

DRUG ADDICTION SERVICES OF HAWAII, Inc.

# HUI HO `OMAIKAI IKA POE O HAWAI`I AUGUST 2003 NEWSLETTER

Website: [www.dashhawaii.org](http://www.dashhawaii.org)

Vol. 2, No. 4

This is our fourth newsletter in 2003. We are still seeking articles, stories, news events, poems, and other items of interest to our na haumana and their families for future newsletters. The deadline for submissions is usually the 15<sup>th</sup> of every month, before the newsletter is distributed. However, if you really want to have something put into a current or future issue, feel free to drop off your submissions for me at the front desk at anytime. Our next deadline is September 15<sup>th</sup>. If you are interested, we are still looking for people to volunteer; to be writers/reporters for future issues. *Newsletter Editor: Cricket*

## The Controversial OxyContin

When used properly, OxyContin is considered a "miracle drug" for many pain sufferers. OxyContin was marketed in 1996 by *Purdue Pharmacies* and was the first product capable of giving 12 hours of pain relief; making it the longest lasting Oxycodone product on the market. OxyContin was initially available in 10-, 20-, and 40-milligram (mg) strengths. In 1997, an 80-mg. tablet was introduced and later followed by a 160-mg. tablet.

When used illegally, however, OxyContin destroys families and communities. This powerful painkiller has increasingly become a drug of choice for people who choose to abuse it; by disabling the time release mechanism in OxyContin, abusers get a heroin-like high.

OxyContin has become a drug of abuse, following in the steps of other prescription drugs that contain Oxycodone, the active ingredient in OxyContin; Other drugs include: Percocet (oxycodone and acetaminophen), Percodan (oxycodone and aspirin) and Tylox. These medications contain oxycodone in smaller doses and are combined with other active ingredients. OxyContin, however, contains oxycodone in various dosage strengths as the only active ingredient.

The level of abuse and the number of people who have died because of OxyContin abuse, really, cannot be stated accurately at this time.

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## Oxy's: " My Story "

My story is not unique. It is the same as every other addict's story. The means by which we arrived at our addiction are somewhat different, but the outcome is always the same. We all lied, cheated, stole, hurt our loved ones and friends, as well as hurt ourselves. I am a financial professional, I can remember when O.C.'s came out in the mid-nineties. It didn't take us long to figure out how to crush them, snort them and later on shoot them. I had no idea what they were or what I was messing with. I just knew I liked the feeling. When I used, I could do my job better and make more money, or so I thought. My wife had no idea I was using. I was fooling everyone, my parents, friends, people I worked close to. However, as we all know, you cannot hide the disease for long.

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## **"The Controversial OxyContin" - (Continued from page one)**

Purdue Pharmacies, the manufacturer of OxyContin, stated in their "Statement on Abuse and Diversion of OxyContin,(2001)," that they "have encountered difficulty in obtaining accurate data on the reported drug overdose deaths for a number of reasons. Blood tests only determine the presence and amount of Oxycodone; they cannot differentiate between the many frequently prescribed analgesics that contain this ingredient." In other words, in many cases, it is unknown whether the Oxycodone found in the bodies had come from OxyContin, rather than another drug containing Oxycodone.

While there is no denying that it's diversion and abuse are a problem, there is another problem of at least equal concern – the needs of people truly suffering from chronic pain and in need of OxyContin for pain relief. OxyContin, when prescribed and used appropriately, can be an important part of a successful pain-management program. When the pill is swallowed whole as designed, the active ingredient oxycodone is slowly released to relieve pain without creating a "high." This allows people to function in daily life (*Aetna IntelliHealth / Harvard Med. Sch., H. LeWine, M.D., 1-24-03*). OxyContin is often prescribed for cancer patients or those with long-lasting back pain. The benefit of the medication to chronic pain sufferers is that they generally need to take the pill only twice a day, whereas a dosage of another medication would require more frequent use to control the pain (*CSAT, April 2001, Vol.1 Issue1*).

People who abuse OxyContin and other pain-relieving medications, get the drugs from a number of sources, all illegal. As a result, in many states, the U.S. Justice Department and local law-enforcement officials have worked hard to reduce the amount of strong pain relievers getting to the street. Unfortunately in doing so, they have made it difficult for people in pain to get these pain relievers. Doctors are reluctant to write prescriptions for them. Pharmacists are reluctant to have the drug in their stores and to dispense the drugs. This is especially true for OxyContin; many addicted to the drug, have robbed pharmacies for their supply of this drug.

While law enforcement may succeed in reducing the amount of drug available for abuse, they also reduce the ability of people in pain to get the drugs. If you make the drugs available, they will be abused. But by making them unavailable, patients suffer. People who suffer from the chronic pain that requires medications such as OxyContin have enough health-related concerns without having to concern themselves with whether they'll be able to get the drugs they need. In addition, the publicity surrounding the abuse of OxyContin has created a sort of stigma in the minds of many people. Patients using the drugs are hesitant to admit using it, for fear of being viewed as an addict or abuser of pain medications.

## **Oxy's: "My Story"/ Continue**

After losing my job for being caught the second time, I entered a treatment facility, 500 miles away from home. Quality addiction treatment facilities do not exist in rural WV, and I needed to be away from my suppliers. I completed a 28 day-program in a little under 3 months, not because I was unwilling to learn, but because I needed it. I had a great treatment team and a doctor who really cared. I know how it feels to wake-up in the morning and honestly tell yourself you will never do it again, but by 10:00 a.m., you are making phone calls to score your dope; asking God why (as you are drawing the blood back getting ready to push the O.C. in) ?.

Today, I am not shackled to the drug any longer. Today, April 11, 2003 , I have been free from that demon (and all other drugs including alcohol) for exactly 8 months. If you have a problem with this drug, you must get help or you will die. Do not hesitate. Do not doubt the deadly power of this disease of addiction ; it is more powerful than the combined efforts of yourself and the people praying for you. I am reminded of the pain I was in, pain which I do not want to relive, but can't afford to forget.

## "H E A L T H Watch"

### **What is *Staphylococcus aureus*?**

*Staphylococcus aureus*, often referred to simply as "staph," are bacteria commonly carried on the skin or in the nose of healthy people. Occasionally, staph can cause an infection; staph bacteria are one of the most common causes of skin infections in the United States. Most of these infections are minor (such as pimples and boils) and most can be treated without antibiotics (also known as antimicrobials or antibacterials). However, staph bacteria can also cause serious infections (such as surgical wound infections and pneumonia). In the past, most serious staph bacteria infections were treated with a certain type of antibiotic related to penicillin. Over the past 50 years, treatment of these infections has become more difficult because staph bacteria have become resistant to various antibiotics, including the commonly used penicillin-related antibiotics (1). These resistant bacteria are called methicillin-resistant *Staphylococcus aureus*, or **MRSA**.

### **What is the difference between colonization and infection?**

Colonization occurs when the staph bacteria are present on or in the body without causing illness. Approximately 25 to 30% of the population is colonized in the nose with staph bacteria at a given time. (2)

### **Who gets MRSA?**

Staph bacteria can cause different kinds of illness, including skin infections, bone infections, pneumonia, severe life-threatening bloodstream infections, and others. Since MRSA is a staph bacterium, it can cause the same kinds of infection as staph in general; however, MRSA occurs more commonly among persons in hospitals and healthcare facilities.

MRSA infection usually develops in hospitalized patients who are elderly or very sick or who have an open wound (such as a bedsore) or a tube going into their body (such as a catheter or intravenous (IV) catheter). MRSA infections acquired in hospitals and healthcare settings can be severe. In addition, certain factors can put some patients at higher risk for MRSA including prolonged hospital stay, receiving broad-spectrum antibiotics, being hospitalized in an intensive care or burn unit, spending time close to other patients with MRSA, having recent surgery, or carrying MRSA in the nose without developing illness (3-6).

MRSA causes illness in persons outside of hospitals and healthcare facilities as well.

Cases of MRSA diseases in the community have been associated with recent antibiotic use, sharing contaminated items, having active skin diseases, and living in crowded settings. Clusters of skin infections caused by MRSA have been described among injecting drug-users (7,8), aboriginals in Canada(9), New Zealand(10) or Australia(11,12), Native Americans in the United States(13), incarcerated persons(14), players of close-contact sports(15,16) and other populations(17-23). Community-associated MRSA infections are typically skin infections, but also can cause severe illness as in the cases of four children who died from community-associated MRSA(24). Most of the transmission in these settings appeared to be from people with active MRSA skin infections.

#### **How common is staph and MRSA?**

Staph bacteria are one of the most common causes of skin infection in the United States, and are a common cause of pneumonia and bloodstream infections. Staph and MRSA infections are not routinely reported to public health authorities, so a precise number is not known. According to some estimates, as many as 100,000 persons are hospitalized each year with MRSA infections, although only a small proportion of these persons have disease onset occurring in the community. Approximately 25 to 30% of the population is colonized in the nose with staph bacteria at a given time(2). The numbers who are colonized with MRSA at any one time is not known. CDC is currently collaborating with state and local health departments to improve surveillance for MRSA. Active, population-based surveillance in selected regions of the United States is ongoing and will help characterize the scope and risk factors for MRSA in the community.

#### **Are staph and MRSA infections treatable?**

Yes. Most staph bacteria and MRSA are susceptible to several antibiotics. Furthermore, most staph skin infections can be treated without antibiotics by draining the sore. However, if antibiotics are prescribed, patients should complete the full course and call their doctors if the infection does not get better. Patients who are only colonized with staph bacteria or MRSA usually do not need treatment.

#### **How are staph and MRSA spread?**

Staph bacteria and MRSA can spread among people having close contact with infected people. MRSA is almost always spread by direct physical contact, and not through the air. Spread may also occur through indirect contact by touching objects (i.e., towels, sheets, wound dressings, clothes, workout areas, sports equipment) contaminated by the infected skin of a person with MRSA or staph bacteria.

#### **How can I prevent staph or MRSA infections?**

Practice good hygiene

1. Keep your hands clean by washing thoroughly with soap and water

2. Keep cuts and abrasions clean and covered with a proper dressing (e.g., bandage) until healed.
3. Avoid contact with other people's wounds or material contaminated from wounds.

**What should I do if I think I have staph or MRSA infection?**

See your healthcare provider.

*(SOURCE:) Center for Disease Control (CDC); Issues in Healthcare Settings*

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- (24.) From the Centers

for Disease Control & Prevention. Four pediatric deaths from community-acquired MRSA - Minnesota & North Dakota, 1997-1999, JAMA 1999.

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AT FORUM Web Site Update:

( [www.atforum.com](http://www.atforum.com) )

New News Briefs Include:

- Study: Deaths Linked to Methadone Used for Pain, Not MMT
- Radio Ads Promoting Methadone Draw Static
- Grim Results of Life Without Methadone in Oregon
- How Much is Really "Enough" Methadone ?
- Hepatitis Alters Methadone Metabolism
- Sniffing, Snorting Drugs May Raise HCV Risk
- Researchers See Stronger Genetic Links to Addiction
- Heroin Addicts Suffer High Rates of Mental Illness
- Senate Nixes SAMSHA's Addiction Treatment Voucher Program
- Help for Depression Lacking Studies Find
- Naltrexone May Counter Alcohol's Damage in HCV Infection
- ADHD and Substance Abuse
- Study: Doctors Disregard Alcohol-Treatment Guidelines

If you have not responded to our Internet Usage Survey and "Graying of Methadone" Survey, please take a minute to respond. Your feedback is important to us.

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'HepCats' Meeting

Monthly support group for those with Hepatitis C and /or their family members  
4<sup>th</sup> Tuesday of Each Month, now at 6:30 p.m.!

**Next Meeting:**

Two Nurses from the Mainland will speak on common Hep C Treatment  
Side effects management and nutritional issues!

Tuesday, Sept. 23, 6:30 pm.

At Gold Bond Bldg.

677 Ala Moana Blvd., Ste.# 226

Honolulu, Hawaii

There is adequate "on Street" Parking in Non 'Tow-A-Way' zones on Keawe or Coral St.  
Join us in a friendly, relaxing and confidential setting!

For more info, please call *the Hepatitis Prevention, Education, Treatment, & Support Network of Hawai'i*  
# 808-221-6204.

## Clinic News

### **2003 GIVE ALOHA**

#### **Foodland's Annual Community Matching Gifts Program Is Starting from September 1 – 30<sup>th</sup>**

Use the Maika'i card to make a donation; you can donate up to a cumulative total of \$249 per person, per organization. Foodland will match the \$249 per person. DASH's registration code is #77418. Thank you!

### **"EARLY INTERVENTION SERVICES "**

At D.A.S.H.

Trained nurses and health educators from DASH provide education, counseling, testing, and support services in the areas of TB, HIV, STD, Hepatitis and more. They have been very busy for the past two weeks, setting things up in their new office (the old childcare room) so they can start services as soon as possible.

### **K-108's Hawaii Bulletin Board**

On Saturday, July 26...our very own Ken Akinaka went on to K-108's Hawaii Bulletin Board. Ken was joined by other speakers, including Larry from the Salvation Army to discuss drug problems here in Hawaii. "Thank you Ken!" for representing.

### **"Methadone Is Recovery" Meetings**

At D.A.S.H.

**Friday's, 9:00 to 10:00 a.m.**

## HCV ADVOCATE

The following items have been recently posted to [www.hcvadvocate.org](http://www.hcvadvocate.org)

### August 2003 HCV Advocate :

- Update on Hepatitis C from DDW: Part 2
- HealthWise: Hepatitis C Treatment Tips
  - Thyroid Disease and HCV
- Extrahepatic Manifestations on Hepatitis C – Part Two: Dermatologic Disorders
- HCV Advocate Medical Writer's Circle – Health Related Quality of Life & Hepatitis C by Dr. David Bernstein
- News Review: A June 15<sup>th</sup> 2003 Review of HCV, HBV and HIV/HCV Coinfection Related News & Highlights
  - Action Alert – Help Get Generic Ribavirin Approved!
- Hepatitis C Coordinators – view a map of the CDC appointed Hepatitis Coordinator for the United States
- HCV Advocate Medical Writer's Circle – Managing Those Important Unimportant Side Effects by Dr. Diana Slyvestre

### *The Hepatitis Prevention, Education, Treatment and Support Network of Hawaii* “ Calling 2-1-1 ”

Ken Akinaka, MRA, Co-founder of *The Hepatitis Prevention, Education, Treatment and Support Network of Hawaii*, has said that, “one of their goals for this summer has been to help our communities learn about hepatitis resources in Hawai'i.” They have worked with *Aloha United Way* to add hepatitis resources to the information and referral number in Hawaii. Now, if you have any questions about hepatitis, you can call **2-1-1** and an *Aloha United Way Information and Referral Specialist* will help direct you to a number of hepatitis resources in Hawaii. **2-1-1** is a free call from anywhere in Hawai'i, 24 hours a day, 7 days a week and all calls are confidential. **For more information** regarding *the Hepatitis Prevention, Education, Treatment and Support Network of Hawaii*, please contact Ken at # 808-221-6204.

### *"DANCING IN THE STREET"*

### *Don't Quit*

When things go wrong, as they sometimes will,  
When the road you are trudging seems all uphill,  
When the funds are low and the debts are high,  
And you want to smile but you have to sigh,  
When care is pressing you down a bit,  
Rest, if you must – but don't you quit !

Life is queer with its twist and turns,  
As every one of us sometime learns,  
And many a failure turns about  
When he might have won had he stuck it out,  
Don't give up, though the pace seems slow -  
You might succeed with another blow...

Success is failure turned inside out –  
The silver tint of the clouds of doubt  
And you can never tell how close you are,  
It may be near when it seems afar;  
So stick to the fight when you are hardest hit –  
It's when things get worse that you mustn't quit.

#### COMING SOON:

- "Let's Talk Methadone"
- Methadone: In the News

### **"RAINBOW TO RECOVERY"**

NA Meeting

**Fridays at 4 PM**

The Rainbow to Recovery NA Meeting meets at Kaka'ako Park on Ala Moana Blvd.,  
Between Pflueger Honda and the Ford Dealer

- This meeting is for people dealing with illness in recovery, but is open to all.

Coming up: Laura's Puzzle Page

From Puzzle Pages from A to Z with hidden solutions. Vantage Press, New York...1995