Aloha mai no, aloha aku; o ka huhu ka mea e ola `ole ai

When love is given, love should be returned; anger is the thing that gives no life.

O.N. 113

Papa Ola Lokahi
Nana I Ka Pono Na Ma
KA PAHUHOPU (GOAL)

The Native Hawaiian Substance Use Stakeholder Meetings engaged stakeholders' in a virtual huaka'i of minds, hearts and na'au to describe and unpack what Native Hawaiian Lifeways could and should look like across the continuum of care in substance use services. Meetings were conducted for each mokupuni to harness and harvest the collective wisdom of stakeholders that have knowledge, lived experience and expertise specific to their own community needs.

PARTICIPANT PROFILE

The Moloka'i Stakeholder Meeting took place on Wednesday, October 27, 2021 from 3-5 pm via Zoom. Participants represented the following organizations: Moloka'i Community Health Center (MCHC); Celebrate Recovery Moloka'i; Nā Pu'uwai; Ka Hale Pōmaika'i; Ho'ola Lāhui Hawaii and the University of Hawai'i at Mānoa.
"If it happens on Molokai, everybody knows": Participants expressed that due to the Molokai’s small, and closely knit community, most community members already know who is struggling with issues of substance use on the island.

Participants additionally expressed, that those individuals struggling with the use of substances also experience personal shame and guilt associated with being “found out” or admitting to their addiction. This perceived guilt and shame is what impacts and creates a barrier to their ability to seek help which, which they perceive as bringing shame onto their ‘ohana.

It is important for the whole ‘ohana to recover and celebrate freedom from addiction together. This often creates challenges within community outreach while trying to strengthen this supportive concept. Stigma not only exists for those who struggle with active substance misuse but also when one is the sole family member on the journey of recovery. Family members aren’t excluded from programs, often they don’t understand why the could or would want to attend.

Participants were asked to identify the top 2 concerns related to substance use among Native Hawaiians on Molokai.

NEED FOR ON-ISLAND RESIDENTIAL TREATMENT OPTIONS

Participants expressed that there are no detox or residential treatment options on Molokai which is thought to be linked in part to the negative stigma associated with substance use disorder.

Without residential treatment services within the community, members of the ‘ohana may not have the opportunity to participate in the healing process alongside their loved ones.

A related concern is limited support for the entire family in addressing substance use disorder holistically and on a community level.
PARTICIPANTS WERE ASKED TO DESCRIBE THE WAIWAI, STRENGTHS, OF MOLOKAI'S NATIVE HAWAIIAN COMMUNITY

Moloka'i Pule O'o

A participant identified Moloka'i Pule O'o, translated as "island of powerful prayers", to frame their community from a strengths-based perspective. This traditional name for Molokai honors the spiritual strength of Molokai's people and celebrates their modern-day era, of intertwining knowledge of the island's resources, along with fearless determination to overcome threats to their environment and lifestyle. The essence of Moloka'i Pule O'o is further described by participants and themed into the areas of strengths to the right.

Other strengths-based themes identified include:

Aloha 'Āina:
- The birthright and choice to live ea.

'Āina Momona:
- Lush and verdant land serves as a bread basket for the community.

Nā Po'e Ikaika:
- Resilient people who rise above adversity to protect their identity, 'ohana, and community.
EXISTING SYSTEMS OF SUPPORT

Participants identified existing community-based organizations, programs, and churches as healing spaces that are available in the community.

- Ka Hale Pōmaika‘i (KHP) was recognized for providing non-judgmental treatment and support to address substance use disorder. It was shared that all services are free and include 12-step programs for Narcotics Anonymous, Alcoholics Anonymous, Al-Anon, and sober housing services. The agency has an organic mala to both nourish the haumāna as well as to share with community members who struggle with food insecurity. KHP also has an emergency food pantry that serves much of the Mana‘e community.
  - KHP is an agency that employs "Molokaians" in recovery who are and/or becoming certified as substance abuse counselors. All staff and Board of Directors are from Molokai and all are in recovery or are family members of those in recovery.

Other organizations and programs highlighted include Nā Pu‘uwai, a Native Hawaiian Health Care System, and the Maui Community Health Center.

- Puni Ke Ola, a youth prevention/intervention program was acknowledged as being born out of a request from kupuna and the community, who previously felt there were not enough prevention programs. Puni Ke Ola provides indirect healing through cultural connection and has built-in ‘ohana nights which provide a connective space for parents to learn about what they are expected to do to support their ‘ōpio.

NEEDS AND GAPS

The needs and gaps in this section will be synthesized with the cultural approaches needs and gaps discussion in the next session in order to avoid duplication and provide a broader and more inclusive understanding of what is required across the continuum of care ahupua‘a.
LIMITED OF ACCESS TO CARE

The main theme identified is lack of transportation and having to drive far distances in order to receive care. There is also a need for telehealth options for treatment and the provision of equipment for clients to engage in this kind of service.

- Ka Hale Pōmaika‘i does provide transportation for haumāna to treatment and some sober support groups in the evening, some folks who are not currently enrolled in services may find using the MEO bus inconvenient.

CONTINUED NEED FOR DIRECT OR INDIRECT CULTURALLY-BASED PREVENTION SERVICES

Participants expressed the need for direct prevention services in relation to addressing trauma among ʻōpio and the role of recreational vs more destructive drug use.

The need to address addiction not as a behavior, but rather as a disease, and the substance use as the resulting or surfacing symptom and coping mechanism to manage much deeper trauma.

Need for indirect prevention services that provide connection on an ʻōpio and ʻohana level through ʻike kupuna and ʻāina-based learning.

STAFF ATTRITION:

A significant number of staff who provide substance use services are not from Molokai and work on the island for a limited period of time. Employee attrition rates are also tied to low wages and a lack of training opportunities.

NEED FOR CULTURALLY APPROPRIATE SERVICES:

There are not enough Native Hawaiians who are certified to provide culturally responsive substance use disorder (SUD) treatment.

- It was also mentioned that an added value would be employing cultural SUD providers that are in recovery themselves. Their "street credential" and shared lived experience is an untapped resource to facilitate healing in those currently living with SUD.

- There is a need for equity between Kupuna ʻiike and life experience vs. traditional degrees.
As a means to address the aforementioned gaps, participants were asked to identify professional development activities to effectively integrate Hawaiian culture into the continuum of care. The following focus areas were identified as the main themes for professional development towards this end.

**ELEVATING HOMEGROWN INTELLIGENCE:**

The strongest theme that resonated for participants identified a collective vision to lift up the knowledge, skills, and expertise of community members rooted and woven into the tapestry of Molokai. This strategy would elevate the current service delivery paradigm and prioritize kānaka knowledge and lived experience as an effective means to build and sustain a Hawaiian Culture-Based continuum of care for substance use services. This paradigm shift would also be the impetus for the growth of a homegrown workforce system that employs professionals from the community that is being served.

Participants highlighted key professional development activities to bring this vision to fruition.

**LIVED EXPERIENCE**

People with lived expertise design programs and services to address Native Hawaiian substance use. Organizations will provide backbone support with services such as administrative support, project management and program evaluation.

**KUPUNA & COMMUNITY**

Kupuna and community members serve as "community professors" to mentor new "off-island" professionals about the cultural context and demographics of the Moloka‘i community. Community professors also serve as subject matter experts to develop ‘āina-based healing experiences.

**VALUE CULTURAL PRACTITIONERS**

Cultural practitioners should be eligible to receive funding that supports their involvement in the healing of the haumāna within the certified and nationally licensed clinical team.
- KHP does provide a way to attain this for their program

**CULTURAL SAFETY**

Cultural safety training for providers to learn about historical trauma and its impact on Native Hawaiian substance use and overall wellbeing. Advocacy for cultural awareness and understanding to be a state requirement for licensure was also identified as important.
Native Hawaiians have and will always be keen and insightful data stewards about the natural world and the interconnected relationships that exist between kānaka, ʻāina and spirituality. This share back report frames a set of priorities and recommendations that lift up this data manifested through the voices of stakeholders that come from Native Hawaiian communities and providers that serve kānaka in addressing substance use on Molokai. Papa Ola Lōkahi will utilize the gathered data to support the development of a Hawaiian culture-based continuum of care system that serves the best interests and needs of Native Hawaiians.