



HOUSE OF PAIN

AS THE NATIONWIDE OPIOID ADDICTION PROBLEM SURGES, CHANCES ARE GOOD IT'S ALREADY HITTING HOME IN YOUR COMMUNITY. CAN ASSOCIATIONS OFFER A PRESCRIPTION TO THE CRISIS?

By Steve Bates

Illustration by Michael Morgenstern

NEARLY 100 PEOPLE DIE from opioid overdoses per day in the U.S. That's more than 30,000 people a year. The number of fatalities from opioids, such as prescription painkillers oxycodone, hydrocodone, and methadone, and heroin has quadrupled since 1999. Experts predict the epidemic could take as many as half a million lives in the next decade.

It's happening everywhere. No region, race, or economic level is immune. Even the nicest gated community could be impacted.

"The days of saying, 'It will never happen here' are long gone," says Dr. Howard K. Koh, a professor at the Harvard University T.H. Chan School of Public Health in Boston and a former assistant secretary at the U.S. Department of Health and Human Services.

Bruce R. Gran, CMCA, AMS, PCAM, a CAI faculty member and the chief financial officer of association management firm PMG Services in Mesa, Ariz., says a recent experience has driven home how insidious the opioid crisis has become.

Several executives and employees at PMG were forced to take over care of their grandchildren and other extended family members because their children succumbed to opioid addiction.

"This has taken quite a toll on the company," he says. "Not only did it affect the entire team in a heart-wrenching way, it also forced those directly affected to use all of their sick time, vacation time, or paid time off in certain instances."

Some experts say that community associations are in a unique position to do something about the opioid crisis because they act as surrogate local governments or supplement the functions of municipalities. Associations' very nature—neighbors governing neighbors—also gives them a certain advantage.

But what is an association's role in this crisis? And even if its leaders and residents want to get involved, what can they do?

Association leaders interviewed for this article point out that the mission of an association focuses on maintaining property values. But associations often go



beyond the basics of ensuring architectural harmony and collecting assessments. They help raise money for charity; they provide amenities that promote health or fun; they celebrate cultural diversity.

"Associations can serve as a force for good. They can be catalysts for their community," says Koh. "They have potential power in numbers, and they can leverage that power and serve as means for change."

CRISIS LEVEL

Opioids minimize the body's perception of pain. They include illegal drugs, such as heroin, and prescription painkillers, such as morphine, codeine, methadone, oxycodone, fentanyl, and buprenorphine—also known by trade names OxyContin, Percodan, and Vicodin.

Overdoses can occur when a doctor or pharmacist makes an error, when a patient misreads directions, when a person takes more of a drug than recommended, when someone mixes medications, or when someone uses drugs laced with a synthetic substance such as fentanyl, which can be far more potent—and lethal—than the most commonly prescribed opioids.

Opioids are prescribed routinely for back pain and for temporary relief after an injury or surgery. Some users find it easy to simply stop taking them when the pain subsides or the prescription expires. Others find that they want—or need—to keep taking pills, not recognizing when

they cross the line from pain relief to dependency and addiction. Some realize that they have a serious problem but don't know where to turn or are deterred from seeking help because of the stigma of drug abuse.

Authorities have tried to crack down on physicians who dole out opioids like candy, but addicts find ways to get pills. Koh says that more than half of people who abuse opioids say they got them for free from a friend or relative. In some areas, heroin and fentanyl are becoming easier and cheaper to obtain than commonly prescribed opioids.

From 1999 to 2015, nearly 180,000 Americans died of opioid overdoses; that's more than three times the number of U.S. personnel who perished in the Vietnam War. Indications are that the death rate is increasing, even as prescriptions of opioids are beginning to decline.

Some experts say that law enforcement leaders and regulators should focus on preventing opioids from being provided to the wrong people and in the wrong amounts rather than simply arresting and incarcerating addicts. They say that preventing overdose deaths is predominantly a public health issue.

"We can't arrest our way out of the problem," says Mark W. Perrino, president of the American Association for the Treatment of Opioid Dependence in New York City.

The U.S. Food and Drug Administration has recommended extra steps before new opioids can be sold, better labeling on prescription containers, requiring drug distributors to generate data on opioid use, and establishing better drug abuse treatment programs. But doctors continue to prescribe too many opioids, and secondary sources—such as the dark web and overseas drug dealers—continue to pump dangerous medications into the U.S.

Some people with chronic pain that cannot be treated by surgery or managed well by other medications take opioids regularly and responsibly.

Among them is Brandon W. Flickner, CMCA, general manager of the Bay-

side Commons Condominium Owners Association in Albany, Calif. He has a neurological condition that causes intense pain in his hands and feet. Medications “have given me my life back,” says Flickner. He notes that pain clinics offer support to legitimate opioid users like him and monitor them to ensure that they are not diverting the medications. (See “Feeling the Pain,” p. 41.)

However, Flickner is well aware of the scourge of opioid abuse and favors a proactive approach to battling it. “It’s always easy to turn your head to a problem,” he says. “Society as a whole needs to do a better job of taking care of each other.”

COMMUNITY-BASED SOLUTIONS

Community associations can start doing their part by assessing the scope of the drug-related problems they face, urges Koh. That can lead to common sense actions. (See “Finding Relief,” right.)

For example, associations can schedule “Take Back Days,” which are events sanctioned by the U.S. Drug Enforcement Administration that provide safe disposal of opioid prescriptions.

Association leaders can spread the message that addiction isn’t a moral failing but a disease. They can educate their residents about the scope of the problem and where they can get resources or invite local experts to conduct seminars. And they can advocate at the local, state, and federal levels for more drug treatment facilities and better insurance coverage for treatment.

Melissa Hamilton, a visiting criminal law scholar at the University of Houston Law Center, says, “Community associations can offer a variety of classes or events that provide education, skills, or hobbies. These keep individuals engaged in pro-social activities while reducing their ‘free’ time, when opportunities and enticements for illegal behavior may be tempting.”

In addition, she says, “Offering other community events may be helpful in acting as a potential early intervention when neighbors show signs of drug

issues. These could include group volunteering, such as cleaning up parks, picking up trash, helping neighbors maintain their lawns, and repairing household items.”

Hamilton says that residents who realize that they have a drug problem might be more likely to talk about it to a neighbor or association leader than they would to police or social services. “They might be more willing to reach out and to confess, ‘I’ve got a problem. Can you help me?’” she notes.

HELP COMING HOME?

One area where state legislators have acted is passing laws protecting good Samaritans who call 911 to report a suspected drug overdose. As of May 2017, reports the nonprofit Network for Public Health Law, 40 states and the District of Columbia had enacted legislation providing some protection from arrest and prosecution for persons who report a sus-

pected overdose in good faith.

Another area where states have responded—and one with intriguing possibilities for community associations—deals with the opioid overdose rescue medication naloxone, also known by the brand name NarCan. Availability of the antidote is critical because some opioid overdose victims who are not revived within a short time after displaying symptoms cannot be saved.

Historically administered by emergency medical staff and given by injection, it can now be provided by laypersons through a nasal spray. The Network for Public Health Law says that all 50 states and the District of Columbia have passed legislation to improve layperson access to naloxone. A 2017 paper from the National Bureau of Economic Research reports that a state naloxone access law “is associated with a 9 to 11 percent decrease in opioid-related deaths.”

Rx Finding Relief



Association and public health experts offer several suggestions on how communities can help with the opioid epidemic:

- **INVESTIGATE.** Assess your community’s risk. Find partners, such as law enforcement and social services agencies, who can advise and assist.
- **EDUCATE.** Use your website, community newsletter, and emails to alert residents to the crisis. Let them know the warning signs and impact of addiction.
- **ADVOCATE.** Urge public health officials, law enforcement agencies, and elected officials to devote more resources to battling the epidemic.
- **STRENGTHEN COMMUNITY BONDS.** Develop activities for young people and adults that keep them busy and engaged so they have less time for, and less interest in, using drugs.
- **OFFER SUPPORT.** If you see something, say something. If a neighbor is acting oddly, strike up a conversation and try to determine if there might be a problem.
- **MONITOR LAWS, REGULATIONS, AND PRACTICES REGARDING OPIOIDS.** It might become possible for community associations to provide quick access to the opioid overdose rescue medication naloxone. —S.B.



UPCOMING FREE WEBINAR

CAI will be hosting a free webinar on the opioid epidemic on Oct. 4. Go to www.caionline.org for more information.

In some states, nonprofit organizations can distribute it. In others, laypersons can obtain it without a prescription. In July, Delaware Gov. John Carney signed a bill that allows anyone to walk into a participating pharmacy in the state and purchase naloxone; those purchasing the antidote will need to undergo a short training. Delaware joined at least 40 other states that make naloxone available to the general public, according to the *Wilmington News Journal*.

Generally, a prescription and training are required. Typically, the laypersons who obtain naloxone are friends and relatives of people who abuse opioids.

In theory—today, or in the future as laws change—a community association could obtain naloxone and make it available to people who see someone who apparently has overdosed on opioids. It would be similar to putting a cardiac defibrillator on the wall in an athletic facility

or meeting room or keeping an EpiPen in a first-aid kit. But it could pose a huge risk for an association.

“There are a lot of different emergent health situations that could be solved if you had a community center room with some of these emergency supplies,” says Kelly G. Richardson, managing partner of Richardson Harman Ober in Pasadena, Calif., a CAI past president, and a fellow in CAI’s College of Community Association Lawyers (CCAL). “But then you get into such vexing questions as who has access to it, who supplies it, and what is the potential for it to be misused or even stolen.”

If someone became injured or died as a result of being given naloxone in an association facility, litigation and reputational damage could be devastating,



warns Richardson. However, naloxone access advocates say the antidote has few side effects—even if it’s administered to a person who isn’t experiencing an overdose.

Yet, in today’s climate, even providing association meeting space to a drug abuse support group could draw opposition from residents in some communities.

However, what could be better than saving the life of a resident by administering a simple nasal spray?

“It can be done,” says Perrino. “Communities have to recognize a problem in their own midst,” he says. “As the disease comes closer to home, the outrage about, ‘We don’t have access to treatment’ gets louder.”

Community associations are stuck in the middle of a debate over their role, notes Richardson. “There’s a massive duality that has developed. On the one hand, the average American homeowner resents intrusions from their homeowners association. On the other hand, when they’re having a problem, they want the association to intervene and take care of the problem.”

Gran says everyone, including community leaders, need to think outside of the box when it comes to the opioid crisis. “This is unlike anything we have ever seen before,” he says, adding that if “outside of the box” means doing something bold—but legal—it should be considered seriously. “We are the first responders at the community association level.” **CG**

Steve Bates is a freelance writer in the Washington D.C., area.

Rx Epidemic Education

Want to learn more about the opioid overdose crisis and ways to attack it? The following organizations can provide additional information:

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES

ADMINISTRATION: Review the federal agency’s educational webpages and its behavioral health treatment services locator—a confidential and anonymous source of information for people seeking treatment for substance abuse, addiction, or mental health problems.

findtreatment.samhsa.gov

U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION: Find opioid basics, data, prescribing guidelines, online training, and more resources.

www.cdc.gov/drugoverdose/epidemic

AMERICAN ASSOCIATION FOR THE TREATMENT OF OPIOID

DEPENDENCE: Read whitepapers, view webinars, and find additional information from an organization dedicated to promoting the growth and development of opioid treatment services in the U.S. www.aatod.org

NATIONAL ASSOCIATION OF STATE ALCOHOL AND DRUG ABUSE

DIRECTORS: Stay up to date on the latest state legislative efforts to increase access to treatment for opioid overdoses. nasadad.org

Feeling the PAIN

By Brandon W. Flickner, CMCA

Imagine not being able to hold your wife's hand because your hand felt like it was on fire when you did or giving your son a high five when he played soccer because your hands would sting like they were attacked by a thousand bees. Imagine every step sending a sharp pain shooting up your leg or every letter typed on a keyboard feeling like a 10-round fight with Mike Tyson.

Without medication, that was my reality. I live and work with chronic pain every day, suffering from a neurological condition that causes great pain in my hands and feet. Without medication, my pain level was between seven and nine—one being no pain and 10 being worst ever. That's why I take opioids—morphine three times a day and hydrocodone once or twice a day to stop break-out pain. I also take two anti-epileptics to help with constant twitches.

Anti-inflammatory pain relievers, such as acetaminophen and ibuprofen, don't work; they're ineffective for nerve conditions like mine. Opioids, meanwhile, are very effective, blocking pain signals from reaching the brain. Thanks to opioids, I can keep my pain level between a three and five.

I keep my prescriptions in a medical lock-box; only my wife and I have the key. My pills are counted, and I know exactly when I'll run out. Prior to starting an opioid regimen, I was required to take special classes and enroll in a pain management program. I see my doctor every few months. I have access to a pain psychologist because hurting all the time affects how you think. I'm also assigned a special pain physician as part of my program. I'm drug tested because my doctors want me to have morphine and hydrocodone in my system, not in someone else's; I'm proud to say I fail each time.

When I take my medicine, I don't get a "high." The only thing that happens is that my pain levels start to slowly decrease to manageable levels. I get more of a high chugging a Red Bull energy drink.

Opioids have given me my life back.

I hold my wife's hand. I coach my son's soccer and basketball teams and give everyone on the team a high five.

Before the medicine, I couldn't get myself motivated to get out of bed let alone improve as a community manager. In the past three years, I've worked hard making myself a better manager simply because I have had the energy to do so.

I've been managing at Bayside Commons for just over three years now, and I've worked in the industry since 2005. The Bayside board knows my condition and continues to allow me to do my job. I'm very grateful for their support.

I've helped transform Bayside into something that everyone here can be proud of. I've updated the property in ways that the board and residents never thought possible. I've helped this community install technology and develop more efficient ways of thinking and working. Residents are happy, and so am I—all because of this medicine.

As a chronic pain sufferer, I have a different perspective than most on opioids. I'm lucky to be in such a supportive program; many people aren't and cannot get the medication they need due to those who abuse the drugs.

I believe doctors need to do a better job of screening patients before giving them narcotics. Pain management programs need more oversight. I had to jump through a million different hoops and have to do so several times a year to get the medicine I need, and I'm glad to do it.

Patients need to do a better job of protecting their medications and not hand them out to friends. Society as a whole needs to do a better job of taking care of each other, and we need to get the addicted help, not incarceration.

Brandon W. Flickner is general manager of Bayside Commons Condominium Owners Association in Albany, Calif.