

Anacortes Drug Task Force

September 2014

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## INTRODUCTION

Today, in 2014, drugs are arguably more available than they have been at any time in history. Heroin is cheaper and more pure, and Mexican gangs flood the market in spite of U.S. efforts to eliminate drug trafficking.<sup>1,2</sup> Statistics of heroin deaths indicate usage has tripled among teenagers and young adults since the turn of the century. According to Caleb Banta-Green, PhD, MPH MSW, Senior Research Scientist at the Alcohol & Drug Abuse Institute, University of Washington, Skagit County is among the hardest hit areas in the state in terms of heroin.

Skagit County lies in what the White House refers to as a High Intensity Drug Trafficking Area (HIDTA), which means that it belongs to a region (NW HIDTA), along the I-5 corridor and with water access from Canada, that is a national-level transit, source and distribution center for illicit drugs.

Methamphetamine (meth) use is also growing. It costs considerably less than heroin, and has become increasingly easy to make.<sup>3</sup> Instead of the complex meth labs of the past, meth cooks can now make one-pot batches from common household chemicals and other readily available ingredients.<sup>4</sup> Heroin users who are afraid of the possibility of fatal overdose may turn to meth as an alternative as well.

Due to its volatile nature, meth presents additional hazards for the community. Its production can lead to explosions and fires, and according to NW HIDTA, meth is the drug most often associated with violent crime and property crime.<sup>5</sup>

In teenagers, peer pressure, boredom, and a history of toxic stress in early childhood are chief contributing factors to drug use.

Mental illness is also often a component in drug abuse, complicating both the understanding of drug use as well as treatment for it. Drug abuse among the mentally ill can often mask symptoms, but more often worsens them, making them difficult to diagnose and treat.<sup>6</sup>

Many smaller cities are at the forefront of the fight against drug abuse in their communities, but those cities rarely have the resources to do randomized trials, so the outcomes of their efforts are difficult to quantify. Also, many of these communities try new techniques out of desperation, and often more than one at a time. This makes it difficult to attribute specific results to a particular strategy. Nevertheless, there are programs with proven track records in larger communities that can be used in smaller communities with good results.

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<sup>1</sup> [http://www.nytimes.com/2014/05/11/magazine/addict-informant-mother.html?\\_r=2](http://www.nytimes.com/2014/05/11/magazine/addict-informant-mother.html?_r=2)

<sup>2</sup> [http://www.nytimes.com/2014/02/11/us/heroin-small-town-toll-and-a-mothers-pain.html?\\_r=0](http://www.nytimes.com/2014/02/11/us/heroin-small-town-toll-and-a-mothers-pain.html?_r=0)

<sup>3</sup> <http://lacrossetribune.com/tncms/asset/editorial/f991bef7-8d0c-59c5-872f-006d02bd8278/#ixzz3BhiiYbic>

<sup>4</sup> <http://www.wbng.com/news/local/meth-272821811.html>

<sup>5</sup> Read (attached): HIDTA May – August 2013 Newsletter

<sup>6</sup> [http://www.nami.org/Template.cfm?Section=By\\_Illness&Template=/ContentManagement/ContentDisplay.cfm&ContentID=23049](http://www.nami.org/Template.cfm?Section=By_Illness&Template=/ContentManagement/ContentDisplay.cfm&ContentID=23049)

This report will show some of the research into why people use drugs, the evidence-based best practices that have been shown to reduce drug use, and some of the methods available to smaller communities to combat the scourge of illegal drug use that has come to impact small town life.

We will present our findings of methods to treat the scourge of drug abuse in three categories:

**PREVENTION: Rearing resilient, self-possessed children who are not tempted to use drugs.**

**ASSISTANCE: Finding and helping current drug addicts.**

**ENFORCEMENT: Removing drugs from the community.**

The largest focus has to be upon prevention, as this is where the greatest opportunities for reduction in drug use occur, as we will explore in the Promising Practices section of this Report. We know more now than ever before about the results of toxic stress in early childhood, and the reasons that teens abuse drugs in the first place, leading to a variety of new and more effective strategies for prevention.

Although there are no quick-fixes, with a coordinated effort of support for children who are more likely to develop addictions in the future, treatment for addicts, and community policing to reduce the availability of drugs, it is possible to achieve as much as a 75% reduction in drug use over the coming years.<sup>7</sup>

### **THE PARTICULAR RISKS OF SMALL TOWNS**

There are a few contributing factors in the use of drugs that are specific to small towns. Boredom is one of the main reasons that kids in smaller towns report using drugs. If young people perceive their hometown as a trap, a place where there is nothing to do, they may turn to drugs as a source of escape and excitement.<sup>8</sup>

Also, the effect of peer pressure is much greater on children in smaller schools, as there are fewer opportunities to gravitate towards a new group of friends when the graduating class size is small. If a couple of students start abusing drugs, the use can quickly spread to all the members of their social group.

Drugs are at least as easy to find in small towns as they are in urban centers, and drug dealers and drug opportunities are hard to avoid. Some of this is a result of aggressive prosecution in larger cities, driving dealers to small towns where it is easier to slip under the wire. Some of it may be due to a gap in law enforcement.

*(2002) Federal officials attribute the drug problem in rural areas to the aggressive prosecution taking place in cities. "We've seen drugs and crime migrate to the rural areas in the past several years to get away from law enforcement," said Tony Soto, director of the Gulf Coast High Intensity Drug Trafficking Area in New Orleans, a task force of federal, state and local law enforcement authorities established by the White House Office of Drug Policy*

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<sup>7</sup> [www.lifeskillstraining.com](http://www.lifeskillstraining.com)

<sup>8</sup> <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2630520/>

*Control. “It’s happening all around the United States, as the dealers and gangs go deeper into rural areas.”*

*Asa Hutchinson, administrator of the Drug Enforcement Administration, said that the drug problem in rural areas is difficult to fight because of a gap in law enforcement. Federal agents generally focus on the major dealers, while cities and towns try to tackle the small ones with limited manpower and resources<sup>9</sup>.*

Social support for recovering addicts can also be less available in smaller communities, leading to difficulties in staying off drugs after rehabilitation has finished:

*Consider the account of Renee, a 40-year-old white woman who had struggled with crack addiction for almost a decade. Here she relates her difficulty in trying to stop using in a small town as opposed to the much larger city of Columbus, Ohio, where she had previously lived:*

*“It was the place, it was the bigger city, the support system. It was just so much better. You know, if you wanted to use in the middle of the night, you had 20,000 people you could call [for support], you know, in the middle of the night. Here you don’t have that, so like when I got out of rehab I was the one with the most clean time so I had absolutely nobody that I could turn to, you know, to get my needs met...”<sup>10</sup>*

These conditions only underscore the importance of prevention-based strategies to combat drug use. The increased importance of peer pressure in a small town also provides a great potential to create a “no drugs” culture. Peer pressure does not only draw adolescents to risky behaviors; it can also hold young people to a higher standard. The challenge for parents, schools, and community is to provide an environment that is rich with opportunities and activities, to nurture a culture of positive, substance-free peer pressure among youth, to educate young people on the risks and realities of drug use, and to remove drugs from the community.

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<sup>9</sup> <http://www.drugfree.org/join-together/drug-use-down-in-big-cities-up-in-small-towns/>

<sup>10</sup> <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2630520/>

## **PROMISING PRACTICES**

Best practices listed here have been primarily gleaned from positive results reported by community and state efforts to combat drug abuse. They are all methods which can be employed by smaller communities with positive results as well.

### **PREVENTION**

Prevention is, by far, the best way of ridding the community of drug abuse.<sup>11</sup> The most successful forms of prevention provide systems and support to meet the emotional needs of children and youth so that they become resilient and emotionally healthy.

Search Institute researchers<sup>12</sup> have identified 40 good things – called Developmental Assets - we all need in our lives to do well. They include things like a loving family, a caring neighborhood, self-esteem, and a commitment to learning. The more of these assets kids have, the more likely they are to be successful and avoid risky behaviors.

For a slide show about Developmental Assets, see: [http://www.powershow.com/view/b057f-NTc0Z/40\\_Developmental\\_Assets\\_powerpoint\\_ppt\\_presentation](http://www.powershow.com/view/b057f-NTc0Z/40_Developmental_Assets_powerpoint_ppt_presentation)

### **Life Skills Training**

Botvin LifeSkills Training (LST)<sup>13</sup> is a research-validated substance abuse prevention program that targets the major social and psychological factors that promote the initiation of substance use and other risky behaviors. This comprehensive and exciting program provides adolescents and young teens with the confidence and skills necessary to successfully handle challenging situations. Life Skills Training has been proven to cut drug use by up to 75%, alcohol use by up to 60%, verbal/physical aggression, fighting and delinquency by up to 50%, tobacco use by up to 87%.

Rather than merely teaching information about the dangers of drug abuse, Botvin LifeSkills Training promotes healthy alternatives to risky behavior through activities designed to:

- Teach students the necessary skills to resist social (peer) pressures to smoke, drink, and use drugs
- Help students to develop greater self-esteem and self-confidence
- Enable students to effectively cope with anxiety
- Increase their knowledge of the immediate consequences of substance abuse
- Enhance cognitive and behavioral competency to reduce and prevent a variety of health risk behaviors

Botvin LifeSkills Training is selected for prevention excellence by:

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<sup>11</sup> <http://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/preventing-drug-abuse-best-strategy>

<sup>12</sup> <http://www.search-institute.org/>

<sup>13</sup> [www.lifeskillstraining.com](http://www.lifeskillstraining.com)



- Blueprints for Violence Prevention
- National Institute on Drug Abuse
- Office of National Drug Control Policy
- U.S Department of Education
- American Medical Association
- American Psychological Association
- Centers for Disease Control and Prevention
- New York State Governor's Award
- Center for Substance Abuse Prevention
- Drug Strategies, Inc.
- U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention
- Coalition for Evidence-Based Policy
- CrimeSolutions, U.S. Department of Justice, Office of Justice Programs

Botvin LifeSkills Training is backed by over 30 scientific studies and is recognized as a Model or Exemplary program by an array of government agencies including many of those listed above.<sup>14</sup> It provides adolescents with important knowledge and skills they can use all their lives and it does so in their peer setting.

### **Child First**

Child First<sup>15</sup> is the brainchild of Darcy Lowell, MD Associate Clinical Professor in the Yale Department of Pediatrics and Child Study Center at the Yale University School of Medicine. Child First works in partnership with community-based agencies, where staff members deliver its program of home-based parent guidance and child-parent psychotherapy.

The focus of the program is on children who are at a high risk of toxic stress, and the physical and developmental damage that results.

*Toxic stress response can occur when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. . . . When toxic stress response occurs continually, or is triggered by multiple sources, it can have a cumulative toll on an individual’s physical and mental health—for a lifetime. **The more adverse experiences in childhood, the greater the likelihood of developmental delays and later health problems, including heart disease, diabetes, substance abuse, and depression.***<sup>16</sup>

In a well-controlled study<sup>17</sup>, children served by Child First were compared with those receiving usual social services and were found to be significantly less likely to have language problems and aggressive and defiant behaviors. Their mothers had markedly less depression and mental

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<sup>14</sup> <http://extension.udel.edu/4h/projects-activities-for-members/youth-substance-abuse/statewide-drug-prevention-lifeskills-program/>

<sup>15</sup> <http://www.childfirst.com/>

<sup>16</sup> [http://developingchild.harvard.edu/key\\_concepts/toxic\\_stress\\_response/](http://developingchild.harvard.edu/key_concepts/toxic_stress_response/)

<sup>17</sup> <http://toptierevidence.org/programs-reviewed/child-first>

health problems, and the families were less likely to be involved with child protective services even three years later.

Child First focuses on the prevention of language delays and behavior problems in children under the age of six through a home visitation program. It works through teams of mental health professionals and care coordinators who help families gain access to basic services. The idea is to look at problems in the context of the whole family and their specific challenges.<sup>18</sup>

*“In the late 1990s, Vincent Felitti and Robert Anda conducted a landmark study (**Injury Prevention & Control: Adverse Childhood Experiences (ACE) Study**)<sup>19</sup> - that examined the effects of adverse childhood experiences (ACEs) — including abuse, neglect, domestic violence and family dysfunction — on 17,000 mainly white, predominately well-educated, middle class people in San Diego. They found a powerful connection between the level of adversity faced and the incidence of many health and social problems. They also discovered that ACEs were more common than they had expected. (About 40 percent of respondents reported two or more ACEs, and 25 percent reported three or more.) Since then, similar surveys<sup>20</sup> **Error! Hyperlink reference not valid.**<sup>20</sup> have been conducted in several states, with consistent findings”<sup>21</sup>*

**Note:** It would take a major regional or statewide effort to bring this program to Washington. Regarding Anacortes’s potential interest in a similar program, Mary Peniston at Child First says:

*“Normally, we do not replicate our model in single communities, but rather as a larger effort. However, you should be aware that we have been approached by several state leaders that were interested in bringing the Child First model to the state of Washington as well as a recent inquiry at a county level.”*

(Not Skagit County, however.) Peniston suggests that if Anacortes is interested in the program, you might want to become familiar with the Child First model and “have it on your radar” in case it fits with the strategies you want to implement.

**READ MORE (attached):** [Child First Randomized Trial, Coalition of Evidence Based Models "Top-Tier" website](#), and a PPT [summary of the RCT results and most recent data](#).

## Link Crew

Research shows that one of the strongest methods of preventing drug use in teens is by keeping them in school.

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<sup>18</sup>

[http://ipac.publishpath.com/Websites/ipac/images/The\\_Lifelong\\_Effects\\_of\\_Early\\_Childhood\\_Adversity\\_and\\_Toxic\\_Stress-1.pdf](http://ipac.publishpath.com/Websites/ipac/images/The_Lifelong_Effects_of_Early_Childhood_Adversity_and_Toxic_Stress-1.pdf)

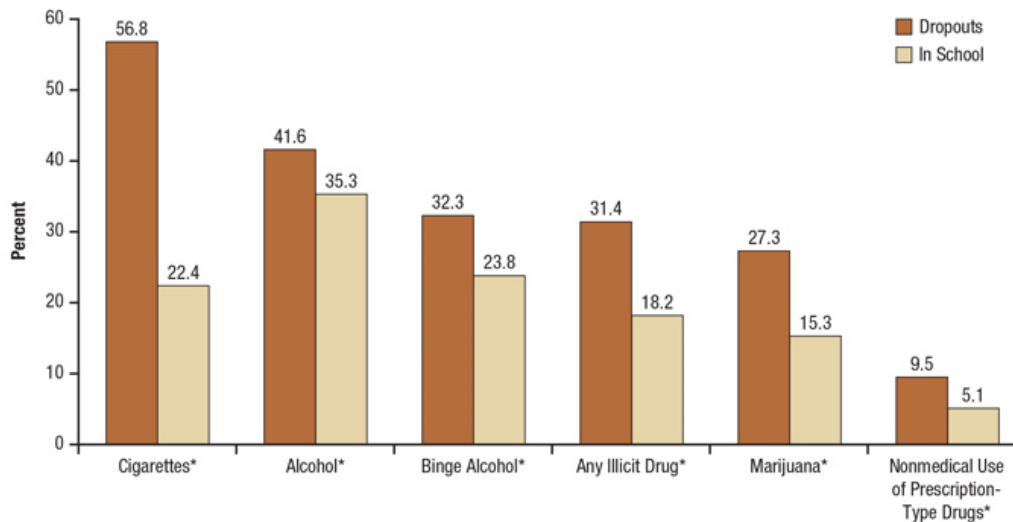
<sup>19</sup> <http://www.cdc.gov/violenceprevention/acestudy/>

<sup>20</sup> <http://acestoohigh.com/2013/10/14/survey-shows-1-in-5-iowans-have-3-or-more-adverse-childhood-experiences/>

<sup>21</sup> [http://opinionator.blogs.nytimes.com/2013/10/30/protecting-children-from-toxic-stress/?\\_php=true&\\_type=blogs&\\_php=true&\\_type=blogs&module=Search&mabReward=relbias%3As%2C{%221%22%3A%22RI%3A9%22}&r=1&](http://opinionator.blogs.nytimes.com/2013/10/30/protecting-children-from-toxic-stress/?_php=true&_type=blogs&_php=true&_type=blogs&module=Search&mabReward=relbias%3As%2C{%221%22%3A%22RI%3A9%22}&r=1&)

*Twelfth grade aged youths who had dropped out of school were more likely than similarly aged youths who were still in school to engage in current cigarette use, alcohol use, binge alcohol use, marijuana use, nonmedical use of psychotherapeutic drugs, and use of any illicit drugs.<sup>22</sup>*

**Past Month Substance Use among 12th Grade Aged Youths, by Dropout Status: 2002 to 2010<sup>23</sup>**



\* Difference between 12th grade students and 12th grade aged youths who had dropped out of school is significant at the .05 level.  
 Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002 to 2010 (revised March 2012).

*Keeping students in school thus becomes not only an educational priority, but also a serious social priority. One program created to combat the dropout rate, is Link Crew, created by the Boomerang Project, a company whose goal is to “help create schools that not only teach students, but reach them as well”. Link Crew is a high school transition project designed to ease the transition on students entering high school.<sup>24</sup> More students fail 9<sup>th</sup> grade than any other grade.*

- National High School Center, 2007

*Most high school dropouts fail at least 25% of their 9<sup>th</sup> grade courses.*

- Letgers & Kerr, 2001

Based on the data showing that 9<sup>th</sup> graders are particularly vulnerable, and especially so in the first 30 days of high school, the junior and senior Link Crew club members are assigned 10-20 freshman each, who they help transition into high school.

<sup>22</sup> <http://www.samhsa.gov/data/2k13/NSDUH036/SR036SubstanceUseDropouts.htm>

<sup>23</sup> <http://www.samhsa.gov/data/2k13/NSDUH036/SR036SubstanceUseDropouts.htm>

<sup>24</sup> <http://www.boomerangproject.com/high-school-transition>

Anacortes High School *is already* a member of the Link Crew project. Checking up on the effectiveness of this club, and encouraging more students to become members would be a good idea.

The club members make sure that their assigned 9<sup>th</sup> graders find out about and get dialed into the clubs that they might be interested in, and that they know about tryouts and auditions for things they might like to join. Link Crew members also check on their 9<sup>th</sup> graders' academic progress and get them the tutoring support they might need for classes they are struggling with. The club members follow up with the 9<sup>th</sup> graders all year and make sure that they are adjusting to high school life.

**READ MORE (attached):** [Third party review of Link Crew Transition Project](#) and [Why Transition Matters: The Boomerang Project](#)

## ASSISTANCE

Helping addicts who want to get better, and leading addicts towards asking for that help, is second only to prevention in ridding a community of the scourge of drug abuse. Washington state already has several resources that can aid in Anacortes's efforts to rid the community of drug use.

## Support for the Mentally Ill

There is a wide range of estimates about the percentage of drug addicts who are also mentally ill. Figures range from 20 to 50%, and among schizophrenic patients, as many as two thirds may be drug addicts.<sup>25</sup>

*The relationship between mental illness and substance abuse or dependency is complex. These relationships are often considered in the following ways:*

- *Drugs and alcohol can be a form of self-medication. In such cases, people with mental illness may have untreated—or incompletely treated—conditions (such as anxiety or depression) that may “feel less painful” when the person is high on drugs or alcohol. ...*
- *Drugs and alcohol can worsen underlying mental illnesses. ...*
- *Drugs and alcohol can cause a person without mental illness to experience the onset of symptoms for the first time. ...*

*Abuse of drugs and alcohol always results in a worse prognosis for a person with mental illness. People who are actively using are less likely to follow through with the treatment plans . . . Active users are also less likely to receive adequate medical care for similar reasons and are more likely to experience severe medical complications and early death. People with mental illness who abuse substances*

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<sup>25</sup> [http://www.cleveland.com/healthfit/index.ssf/2012/09/for\\_many\\_addicts\\_recovery\\_mean.html](http://www.cleveland.com/healthfit/index.ssf/2012/09/for_many_addicts_recovery_mean.html)

*are also at increased risk of impulsive and potentially violent acts. Perhaps most concerning is that people who abuse drugs and alcohol are more likely to both attempt suicide and to die from their suicide attempts.<sup>26</sup>*

People who suffer from a mental illness in addition to their drug dependence problems are called “Dual Diagnosis” patients. Dual Diagnosis patients need to be directed towards treatment programs that can help with their specific issues.

The first step in treating these patients is getting them off drugs.

*Multiple scientific studies have shown that psychiatric treatments are more effective in people who are not actively abusing drugs and alcohol. Once individuals are safely “detoxed” from drugs or alcohol—or stop abusing drugs that they may not necessarily be “addicted” to—treatment of underlying mental illness may be more successful. This is not to say that people with mental illness cannot be treated while they are still using, rather that treatment of mental illness is generally more effective once one is sober and more able to actively participate in treatment.<sup>27</sup>*

Several of the recovery centers listed in the resource list accept Dual Diagnosis substance abusers. After these patients are off drugs, their mental illness treatment is more likely to be successful, so from a police standpoint, the goal of getting them into the appropriate treatment program should be basically identical to the goals you have for a non-dual diagnosis addict.

## **Recovery Support**

Drug users need treatment and follow-up support to detox and stay clean. Both behavioral and pharmacological treatments are effective, and can be even more so for some people when combined.<sup>28</sup>

Most communities already have well-developed systems for drug treatment, as well as Alcoholics Anonymous, Narcotics Anonymous or Hugs Not Drugs groups in place to provide support. What may be needed is a greater effort to publicize all that is available and create more community awareness and support for those who are seeking to stay clean.

## **The Good Samaritan Law**

One of the tools to help victims of drug abuse is a Good Samaritan law, which offers limited immunity from prosecution for people who call 911 when someone is overdosing. Washington is one of the few states to enact this type of law.

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<sup>26</sup>

[http://www.nami.org/Template.cfm?Section=By\\_Illness&Template=/ContentManagement/ContentDisplay.cfm&ContentID=23049](http://www.nami.org/Template.cfm?Section=By_Illness&Template=/ContentManagement/ContentDisplay.cfm&ContentID=23049)

<sup>27</sup>

[http://www.nami.org/Template.cfm?Section=By\\_Illness&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=54&ContentID=23049](http://www.nami.org/Template.cfm?Section=By_Illness&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=54&ContentID=23049)

<sup>28</sup> <http://www.drugabuse.gov/publications/research-reports/heroin/what-are-treatments-heroin-addiction>

*While there may be a variety of reasons why a person doesn't call for medical attention while witnessing an overdose, research shows that people consistently list "fear of police involvement/fear of arrest" as the leading reason for failing to seek immediate help for someone thought to be overdosing, according to Megan Ralston of the Drug Policy Alliance. . . .<sup>29</sup>*

The law provides limited immunity (drug possession charges only) to a person who had a drug overdose or who seeks medical aid during an overdose. Immunity does not extend to outstanding warrants, probation or parole violations, drug manufacture or delivery, controlled substances homicide, or crimes other than drug possession.

Making the provisions of this law with respect to drug abuse victims widely known can help to connect drug users with much-needed treatment.

The Good Samaritan Law also falls under Enforcement. Fortunately, the results of the Good Samaritan law show that police are not being hampered by the constraints of the law.

*To date, there is no indication from police or prosecutors in Washington State that the Good Samaritan law is a serious impediment to the conduct of their work. This may be because arrests at overdose scenes are quite rare. In Seattle, we found that while police, paramedics, and heroin users all agreed police were usually at the scene of an overdose, they also all agreed that arrests were rare. This is in agreement with what we heard from representatives of statewide police/sheriffs and prosecutor associations during and subsequent to passage of the law.<sup>30</sup>*

Unfortunately, a 2011 survey of Seattle police officers found that only 16 percent had heard of the law, and only 8 percent were aware that it applied to both overdose witnesses who sought aid and overdose victims. Clearly, informing both police officers and citizens of the provisions of this law can be helpful in getting help for overdose victims.

**READ MORE (attached):** [Seattle Police Response to Good Samaritan Law – Feb2013 and White House – Lessons Learned from Washington State Good Samaritan Law.](#)

### **Reasons Why Drug Addicts Don't Seek Treatment**

*According to NSDUH combined data from 2005-2008 surveys, there are five common reasons why people who felt they needed treatment for substance abuse but made no effort to get it:*

- *Not ready to stop using (38.8 percent).*
- *No health coverage/could not afford cost (32.1 percent).*
- *Possible negative effect on job (12.3 percent).*
- *Not knowing where to go for treatment (12.9 percent).*

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<sup>29</sup> <http://www.newsweek.com/good-samaritan-laws-and-drug-overdose-victims-74625>

<sup>30</sup> <http://www.whitehouse.gov/blog/2013/03/29/good-samaritan-overdose-response-laws-lessons-learned-washington-state>

- *Concern that receiving treatment might cause neighbors/community to have negative opinion (11.8 percent).*<sup>31</sup>

Let's take these one by one.

- **Not ready to stop using (38.8 percent).**

For the majority of addicts who are not currently seeking help, reducing the availability of illegal drugs, emphasizing the legal consequences for drug users, and making treatments and resources both available and well-publicized may be effective long-term strategies.

- **No health coverage/could not afford cost (32.1 percent).**

Fortunately, with the Affordable Healthcare Act, this should be less of a problem, but this fact may not have trickled down to the drug users in the community. It's also possible that they didn't apply for health care in the open enrollment period.

- **Possible negative effect on job (12.3 percent).**

This is a difficult problem, because the addict's reason for not seeking help relies on their perception that they have things basically under control and their job is secure. And with certain kinds of drug abuse, this may be essentially accurate. Recovery takes more than a week to detox, with months of behavior recovery in a live-in setting recommended. An employee is very unlikely to be able to complete a drug recovery program during their vacation time, no matter how generous their company's policy.

On the other hand, there may be some relief from the Americans with Disabilities Act.

*Current illegal users of drugs are not "individuals with disabilities" under the ADA. However, persons addicted to drugs, but who are no longer using drugs illegally and are receiving treatment for drug addiction or who have been rehabilitated successfully, are protected by the ADA from discrimination on the basis of past drug addiction (EEOC, 1992).*

In other words, if a patient manages to detox on his or her own, or over a weekend or their vacation time, at that point they can enter a longer term recovery program with their job legally protected.

The best way to get help for these patients may be to focus on making sure their family doctors, local clinics and emergency room doctors are well aware of the protections that the law offers for patients suspected of drug abuse.

Although it can be easier and have more potential for success if people in recovery start a new life in a location that is free from connection to their previous life, many may choose to stay

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<sup>31</sup> <http://www.elementsbehavioralhealth.com/addiction-treatment/common-reasons-why-those-who-need-treatment-dont-get-it/>



where they are. This is a serious concern for adolescents in recovery as well. The community must make positive efforts to create a supportive environment and through raising awareness of the programs and support available.

• **Not knowing where to go for treatment (12.9 percent).**

Agencies and the community as a whole should work together to make sure there is a wide awareness of available resources, support, and programs.

For low-income and Medicaid drug abusers, Skagit County has a Substance Abuse Program headquartered in Mt. Vernon, which has five public treatment agencies. While many of their patients have been referred to them through the court system, through DUIs, drug court or DFHS, patients can contact the Program Coordinator, Sarah Hinman directly at (360) 419-3420 ext. 7605.<sup>32</sup>

Skagit County Public Health and Community Services  
309 S. 3<sup>rd</sup> Street  
Mt. Vernon, WA 98273  
Phone: (360) 419-3420

Or on an immediate basis, the Skagit County Crisis Center can be contacted directly. Skagit County Crisis Center is a 16-bed crisis, mental health stabilization and sub-acute detox program located in Burlington. The center serves Skagit County residents for detox and North Sound County residents who are experiencing a crisis related to their substance abuse and/or mental health challenges. Most of the services are available 24 hours a day, 7 days a week.

People can self-refer to the program if they are in crisis, and they also accept referrals from law enforcement, hospital emergency departments, mental health agencies, and family or friends. For more information, call 360-757-7738.

Skagit County Crisis Center  
201 Lila Lane  
Burlington, WA 98233

For private pay clients, there is an addiction center which specializes in adolescents which is located in Anacortes:

Resource Center and Outpatient Treatment Services  
1008 5th Street Suite A  
Anacortes WA 98221  
Phone: (360) 299-2750

***See additional addiction center listings in RESOURCES, including recovery centers that focus on Native American issues, veterans, and other specialties.***

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<sup>32</sup> <http://www.skagitcounty.net/Departments/CommunityServices/satp.htm>



There are many resources available to patients seeking help. Making the information available when and where they need it is a community responsibility.

- **Concern that receiving treatment might cause neighbors/community to have negative opinion (11.8 percent).**

The concern about a community reaction can be a deterrent to getting treatment, but in reality successful treatment may require relocation. Still, the community can create conditions in which drug users feel they will be supported.

*According to experts, one of the most crucial ways in which to avoid a relapse is to avoid temptations. Situations that tempt you to use again will be everywhere around you. Old friends who are still using will tempt you. The bars you used to hang out in will tempt you. Even your home may tempt you if it is where you used in the past.*

*By moving to a new location, you can avoid many of the old temptations.<sup>33</sup>*

Again, the biggest reason an addict doesn't get help is because he/she doesn't want to change. As Tony Robbins says,

*"Change happens when the pain of staying the same is greater than the pain of change."*

One of the ways of making it incredibly painful to stay in the same destructive pattern of behavior, is with the threat of prison time. Which leads us to...

## **ENFORCEMENT**

One of the most-used and best ways of getting drugs out of the community is by using addicts to target their dealers for reduced sentences and the opportunity to spend time in rehab instead of prison. For patients who have been forced into rehab like this, it's best to put them in a rehabilitation program far from home, so their ability to check out of rehab and go back to their old lifestyle is inhibited.

One of the obvious benefits of getting addicts to locate their dealers is that the dealers will be removed from the community. While it would seem like this is the end goal, it is actually negligible, as where one dealer disappears, another will quickly sprout up as long as there is a desire for drugs in the community. This is, again, why prevention is far more important than enforcement. It doesn't matter how many drug dealers or varieties of drugs there are in your schools and streets if your neighbors and students have been inoculated against wanting to use them. Without a market, dealers will disappear on their own.

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<sup>33</sup> <http://www.rightstep.com/blog/addiction-recovery/moving-after-rehab-the-importance-of-a-fresh-start/#sthash.wBjaN7ur.dpuf>

In fact, the biggest benefit to getting addicts to report their dealers is that those addicts will no longer have those dealers to go to when they get out of jail or recovery. It breaks up their network of support for their addiction – they may be afraid of visiting their old haunts for fear of repercussions from narcing on their dealer – and it gives them an opportunity to seek a different life with new and more supportive friends.

### **Skagit County Adult Felony Drug Court**

Skagit County is fortunate to have access to a drug court, which makes it easier for law enforcement to process addicts into a recovery program.

*Individuals wishing to enter Skagit County Drug Court apply for initial approval with the Skagit County Prosecuting Attorney. [Additionally, an individual may also be disqualified by the judge based on other factors...] The drug court judge is responsible for determining final acceptance into drug court, based upon information submitted to the court by the prosecutor, public defender, and the treatment provider's determination of treatment amenability. Minimum requirements for drug court eligibility are set forth in RCW 2.28.170...*

*Skagit County Drug Court is a two year program, consisting of 4 phases of treatment. . . . Many, if not most participants begin treatment in a state supported residential program. Once discharged, on site substance abuse treatment consists of the Matrix Model of Outpatient Treatment, a cognitive-behavioral, evidence based practice, consisting of individual and group counseling.*

The drug court has been developed as an alternative to incarceration not only because of the ability to help drug users, but also as a county-wide cost savings effort.

- *From the beginning of the court in 1997 until September of 2008, there have been 293 participants, including those currently involved:*
  - *Since 1997, 142 have graduated successfully for a 48% graduation rate; of those, approximately 23 have reoffended for a recidivism rate of 16%;*
  - *Since 1997, 96 clients have been terminated, resulting in a 32% termination rate;*
  - *Of the 96, 31 have reoffended for a recidivism rate of 32%;*
  - *Enabled the birth of 4 drug free babies*
- [An analysis of the costs of the drug court program versus incarceration] yields a savings of over \$3 million dollars in state incarceration costs alone over the 11 year history of the court*

**READ MORE (attached): [Skagit County Adult Felony Drug Court Review](#)**

### **Prescription Medication**

Prescription medication is the easiest form of illegal drug use to monitor. Last month's new DEA rescheduling of hydrocodone combination drugs such as Vicodin, putting them in the category

reserved for medical substances with the highest potential for harm, means people will be able to receive the drugs for only up to 90 days without obtaining a new prescription.

*"Today's action recognizes that these products are some of the most addictive and potentially dangerous prescription medications available," said DEA Administrator Michele Leonhart.*

*The change means that, in most instances, patients will have to present to a pharmacy a prescription from a health-care provider and no longer can rely on a phoned or faxed-in one.<sup>34</sup>*

This means that smaller amounts of prescription medication will be left in the medicine cabinet after a patient has recovered from an operation, leaving fewer pills available for teenagers to steal. And the new requirement that a patient be personally present to obtain a prescription means that falsification of prescriptions and stealing of prescriptions will go down. As this has been in effect less than a month, no data is yet available on how effective it will be.

This is particularly important because of its relation to the use of heroin (see below).

## **Methamphetamines**

Discovery and removal of meth labs continues to be a police priority nationwide, and community policing combined with district attorneys working with addicts to turn in their dealers as a condition to lighter sentencing continue to be the most effective method for locating meth manufacturers.

## **Heroin**

The rise in heroin use has been sudden, and largely unanticipated.

*Government studies estimate the number of heroin users is around 330,000 and growing, up about 75% from five years ago and up almost three times compared with the decade low of 119,000 in 2003. It's a level of regular usage not seen since heroin's peak in the mid-1970s, when government studies estimated 550,000 regular users. Although heroin represents a small fraction of the nearly 24 million Americans who misuse drugs overall, heroin use is growing faster than all others.*

The rise in heroin use is apparently tied to the rise in the use of prescription painkilling drugs, which only adds to the reason prescription medications need to be controlled. Often patients are left with an addiction to the painkillers and move on to heroin.

*Driven by drugmakers' promotion of physicians' wider use of painkilling drugs — advocacy later called into question by federal regulatory action and in state and federal courts — doctors wrote millions of prescriptions for opioids over the past*

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<sup>34</sup> <http://online.wsj.com/articles/dea-restricts-narcotic-pain-drug-prescriptions-1408647617>

*15 years. From 1999 to 2010, sales of opioid painkillers increased about 300%, according to the Centers for Disease Control and Prevention. The drugs are now prescribed to 12 million Americans a year.*

*Drug companies "told us addiction is extremely rare. They told us opioids worked well for chronic pain," said Andrew Kolodny, of New York, president of the national Physicians for Responsible Opioid Prescribing. "They told us that it wouldn't be hard to get patients off of opioids. That was all totally not true."<sup>35</sup>*

Communities are reeling from the shock, and for the most part, are just working on getting people into treatment as soon as possible. Unfortunately, the staggering numbers of users, especially on the East Coast, are more than can be handled at this time.

The Drug Enforcement Agency's rescheduling of this class of prescription painkillers should make a dent in new heroin users, as the tighter control on these prescription opioids should make it harder for teenagers to get hooked, making them less likely to then turn to heroin, but as the DEA rescheduling just went into effect in August, time will tell.

### **Cooperative Policing or Multi-Agency Drug Task Force**

In areas where the drugs are coming in from outside the community, police have found that being a part of a regional task force has enabled them to coordinate their resources and their intelligence to locate and root out drug dealers. While this technique has been less effective for meth, the fact that heroin always comes from outside the community means that it is actually possible to remove or reduce the drug supply by a coordinated regional effort.

### **SBIRT**

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. The SBIRT model was incited by an Institute of Medicine recommendation that called for community-based screening for health risk behaviors, including substance use.<sup>36</sup>

When addicts end up in the emergency room, or in a clinic, medical personnel have the opportunity to perform a SBIRT and effectively get them into treatment immediately.

Read (attached): [SBIRT Webinar](#)

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<sup>35</sup> <http://www.usatoday.com/longform/news/nation-now/2014/06/12/communities-across-usa-scramble-to-tackle-heroin-surge/9713463/>

<sup>36</sup> <http://www.integration.samhsa.gov/clinical-practice/SBIRT>

## **POSSIBLE ACTION STEPS**

- **Life Skills Training**

Initiate Life Skills Training at the middle school level for all students.

Costs: One-day Foundation Training Workshop - \$235

Two-day Core Training Workshop - \$300

Training of Trainers (TOT) Workshop - \$1070 (Training materials included)

They also have onsite training for up to 20 people, but you must contact them for a quote.

Some towns have found that while their own resources aren't enough to manage a large initiative, in conjunction with neighboring towns they are able to afford a regional effort. It may be worth discussions with the towns of Mt Vernon, Oak Harbor, Friday Harbor, to see if, for instance, one Life Skills educator can be shared between the cities, if Anacortes can't afford the training on its own.

- **Minimize toxic stress in children**

Abuse, neglect, and the uncertainty that comes from being moved from home to foster care are situations that create toxic stress. In effect, the Department of Social and Health Services Children's Administration (DSHS) already has a list of children who are more likely to become future drug abusers in your community.

Safe, stable, and nurturing relationships (SSNRs) can go a long way in minimizing toxic stress. Open a dialogue with the schoolteachers and school administrators of children who use DSHS services. Making the adults in their lives aware that these children are experiencing toxic stress is a first step. Ideally, bring in a program like Child First, or provide training for social workers and police officers on the risks of toxic stress and ways to remediate.

Police, social workers, and school administrators can also identify homes where children are being raised in households where abuse, neglect, domestic violence and family dysfunction exist.

Police officers are often present during times of trauma. Whenever possible, they should take the time to talk to the children present about what just happened, and why, and to explain to them what is going to happen next. Uncertainty about the future is a key component in toxic stress. Police have the opportunity in these terrifying situations to make partners out of the children they meet, and help to inoculate them against future crime and drug abuse.

Toxic stress can be remediated to create healthy, successful, drug-resistant children by teaching children how to manage the stressful situations in their lives, and by showing their caregivers how to create stronger, more supportive relationships with these at-risk children.

Other preventative measures that can be developed to help nurture resilient children are:

- Home visiting to pregnant women and families with newborns

- Parenting training programs
- Intimate partner violence prevention
- Social support for parents<sup>37</sup>

Some schools are finding other ways to deal with behavioral issues that most likely stem from trauma. Instead of suspending students, they teach them new ways of dealing with their emotions.<sup>38</sup>

- **Link Crew**

Continue Link Crew and make every effort to make the program as successful as possible.

- Do students receive community service hours for serving on Link Crew?
- Are they seen as school leaders?
- Are there enough members?
- Is there enough staff support?

- **Child First**

Work with regional and state governments to bring Child First to Washington state.

If Child First is developed as part of a regional or statewide system, it might be something Anacortes doesn't have to fund. Look for ways Anacortes can tie into work that is happening systemically at the county or state level.

- **Prescription drug monitoring and disposal awareness program**

There are several things that individuals can do to keep from having their own prescriptions abused by family members. An awareness program about the risks of prescription drugs falling into the wrong hands would be helpful.

- *Safeguard all drugs at home. Monitor quantities and control access. Take note of how many pills are in a bottle or pill packet, and keep track of refills. This goes for your own medication, as well as for your teen and other members of your household.*
- *If you find you have to refill medication more often than expected, there could be a real problem-someone may be taking your medication without your knowledge.*

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<sup>37</sup> <http://vetoviolence.cdc.gov/childmaltreatment/phl/images/ACEs.pdf>

<sup>38</sup> <http://acestoohigh.com/2014/01/28/hearts-el-dorado-elementary/>

- *If your teen has been prescribed a drug, be sure you control the medication, and monitor dosages and refills.*
- *Set clear rules for teens about all drug use, including not sharing medicine and always following the medical provider's advice and dosages.*
- *Make sure your teen uses prescription drugs only as directed by a medical provider and follows instructions for over-the-counter (OTC) products carefully. This includes taking the proper dosage and not using with other substances without a medical provider's approval.*
- *Teens should never take prescription or OTC drugs with street drugs or alcohol. If you have any questions about how to take a drug, call your family physician or pharmacist.*
- *Be a good role model by following these same rules with your own medicines. Examine your own behavior to ensure you set a good example. If you misuse your prescription drugs, such as share them with your kids, or abuse them, your teen will take notice. Avoid sharing your drugs and always follow your medical provider's instructions*

Also important is disposing of leftover medications properly. With pills, the best method is to pour water or soda into the bottle to dissolve the pills, then bag up the container and put it in the garbage. With liquid medication, you should add something inedible to the liquid, such as kitty litter or dirt, before sealing up the container and disposing of it in the trash.

It is important to remind people not to flush or put prescriptions down the drain, as they are not environmentally friendly.<sup>39</sup>

- **Expand knowledge of the Good Samaritan law community-wide**

Police officers, EMTs, health and mental health professionals, etc. should be experts on the Good Samaritan law. They are the people most likely to have contact with drug addicts, and for health care professionals, they have the opportunity to discuss a patient's drug use in a HIPAA protected setting.

Run a campaign to raise awareness among law enforcement and health professionals. Overdosing patients are likely to come in contact with the same situation again, if they don't get help. Have doctors take the time to talk with the patients who have overdosed, even ones resistant to treatment, whenever possible, about the law, as these patients are more likely to see other people overdosing at some time in the future.

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<sup>39</sup> <http://www.nopetaskforce.org/lock-em-up.php>



The law also creates access to Narcan (generic name naloxone), a drug used to reverse the effects of an opiate overdose. Make sure that police and EMTs have access to this drug and training in how to administer it to an overdosing patient.

- **Drug hotline for suspected abuse, and related awareness campaign**

Create a hotline where people can anonymously report suspected drug use or suspected drug sales, and publicize it widely throughout the community.

While some teens might use it to report their friends, this is a good tool for adults who are aware of, or suspect drug use in their child or in their child's friends, but don't want to betray a trust by reporting them in person. For parents at the end of their rope, a campaign telling them that drug abuse discovered through the drug hotline is first focused on as an addiction problem instead of a problem for law enforcement, might help ease their minds enough to use it.

Pharmacies and drug stores should be urged to call the hotline if they see someone purchasing a combination of ingredients used to make meth, including camping fuel, drain cleaner, cold tablets and ice packs.

Create posters for emergency rooms and clinics that explain how the drug hotline works: it's anonymous, and you use it if you suspect that drug use or drug sales are going on.

Run a local competition for high school students to create the best public service announcement about the drug hotline.

- **Drug treatment programs and resources awareness campaign**

Make a community-wide effort to ensure residents of all ages know about what is available in your community in terms of drug treatments and support systems and how easy it is to get help. This could be in the form of a multi-agency informational brochure that is made available to schools, PTA's, clubs, churches, doctors, mental health professionals, social workers, etc.

For police and emergency room personnel, they should learn how to perform a Screening, Brief Intervention, and Referral to Treatment (SBIRT) and create a planned response system that includes transportation to a recovery center.

The Skagit County Crisis Center in Burlington accepts referrals from law enforcement, hospital emergency departments, mental health agencies, and family or friends and are open 24/7. They have been working with law enforcement but would love to see more utilization of their service.

The Skagit County Crisis Center can take anyone over the age of 18 who is medically stable and not a danger to other patients or staff. People can self-refer to the program if they are in crisis. Emergency room personnel can call the center at (360) 757-7738 to make sure there is a bed available, do a brief screening and then have the police drop them off.



Skagit County Crisis Center, 201 Lila Lane, Burlington, WA 98233. For more information, call 360-757-7738.

- **Affordable Care Act open enrollment awareness campaign**

Make a community-wide effort this winter to encourage drug abusers to register for health insurance through the Affordable Care Act. Lack of health care coverage is a major reason for not seeking help, and it no longer has to be. The more people who are enrolled, the more likely it is that a drug user will have insurance available when they are ready to seek help.

For coverage starting in 2015, the proposed Open Enrollment Period is November 15, 2014–February 15, 2015 <https://www.healthcare.gov/glossary/open-enrollment-period/>)

Applicants for Medicaid or CHIP can apply any time of the year.  
<https://www.healthcare.gov/marketplace/b/welcome/>

- **Continue and expand city/regional activities for families, youth, and children**

Importance needs to be placed on having a variety of things for young people to do, as boredom leads to drug abuse. Perhaps a task force could be appointed to help plan, coordinate, and publicize all the opportunities available. Representatives might come from the library, parks, YMCA, Boys & Girls Club, Scouting organizations, Arts Council, etc.

Make sure the city website lists all the things there are to do in Anacortes this week. Encourage local churches and organizations to send their info to the city. Work with the schools and local media to get the information about events out.

Encourage people to start local meetups at [www.meetup.com](http://www.meetup.com) and share on social media. Book clubs, knitting clubs, kayaking and/or hiking clubs... Make sure kids know that there are plenty of things to do with people who aren't doing drugs.

- **Americans with Disabilities Act awareness campaign for health care professionals**

Drug addicts may be more likely to seek treatment if they know their jobs are protected. Clinic, mental health professionals and emergency room doctors are more likely to be in a position to learn about patients' drug use in a HIPAA protected setting. A campaign to let doctors and mental health professionals know about the ADA protections for employees who are in long-term addiction treatment may give those employees the incentive they need to get treatment.

- **Apply for Drug Free Communities Grant**

The Drug Free Communities Support Program (DFC), created by the Drug Free Communities Act of 1997, is the Nation's leading effort to mobilize communities to prevent youth drug use. Directed by the Office of National Drug Control Policy (ONDCP), in partnership with the

Substance Abuse and Mental Health Services Administration (SAMHSA), the DFC program provides grants to local drug-free community coalitions to increase collaboration among community partners and to prevent and reduce youth substance use.

Recognizing the fundamental concept that local problems need local solutions, DFC-funded coalitions engage multiple sectors of the community and employ a variety of strategies to address local drug problems. Coalition members conduct ongoing community assessments to prioritize efforts to prevent and reduce youth drug use. These assessments are used to plan and implement data-driven, community-wide strategies.

The DFC program requires funded coalitions to employ environmental strategies in broad initiatives aimed at addressing the entire community through the adaptation of policies and practices related to youth substance use. In so doing, coalitions can address the environment as a whole and get the most out of available resources.<sup>40</sup>

Currently, DFC funds 12-20 grantees in Washington state, but even if one of those is in Skagit County, Anacortes as a City or the Task Force can apply as a coalition. The grants can run as long as ten years, providing funding for a whole range of programs.

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<sup>40</sup> <http://www.whitehouse.gov/ondcp/grants>

## **RESOURCES**

### **Lifeskills Training**

<http://lifeskillstraining.com/results.php>

### **ChildFirst**

<http://www.childfirst.com/>

### **Northwest High Intensity Drug Trafficking Area (NW HIDTA)**

The Northwest High Intensity Drug Trafficking Area (NW HIDTA) is a region of 14 counties in WA State (including Skagit), funded by the Office of National Drug Control Policy. Steve Freng, Prevention Treatment Manager, says, “I in turn partially fund prevention projects in 10 of the counties and my service contract in Skagit is with United General Hospital (administered by Carol Hawk, Director of Community Health Outreach Programs). The funds support services and activities for youth and families under the auspices of the Skagit County Child and Family Consortium.”

Northwest HIDTA  
300 5<sup>th</sup> Avenue  
Suite 1300  
Seattle, WA 98104  
Tel: (206) 352-3603  
Fax: (206) 352-3699

### **Office of Drug Control Policy – Drug Free Communities Grant Program**

<http://www.whitehouse.gov/ondcp/information-for-potential-applicants>

### **Washington State Prevention Summit**

“In collaboration with other state agencies and prevention organizations, DBHR [Department of Social and Health Services/Division of Behavioral Health and Recovery] supports an annual State Prevention Summit. The goal is to provide an enriching and culturally competent training and networking opportunity for youth, volunteers and professionals working toward the prevention of substance abuse, violence and other destructive behaviors, mental health promotion as well as integrating such prevention efforts with primary health care.

“High quality workshops, forums, and hands-on learning opportunities meet a variety of needs, including professional development for prevention professionals. A youth track to support and engage youth volunteers in prevention initiatives is also provided.”

The Prevention Summit is held each fall in Central Washington. For more information visit [www.preventionsummit.org](http://www.preventionsummit.org) or contact [Ivon.Urquilla@dshs.wa.gov](mailto:Ivon.Urquilla@dshs.wa.gov).

### **Washington State Community Prevention and Wellness Initiative (CPWI).**

“As part of our mission to transform lives, the state Department of Social and Health Services/Division of Behavioral Health and Recovery (DBHR), worked with our partners to redesign state funding and leverage limited resources for prevention in targeted, high-need communities.

“DBHR invests in prevention planning and practices that lead to the best possible outcomes. We support prevention coalitions to provide school and community-based prevention services through our publicly-funded Community Prevention and Wellness Initiative (CPWI). The goal of this initiative is to support proven strategies and sustainable funding that will have long-term, positive impacts on families and communities. CPWI programs are implemented through active partnerships with county governments, Educational Service Districts, local school districts, and the Office of the Superintendent of Public Instruction. Services are available in 52 communities, located in all 39 counties and nine educational service districts.”

<http://www.dshs.wa.gov/pdf/publications/22-1464.pdf>

### **Addiction and Recovery Centers<sup>41</sup>**

#### **Local Listings in Anacortes, Washington:**

##### **Samish Indian Nation Wellness Program**

Samish Indian Nation Wellness Program is an alcohol and drug rehabilitation center that is located at 2918 Commercial Avenue Anacortes, WA 98221. You can contact Samish Indian Nation Wellness Program by calling (360) 293-6404.

Types of Services      Mental Health and Drug or Alcohol Addiction Treatment, Outpatient, Children, Assistance for Hearing Impaired

Payment Structure      Sliding Scale Fees

Payment Forms      Medicaid, Private Pay Insurance, Self Pay

##### **Dellamas and Associates**

Dellamas and Associates is an alcohol and drug rehab program that is located at 1008 5th Street Anacortes, WA 98221. You can contact Dellamas and Associates by calling (360) 299-2750.

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[http://www.drugaddictiontreatment.info/Washington/Anacortes/Alcohol\\_Treatment\\_and\\_Drug\\_Rehab\\_Facilities.htm?p=2](http://www.drugaddictiontreatment.info/Washington/Anacortes/Alcohol_Treatment_and_Drug_Rehab_Facilities.htm?p=2)

Types of Services      Drug Rehab Alcohol Rehab, Outpatient, Children, Dual Diagnosis

Payment Forms        Private Pay Insurance, Self Pay

**Nearby Listings for Anacortes, Washington:**

**Skagit County Crisis Center**

The Skagit County Crisis Center is a 16-bed crisis, mental health stabilization and sub-acute detox program. The center serves Skagit County residents for detox and North Sound County residents who are experiencing a crisis related to their substance abuse and/or mental health challenges. Most of the services are available 24 hours a day, 7 days a week.

201 Lila Lane  
Burlington, WA 98233

Contact: Program Manager  
360-757-7738

Payment Forms        Medicaid, Medicare, Private Pay Insurance

Services Include Sub-Acute Detoxification Services, Short Term Mental Health Stabilization, Jail Transitions Case Management, Residential Substance Abuse Treatment (for inmates at Skagit County jail), Mobile Outreach Team (MOT is available Monday – Friday, 1:00pm – 9:00pm.), Housing Case Management (for homeless addicts)

We serve Skagit County adults in crisis (with the exception of MOT that serves Skagit County individuals 13 years and older), including those who are: intoxicated or in withdrawal and are medically stable, in need of stabilization due to mental health concerns, and/or assessed as having co-occurring mental health and chemical dependency issues (dual diagnosis)

People can self-refer to our program if they are in crisis. We also accept referrals from law enforcement, hospital emergency departments, mental health agencies, and family or friends. For more information, call us at 360-757-7738.

**Harborview Medical Ctr Addictions Prog**

Harborview Medical Ctr Addictions Prog is an alcohol and drug rehabilitation center that is located at 401 Broadway Avenue Seattle, WA 98104. You can contact Harborview Medical Ctr Addictions Prog by calling (206) 744-9600.

Types of Services      Drug Rehab Alcohol Rehab, Outpatient, Dual Diagnosis, Women, Men, DUI and DWI Offenders, Assistance for Hearing Impaired

Payment Structure    Sliding Scale Fees, Payment Assistance

Payment Forms        Medicaid, Private Pay Insurance, Self Pay

### **Prosperity Wellness Center**

Prosperity Wellness Center is an addiction treatment program that is located at 5001 112th Street East Tacoma, WA 98446. You can contact Prosperity Wellness Center by calling (253) 531-2103.

Types of Services     Drug Rehab Alcohol Rehab, Residential Short Term Treatment, Men, Assistance for Hearing Impaired

Payment Forms        Medicaid, Medicare, Self Pay

### **Discovery Counseling**

Discovery Counseling is an addiction treatment program that is located at 306 2nd Street NE Yelm, WA 98597. You can contact Discovery Counseling by calling (360) 400-2242.

Types of Services     Drug Rehab Alcohol Rehab, Detox, Outpatient, DUI and DWI Offenders

Payment Structure     Sliding Scale Fees

Payment Forms        Military Insurance, Private Pay Insurance, Self Pay

### **Action Counseling Dependency Center**

Action Counseling Dependency Center is an alcohol and drug treatment program that is located at 1010 East Bruneau Street Kennewick, WA 99336. You can contact Action Counseling Dependency Center by calling (509) 735-7410.

Types of Services     Drug Rehab Alcohol Rehab, Outpatient, Children, Dual Diagnosis, DUI and DWI Offenders, Criminal Justice Clients, Spanish

Payment Structure     Sliding Scale Fees, Payment Assistance

Payment Forms        Military Insurance, Private Pay Insurance, Self Pay

### **Asian-American Chemical Dependency**

Asian-American Chemical Dependency is an alcohol and drug rehabilitation center that is located at 5108-196th Street SW Suite 101 Lynnwood, WA 98036. You can contact Asian-American Chemical Dependency by calling (425) 776-1290.

Types of Services     Drug Rehab Alcohol Rehab, Outpatient, DUI and DWI Offenders, Foreign Languages other than Spanish

Payment Structure     Sliding Scale Fees

Payment Forms        Private Pay Insurance, Self Pay

### **Western Washington Alcohol Center**

Western Washington Alcohol Center is an alcohol and drug rehab program that is located at 140 Rainer Avenue Suite 5 Renton, WA 98055. You can contact Western Washington Alcohol Center by calling (425) 271-1990.

Types of Services      Drug Rehab Alcohol Rehab, Detox, Outpatient

Payment Structure      Sliding Scale Fees

Payment Forms          Military Insurance, Private Pay Insurance, Self Pay

### **Spokane Tribal of Indians Substance**

Spokane Tribal of Indians Substance is an alcohol and drug rehab program that is located at Old School Lane Wellpinit, WA 99040. You can contact Spokane Tribal of Indians Substance by calling (509) 258-7502.

Types of Services      Mental Health and Drug or Alcohol Addiction Treatment, Outpatient, Children

Payment Structure      Payment Assistance

Payment Forms          Medicaid, Medicare, Private Pay Insurance

### **Confidential Treatment Options**

Confidential Treatment Options is an addiction treatment center that is located at 1233 120th Avenue NE Suite D Bellevue, WA 98005. You can contact Confidential Treatment Options by calling (425) 450-9301.

Types of Services      Outpatient, Children, Dual Diagnosis, AIDS and HIV, Gay and Lesbian, Adult 50 and over, Women, Men, DUI and DWI Offenders, Criminal Justice Clients

Payment Forms          Self Pay

### **Social Treatment Opportunity Programs**

Social Treatment Opportunity Programs is a drug and alcohol rehabilitation program that is located at 114 North Park Street Aberdeen, WA 98520. You can contact Social Treatment Opportunity Programs by calling (360) 533-4997.

Types of Services      Drug Rehab Alcohol Rehab, Outpatient, DUI and DWI Offenders

Payment Structure      Sliding Scale Fees

Payment Forms          Private Pay Insurance, Self Pay

### **Barth Clinic**

Barth Clinic is a drug and alcohol treatment program that is located at 401 South Main Street Suite 2 Ellensburg, WA 98926. You can contact Barth Clinic by calling (509) 933-1388.

Types of Services      Drug Rehab Alcohol Rehab, Outpatient, AIDS and HIV, DUI and DWI Offenders

Payment Forms          Private Pay Insurance, Self Pay

### **Alcohol and Drug Services**

Alcohol and Drug Services is a drug and alcohol treatment program that is located at 451 SW 10th Street Suite 215 Renton, WA 98057. You can contact Alcohol and Drug Services by calling (425) 430-9548.

Types of Services      Drug Rehab Alcohol Rehab, Outpatient

Payment Structure      Sliding Scale Fees

Payment Forms          Private Pay Insurance, Self Pay

### **West End Outreach Services**

West End Outreach Services is a drug and alcohol treatment program that is located at 530 Bogachiel Way Forks, WA 98331. You can contact West End Outreach Services by calling (360) 374-6177.

Types of Services      Mental Health and Drug or Alcohol Addiction Treatment, Outpatient, Children, Dual Diagnosis, DUI and DWI Offenders, Spanish

Payment Structure      Sliding Scale Fees, Payment Assistance

Payment Forms          Medicaid, Military Insurance, Private Pay Insurance, Self Pay

### **A New Beginning with Advantages**

A New Beginning with Advantages is an alcohol and drug rehab center that is located at 1703 SE Sedgewick Road Suite 113 Port Orchard, WA 98366. You can contact A New Beginning with Advantages by calling (360) 874-7558.

Types of Services      Drug Rehab Alcohol Rehab, Outpatient

Payment Forms          Private Pay Insurance, Self Pay



### **New Directions Counseling Shelton**

New Directions Counseling Shelton is an alcohol and drug rehabilitation center that is located at 506 West Franklin Street Shelton, WA 98584. You can contact New Directions Counseling Shelton by calling (360) 427-5232.

Types of Services     Drug Rehab Alcohol Rehab, Outpatient, Spanish

Payment Forms        Private Pay Insurance, Self Pay

### **Recovery Centers of King County**

Recovery Centers of King County is an alcohol and drug treatment program that is located at 464 12th Avenue Suite 300 Seattle, WA 98122. You can contact Recovery Centers of King County by calling (206) 322-2970.

Types of Services     Drug Rehab Alcohol Rehab, Outpatient, Dual Diagnosis, Pregnant Women, Women, Men

Payment Structure    Sliding Scale Fees

Payment Forms        Medicaid, Private Pay Insurance, Self Pay

### **TLC Recovery LLC**

TLC Recovery LLC is an alcohol and drug treatment center that is located at 19940 Ballinger Way NE Suite B-1 Shoreline, WA 98155. You can contact TLC Recovery LLC by calling (206) 363-1992.

Types of Services     Drug Rehab Alcohol Rehab, Detox, Outpatient, Children, DUI and DWI Offenders, Criminal Justice Clients

Payment Structure    Sliding Scale Fees

Payment Forms        Private Pay Insurance, Self Pay

### **Cowlitz Tribal Treatment Vancouver**

Cowlitz Tribal Treatment Vancouver is an alcohol and drug rehab center that is located at 1601 East 4th Plain Boulevard PO Box 5158 Vancouver, WA 98661. You can contact Cowlitz Tribal Treatment Vancouver by calling (360) 397-8228.

Types of Services     Drug Rehab Alcohol Rehab, Detox, Outpatient

Payment Forms        Medicaid, Private Pay Insurance, Self Pay

## **Providence Saint Peter Chemical**

Providence Saint Peter Chemical is an addiction treatment center that is located at 2505 Olympic Highway North Suite 140 Shelton, WA 98584. You can contact Providence Saint Peter Chemical by calling (360) 432-8692.

Types of Services     Drug Rehab Alcohol Rehab, Outpatient, Children, Criminal Justice Clients, Assistance for Hearing Impaired

Payment Structure     Sliding Scale Fees

Payment Forms        Medicaid, Medicare, Military Insurance, Private Pay Insurance, Self Pay

## **RECOMMENDED READING**

### **How Adverse Childhood Experiences and Trauma Impact School Engagement**

*This report outlines some of the effects of ACEs and trauma on students' performance in school and beyond, and suggests methods to overcome these effects.*

<http://www.ccyj.org/uploads/2012%20Becca%20Conference%20Materials/ACEs%20Presentation.pdf>

### **Flourishing in the First Five Years: Connecting Implications from Mind, Brain, and Education Research to the Development of Young Children Paperback, by Donna Wilson, PhD, and Marcus Conyers**

*This book crosses the research, theory, and practice divide because it supplies seminal and current research from neuroscience at an understandable level and links this to everyday strategies teachers, parents, and caregivers can use to make a difference in children's lives. Key are the authors' use of cognitive assists, the recurring AEIOU model based on the learning cycle, and the simple animal stories that help children learn to be the boss of their brains. This book captures what is known from neuroscience, reminds the reader of the importance of caring adults, and reminds each of us to celebrate and respect diversity. (Debby Zambo, division of leadership and innovation, Arizona State University, and coauthor of "Early Childhood and Neuroscience: Links to Development and Learning")*

*Flourishing in the First Five Years is a must-read for those who have significant interactions with young children. . . . Knowledge of the critical importance of the first five years for optimal development has been acknowledged for decades, but Wilson and Conyers take this salient fact to another level with their explanations of the malleability of the brain during this time and with specific ideas of how to maximize and unlock the potential within each child. (Marcia Stewart, professor of education with expertise in early childhood education, Lipscomb University)*

[http://www.amazon.com/Flourishing-First-Five-Years-Implications/dp/1475803184/ref=sr\\_1\\_7?s=books&ie=UTF8&qid=1409444988&sr=1-7&keywords=child+toxic+stress](http://www.amazon.com/Flourishing-First-Five-Years-Implications/dp/1475803184/ref=sr_1_7?s=books&ie=UTF8&qid=1409444988&sr=1-7&keywords=child+toxic+stress)

### **Methland: The Death and Life of an American Small Town, by Nick Reding**

*Crystal methamphetamine is widely considered to be the most dangerous drug in the world, and nowhere is that more true than in the small towns of the American heartland. Methland is the story of the drug as it infiltrates the community of Oelwein, Iowa (pop. 6,159), a once-thriving farming and railroad community.*

RECOMMENDED READING

*Tracing the connections between the lives touched by meth and the global forces that have set the stage for the epidemic, Methland offers a vital and unique perspective on a pressing contemporary tragedy. Oelwein, Iowa is like thousand of other small towns across the county. It has been left in the dust by the consolidation of the agricultural industry, a depressed local economy and an out-migration of people. If this wasn't enough to deal with, an incredibly cheap, long-lasting, and highly addictive drug has come to town, touching virtually everyone's lives. Journalist Nick Reding reported this story over a period of four years, and he brings us into the heart of the town through an ensemble cast of intimately drawn characters, including: Clay Hallburg, the town doctor, who fights meth even as he struggles with his own alcoholism; Nathan Lein, the town prosecutor, whose case load is filled almost exclusively with meth-related crime, and Jeff Rohrick, who is still trying to kick a meth habit after four years. Methland is a portrait of a community under siege, of the lives the drug has devastated, and of the heroes who continue to fight the war. It will appeal to readers of David Sheff's bestselling Beautiful Boy, and serve as inspiration for those who believe in the power of everyday people to change their world for the better.*

[http://www.amazon.com/Methland-Nick-Reding-ebook/dp/B002WU7TA0/ref=sr\\_1\\_1?s=books&ie=UTF8&qid=1409444362&sr=1-1&keywords=methland](http://www.amazon.com/Methland-Nick-Reding-ebook/dp/B002WU7TA0/ref=sr_1_1?s=books&ie=UTF8&qid=1409444362&sr=1-1&keywords=methland)

**The New Jim Crow: Mass Incarceration in the Age of Colorblindness by Michelle Alexander**

*Contrary to the rosy picture of race embodied in Barack Obama's political success and Oprah Winfrey's financial success, legal scholar Alexander argues vigorously and persuasively that [w]e have not ended racial caste in America; we have merely redesigned it. Jim Crow and legal racial segregation has been replaced by mass incarceration as a system of social control (More African Americans are under correctional control today... than were enslaved in 1850). Alexander reviews American racial history from the colonies to the Clinton administration, delineating its transformation into the war on drugs. She offers an acute analysis of the effect of this mass incarceration upon former inmates who will be discriminated against, legally, for the rest of their lives, denied employment, housing, education, and public benefits. Most provocatively, she reveals how both the move toward colorblindness and affirmative action may blur our vision of injustice: most Americans know and don't know the truth about mass incarceration—but her carefully researched, deeply engaging, and thoroughly readable book should change that.*

[http://www.amazon.com/dp/1595586431/?tag=googhydr-20&hvadid=31552847837&hvpos=1t1&hvexid=&hvnetw=g&hvrnd=3769985988105052534&hvpon=&hvptwo=&hvqmt=b&hvdev=c&ref=pd\\_sl\\_8byn061a27\\_b](http://www.amazon.com/dp/1595586431/?tag=googhydr-20&hvadid=31552847837&hvpos=1t1&hvexid=&hvnetw=g&hvrnd=3769985988105052534&hvpon=&hvptwo=&hvqmt=b&hvdev=c&ref=pd_sl_8byn061a27_b)

RECOMMENDED READING



## APPENDIX

Included are documents which provide additional information about many of the programs listed here.

- Small City Initiatives
- Skagit County Adult Drug Court Report 07-08
- WA Community Prevention and Wellness Initiative
- Child First Writeup for Top Tier Site July 2012
- Child First Graphs of Outcomes 8-11-14
- Lowell et al 2011 Child Development
- Seattle Police Response to Good Samaritan Law – Feb2013
- White House – Lessons Learned from WA Good Samaritan Law
- Third Party Analysis of Link Crew Results
- Why Transition Matters – The Boomerang Project
- NW HIDTA May – August 2013 Newsletter
- Secure and Responsible Drug Disposal Act of 2010 – 9-9-14
- SBIRT Webinar

## SMALL CITY INITIATIVES

As discussed earlier, many smaller cities are at the forefront of the fight against drug abuse in their communities, but the outcomes of their efforts are difficult to quantify. Here are a couple of examples of town with demographics similar to Anacortes, which are employing some of what experts believe to be best practices in curbing drug abuse.

	<b>Anacortes, WA</b>	<b>Kirkland, NY</b>	<b>LaCrosse, WI</b>
Pop.	15,927	10,315	51,647
Med Income	\$56,616 97% Urban	\$59,697 100% Urban	\$36,393 100% Urban
Ethnicity	88% white, 6% Hispanic	92.3% white	89% white, 4.5% Asian, 2.4% black
Programs	Good Samaritan law, Link Crew	Good Samaritan Law, dedicated police officer to regional task force	Regional task force, narcotics dogs, media emphasis on how heroin kills, use public to report combinations of purchases

### **LaCrosse, WI**

1. Investigators urge the public to report suspicious activity to reduce meth production and to call if they see someone purchasing a combination of ingredients used to make the drug, including camping fuel, drain cleaner, cold tablets and ice packs.
2. The police have a multi-jurisdictional task force, known as MEG, allowing officers from 17 agencies across La Crosse and its surrounding counties to share intelligence.
3. Emphasis on community policing, with four officers dedicated to specific neighborhoods.
4. Narcotics dogs.

LaCrosse does have some results to report. La Crosse police in the first half of this year arrested 113 people for possessing, selling or making meth, up from just 41 arrests during the same period in 2013. Local prosecutions also are up, with 83 meth users and dealers charged through June 30, an increase from 38 cases filed in the first half of last year, according to the La Crosse County District Attorney's office.

### **Kirkland, NY<sup>42</sup>**

1. Good Samaritan law, which dismisses responsibility for anyone reporting an overdose.
2. A dedicated police officer to work with a regional drug task force to cover more ground and push drugs out of the area. An increase in crime often correlates with the rise of drug use. In Kirkland, police have noted that property theft, from car larcenies to shoplifting from local pharmacies and markets, is way up.

<sup>42</sup> <http://clintoncourier.com/articles/6-04-2014/drug-task-force-counters-heroin/>