

Kū Aloha Ola Mau

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As methadone maintenance treatment enters its fifth decade, opioid treatment programs (OTPs) are drawing on lessons learned from past successes and failures to continuously improve the treatment modality. Today's patients span an age range wider than ever before, and present with a greater quantity and severity of addictions and health problems. In the face of this, OTPs have access to improved research and technology, and have also developed a greater understanding of the full dimensions of opioid addiction and recovery. We now know that addiction is a chronic disease, so we no longer think of methadone as a short-term bridge to recovery, but instead consider it an intervention that may be beneficial indefinitely. *"Knowledge is Power!"* **Newsletter Editor: Cricket**

Nationwide Campaign Launched in Conjunction with HBO's show ADDICTION

The HBO Addiction series is being viewed as a unique opportunity to educate the public about a disease that affects more than 22 million Americans – and many more family members – but is widely misunderstood.

On Feb. 8, this groundbreaking collaborative project aimed at expanding public understanding of addiction and recovery was launched by *Community Anti-Drug Coalitions of America* (CADCA), *Faces and Voices of Recovery* and *Join Together*; three national organizations supporting policies to promote prevention, treatment and recovery from addiction to alcohol and other drugs. In 30 communities from coast-to-coast, this partnership and its affiliates, in conjunction with HBO, will be working intensively to educate Americans about advancements in the understanding of drug and alcohol addiction and its treatment as a brain disease. HBO's multi-platform campaign on "ADDICTION" debut on March 15.

HBO developed the ADDICTION campaign in partnership with the *Robert Wood Johnson Foundation* (RWJF), the *National Institute on Drug Abuse* (NIDA), and the *National Institute on Alcohol Abuse and Alcoholism*. ADDICTION provides guidance and solutions to one of the nation's most serious and persistent health problems, bringing together the leading researchers and institutions in the field. The campaign includes a 14-part documentary series, a four-disc DVD set, a companion book published by *Rodale Press*, four independent addiction-themed films, a robust website and a national community grassroots outreach campaign funded by RWJF. For this initiative, HBO will use all of its digital platforms, including the HBO main service, multiplex channels, HBO On Demand, pod casts and web streams.

The collaborative project by CADCA, *Faces & Voices of Recovery*, and *Join Together* helps communities build on HBO's ADDICTION Project. In cities and towns nationwide, community-based events..... (Continue Inside)

Recent Perspectives on Addiction Treatment

An often-cited examination of California addiction treatment programs in 1994 - - the CalDATA study – found that for every \$1 invested in treatment there was a benefit to society of \$7. Now, a recently published successor to that study found an identical cost-benefit return-on-investment (Ettner et al. 2006).

The CalTOP (California Treatment Outcome Project) study examined 43 substance abuse treatment providers in 13 California counties, and surveyed more than 2,500 patients. Data were collected between 2000-2001 and included a 9-month follow-up assessment.

On average, substance abuse treatment cost \$1,500 per patient and was associated with a monetary benefit to society of \$11,500 – a greater than 1-to-7 cost-benefit ratio. The benefit was divided across several factors, including: 65% attributed to cuts in crime, 29% to increased income of patients, and 6% due to reduced medical and behavioral healthcare costs.

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MAY is Hepatitis Awareness Month

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Will bring together local coalitions, people in long-term recovery and their families, elected officials, civil servants and allied organizations to raise awareness about addiction and recovery and promote new attitudes and policies. The project's interactive web site, www.AddictionAction.org, includes a host of organizing tools to support the project.

"Through a variety of local activities, communities across the country will use the HBO show to jump start or expand advocacy activities to make it possible for more people to get the help they need following the airing of the show," said David Rosenbloom, Director of *Join Together*.

The organizations will be working with grassroots advocates and allies in communities across the country to generate grassroots activities leading up to and following the broadcast of the program through *National Alcohol and Drug Addiction Recovery Month* in September 2007.

"Addiction is a preventable, treatable health condition from which people can and do recover, but most Americans, don't understand this. We're pleased to be part of this project that will increase Americans' knowledge and actions about the reality of effective treatment and recovery from alcohol and drug addictions," said Victor Capoccia, Senior Program Officer of the *Robert Wood Johnson Foundation*.

"Helping families and communities understand the true nature of addiction and the importance of treatment is something that can only be done through education and community activism. At CADCA, our 5,000 community anti-drug coalitions across the country stand ready and excited to do that, through town hall meetings and community outreach in major cities nationwide," said Gen. Arthur T. Dean, Chairman & CEO, CADCA.

The campaign will encourage communities to form broad-based local partnerships to sustain their activities over the long term. In addition, communities will promote the campaign's messages through ongoing media advocacy efforts such as editorial board meetings and other press outreach.

"We are excited to provide organizing and other materials on policy issues addressed in the program such as ending insurance discrimination; expanding opportunities for medication-assisted recovery; and making it possible for people to get the help they need when they need it," said Pat Taylor, Executive Director of *Faces & Voices of Recovery*.

A great big "Mahalo" to *Mary Elliott* and *Gen. Arthur T. Dean* (CADCA); *Pat Taylor* (Faces & Voices of Recovery); *Roberta Leis* and *David Rosenbloom* (Join Together); and *Victor Capoccia* (the Robert Wood Johnson Foundation).



Cover Story: "Recent Perspectives on Addiction Treatment" Continue

Monetary benefits were based on a comparison of costs each patient incurred prior to treatment with costs after treatment, so each patient served as their own "control subject" and averages across all subjects were calculated. Total costs related to crime and incarceration decreased by about \$7,500 per person treated, while employment earnings increased by roughly \$3,400.

Other studies have identified cost-benefit returns for substance abuse treatment ranging from 1-to-4 in federally funded programs to 1-to-23 in a Washington state clinic. In the Cal TOP study, an analysis by type of treatment showed that outpatient programs had an 11-to-1 cost-benefit ratio, while the residential treatment benefit achieved a 6-to-1 ratio. Only 3 methadone-maintenance treatment (MMT) programs were included in the assessment, so there were insufficient data for an accurate portrayal of MMT benefits.

The CalTOP authors conclude that even without considering health and quality-of-life benefits to patients, spending taxpayer dollars on addiction treatment is a wise investment. However, they caution that the results may not apply to all programs in all states. And, there is a need to further examine how the intensity and length of treatment affects monetary return on investment.

The California Department of Drug and Alcohol Programs, the Center for Substance Abuse Treatment, and Robert Wood Johnson Foundation provided funding for the study.

See: Ettner SL., Huang D, Evans, et al. Benefit-cost in the California Treatment Outcome Project: Does substance abuse treatment 'pay for itself'? Health Services Research 2006

FACES & VOICES ADDICTION RECOVERY INSURANCE EQUITY CAMPAIGN

Faces & Voices of Recovery urges people in long-term recovery, their families and friends to take advantage of HBO's Addiction project and start an overdue discussion in their communities on how to realize the possibilities that exist for people after addiction ends, namely long-term recovery.

I am living proof that people can achieve long-term recovery from addiction to alcohol & drugs. We make a better life for ourselves and our families; I would not have been able to do it without continuing help and support. At Faces & Voices of Recovery, we are speaking out for those who have yet to get the help they need. We want those who are struggling with addiction and their families to know that people can and do get better.

However, as HBO's Addiction so movingly depicts, we can't expect people to get better without access to treatment and recovery support services. Insurance discrimination, highlighted in the show's final segment, denies people with addiction the same insurance benefits as people with other health issues. As a result of this discrimination, many are unable to get the treatment and recovery support services necessary to achieve long-term recovery. We are documenting the experiences of people who have been denied insurance coverage for addiction as part of *Faces & Voices' Addiction Recovery Insurance Equity Campaign* and urge those who have been discriminated against, to go on record with their stories. (Continue – next page)

Only then will we be able to secure policies that will make it possible for even more Americans and their families to experience the reality of long-term recovery.

Our hope is that individuals like those portrayed in the documentary will receive help to get better just like millions of Americans and realize the benefits of long-term recovery. Everyone has a stake in making sure that when someone needs help and support to recover from addiction, that they can get it.

Additional information about Faces & Voices of Recovery is available at www.facesandvoicesofrecovery.org. In addition, information about HBO's Addiction is available at www.addictionaction.org.

(Source: Merlyn Karst, FAVOR; 3/07)

Clinic News & Other Information:

IMPORTANT NOTICE TO ALL HAUMANA

(4/9/07)

During April 25th, 26th and 27th, the clinic will be operating on holiday schedules while the counselors will be away at a retreat.

Please put your requests in by April 20th for any changes you may need during those days.

**Mahalo Nui,
Kū Aloha Staff**

Re: OUR NEW NAME
Formerly known as DASH

Kū Aloha Ola Mau
A place of healing and recovery

Our vision is in our name.

KU: We stand and give with mana, from the deepest part of ourselves, because our haumana need advocacy and are precious and important.

ALOHA: Is how we give – with compassion and love, with hospitality and generosity.

OLA: The goal is in getting one's LIFE back, not just staying sober, but living, healing, and thriving.

MAU: By dictionary, it is "always, steady, unceasing, permanent." We acknowledge each person's spirit and guide them to strengthen that which lasts forever.

What's Happening

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Kū Aloha Ola Mau?

Some of you may recall an article I did in the "Oct/Nov" '06 issue, entitled 'Renovations.' There was so much happening at the clinic that, people were curious; I wanted to help answer some of your questions so I asked Lisa Cook, our Executive Director here at *Ku Aloha Ola Mau*.

"Basically, our lease was up and the new offer from our landlord was not something we could afford. Also, for a year, we have had too much space. We no longer have our "DAP" contract, which was a major funding source for DASH. In addition, our CARF surveyors recommended we downsize in space because we did not need it. Therefore, our smaller, cozier space with the new lease is actually costing about the same, but we had to say "yes" to stay. It has also been hard to find good space for our special needs with parking. The staff has always wanted a smaller space so we are fortunate the landlord is giving us this opportunity. With everything else going sky high, we appreciate not having to move. If we had moved, there would have had to be more increases beyond January 07," said Lisa.

Yes, the change meant giving up a lot of space....more so for the staff than anyone else. "In addition to the renovations, the counselors have private offices and we have retained the conference room for groups. Our waiting room and flow have been approved by the Drug Enforcement Agency (DEA) and are designed to their request. There continues to be a separate exam room and a haumana (patients are called students in Hawaiian) restroom/collection area. The med room remains the same; with added security features. Thus far, the responses from our haumana have been very positive.

"Thank you,"
Cricket

ATTENTION ALL HAUMANA!

Re: Diversion Control

There have been reports about take home methadone from this clinic being bought and sold in town and on the North Shore. We all need to prioritize what is important. We would rather people stop diverting than have to close on Sundays. If you have information, please help everyone by letting your counselor or a staff member know, so we can deal with the problem from its source only. If the selling and buying methadone continues, it threatens everyone's takehomes and could potentially result in a loss of takehomes from any clinic statewide; or even closure of the program. This has happened once before and a 'repeat' means more consequences imposed upon us, for not only the specific haumana who are selling and buying, but for the program and all of the haumana today and in the future!

Only you can help the clinic. This is your program. Help keep your image and the program's image away from the stereotype and be a part of the solution than the problem! This situation is in your hands. Let us work together toward success!

Mahalo Nui.

“Ku Aloha Ola Mau”- Aloha from our Patients

One day a while back, a man, his heart heavy with grief, was walking in the woods. As he thought about his life this day, he knew many things were not right. He thought about those who had lied about him back when he had a job.

His thoughts turned to those who had stolen his things and cheated him. He remembered family that had passed on. His mind turned to the illness he had that no one could cure. His very soul was filled with anger, resentment and frustration.

Standing there this day, searching for answers he could not find, knowing all else had failed him, he knelt at the base of an old oak tree to seek the one he knew would always be there. And with tears in his eyes, he prayed:

“Lord.....You have done wonderful things for me in this life. You have told me to do many things for you, and I happily obeyed. Today, you have told me to forgive. I am sad, Lord, because I cannot. I do not know how. It is not fair Lord. I did not deserve the wrongs that were done against me and I should not have to forgive. As perfect as your way is Lord, this one thing I cannot do, for I do not know how to forgive. My anger is so deep Lord. I fear I may not hear you, but I pray that you teach me to do this one thing I cannot do.....Teach me To Forgive.”

As he knelt there in the quiet shade of that old oak tree, he felt something fall onto his shoulder. He opened his eyes. Out of the corner of his eye, he saw something red on his shirt. He could not turn to see what it was because where the oak tree had been, was a large square piece of wood in the ground. He raised his head and saw two feet held to the wood with a large spike through them. He raised his head more, and tears came to his eyes as he saw Jesus hanging on a cross. He saw spikes in His hands, a gash in His side, a torn and battered body, deep thorns sunk into His head. Finally, he saw the suffering and pain on His precious face. As their eyes met, the man's tears turned to sobbing, and Jesus began to speak.

Have you ever told a lie? He asked.

The man answered, “Yes, Lord.”

Have you ever been given too much change and kept it?

The man answered “Yes, Lord.” And the man sobbed more.

Have you ever taken something from work that was not yours? Jesus asked.

And the man answered “Yes, Lord.”

Have you ever sworn using my Father's name in vain?

The man, crying now, answered “Yes, Lord.”

Have you ever accepted a man's apology and forgiven him only to turn around and tell someone what had happened?

The man, crying to the point his shirt became soaked, answered “Yes, Lord.”

As Jesus asked many more times, ‘Have you ever?’ The man's crying became uncontrollable, for he could only answer ‘Yes, Lord.’

Then Jesus turned His head from one side to the other, and the man felt something fall on his shoulder. He looked and saw that it was the blood of Jesus. When he looked back up, his eyes met those of Jesus, and there was a look of love the man had never seen or known before.

Jesus said, “I didn't deserve this either, but I forgive you.”

It may be hard to see how you are going to get through something, but when you look back in life, you realize how true this statement is.

Read the line below slowly and let it sink in. This is simple and important. Read on....The first line is deep.

If God brings you to it, He will bring you through it.

Lord, I love You and I need You....come into my heart today. For without You I can do nothing. Don't ignore and God will bless and forgive you.

Anonymous

When you forgive, you do it not for the other person but for yourself. The act of forgiveness allows you to make peace with the people or situation that has been tormenting you. It comes down to a willingness to get over what you think should have happened and accept the reality of the present moment.

Cricket

Beth's Story

My name is Beth. I have been an addict for 25 years and I'm only 37 years old. I would like to tell you a little about myself. This is the first time I have ever told my story, so please bear with me! I lived with my aunty until I was 11 years old. That was because my mother was eight-months pregnant and was on her way to prison for five years for selling heroin. I was six years old then.

My mother was released from prison when I was nine years old. She went to court and begged and cried until they gave me back to her. That was the first mistake. She really didn't want me! Having me gave her more money from the state and someone to babysit my brother, who she had while in prison.

I was eleven years old and I had the flu or something. I can't remember the exact details. That is when my mother introduced me to 'Mr. Dialudid! Oh, he sure made me feel so much better! It seemed like all of a sudden everything seemed better. My problems, my illness, but most of all, my whole life seemed wonderful!!! God only knows how so very, very wrong I was...

From that moment on, my life was nothing but pure HELL. I won't bother you with the details, I am sure we all know what happens from then on. Jails, getting shot, living from place to place, running from everything and yet, from nothing!

So you see, I thank God for methadone clinics, because without them and the people who work so hard at those clinics, I know for sure I would be dead!!! You see, for the first time in my life I am learning how to truly 'LIVE' So please, give someone a chance to live. Give them back their life. Let there always be places like the methadone clinic I go to. The next life they save may be someone you love!!!

Thank God, and all those that helped me. I have 20 months clean and sober! If I could do it, anyone can!

I could write a book on things that went on; good and bad in the High Life. Now I am going to write a book on living. (Anonymous)

How Methadone is being used is the problem, experts say

The complaints were just too much for Huntington Mayor David Felinton: Residents blamed a drug treatment clinic for panhandling, prostitution and even some local fires.

"I've never been one of these 'not in my backyard' people, but this is a case where I really don't want this in our backyard," Felinton said.

Now the Mayor in this city of about 49,000 on the banks of the Ohio River is considering invoking a rarely used public nuisance law to shut down the clinic.

Huntington has one of eight clinics in the state that use methadone to treat people addicted to opium-derived drugs like heroin, morphine and oxycodone, collectively known as opioids.

Concerned about an alarming increase in the number of fatal methadone overdoses in West Virginia, state legislators have put a moratorium on opening new clinics, pending new regulations for the facilities.

But national experts say the clinics and their use of methadone is not the problem. It's the use of methadone as a painkiller that is fueling the fatal overdoses.

According to federal statistics, 99 people died from methadone overdoses in West Virginia in 2004, the last year for which data is available. In 2003, West Virginia led the nation in accidental deaths blamed on methadone, with a death rate four times the national average.

Nick Reuter, senior public health adviser at the federal Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment, said that studies, including a report from the CDC about methadone-associated mortality in North Carolina, indicate that more than 85 percent of deaths were tied to pharmacy distribution, not treatment programs.

"Overall, substance-abuse treatment programs provide a substantial benefit in helping patients recover and lead productive lives," Reuter said.

Methadone used in drug treatment comes in a liquid form, typically in a lower dose than when used as a painkiller. People who have died from overdoses linked to methadone have combined the painkiller with other drugs, Reuter said, but there are also instances where they simply exceeded the prescribed dose. A few people died from taking the recommended dose.

Seven of West Virginia's eight clinics – including the one in Huntington – are owned by California-based CRC Health Group. Phil Herschman, president of the company's outpatient treatment division, says clinics are often wrongly blamed for problems stemming from methadone's use as a painkiller.

"It's a battle we struggle with on a regular basis. We're more public and a more obvious target," he said.

Focusing on methadone as a painkiller, though, would be difficult for policymakers. It can be dispensed by pain clinics or physicians, and become popular because of the negative attention focused years ago on OxyContin, a powerful opioid used for pain treatment that became a target for drug theft. According to the Drug Enforcement Administration, retail sales of methadone increased tenfold between 1997 and 2005.

The state's moratorium, which takes effect June 8, was a high priority during the legislative session for lawmakers like Senate Minority Leader Don Caruth, R-Mercer, whose district has been the scene of controversy over a proposed new clinic in Princeton.

"I agree that the methadone clinics shouldn't be blamed every time there's a methadone-related overdose," he said. But further study is needed before the state makes a decision on allowing new clinics to open.

Adding to the clinics' image problem is that West Virginia's drug treatment facilities draw as many as a third of their patients from other states, according to the state Division of Alcohol and Drug Abuse. Most of those patients come from Ohio or Kentucky. Felinton said complaints have soared since a clinic in Kentucky closed a few months ago.

Workers at the clinic, though, dispute the validity of some of the complaints, and say additional staff and security guards have been hired to accommodate the large numbers of patients.

(The Associated Press; 4/9/07)

FIBROMYALGIA AWARENESS DAY

In 1993, Tom Hennesy, the founder of RESCIND, INC. (Repeal Existing Stereotypes about Chronic Immunological and Neurological Diseases) designated May 12 as International Awareness Day for Chronic Immunological and Neurological Diseases (CIND). The date was chosen to memorialize the birth date of Florence Nightingale, the English army nurse who inspired the founding of the International Red Cross. Nightingale contracted a paralyzing, CIND-like illness in her mid-thirties and spent the last 50 years of her life virtually bedridden. Despite her illness, she managed to found the first ever School of Nursing.

Awareness Day activities take place worldwide in an effort to increase awareness of chronic pain illnesses including fibromyalgia. Awareness Day seeks to help patients and organizations educate the general public, healthcare professionals, government officials, and legislative bodies.

Since its inception in 1997, the National Fibromyalgia Association (NFA) has been the organization leading the call for increased recognition of fibromyalgia each May 12, and has staged groundbreaking national and international events in honor of Awareness Day.

National Fibromyalgia Association
www.fmaware.org