever had to deal with it.

"It's a safety issue for our responders. We're going through a lot of training and gathering information, staying involved with different agencies on how to control it while keeping our responders safe."

ADDICTION IMPACTS MOST LOCAL PEOPLE

SEPARATE SURVEYS OF THE GENERAL PUBLIC AND OF BUSINESS LEADERS IN HAWAI'I ASSESSED THE EFFECTS OF ADDICTION.

GENERAL PUBLIC WAS ASKED:
Has someone close to you suffered through drug or alcohol addiction?



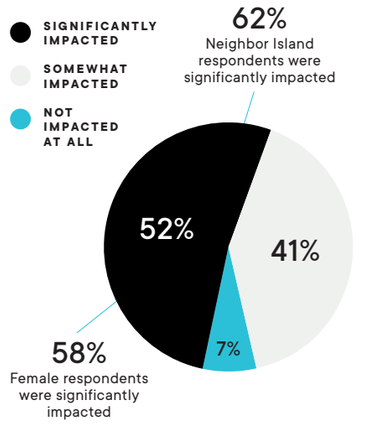
The 266 respondents who knew someone who suffered through drug or alcohol addiction were asked what best described the addict:

	Statewide	O'ahu	Neighbor Islands
NOW IN RECOVERY	40%	42%	36%
STILL USING	31%	28%	38%
LOST CONTACT WITH PERSON	29%	30%	26%

What drug was the person addicted to?

	Statewide	O'ahu	Neighbor Islands
ALCOHOL	50%	47%	54%
METHAM-PHETAMINES	25%	25%	25%
OPIOIDS	8%	8%	7%
HEROIN	5%	6%	3%
COCAINE	3%	3%	3%
MARIJUANA	3%	3%	2%

How were you and your family affected by this individual suffering from addiction?



METHODOLOGY: The research team at Anthology Marketing Group conducted two telephone surveys on behalf of *Hawaii Business* in March and April. The Island Issues survey reached 426 adult members of the general public statewide; the BOSS survey reached 443 business leaders statewide.

tion is a fundamental step that health care workers and community leaders are taking to counter Hawai'i's opioid problem. That includes shifting the common perception that addiction is a personal failure to the scientifically backed fact that it is actually a disease.

Dr. Kevin Kunz of Kona, a specialist in addiction medicine, explains: "We can begin with language. We no longer call patients with Hansen's disease lepers. Opioid use disorder is a medical disease. It's not a personality disorder. It's not a moral problem. It's not even a behavioral problem. Although it can cause problems in all those areas, it's actually a brain disease. You put drugs in the brain, the brain doesn't work right."

Treating addiction as a disease means creating comprehensive treatment plans, which may include medication, behavioral therapies, participation in communities such as Narcotics Anonymous and monitoring over time.

"Think of it like diabetes. We don't say, 'You've got diabetes, here's some insulin, good luck to you.' We watch their sugar, we see how they're doing, we measure their weight, we talk to them about their life, their diet and their exercise," says Kunz.

Due largely to Kunz's work, in 2015 the American Board of Medical Specialties officially recognized addiction medicine as a subspecialty. That puts it on the same standing as other subspecialties like cardiology, anesthesiology or sports medicine.

Obstetrician-gynecologist Dr. Tricia Wright is working with others to establish an addiction medicine fellowship in Honolulu. They have identified training sites and experts willing to teach and are currently securing funding sources.

The need is imminent, says Wright. "The majority of addiction medicine providers in the state are over 50 years old, and half are getting closer to 70. If we don't have new people being trained, we won't be able to continue to provide excellence in addiction coverage."

Although the establishment of a medical specialty is not a quick fix to the opioid crisis, Kunz argues that not only will it save lives, it will save the state money. "If you had a camera at a large integrated system like Queen's or Hawai'i Pacific Health, you'd see a pattern of people with substance use coming in over and over and over again. If you don't treat the addiction, they're going to be back with more complications."

STREAMLINING THE PROCESS

"IF SOMEONE NEEDS substance abuse treatment, do you know where to call?" asks Alcohol and Drug Abuse Division chief Mersereau.

"That has been part of the problem – there's no statewide coordinated effort to make resources readily accessible and have the community know where to access that."

In response, Mersereau's division is spearheading a website where people can get information about treatment and ask questions. The division is also piloting an initiative called Coordinated Entry for Substance Abuse Treatment: one centralized number for health care workers to call to get the right referrals for their patients, whether that be an empty bed at a recovery center or counseling.

"I've been in this position for two years now, and one of the things I recognized is that the system is very fragmented. For example, the substance abuse system is siloed off from the medical care system. We will start by maximizing and defragmenting the resources that we have, linking them so they are more effective," says Mersereau.

The prescription drug monitoring program, a state-run database that tracks controlled substance prescriptions, is another tool that is centralizing information that was once disparate. It allows pharmacists to see if someone is doctor shopping, getting multiple prescriptions and filling them at different pharmacies.

Pharmacists can then use these occurrences to reach out. "The physician-pharmacist component is an integral connection piece. The physician has the opportunity to say, 'I didn't know that. Cancel it.' Anecdotally I'd say most physicians are happy when pharmacists call and let them know about aberrant behavior. It's like a breath of fresh air to have that conversation. And it protects the physician too," says Chad Kawakami, assistant professor of pharmacy practice at UH Hilo.

He sees opportunities for pharmacists to play a more integral role in preventing drug abuse and overdose. He describes the perfect scenario in which pharmacists are integrated into care teams on site at medical offices to work directly to educate, counsel and monitor patients whose opioid use is chronic. While this is not yet the model in the private sector due to the way insurance coverage is structured, it has been implemented by the VA.

"If I had to make one main point, it's that pharmacists are a very critical piece in this puzzle. And I think our training, education and accessibility are critical in combating opioid abuse. The health care system has these different tools, and pharmacists are another tool in the toolbox. Let's utilize all of the tools better," says Kawakami.

EMPOWERING COMMUNITY RESOURCES

HONDA, THE HAWAI'I ISLAND Fire Department EMS captain, and his team regularly save people who have overdosed on drugs. And the people being saved come from all walks of life: rich, poor, young and old.

"Many people assume they are suicidal when they overdose. But we all have friends and family who are fighting things like cancer and are on narcotics. A lot of times it's an accidental overdose. They just don't realize the potency of the narcotics they are using," he says.

He and his team are trained to know when someone has overdosed specifically on opioids. "One of the signs is that their respiratory rates will decrease to the point where they might not be breathing. If we get there fast enough and they still have a heartbeat or pulse, the naloxone can bring them back pretty quickly," Honda says.

Naloxone is a medication used to block the effects of opioids. When administered immediately to someone who has overdosed, it can restore breathing within three minutes. Since 2016, the Hawai'i Health and Harm Reduction Center has distributed over 1,000 doses.

"I'm happy to report that since then, we've had 70 opioid reversals in Hawai'i," says Executive Director Lusk.

A bill passed by the state Legislature and sent to the governor for his signature would increase awareness of and access to naloxone by allowing pharmacists to prescribe it to anyone they see come in who they believe could be at risk, as well as to any family members and caregivers who want to be prepared.

"I say to folks when I train them on how to administer it that they may not use drugs themselves but they want to be ready if something happens. It's very touching for me when family members call and say they want to have naloxone so they can be there for loved ones," says outreach and overdose prevention manager Maxera.

FIGHTING TRAFFICKERS WITH KNOWLEDGE

DO NOT UNDERESTIMATE drug traffickers, says Gary Yabuta, executive director of the Hawaii High Intensity Drug Trafficking Area program. "They are extremely business savvy. They understand drug flow the way legitimate businesses understand the stock market. The transportation mechanisms are incredibly sophisticated.

"No wall is going to stop it."

John Callery, Drug Enforcement Administration assistant special agent in charge, explains that while illicit drugs like heroin and methamphetamines commonly enter Hawai'i through shipping containers, traffickers are increasingly sending them through the Postal Service and FedEx.

"They'll send 70-80 parcels over a week, each one containing 100-200 grams. Each one is not a lot, but when you add it up, it becomes significant," says Callery.

To fight these traffickers, Yabuta says, law enforcement must become more integrated. To help achieve that, the Hawaii High Intensity Drug Trafficking Area was established in 1999 to provide assistance to federal, state and local agencies. The goal, he says, is to share information about traffickers' assets, organizational structure and links to other groups.

"What we're trying to do is nurture that environment by forming multiagency analytical support. This is the same type of support necessary for fighting terrorism in today's world," says Yabuta.

Callery is also focused on investigating and shutting down places that distribute prescription opioids inappropriately. He has conducted audits of pharmacies and undercover investigations of doctors who have been called in as suspect. While the number of physicians he has to investigate in Hawai'i is low compared to crowded cities like New York, "you can see the amount of damage just these dozen or so doctors have done," he says.

Callery stresses how important it is for people to report instances of opioids being prescribed inappropriately. "My promise to the people of Hawai'i is that we're not going to stop. We're going after every doctor and every pharmacy we have information on. We're going to shut them down."

MAKING PROBATION WORK

RETIRED O'AHU CIRCUIT JUDGE Steven Alm recognized years ago that regular forms of probation were not helping drug addicts get better. For one thing, they were rarely fair. Probationers could miss appointments or give dirty urine tests with no immediate consequences because judges and probation officers did not want to send them to prison for minor issues. But when sanctions seem delayed or arbitrary, Alm says, there is no leverage to get people to show up and stay sober.

"Then I got an idea for a kind of good parenting concept. If you grow up with parents who care about you, when you do something wrong, they do something about it immediately. That's how you learn to tie together a bad choice with a consequence," he says.

That was the insight that started Hawai'i's Opportunity Probation with Enforcement program, which has now been replicated across 32 states. HOPE was created by Alm in 2004; it imposes proportionate jail time swiftly and with certainty as a sanction for positive drug tests or other probation violations.

In this program, Alm explains, if somebody tests positive for a drug they're not supposed to be using and they admit it, they get arrested on the spot and typically do two business days in jail. But if they test positive and deny it, they will need to do 15 days. The first time this happens, they are allowed to do their 15 days over five weekends so they can keep their jobs or stay in school. This keeps people connected to the positive things that may incentivize them to stay off drugs.

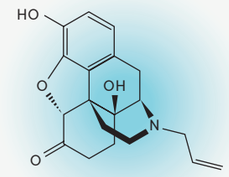
"The whole idea is not punishment for its own sake," Alm says. "It is to teach accountability, and that your choices have consequences. And if you think the system is fair, you're much more likely to buy into it."

Although a lot of attention on the HOPE program is focused on the swift and certain sanctions, Alm stresses that equally important is the relationship between judges and probationers. Kona resident Ann, who has been in recovery for two years, describes what a typical check-in is like. "The judge calls us to the podium one by one. He talks to us about what we've been up to lately, building that relationship with us, commending us if we're doing well, and seeing how they can help if we are struggling. He asks how long we have been clean and sober, and repeats what we say. Then everybody claps, including the probation officers, attorneys and the prosecutor. And it's really a good feeling to know that you have all those people there supporting you."

A 2009 study funded by the National Institute of Justice compared those in the HOPE program to regular probationers and showed that HOPE attendees were 55 percent less likely to be arrested for new crimes, 72 percent less likely to use drugs, and 53 percent less likely to have their probation revoked. Alm is now based in Washington, D.C., where he serves as a legal consultant to the U.S. Department of Justice and Congress, with the goal of implementing more programs around the nation modeled on HOPE.

Ann credits the program for keeping her alive. "Thanks to this, I am where I am at today. I'm clean and sober. I have relationships with my family again and my children. I have my own place. I'm working, I'm doing things I never thought I'd do, because I'd never done them before. In a sense I'm living life for the first time," she says.

> "Instead of an opioid crisis, I like to think of this as an opioid opportunity."
>
> —EDWARD MERSEREAU, CHIEF OF THE ALCOHOL AND DRUG ABUSE DIVISION, STATE DEPARTMENT OF HEALTH



NALOXONE

SILVER LINING

ALTHOUGH THE STATE is taking a proactive approach to the opioid crisis, there are still areas that need more resources. Publicly funded recovery centers are in short supply, and it can take weeks for someone struggling to stay in recovery to find an open bed. Ambulance units are also in short supply, especially in remote areas such as where Honda, the EMS captain, works. More people need to be aware of the life-saving potential of naloxone and ask for it in their communities. And to stay ahead of traffickers, the state needs to do more to attract DEA and FBI agents to relocate to Honolulu.

The national attention on opioids has, nonetheless, produced a silver lining: renewed attention on other forms of addiction that are even more deadly yet make fewer headlines. Alcohol is responsible for over 88,000 deaths in the U.S. every year, while cigarettes, including secondhand smoke, kill 480,000. In Hawai'i, crystal methamphetamine continues to devastate rural communities.

"Let's use this opioid plan as a way to identify gaps in our system and address the overall issue of drug addiction and dependence in Hawai'i," says Hawai'i Health and Harm Reduction Center Executive Director Lusk. "We're taking an emergency, finding that silver lining, and using this to leverage our resources so we can be more responsive to any substance abuse issue."

Alcohol and Drug Abuse Division chief Mersereau agrees that Hawai'i can learn from what other states have experienced and get ahead of the opioid problem with a holistic, integrated approach that can be applied more broadly. With the governor's opioid initiative and the commitment from multiple groups to work together, Mersereau is cautiously optimistic.

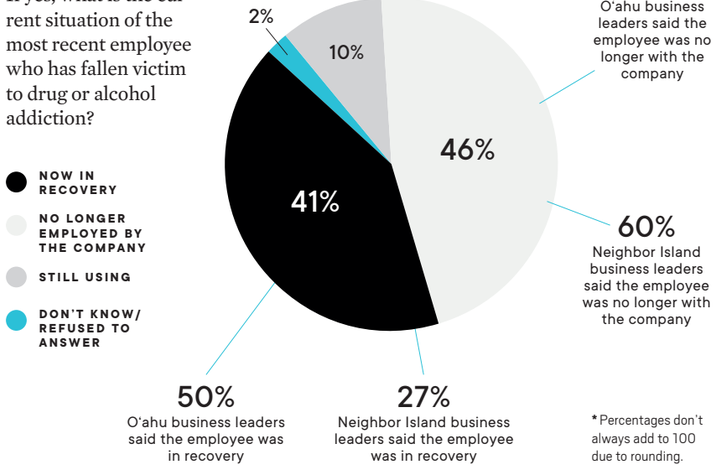
"What I find extremely encouraging is the fact that different components are recognizing the need and taking action. Even on the state government side, which tends to be slower because of regulations and rules, the push to be more efficient and effective is there."

He adds, "Instead of an opioid crisis, I like to think of this as an opioid opportunity."

BUSINESS LEADERS WERE ASKED:
Do you know of anyone within your company who suffers from drug or alcohol addiction?

NO	YES	DON'T KNOW
67%	31%	1%

If yes, what is the current situation of the most recent employee who has fallen victim to drug or alcohol addiction?



*Percentages don't always add to 100 due to rounding.

How was your company impacted by that person's addiction?

SIGNIFICANTLY IMPACTED	2%
SOMEWHAT IMPACTED	24%
NOT IMPACTED AT ALL	73%
DON'T KNOW/ REFUSED TO ANSWER	1%

What was individual's main addiction?

Alcohol	Methamphetamines	Marijuana	Opioids
45%	22%	8%	6%
Prescription Drugs	**Heroin**	**Other / Combination**	**Don't know / Refused to Answer**
5%	2%	5%	8%