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Fentanyl in Native Communities: Native Perspectives on Addressing the Growing Crisis

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Welina me ke aloha mai ke one kaulana o Kakuhihewa.

Greeting with aloha from O‘ahu, Hawai‘i, the famous sands of the great chief Kakuhihewa.

It is with great respect that I come before you today to provide information, insight, and perspective on the impacts of Fentanyl and other substance use on Native Hawaiians in the communities that I serve.

A little about the porch that I am speaking from. I am a licensed clinical psychologist and director of I Ola Lahui, a nonprofit behavioral health organization that provides culturally-minded, evidence-based behavioral health services to Native Hawaiian, medically underserved, and rural communities. I have spent my career in the service of my people as a therapist, healer, advocate, community builder, program developer, pilina relationship maintainer, and Hawaiian health leader. What I share is informed by direct patient care, community listening and observation, and feedback from other community health partners.

Due to similar factors affecting other first nations peoples of the world including cultural and historical trauma, systemic bias and marginalization, and the social determinants directly impact our health outcomes including economics and housing, Native Hawaiians experience high rates of substance use and suffer the more serious consequences of misuse including judiciary involvement and incarceration, loss of social support and global impacts on families, and health impacts that result in poor functioning, heavy reliance on health system resources, and shortened lifespan.

What we are seeing with respect to Fentanyl seems to follow a pattern similar to what we have seen with other substances over the past several decades where the extent of use in Hawai‘i tends to lag a few years behind what is occurring on the continent. Cases of misuse were initially just seen among individuals who had acquired Fentanyl initially for a prescription purpose that then changed into misuse, dependence, and the whole host of known health risks. In the typical pattern, increased availability and use as a street drug is following, although use in communities I serve does not seem to have reached the high rates that are seen elsewhere on the continent yet. The “yet” there is the critical note. Access, cost of the drug, and its addiction potential will likely impact the speed with which this drug will flood our community.

Looking at this as an opportunity to intervene sooner and reduce the scope of impact overall, the question of best practices for Native communities becomes central to the conversation.

It has long been recognized in substance use treatment that interventions that don't just address substance avoidance, but include healing, a spiritual component, and support for rebuilding a life are effective in recovery and relapse prevention. For some portion of our community, conventional western best practices work fine. For that portion, access and affordability of care are the main predictors of success.

I will focus my comments here on the rest of our community, and I would argue the greater portion, who need something beyond what is conventionally offered. This "something beyond" is the incorporation of traditional Native Hawaiian cultural practices and worldview. Given the high occurrence of cultural and historical trauma, Adverse Childhood Experiences, and current systemic factors, an approach that focuses on healing and restoration of balance is critical to recovery. Hawaiian cultural practices provide stability, focus, and growth opportunities through the learning process that is more easily accepted than traditional western substance use treatment approaches. They show a person how to live a life instead of just how to avoid the life they used to have which was solely focused on substances.

For this type of care to be broadly available requires support in two areas. The first is prevention. Funding that supports developing healthy relationship skills, leadership development, and self-efficacy in youth is a critical deterrent for substance misuse pathways. Policies and resources that educate prescribing health providers, limit access to the substance, and make it less available as a street drug further support this effort.

Looking further upstream, funding and initiatives to address the desperate housing shortage and affordability, safety of our land, water, and natural resources, and support for native voices in leadership will make a significant impact in this and other health areas for years to come.

The second type of support needed is for intervention. Currently, traditional native cultural practices are not a universally reimbursed service as part of Medicare/Medicaid plans. This limits the capacity of already underfunded substance use programs to provide the healing services needed by this community. They provide the care when and how they can, given these constraints, making it very difficult to sustain and offer more broadly. Some promising efforts are occurring in our state related to reimbursement for cultural practices that could serve as a model.

An addition support in this area is needed for health provider trainings related to knowledge of traditional healing as a valid treatment approach and the incorporation of Hawaiian worldview and culture into health services. Increasing the number of providers with these competencies will improve health and well being outcomes overall for this and other Native communities.

Mahalo for your time.