Social Work in Action

Overdose Data to Action – Care Coordination and Capacity Building (OD2A-C3) Project

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Social Work in Action is a solicited column from the social work community in Hawaii. It is edited by HJHSW Contributing Editor Sophia Lau PhD, of the Thompson School of Social Work & Public Health at the University of Hawaii at Mānoa.

Abbreviations

AMHD = Hawai’i State Department of Health, Behavioral Health Administration, Adult Mental Health Division
BHA = Behavioral Health Administration
CDC = Centers for Disease Control and Prevention
COVID-19 = Coronavirus disease of 2019
DOH = Hawai’i State Department of Health
OD2A-C3 = Overdose Data to Action (OD2A)-Care Coordination and Capacity Building (C3)
SAMHSA = Substance Abuse and Mental Health Services Administration
Thompson School = Thompson School of Social Work & Public Health
UHM = University of Hawai’i at Mānoa
WFD = Workforce Development

Ma’ema’e Puna I ka hala me ka lehua
One receives abuse in a house without a relative.

Pitiful is the lot of one who dwells with those who do not care. (Ōlelo No’eau)

Introduction

More than 100,000 people living in the United States died by drug overdose during 2021. Opioid prescription, use and overdose rapidly increased during the 1990s. Between 1999 and 2020, more than 564,000 people died from a drug overdose involving an opioid. In response to alarming rates of overdose deaths, the United States Department of Health and Human Services through the Substance Abuse and Mental Health Services Administration (SAMHSA) has funded more than $2 billion toward treatment and prevention.

In Hawai’i, from August 2017 to August 2018, there were 384 opioid overdoses, 59 of which were fatal. In 2020, there were 274 overdose deaths in Hawai’i, approximately 18.3 overdose deaths per 100,000 people (age-adjusted). The COVID-19 pandemic and ensuing lockdowns were contributing factors to accelerated opioid use and substance misuse. Isolated from support systems, people experienced depression and lacked access to treatment. During this time the illicit opioid market shifted from heroin to fentanyl, a highly addictive synthetic opioid. The newest synthetic opioid, isotonitazene (aka: nitazene or ISO), detected in recent overdose cases, is more potent than heroin and morphine. According to experts, ISO may be 20 times stronger than fentanyl. In this period as well, the Centers for Disease Control and Prevention (CDC) reported overdose deaths rising among people of color and low-income communities. Since 2019, Hawai’i High Intensity Drug Trafficking Area (HIDTA) has observed increased use of these newer synthetic opioids. Hawai’i HIDTA reported fentanyl-related deaths increased from 26 in 2020 to 48 in 2021.

Between 2005-2010, an annual average of 93,000 persons aged 12 or older used any illicit drug in Hawai’i State. Adult excessive drinking in Hawai’i was worse than the national average. According to 2017 Youth Risk Behavior Survey (YRBS) data, Hawai’i’s youth substance use (SU) paralleled national rates. The 2015-2019 Hawai’i YRBS reported 13.7% of those surveyed were currently binge drinking. SU rates for Native Hawaiian youth, Other Pacific Islander youth, sex and gender minority youth were found higher than other youth. These rates may be complicated by negative involvement with the system and the transgenerational effects of colonialism in Hawai’i and other Pacific Islanders. The 2019-2020 Hawaii statewide report on student alcohol, tobacco and other drug use found that “gateway drugs” (alcohol, vape/e-cigarettes, and marijuana) were initiated at age 13 or younger, and that alcohol use increased from 8th to 12th grade.

The Hawai’i Overdose Data to Action, Care Coordination and Capacity Building (OD2A-C3) Project, funded by the CDC through the Hawai’i State Department of Health (DOH), Behavioral Health Administration (BHA), Adult Mental Health Division (AMHD) works to address the opioid crisis by focusing on training practitioners, workforce development and providing prevention resources. Hawai’i OD2A-C3 is managed by a team of faculty and students from the University of Hawai’i at Mānoa, Thompson School of Social Work & Public Health (UHM, Thompson School).
Hawai‘i OD2A-C3

In September 2019, Hawai‘i OD2A-C3 began prevention efforts concentrating on strengthening the availability of appropriate prevention services and resources. Managed by a team of faculty and students from the UHM Thompson School, the OD2A-C3 project combined community training, workforce development and resource dissemination (Figure 1).

OD2A-C3 provided activities and resources for social workers and other allied health and human services providers to address opioid misuse, abuse, and overdose. OD2A-C3 goals included CDC OD2A Strategy 5: to integrate state and local prevention efforts, build capacity for effective and sustainable surveillance and prevention efforts, and promote prevention response strategies at the state and local level.

The project coordinated efforts with community partner-organizations to leverage community strengths and local resources against substance misuse and overdose. Sustained education and awareness will galvanize and empower communities to seek help and take appropriate preventative action.

Achievements and Impacts

Over the last 3 years, OD2A-C3 completed activities in 3 areas: (1) training social workers, allied health, and human service professionals; (2) workforce development: a 12-week intensive, paid internship for social work, public health, and psychology undergraduate and graduate students teaching a variety of tailored knowledge and skills and experience collaborating with community agencies; and (3) development and dissemination of prevention materials (eg, infographics, brochures) to enhance public awareness.

Training

Since March 2019, 14 webinars have been provided to Hawai‘i communities covering opioids, substance use disorders, behavioral mental health, polysubstance use, co-occurring disorders, recovery, family strengths and resilience issues. The training, presentations, resources, and related documents are easily accessible online to aid community practitioners and providers in their prevention and intervention efforts.

Workforce Development (WFD)

The paid fellowship program provided comprehensive, innovative training to 46 social work, public health, and psychology UHM undergraduate and graduate selected fellows (15 Fellows for Year 1/ Summer 2020, 16 Fellows in Year 2/ Summer 2021, and 15 Fellows in Year 3/ Summer 2022). The online training topics included but were not limited to naloxone, opioid overdose and misuse, polysubstance use, and co-occurring disorders. WFD Fellows worked closely with community partner-organizations: Big Island Substance Abuse Council (BISAC), EndMeth, Hawai‘i Health Harm Reduction Center (HHHRC), Hawai‘i State Rural Health Association (HSRHA),
West Hawai’i Community Health Center (current Hawai’i Island Community Health Center), Coalition for a Drug-Free Hawai’i, Hawai’i High Intensity Drug Trafficking Area (Hawai’i HIDTA), and Papa Ola Lokahi. Teams of WFD fellows developed opioid and substance misuse prevention products to support their sponsor agencies.
Creation and Dissemination of Prevention Materials

OD2A-C3 fellows and the team researched evidence-based resources, and developed user-friendly, culturally-informed overdose prevention infographics accessible to the general public, youth, health professionals, and educators. Infographic content addressed drug use prevalence, substance use and misuse, vulnerable populations, drug overdose risk factors, and protective factors.

Moving Forward

In the 2023, Hawai‘i OD2A-C3 will continue its activities and respectfully approach geographically isolated communities asking their permission to share workforce development training and prevention resources. Depending on the response, the team will collaboratively examine appropriateness of curriculum, make modifications as needed, share training and co-develop resources. The commitment will be to develop local-community relationships and listen to their needs.

Conclusions

Hawai‘i OD2A-C3 aims to increase local and state capacity for prevention efforts; understand context, resources, and needs in state and local communities; and understand evidence-based, scalable responsible approaches. OD2A-C3 hopes to achieve greater awareness of drugs and opioids overdose epidemic with respect to challenges and resources by increasing preparedness and response at the state and local level.

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References