



# PARTNERS IN CRIME PREVENTION

MARCH-APRIL 2016

## INSIDE THIS ISSUE

**OPIOIDS/HEROIN 1**  
- FINDING NEW  
WAYS TO PRE-  
VENT HARM

**OPIOIDS/HEROIN 2**  
- THE PROBLEM

**DRUG ENFORCE- 3**  
MENT- THE  
TRADITIONAL  
STRATEGY

**OPIOIDS/HEROIN 4**  
- PREVENTION/  
TREATMENT

**OPIOIDS/HEROIN 5**  
- PREVENTION/  
TREATMENT  
CONT.

**OPIOIDS/HEROIN 6**  
- RESOURCES  
FOR PREVENTION  
AND RECOVERY

## OPIOIDS/HEROIN— FINDING NEW WAYS TO PREVENT HARM

The “heroin epidemic” has received publicity in the press over the last few years. Our traditional approach to drug problems, whether they came from heroin, cocaine, methamphetamine, or marijuana, has been to crack down on the drug suppliers of these illegal drugs as well as to punish the users of the drugs. But as we have entered a new cycle of drug concern in heroin (fifteen years ago it was methamphetamine) local law enforcement is trying new approaches to “fighting” this “new” drug scourge. Sheriff’s and chiefs of police have increasingly appealed for help not only from the public but also other medical and social service agencies to approach drug addiction in new and innovative, and hopefully more effective, ways.

Various state and private organizations have been working together to develop strategies that can reduce the toll of opioid and heroin addiction. They include social service, medical, and law enforcement agencies. According to the 2016 Washington State Interagency Opioid Working Plan ([http://stopoverdose.org/FINAL%20State%20Response%20Plan\\_March2016.pdf](http://stopoverdose.org/FINAL%20State%20Response%20Plan_March2016.pdf)) about 600 individuals die in Washington State each year from opioid overdoses with an increasing number of those deaths involving heroin. And between 2004 to 2014 a greater proportion of those deaths in-

involved young people between the ages of 15 to 34. In Snohomish County, between 2011 and 2013 there were 57, 47, and 39 deaths related to heroin respectively. While this may look like an improvement, the numbers for this period spiked far higher than for the beginning of the century (2000 through 2010) which ranged between 7 and 24 deaths per year.

The plan has set four goals:

1. Prevent opioid misuse and abuse.
2. Treat opioid abuse and dependence.
3. Prevent deaths from overdose.
4. Use data to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions.

To achieve these goals will take a coordinated effort by the agencies that target individuals, professionals, communities and organizational systems. While prosecuting major drug dealers will continue to be an important function of local law enforcement and prosecutors, law enforcement can also assist in directing opioid/heroin addicts to services that can help them with controlling their addiction as represented by the Sheriff’s Office ‘s Law Enforcement Embedded Social Worker initiative.



**Ty Trenary, Sheriff**  
Snohomish County  
Sheriff’s Office

3000 Rockefeller  
M/S 606  
Everett, WA 98201  
425-388-3393  
<http://sheriff.snoco.org>

## OPIOIDS/ HEROIN- SIGNS OF ADDICTION

*Some signs of addiction include:*

- *You constantly think about taking opioids or heroin.*
- *Your use of opioids/heroin interferes with your work or social life.*
- *You're worried about being addicted.*
- *You develop a tolerance to opioids/heroin so that you need more of the drug to achieve the intoxication or desired effect.*
- *When you try to quit you might experience withdrawal symptoms such as mood changes, aches and pains, sweating, tears, runny nose, diarrhea and stomach pain, vomiting.*

*If you think that you are addicted, talk to your doctor or call the Washington Recovery Help Line:*

**1-866-789-1511**

## OPIOIDS/HEROIN- THE PROBLEM

According to experts, the current heroin problem has its roots in a trend during the 1990's of doctors focusing on pain reduction by prescribing opioid drugs. As more opioids were prescribed more patients became dependent on them. While measures were taken to deter opioid abuse, such as making OxyContin non crushable pills, dependence continued to rise. As a result of the high cost of opioids, many users turned to heroin as a cheaper option to feed their addiction.

Opioid drugs include morphine, hydrocodone, oxycodone and fentanyl. All are prescribed to relieve pain. Opioids have side effects that include itchiness, sedation, nausea, respiratory depression, constipation, and euphoria. Opioids have long had a reputation for addiction and therefore are highly controlled.

Opioid abuse can come from three sources. Addiction can come from prescribed opioids to control pain. The longer the patient takes the drug the more likely they are to become addicted. Another source can come from non-prescribed use to relieve pain or to get high. Finally, a user can jump to heroin or even start with heroin.

The motivation to use can be for pain relief, euphoria or both.

A user can find the drug through pre-

scriptions (here is where doctor shopping can be a danger), through a friend or on the street.

While addiction is considered risky for opioids, there is no clear pathway toward addiction. Some people may not be introduced to the drug and do not become addicted. Others may be introduced to an opioid for a medical use. This is common after a surgery to control pain. The patient might use the drug then stops use after the need goes away. Others might be introduced to them and find that they need them to continue to relieve pain or anxiety. Then they may go to heroin use. Still others may have the propensity to go straight to heroin use.

There is currently no way to predict how any individual would react to the introduction of opioids. Race, ethnicity, or income do not have an influence.

Long term use of heroin often results in tolerance (a need for more of the drug for the same effect) and dependence, a need for continued use to avoid withdrawal symptoms.

Risk factors can include anxiety, genetics, stresses such as divorce, negative friends or parents. Protections against addiction, especially for youth, can include activities such as sports, hobbies, positive friends and positive parents.

## DRUG ENFORCEMENT- THE TRADITIONAL STRATEGY

The traditional method that many people have thought to control drug addiction has been to control the supply of illegal drugs. This has been done by federal and local law enforcement agencies for many years.

Locally, police have organized task forces to target drug rings in our area.

The Northwest High Intensity Drug Trafficking Area (NW HIDTA) provides assistance to federal, state local and tribal law enforcement agencies that operate in the Pacific Northwest which is known to have high traffic in drugs. The NW HIDTA operates in 15 Washington State counties, including 9 counties in the Puget Sound region such as Pierce, King, Snohomish, Skagit, and Whatcom counties.

The Snohomish Regional Drug and Gang Task Force (SRDGTF) target mid to high level drug trafficking organizations and street gangs who are involved in drug activity. Its goals are to reduce the number of drug traffickers in our community, prosecute individual mid to upper level drug traffickers, and to coordinate their operations among local, state, and national law enforcement agencies.

The South Snohomish County Narcotics Task Force also coordinates drug investigations and prosecutions among Edmonds, Lynnwood, Mountlake Terrace, Snohomish County Sheriff's Office, Washington State Patrol and the Washington State Department of Corrections.

In Snohomish County there has been growth in heroin seizures since 2010:

2015- 35,388 grams  
 2014- 31,361 grams  
 2013- 2,707 grams  
 2012- 14,851 grams  
 2011- 5,755 grams  
 2010- 2,796 grams

Note: Heroin can cost a user between \$20 to \$200 per gram (or \$300 to \$1,400 per ounce) or \$70 to \$140 per day.

While the task forces continue to concentrate on drug traffickers to reduce the supply, local drug task forces and police agencies are working more and more with social service agencies to recruit users and petty criminals who are addicted into treatment.

One example is the Sheriff's Office Law Enforcement Embedded Social Worker (see the September-October issue <http://www.snohomishcountywa.gov/ArchiveCenter/ViewFile/Item/4317>)

Also, the SRDGTF has made more of an effort to educate the public about the dangers of drugs (<https://www.facebook.com/Snohomish-Regional-Drug-Gang-Task-Force-631847773519575/>)

## LOCAL DRUG ENFORCEMENT- WHERE TO GO FOR MORE INFORMATION

For more information about SRDGTF and NW HIDTA go to:

Snohomish Regional Drug and Gang Task Force:

Web site-

<http://www.srdtf.org/>

Facebook-

<https://www.facebook.com/Snohomish-Regional-Drug-Gang-Task-Force-631847773519575/timeline>

Northwest High Intensity Drug Trafficking Area:

Web Site-

<http://www.mfiles.org/home/>

## OPIOIDS/ HEROIN- MEDICATION ASSISTED TREATMENT

- *Helps to stabilize the brain*
- *Exchanges a drug for a medication which helps the individual to deal with reality*
- *Being on Medication Assisted Treatment cuts the chances of death by half*

*For more information about Medication Assisted Treatment go to:*

<http://store.samhsa.gov/shin/content/SMA09-4443/SMA09-4443.pdf>

## OPIOIDS/HEROIN- PREVENTION/TREATMENT

Preventing drug abuse in the 21st Century needs to go beyond “Just say No!” to be effective. While that may work for some people, who is susceptible to becoming addicted to drugs is still not well understood.

To effectively reduce and prevent drug abuse, many people, agencies both public and private need to work together. The Washington State Inter-agency Opioid Working Plan ([http://stopoverdose.org/FINAL%20State%20Response%20Plan\\_March2016.pdf](http://stopoverdose.org/FINAL%20State%20Response%20Plan_March2016.pdf)) sets goals for a wide range of state agencies, academic institutions, and local entities.

The plan combines education, monitoring, treatment and intervention to save lives, let those addicted to opioids/heroin lead a more healthy life.

Education efforts not only targets youth and the public, but also medical professionals on prescribing opioids and law enforcement personnel on what to do when they come across someone overdosing on drugs.

Another aspect of prevention is monitoring Schedule II, III, IV and V drugs to detect individuals who are doctor shopping for additional prescriptions in order to keep their drug habit. State legislation in 2007 established the Prescription Monitoring Program (PMP) which is a database of prescrip-

tions of Schedule II, III, IV and V drugs in the state (<http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/PrescriptionMonitoringProgramPMP>).

Doctors can check this database to determine if a patient has been given a prescription for the same drug by another doctor.

The plan aims to expedite treatment for opioid/heroin addicts. While preventing people from becoming addicted is an important goal, getting those with an addiction off of drugs is equally important to improve the quality of life for them, their families and neighbors.

**Detoxification** (Detox) is a method to bring an addict’s body back to its normal balance. Detox centers try to reduce or manage the withdrawal that an addict faces when they no longer take the drug. Detox by itself is not treatment.

**Chemical Dependency Treatment** teaches patients about addiction, difficulties they will face, Relapse Prevention Skills, and how to maintain life in recovery. This treatment can be delivered in an inpatient or outpatient setting and often supplements Medication Assisted Treatment or Talk Therapy.

## OPIOIDS/HEROIN- PREVENTION/TREATMENT CONT.

**Medication Assisted Treatment** allows an addicted person to regain a normal state of mind, free of drug-induced highs and lows, and can reduce the affects of withdrawal and cravings.

One of three drugs may be used in medication assisted treatment; methadone, buprenorphine or naltrexone. Methadone and buprenorphine trick the brain into thinking it is still receiving the problem opioid. The individual feels normal, without the highs, cravings or withdrawal. Naltrexone blocks the effects of opioids also removing their highs.

All three drugs are safe as long as they are used as prescribed. Methadone is taken daily and is dispensed from specially licensed treatment centers. Buprenorphine is taken daily or every other day and is dispensed by doctors with special permission. Naltrexone is taken up to 3 days apart and is dispensed by a doctor. Sometimes buprenorphine and naltrexone are combined as Suboxone.

**Counseling/Talk therapy** is usually recommended in conjunction with detox and medication assisted treatment. Through counseling the individual can receive help in setting goals, changing lifestyle and become educated about their addiction. Counseling can come individually and as part of a group. Often counselors encourage the participation of family and friends to give support to the individual.

### **Naloxone- the life saving antidote.**

Recently, Naloxone (also called Narcan) has been receiving publicity in the press. Police and other partners from several Snohomish County agencies have been trained to use Naloxone and received 452 Naloxone kits. According to press reports, over 30 people have been saved from overdose since distribution began in May 2015.

Naloxone reverses the affects of an opioid overdose.

In an opioid overdose a victim's breathing can slow or stop. Death can occur several hours after taking the drugs. Someone overdosing from heroin or opioids may be very quiet or may irregularly snore or gasp. Gradually breathing slows or stops as their skin turns dusky blue or gray.

When naloxone is applied and it reverses the opioid, usually within 2-5 minutes, the victim will wake up then go into withdrawal. Naloxone wears off in 30-90 minutes. So it is important that if you find someone overdosing, that you call 911, give the naloxone and stay with the victim until paramedics arrive.

Professionals emphasize that people cannot kick an addiction if they are dead. Naloxone saves lives. But to prevent further overdoses, the victim should seek further help.

## STOP OPIOID OVERDOSE- SAVE A LIFE

*For more information about how you can save a life go to:*

[http://  
stopoverdose.org/  
index.htm](http://stopoverdose.org/index.htm)

### *Opioid Overdose Checklist:*

- *Check for signs of opioid overdose*
  - *Slow/no breathing*
  - *Gurgling, gasping or snoring*
  - *Clammy, cool skin*
  - *Blue lips or nails*
- *Try to wake victim*
- *Call 911*
- *Start rescue breathing*
- *Give naloxone if you have it*
- *Stay with the person and keep them breathing*
- *Encourage follow-up medical care*



**OPIOIDS/HEROIN- RESOURCES FOR PREVENTION AND RECOVERY**

You may know someone in your family or a friend who has an addiction to opioids or heroin. Discovering an addiction does not mean that that individual is evil, or that they possess a weak personality. Nor does their race, ethnicity or income have much to do with their addiction. The reasons for the addiction can be from genetics, stresses in their life, and influences from their friends and family.

Being addicted to heroin or opioids is not fun. Most heroine addicts feel stuck and want to get out of their addiction.

An addict can return to normal life. There is no single path for everyone. It may take several relapses for someone to return to what we would call normal.

Support from family and friends is extremely important to success. Help from outside sources is also important for success.

The most important thing to do is to keep your family member or friend alive. Stopoverdose.org (<http://stopoverdose.org/index.htm>) can help you to save a life.

For help in treatment there are several places that you can go to:

**Snohomish County Human Services-**

<http://www.snohomishcountywa.gov/424/Alcohol-Other-Drugs>

**Washington Recovery Help Line (24 hour help)-**

1-866-789-1511 (toll free, WA only)  
<http://www.warecoveryhelpline.org/>

**Washington Poison Center-**

800-222-1222  
<http://www.wapc.org/>

**Substance Abuse and Mental health Services Administration-**

This site can give you general information about opioids and heroin-  
<http://www.samhsa.gov/>

This site can help you find treatment services-  
<https://findtreatment.samhsa.gov/>

**OFFICE OF NEIGHBORHOODS**

**MAKING OUR NEIGHBORHOODS SAFER**

**Homeless Outreach-**  
 Sgt. Ian Huri  
 Phone: (425) 508-8291  
 Email: [neighborhoodwatch@snoco.org](mailto:neighborhoodwatch@snoco.org)

**Community Outreach-**  
 Sgt. Dave Hayes  
 Phone: (425) 388-5307  
 Email: [david.hayes@snoco.org](mailto:david.hayes@snoco.org)

**SHERIFF'S OFFICE CRIME PREVENTION WEB PAGE:**

<http://www.snohomishcountywa.gov/289/Crime-Prevention>

**NEWSLETTER INFO**

**EDITOR**  
 Steve Moller

If you have questions regarding this newsletter or any articles that appear in it, please contact the editor at [neighborhoodwatch@snoco.org](mailto:neighborhoodwatch@snoco.org)



Snohomish County Sheriff's Office: 425-388-3845  
 Online Tips: <http://snohomishcountywa.gov/303/Anonymous-Tips>  
 Crime Stoppers of Puget Sound: 1-800-222-8477