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Washington Association of Alcoholism and Addiction Programs (AAP)

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Board Chair

National Association of Addiction Treatment Programs (NAATP)

www.naatp.org



Lakeside-Milam Recovery Centers

WASHINGTON STATE

TITLE 70 RCW

**PUBLIC HEALTH AND
SAFETY**



RCW 70.96 A

**TREATMENT FOR
ALCOHOLISM INTOXICATION
AND DRUG ADDICTION**



DISEASE DEFINED BY

WORLD HEALTH ORGANIZATION (WHO)

AMERICAN MEDICAL ASSOCIATION (AMA)

**SUBSTANCE ABUSE AND MENTAL HEALTH
ADMINISTRATION (SAMSHA)**

NATIONAL INSTITUTE OF DRUG ABUSE (NIDA)

WASHINGTON STATE - RCW & WAC

AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM)



AMERICAN SOCIETY OF ADDICTION MEDICINE

PATIENT PLACEMENT CRITERIA

ASSESSMENT

DIAGNOSIS

TREATMENT PLANNING



LEVELS OF CARE

OUTPATIENT

**INTENSIVE OUTPATIENT AND PARTIAL
HOSPITALIZATION**

RESIDENTIAL AND INPATIENT

MEDICALLY MANAGED INPATIENT (DETOX)



CHANGES AND CHALLENGES

STIGMA

HEALTHCARE REFORM

The Mental Health Parity and Addiction Equity Act (2008)
Affordable Care ACT (2010) Essential Benefit

MEDICATION ASSISTED TREATMENT (MAT)

OPIATE EPIDEMIC

Overdose
Prescription Medication
Heroin

PUBLIC POLICIES AROUND DRUGS AND ACCESS

DEFERRED PROSECUTION



SOLUTION

INCREASED UNDERSTANDING

CHRONIC NATURE OF DISEASE

Relapse

Progression

RESEARCH

TREATMENT OPTIONS

COLLABORATION



Impact of Washington State Initiative 1183 (alcohol system de-regulation)

Washington State Traffic Safety Conference
Current Northwest Trends and Impacts
October 14, 2015

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Senior Research Scientist
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Multnomah County/OR Health Authority,
Public Health Division

Acknowledgements

Many thanks to multiple partners who support this ongoing study

- I-1183 Study Advisory Team
 - Rusty Fallis, Washington State Office of the Attorney General – advisory chair
 - Rick Garza & Mary Segawa, WA Liquor Control Board
 - Michael Langer, WA DSHS Dept Behavioral Health & Recovery
 - Steve Schmidt, Natn’l Alcohol Beverage Control Association
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 - Judy Cushing, Oregon Partnership
 - Leslie Walker MD, Seattle Children’s Hospital
 - Denise Fitch, Education advocate
 - Myra Parker, PhD JD, University of Washington
 - Bill Kerr PhD and Tom Greenfield PhD, Public Health Institute Alcohol Research Group
 - Sondra Storm, Multnomah County Health Department Strategic Prevention Framework Coordinator
- Study Staff Team Members and Key Partners
 - Myde Boles PhD, Susan Richardson MPH, Julie Maher PhD – PDES Oregon
 - Erica Austin PhD, Bruce Pinkleton PhD, Stacey Hust PhD – Washington State University
 - Nancy Sutherland, University of Washington Alcohol and Drug Abuse Institute (ADAI)
 - Atar Baer PhD, Jeff Duchin MD and Nadine Chan PhD, Public Health Seattle & King County
- Principal Investigators
 - Julia Dilley, PhD MES – Program Design & Evaluation Services, Multnomah County & Oregon Health Authority
 - Linda Becker PhD – Washington State Department of Social & Health Services
- This study is funded by Public Health Law Research, a national program of the Robert Wood Johnson Foundation

Background: Change in Law

- **WA I-1183:** “privatized” alcohol distribution (Nov 2011)
 - Moved sale of spirits/hard liquor from a limited number of small, state-controlled stores to the private sector

Initiative Promises	Critical Concerns
<ul style="list-style-type: none">• More revenue for state• More convenience for consumers• Tight restrictions to protect youth	<ul style="list-style-type: none">• Increased availability of hard liquor• Increases in alcohol-related public health outcomes

- Washington and Oregon received a research grant to study the real impacts

Highlights of Findings to Date

I-1183

Implementation date: **June 1, 2012**

Changing Spirits Sales Laws & Policies

May 31, 2012 and before...



June 1, 2012 and after..



When you buy 2 quantities

Captain Morgan Spiced Rum
or Wild Turkey,
Santal's Selection,
250 ml
13.99
With Card

Coca-Cola, Pepsi or 7UP
Selected Varieties, 12 pk,
12 oz Cans or Coca-Cola
or Pepsi Bk, 12 oz Bottles
2\$9
for
With Card

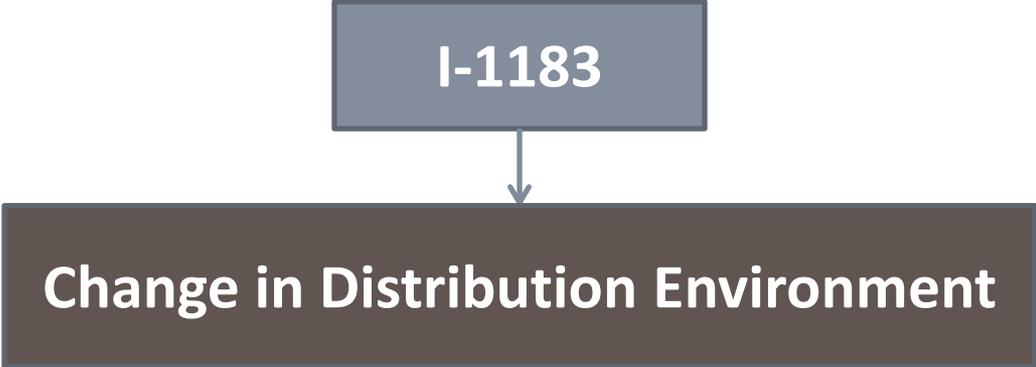
Gatorade or G2
Selected Varieties,
8 pk, 20-oz Bottles
5.49
With Card

Black Velvet
1.75L Bot or
Santal's J&M,
250 ml
15.99
With Card



Summary of Findings to Date

I-1183



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graph TD; A[I-1183] --> B[Change in Distribution Environment]
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Change in Distribution Environment

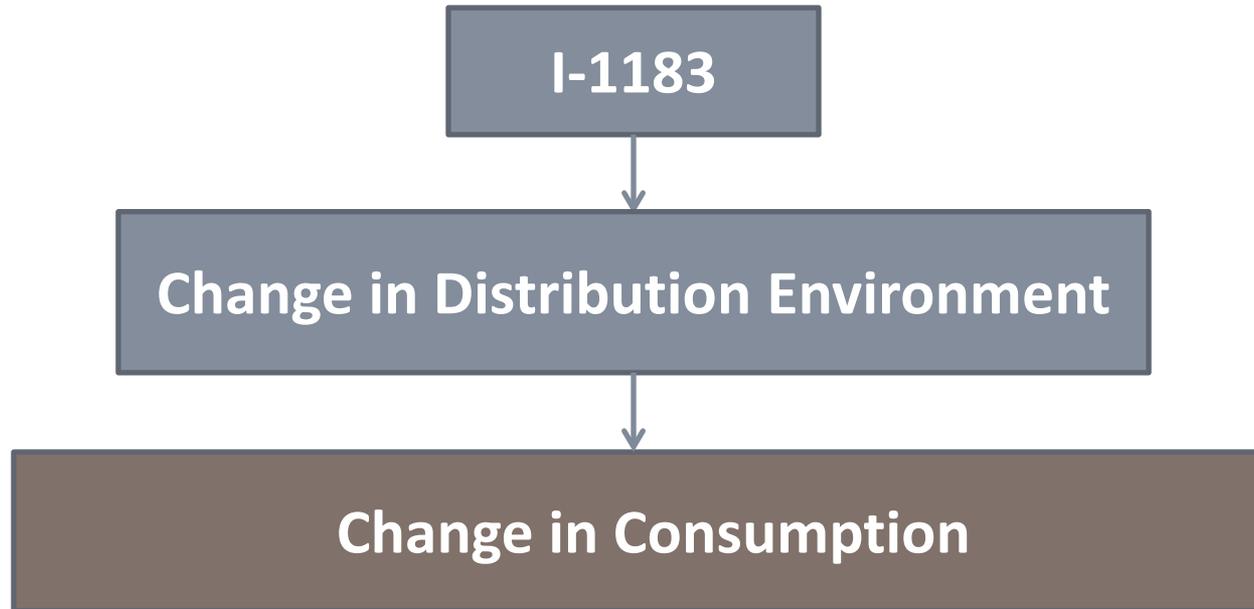
Spirits Distribution Environment

1-2 years after the change in law

There are **more places and times to get spirits**

- Increased number of spirits retailers
 - 328 to 1400+
- Increased potential maximum hours of sale
 - 73 to 140
- Similar resources for enforcement
 - # of state Liquor Control Board (LCB) officers

Summary of Findings to Date



Alcohol Consumption & Predictors of Consumption

Youth alcohol use & binge drinking continued to decline
similar to recent trends & the US trend

- Some predictors of future youth drinking initially increased, however the impact diminished over time

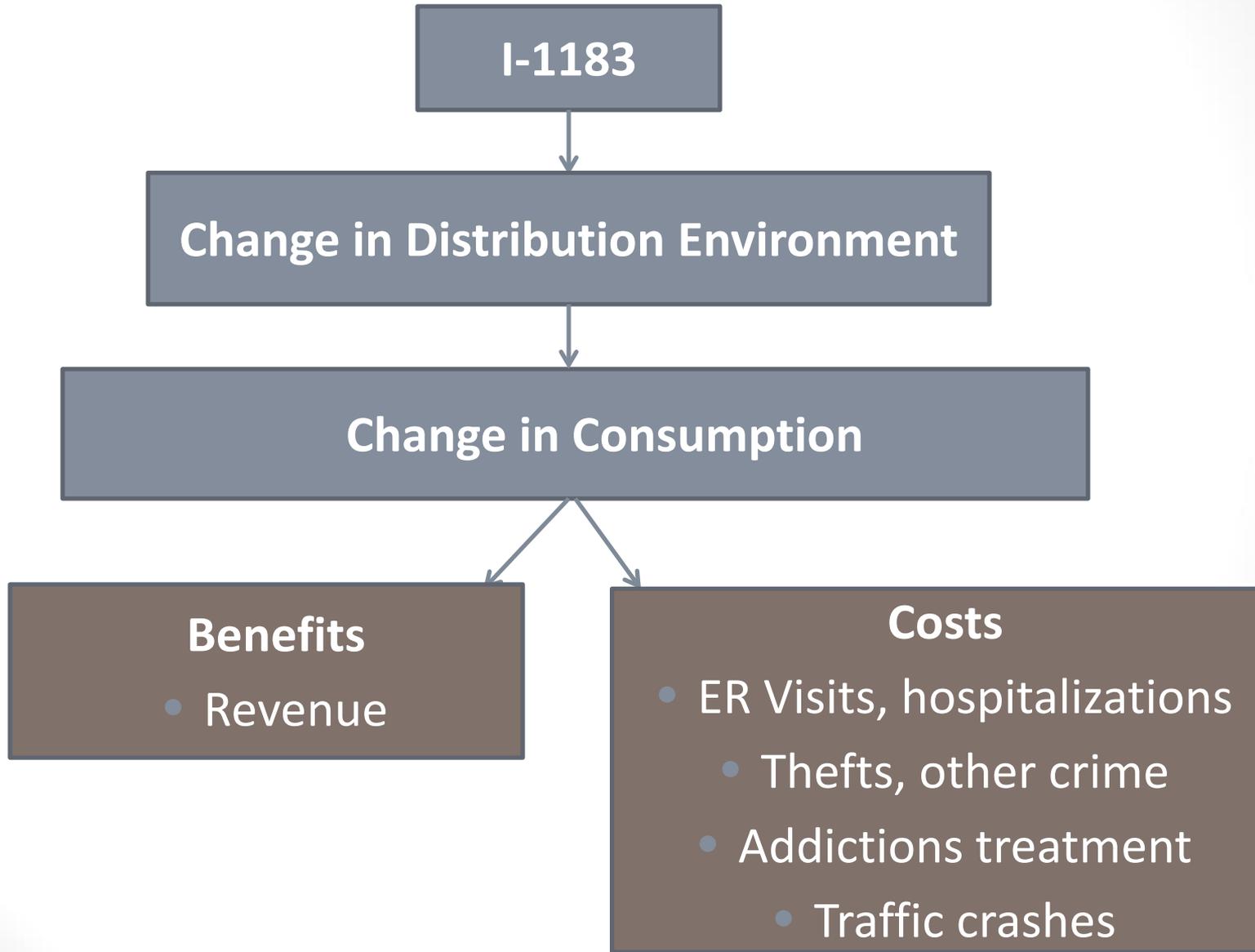
Adult drinking increased slightly

- “any alcohol drinking” and spirits-specific drinking

More spirits were sold

- About 1.1 million “extra” liters of spirits sold in Washington State by off-premise retailers
- a 3-4% increase overall

Summary of Findings to Date



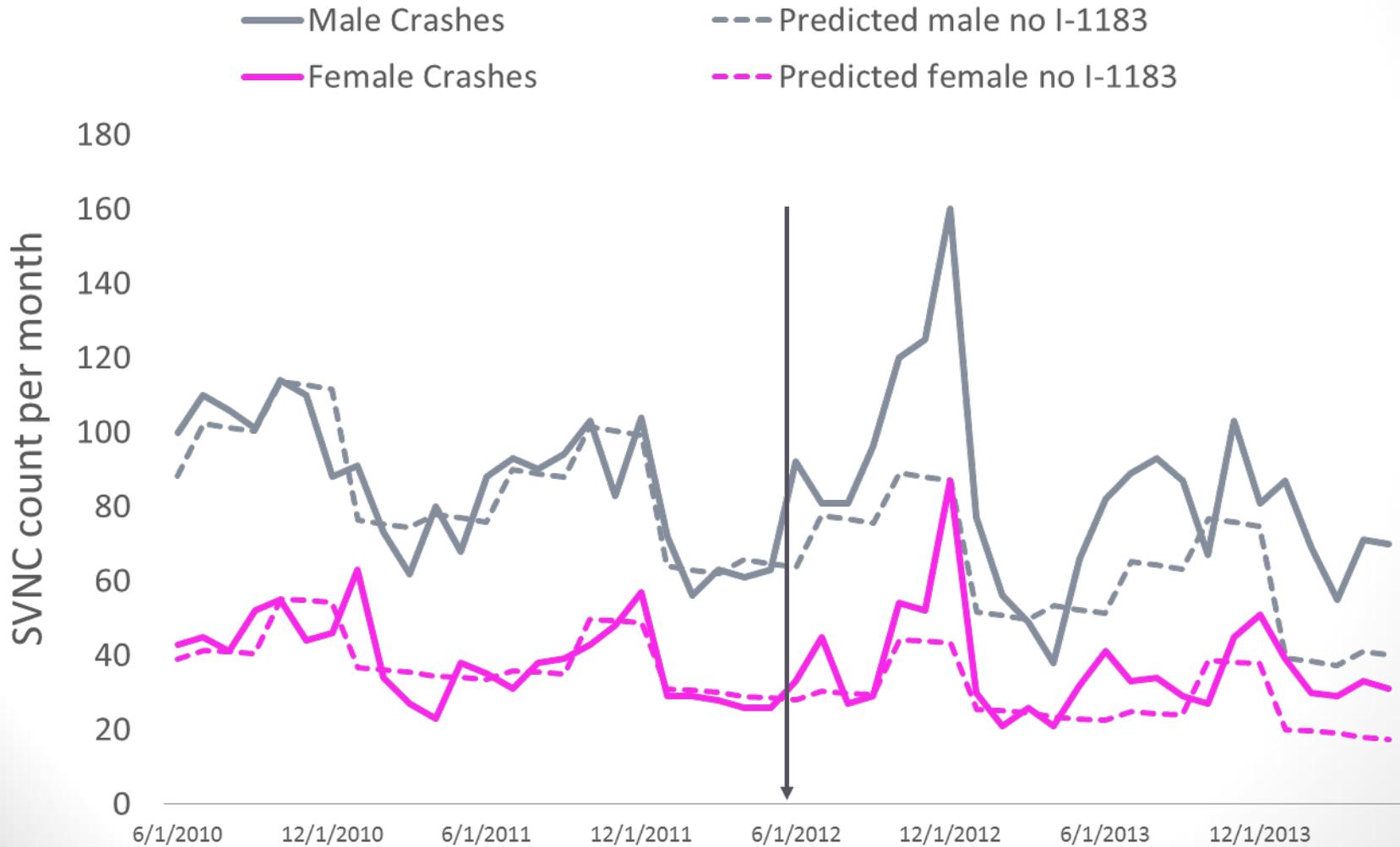
Unclear impact: DUI and Alcohol-related Fatal Crashes

- Overall **counts of DUI arrests and Fatal Crashes declining** – similar to recent historical and national trends
 - Some research shows fewer DUIs with increased density of off-premise alcohol retailers
 - Other interventions implemented to reduce DUI and related impacts
 - Traffic safety improvements
 - “ignition interlock devices”
 - Confounders
 - Changing (decreasing) law enforcement capacity, especially within State Patrol

Methods

- **Data Source:** Department of Transportation record-level crash data
 - June 2010- May2014 (24 months post-law)
- **Outcome: monthly number of Single Vehicle Nighttime Crashes (SVNC)**
 - Allows for examination of driver age and gender
 - Proven proxy for alcohol-impaired driving: 50-67% of single vehicle crashes between midnight-3am involve alcohol (we used broader range of time)
- Linear regression models, stratified by age & gender
 - Historic trend (numeric values for month, centered at May 2012)
 - Policy (1/0 for pre- and post-June 2012)
 - Quarter (accounts for seasonality)
 - Explored: interaction term (date x policy)

SVNC Counts, Driver Age 15-20



Summary

Increased crashes among young drivers

- Observed monthly SVNCs among minor drivers (<21) vs. predicted crashes, summed over the 2 year period
 - 35% increase among males (“extra” 21 crashes/month)
 - 30% increase among females* (“extra” 9 crashes/month)
- Estimated total of 700 excess crashes among young drivers in 2 year post-law period
- Substantial “bump” in 6 months immediate post-law period
- Overall rate remains higher than pre-law

No significant change among older driver groups

* Not statistically significant at $p < .05$

Potential limitations of Study

- Changes in marijuana laws – alcohol & marijuana use combined may have an even stronger impact on crashes than either alone
 - Decriminalization of marijuana possession in December 2012, but not for people under 21
 - Increase still present after removing the December 2012 “spike”
- Texting/Distracted Driving may also contribute
 - No known major shifts in availability or policy during this period
- Single vehicle nighttime crashes are only a portion of total crashes (~20%)

Conclusions

- “Privatization” of alcohol (spirits) sales was associated with increases in one measure of alcohol-associated traffic crashes for minor drivers (ages 15-20), especially males
- States or entities de-regulating alcohol/spirits distribution systems should enhance efforts to prevent traffic crashes among young drivers, especially immediately after a change in law
- Simple comparisons of crude counts of DUI or fatal crashes may not be sufficient to understand patterns in impaired driving

Thank you!

Julia Dilley

julia.dilley@state.or.us

Current Northwest Drug Trends and Impacts: Marijuana

Traffic Safety Conference

Washington Traffic Safety Commission

**Double Tree by Hilton
SeaTac, Washington
October 14, 2015**

**Steven Freng, Psy.D., MSW
NW HIDTA Prevention/Treatment Manager**

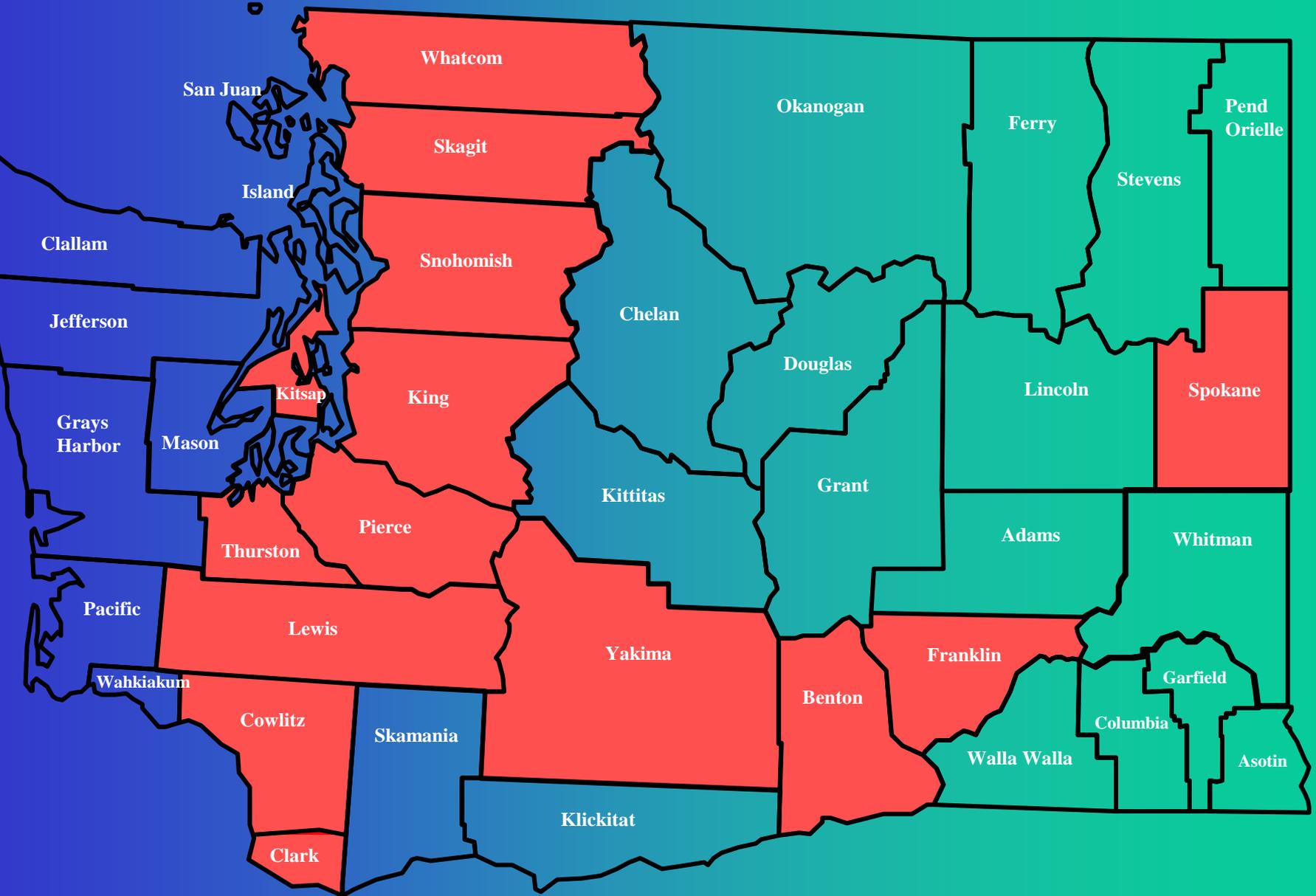
What is a HIDTA?

“HIGH INTENSITY DRUG TRAFFICKING AREA”

HIDTAs are part of the national drug control strategy. They are grant programs managed by the Office of National Drug Control Policy, awarded to geographic areas that are considered to be critical centers of drug production, manufacturing, importation, distribution and/or chronic consumption.

Northwest HIDTA

NORTHWEST HIGH INTENSITY DRUG TRAFFICKING AREA



Northwest HIDTA Strategy

Combining Public Safety and Public Health Approaches:

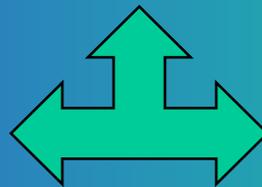
ENFORCEMENT

Investigative Support
Task Force Support

PREVENTION

Community Coalition
Support

Public Education &
Awareness



TREATMENT

Drug Court
Programs

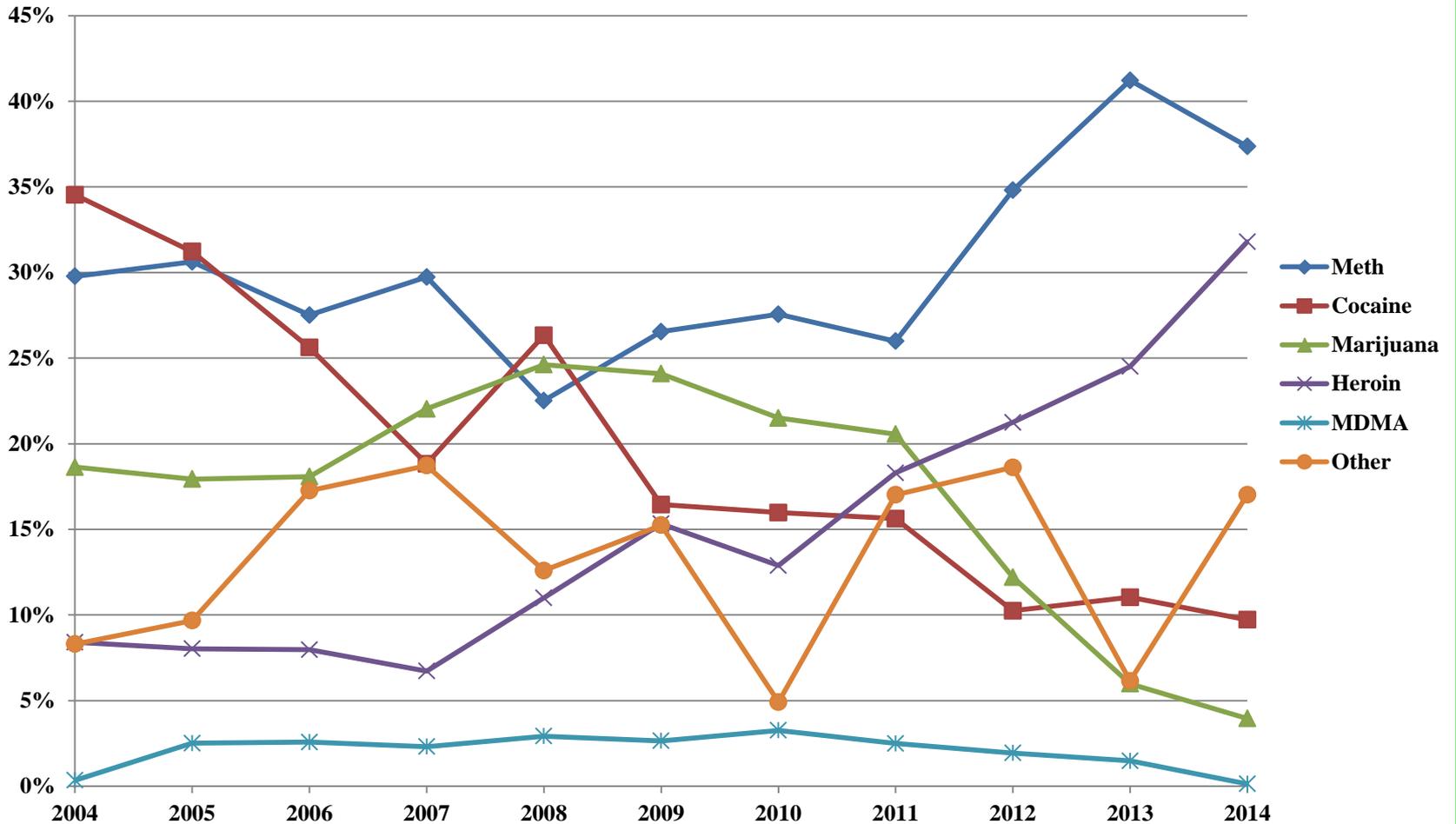
Data Management
& Evaluation

Threat Indicators

“Critical Events” registered with the
NW HIDTA by 61 L.E.A.s in 1998:

• Cocaine:	128
• Methamphetamine	79
• Heroin	33
• Marijuana:	27
• Other:	<u>6</u>
	273

Percentage CEV by Drug



Threat Indicators

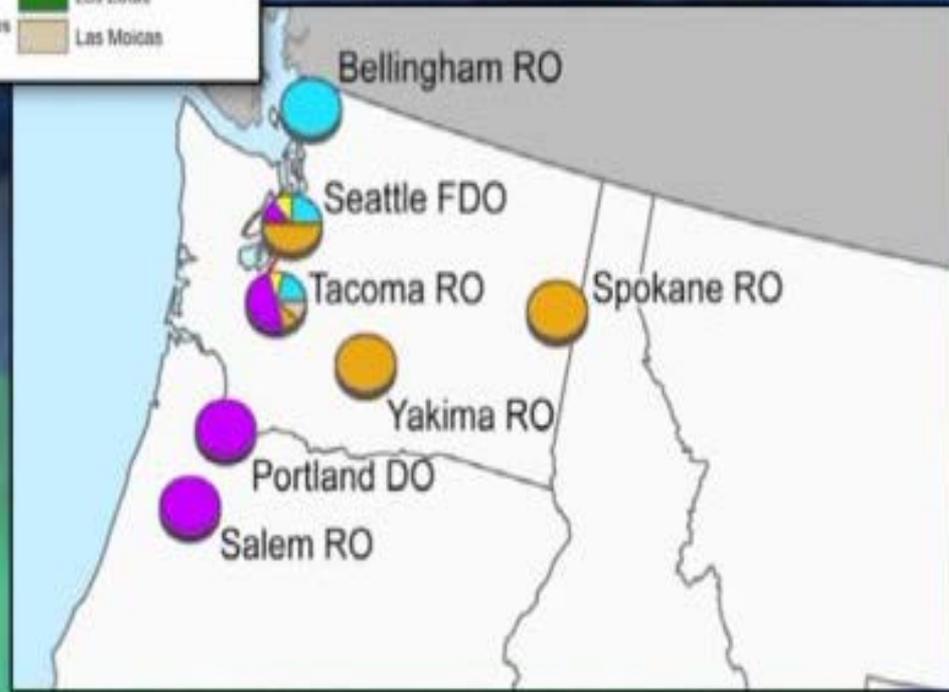
Critical Events registered by 150 L.E.A.s 2011-14

	2011	2012	2013	2014
Methamphetamine	1,342	1,753	1,976	1,907
Heroin	945	1,070	1,175	1,623
Marijuana	1,062	615	287	202
Cocaine	807	516	529	496
Synthetic Narcotics Rx Opiates	478	605	460	354
MDMA (Ecstasy)	129	98	71	7
Pharmaceuticals Controlled Substance Non-specific	0	0	0	454
Other	401	380	296	61
TOTALS	5,164	5,037	4,794	5,104

Marijuana Production in WA State

- **Black Market – app. 60,000 plants seized in 2015**
- **Medical – app. 1,000 dispensaries plus estimated additional 1,000 collective gardens: app. 100,00 plants**
- **Licensed – app. 100 acres licensed to producers: app. 484,000 plants**

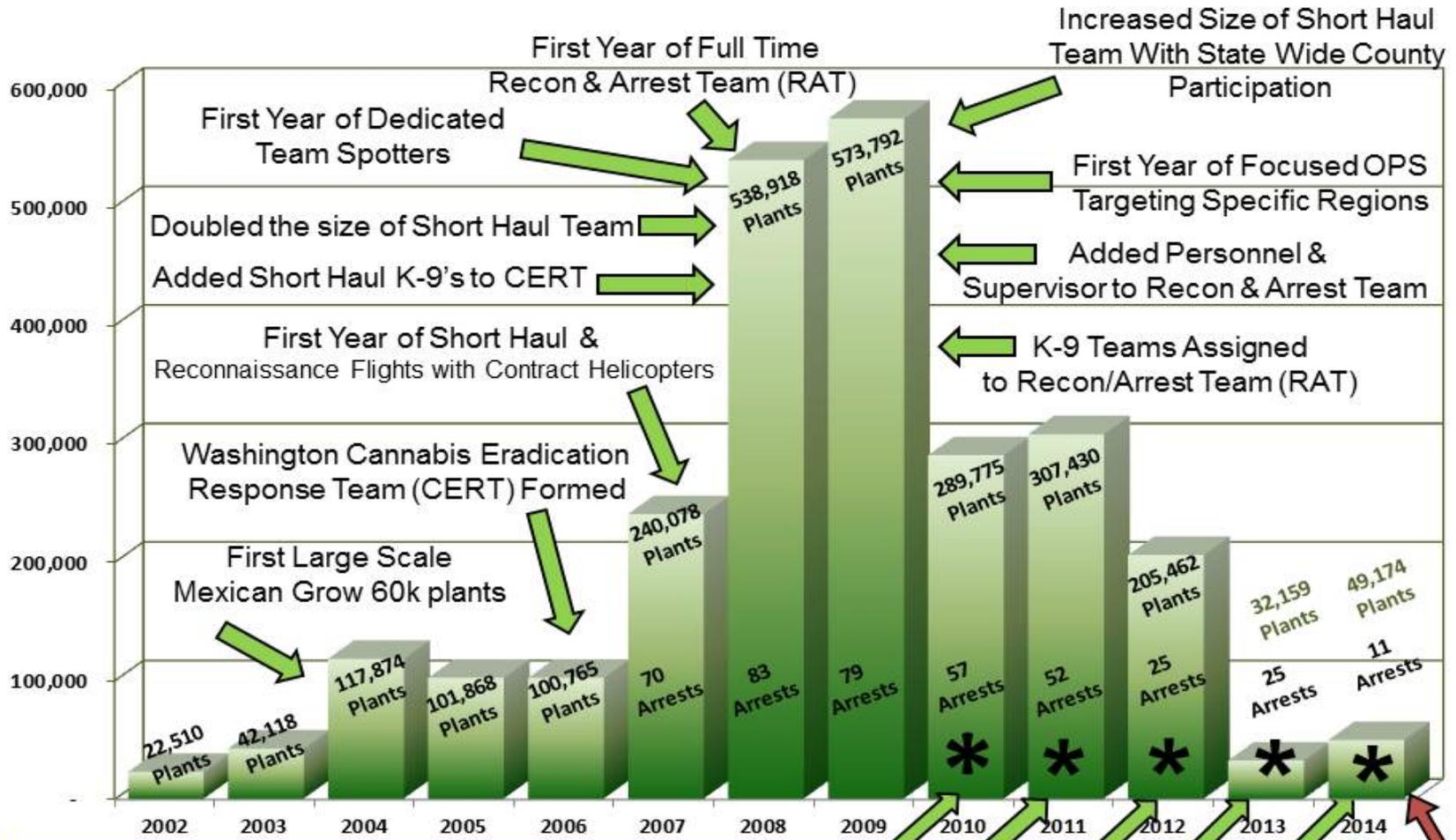
CARTELS IN THE NORTHWEST



CERT Eradication Totals 2002-14

NORTHWEST HIGH INTENSITY DRUG TRAFFICKING AREA

Washington Outdoor Plants/Arrests & Enforcement

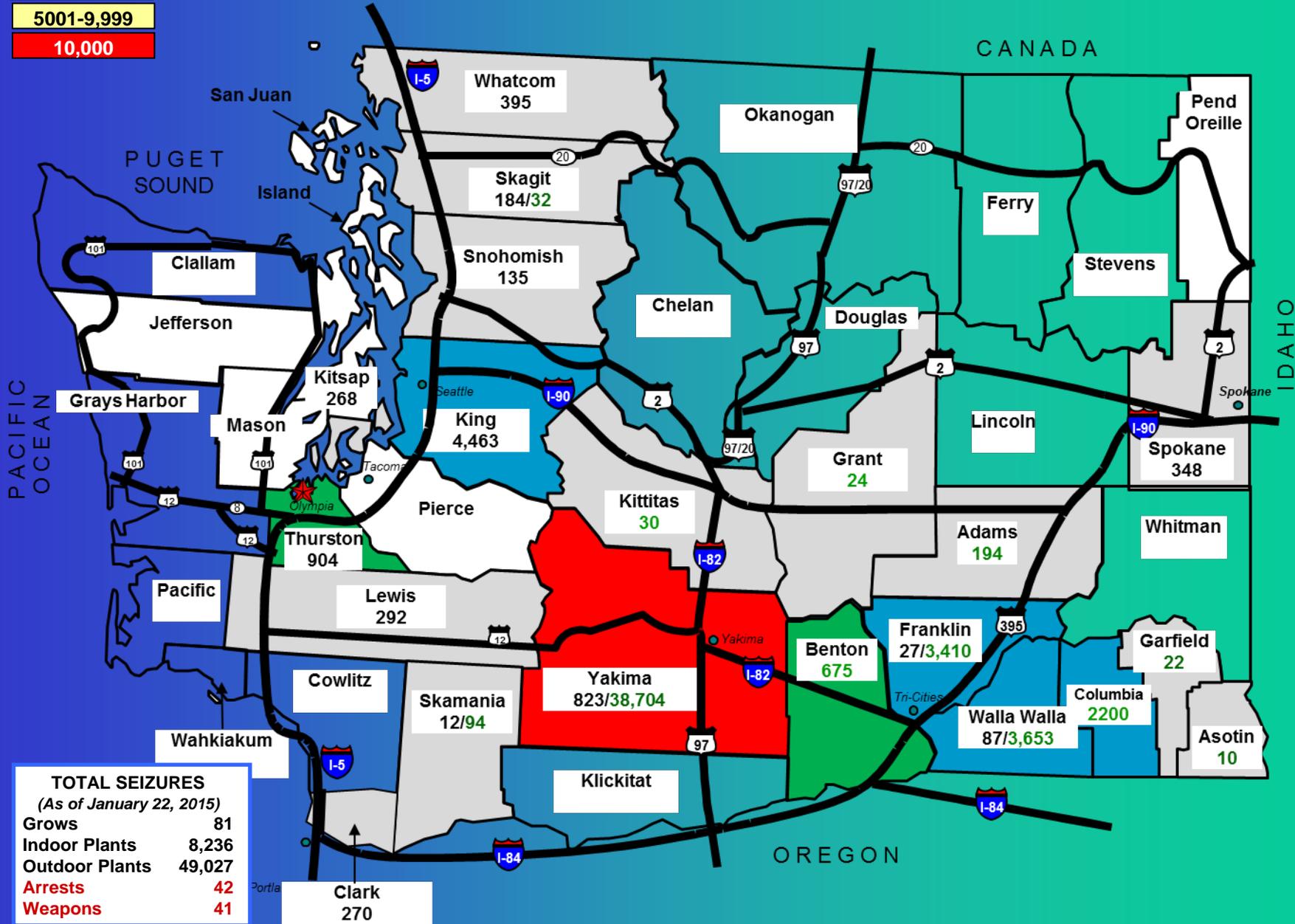


*** Full CERT package in place:** Team Spotters, Contract Helicopters, Short Haul-Erad. Team Recon/Arrest Team & K-9 Teams with Focused Operations in 2010, 2011, 2012, 2013, 2014

WA Bill i-502

NORTHWEST HIGH INTENSITY DRUG TRAFFICKING AREA

2014 Marijuana Eradication Statistics Statewide
57,263 Marijuana Plants Seized



TOTAL SEIZURES	
<i>(As of January 22, 2015)</i>	
Grows	81
Indoor Plants	8,236
Outdoor Plants	49,027
Arrests	42
Weapons	41

NORTHWEST HIGH INTENSITY DRUG TRAFFICKING AREA





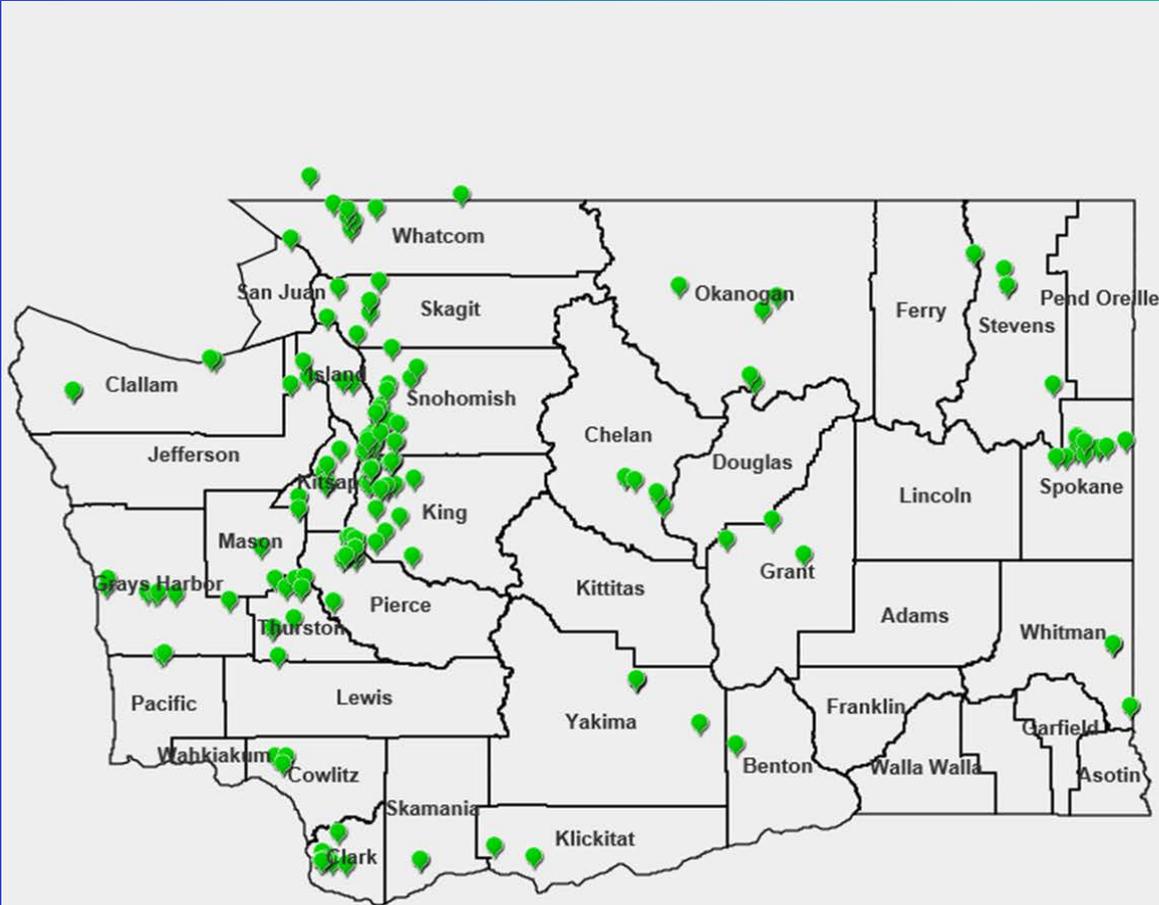
2012 Rand Study

- Rand “Before the Grand Opening” Study found:
 - 750,000 estimated smokers in WA State
 - 64% of who use at least 21 days per month
 - Consuming 1.3-1.9 grams daily
- At that rate of consumption, WA State smokers consume 135-225 metric tons of marijuana annually (the Liquor and Cannabis Board set the original production ceiling at 80 metric tons)
- King County accounts for 30% of the total; Pierce and Snohomish counties 11% each

Implementation Update

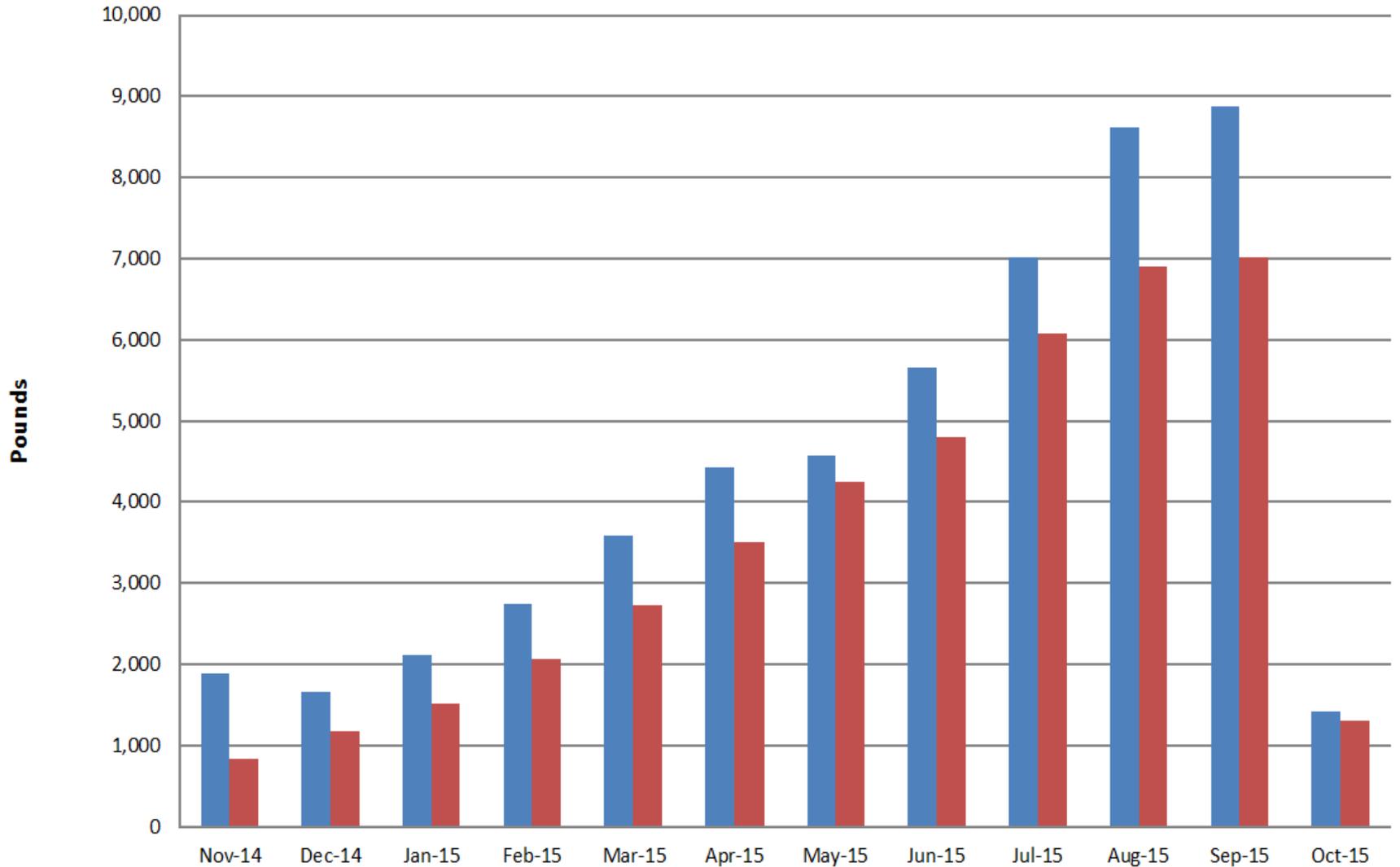
- **Of the 281 cities and towns in WA State**
 - 68 cities and towns have enacted prohibitions against wholesale and retail businesses
 - 30 cities and towns have moratoriums in place
- **Of the 39 counties in WA State**
 - 4 counties have moratoriums in place: Lewis, Franklin, Garfield and Columbia
 - 5 counties have prohibitions: Pierce, Yakima, Clark, Klickitat and Walla Walla
- **The LCB has increased production to 8.5 million square feet (195 acres) – over 5 million square feet are licensed**
- **The LCB has licensed 204 stores, with 182 reporting sales**
- **The LCB has licensed 166 producers, with 110 pending; 510 producer/processors, with 27 pending; and 61 processors, with 27 pending**
- **To date: \$429,336,174 in sales; \$105,895,819 in excise taxes due**

Retail Marijuana Store Locations



NORTHWEST HIGH INTENSITY DRUG TRAFFICKING AREA

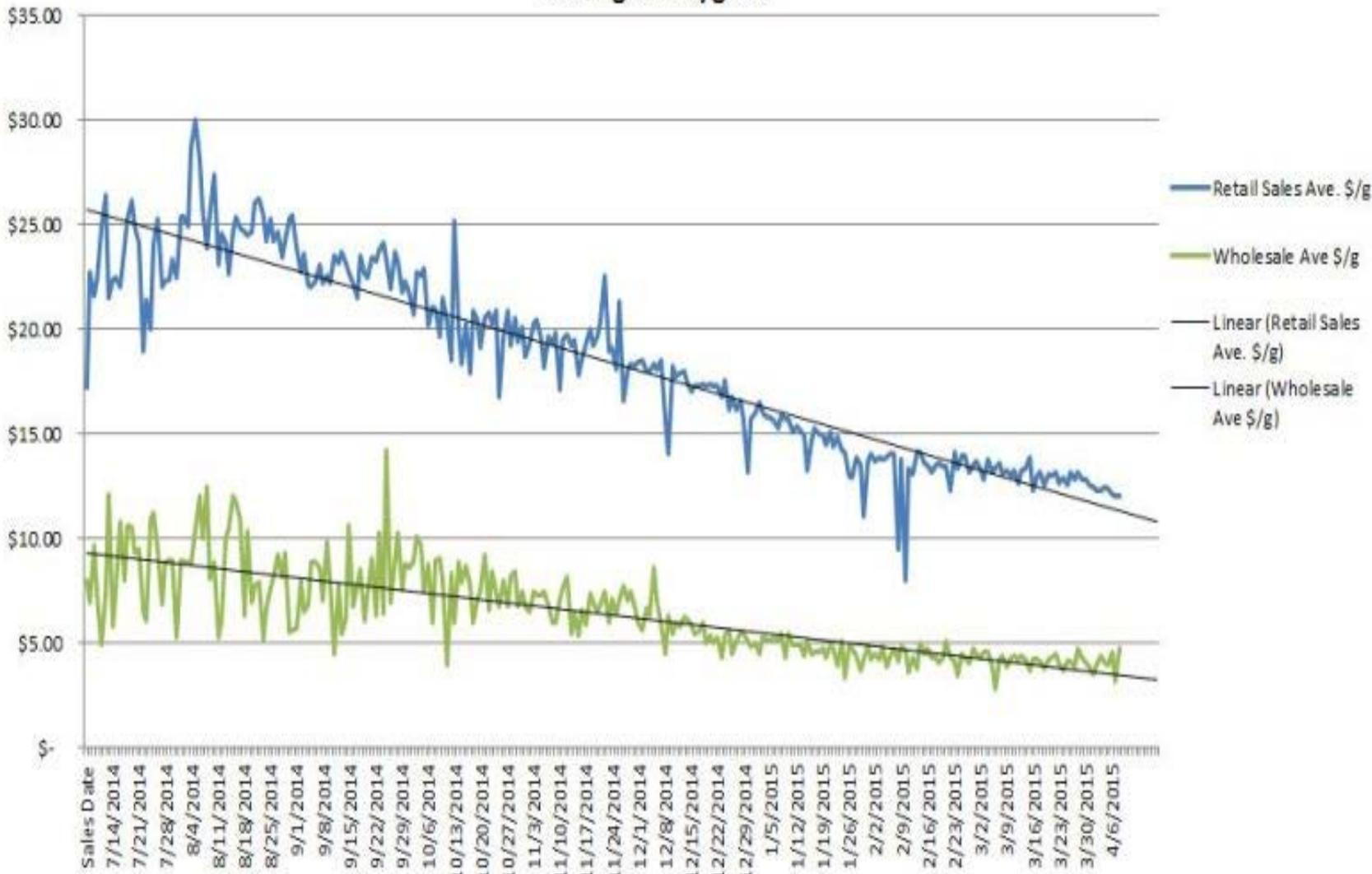
Usable Marijuana Production and Sales



	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
Pounds Produced	1,901	1,663	2,122	2,754	3,589	4,428	4,569	5,644	7,009	8,607	8,868	1,432
Pounds Sold	848	1,184	1,529	2,067	2,738	3,519	4,247	4,796	6,077	6,892	7,007	1,312

NORTHWEST HIGH INTENSITY DRUG TRAFFICKING AREA

Usable MJ Retail Sales vs. Usable MJ Wholesales Average Price/gram



Cannabis Patient Protection Act (SB 5052)

Existing 'dispensaries' and collective gardens will be evaluated on a merit-based application process beginning 10/12/15 with special consideration given to these points:

- Applied for a retailers license prior to 7/1/14
- Operated or were employed by a collective garden prior to 1/1/13
- Had applied for a marijuana retailer license prior to July 1, 2014
- Have maintained appropriate business licenses
- Have a history of paying all applicable taxes

Medical Marijuana Endorsements --

- Current retailers may apply for such an endorsement to sell medical grade marijuana in their stores
- If a retailer is endorsed, they may advertise as such and will have the ability to enter qualified patients and designated providers into the Database

Cannabis Patient Protection Act (CPPA)

Elimination of Collective Gardens --

- Now known as 'Cooperatives', must be licensed with the Washington State Liquor and Cannabis Board
 - 4 qualified patients/designated providers may belong to (no minors)
 - Must have a recognition card to belong and must have copies on file at the location
 - Licensed location must be at one of the member's residences
 - Limit of 60 plants allowed on the premise
 - The number of plants per member may vary depending on the limit established on their recognition card by their healthcare provider
 - Example: one patient = 15 plants, another = 20 plants
 - However, 60 plants remains the maximum amount allowed

CPPA

The Database --

- Must be operational by July 1, 2016
- Operated and maintained by the Department of Health
- Implementation of an electronic registry for those qualified patients and designated providers who volunteer to do so
- By entering the database, qualified patients and designated providers will be able to receive a recognition card
- Report to be published by November 1, 2016 regarding the cost, of implementation and administering the Database as well as enrollment figures

CPPA

Recognition Cards --

- Voluntary for a qualified patient or designated provider
- Distributed at endorsed recreational retailers
 - Qualified patients and designated providers will show authorizations from their healthcare providers and ID
- May present to law enforcement for arrest protection
 - Those without a card only have an affirmative defense against certain possession-related crimes
- Information on cards:
 - Unique identifying number
 - Photograph of the cardholder
 - Amount of concentrates, useable marijuana, infused products or plants that have been authorized
 - Effective date and expiration date (1 year duration)
 - Name of the authorizing healthcare professional

CPPA

Possession amounts for those *with* recognition cards:

- 3 ounces of useable marijuana
- 21 grams of marijuana concentrates
- 48 ounces of solid marijuana infused products
- 216 ounces of liquid marijuana infused products
- 6 marijuana plants for growing with 8 ounces of useable marijuana from those plants
- *Patients healthcare provider may issue less/more but no more than 15 marijuana plants*

Possession amounts for those *without* recognition cards:

- 1 ounce of useable marijuana
- 7 grams of marijuana concentrates
- 16 ounces of solid marijuana infused products
- 72 ounces of liquid marijuana infused products



**Meanwhile in
Colorado...**

QUESTIONS?

Contact Information/Resources

Tel: 206.352.3603

sfrenge@nw.hidta.org

“M-Files”: www.mfiles.org

Marijuana “Toolkit”: www.wasavp.org

ONDCP: whitehousedrugpolicy.gov

Washington State's Opioid Epidemic

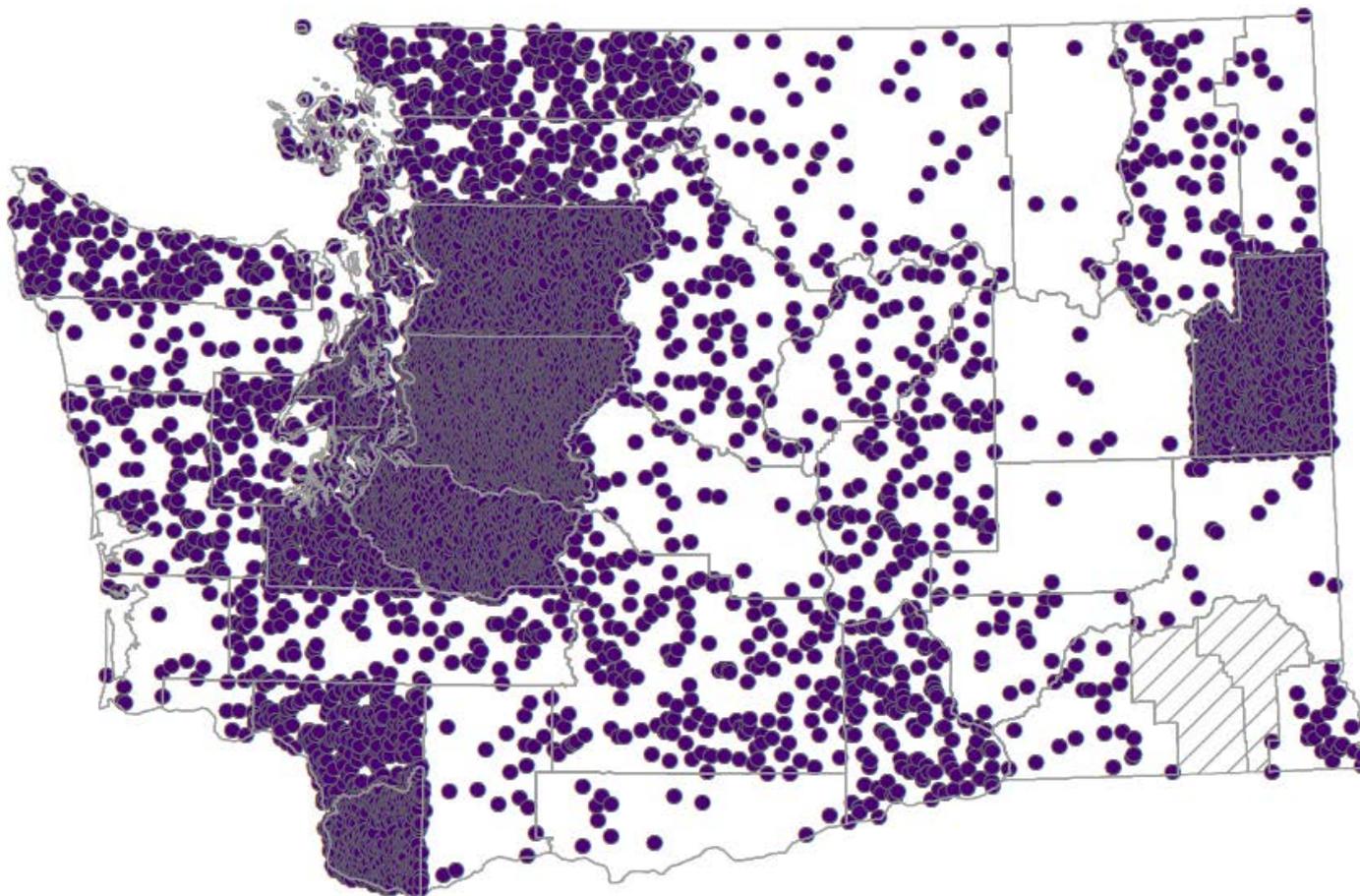
Susan Kingston

Center for Opioid Safety Education
Alcohol and Drug Abuse Institute
University of Washington

Slides credit: Caleb Banta-Green PhD MPH MSW

Opioid Deaths by County 2000 - 2013

Total deaths = 7834



1 Dot = 1 death attributed to any opiate in the 14-year period Data suppressed when count is 1 to 4

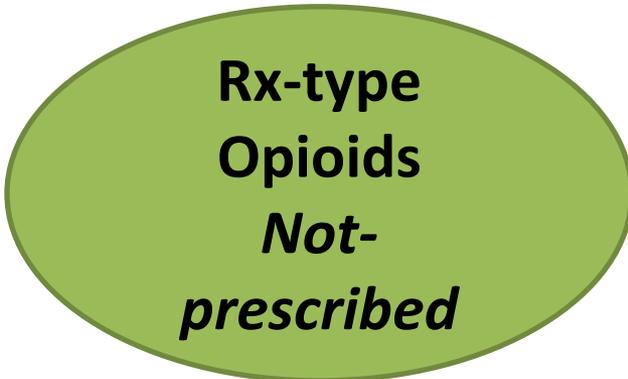
Data from Center for Health Statistics, Washington State Department of Health.
Map created by Alcohol & Drug Abuse Institute, Univ. of Washington.
Residents who died outside Washington excluded.
Dots are randomly allocated within counties.

Opioid involved deaths

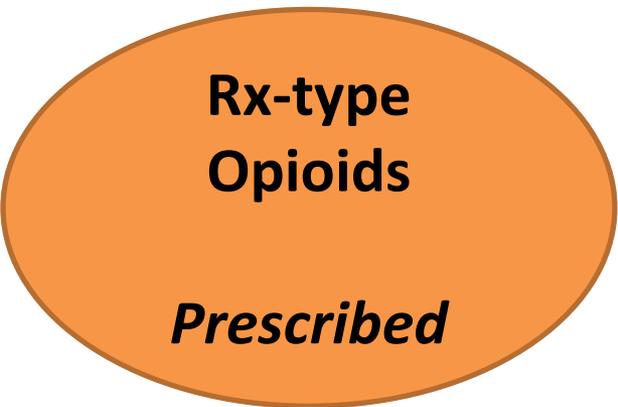
Type of opioid and source



Heroin



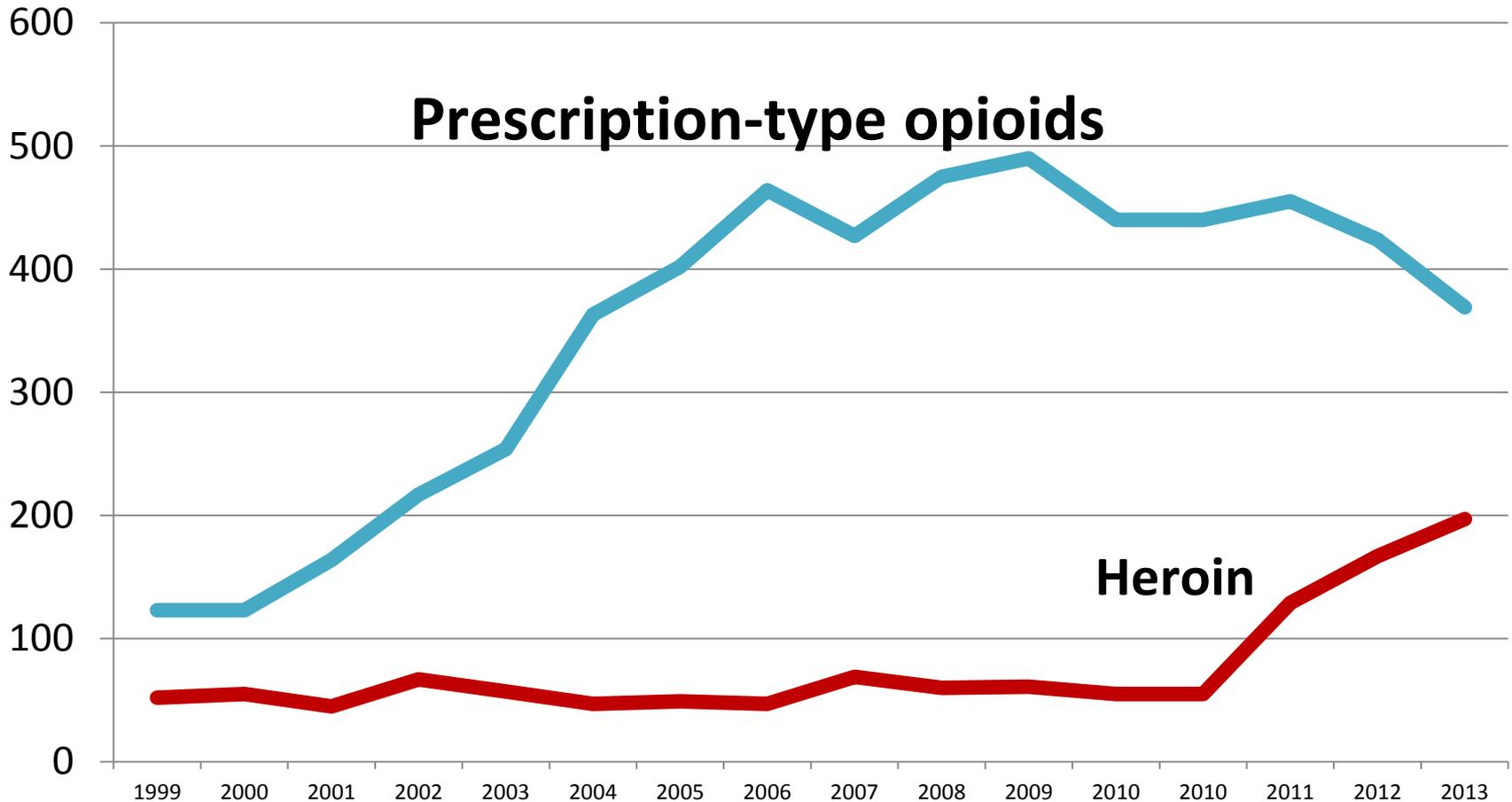
**Rx-type
Opioids
*Not-
prescribed***



**Rx-type
Opioids
*Prescribed***

Proportions approximate

Specific Drugs Involved with Drug Overdoses, WA, 1999-2013

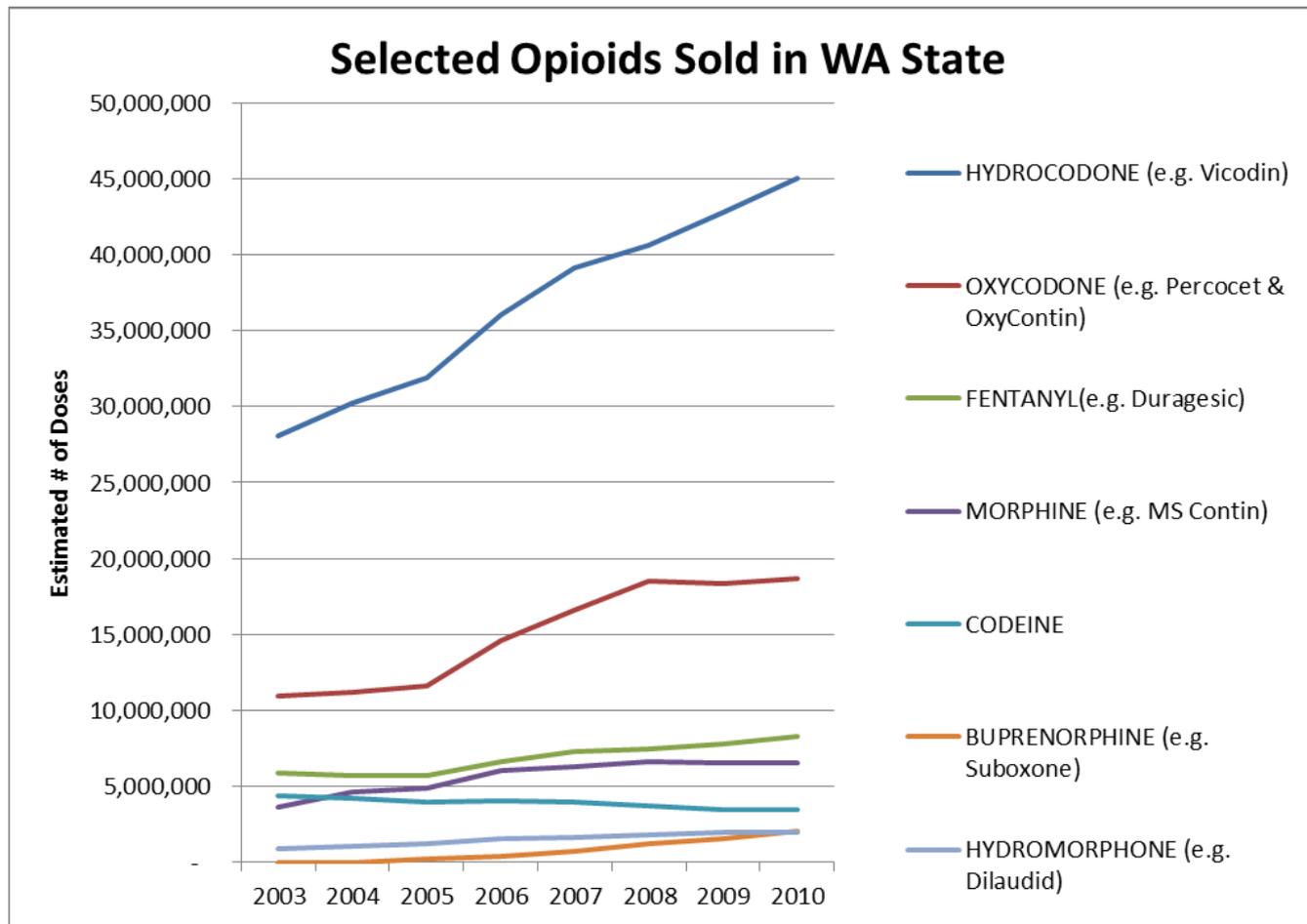


King County data indicate recent heroin increases mostly <30 years of age

Data source: WA State Dept of Health

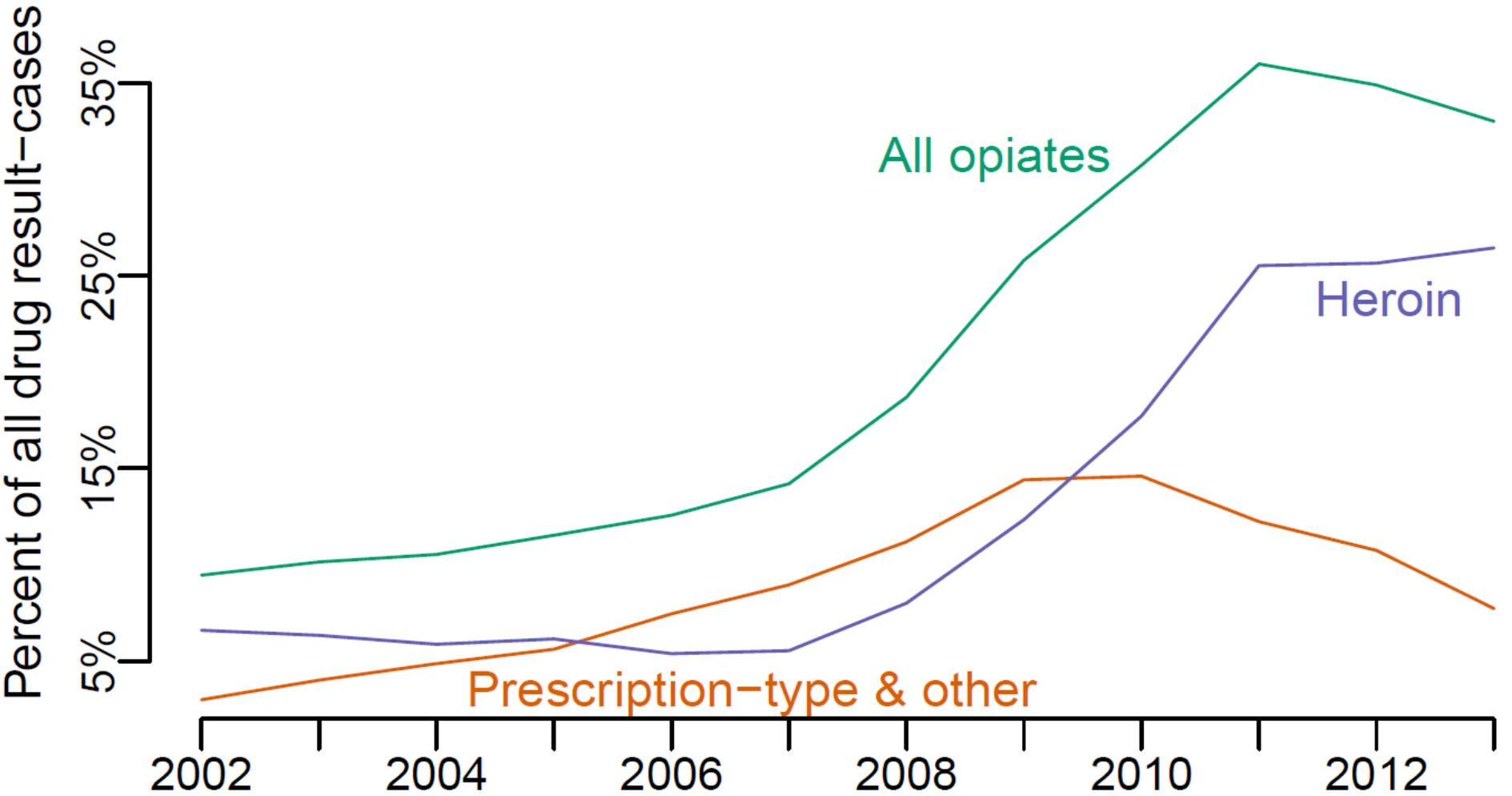
Opioid prescribing - history

- **1996** WA Medical Commission recommends more opioid prescribing for chronic pain
- **2003** WA takes OxyContin off Medicaid formulary
- **2007** State pain/opiate guidelines
- **2010** OxyContin changed- can't be crushed
- **2012** Prescription Monitoring Program available



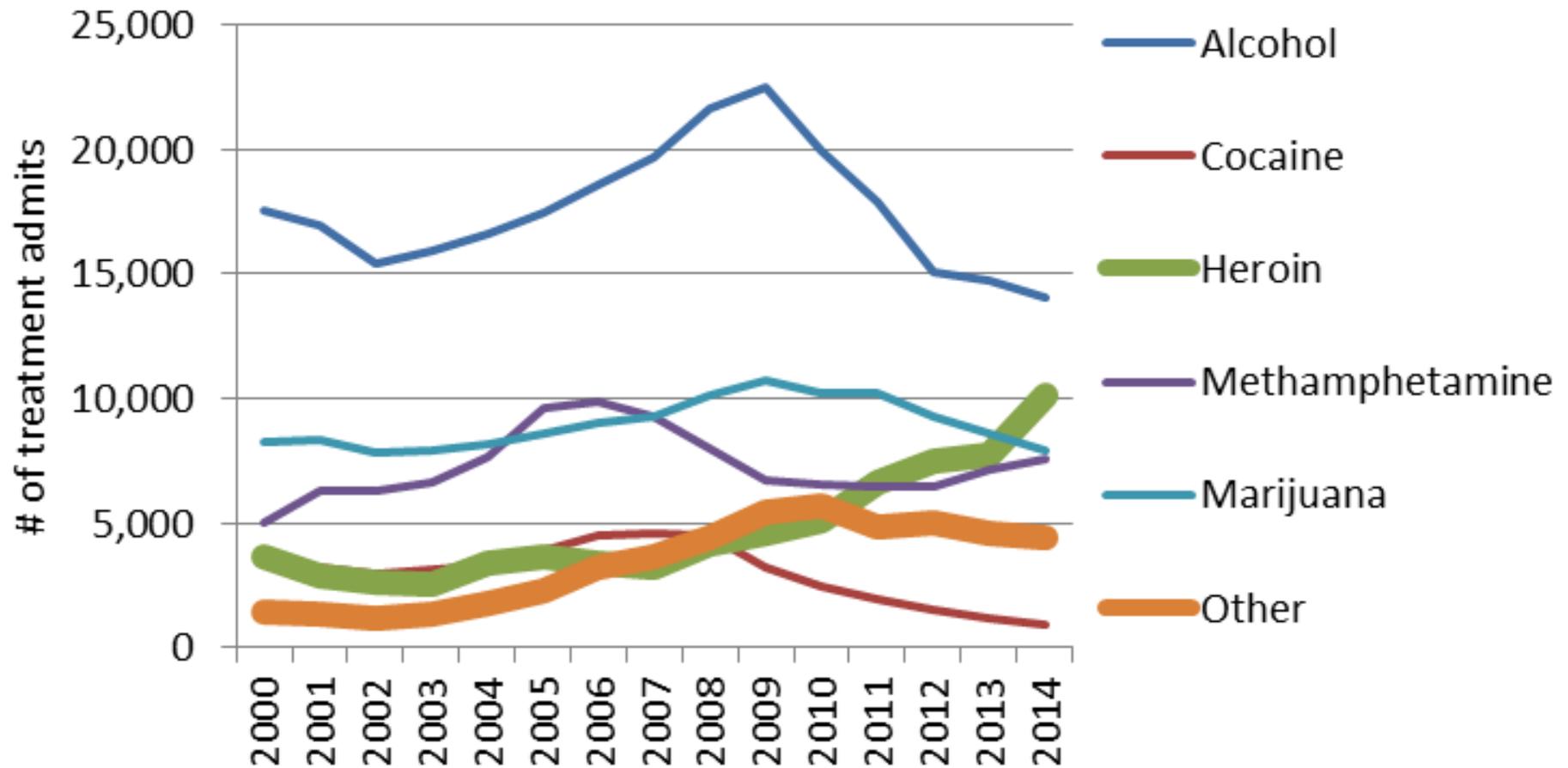
- Prescribing for most opioids began leveling off around 2008-2009

State-wide crime lab cases with opiate results



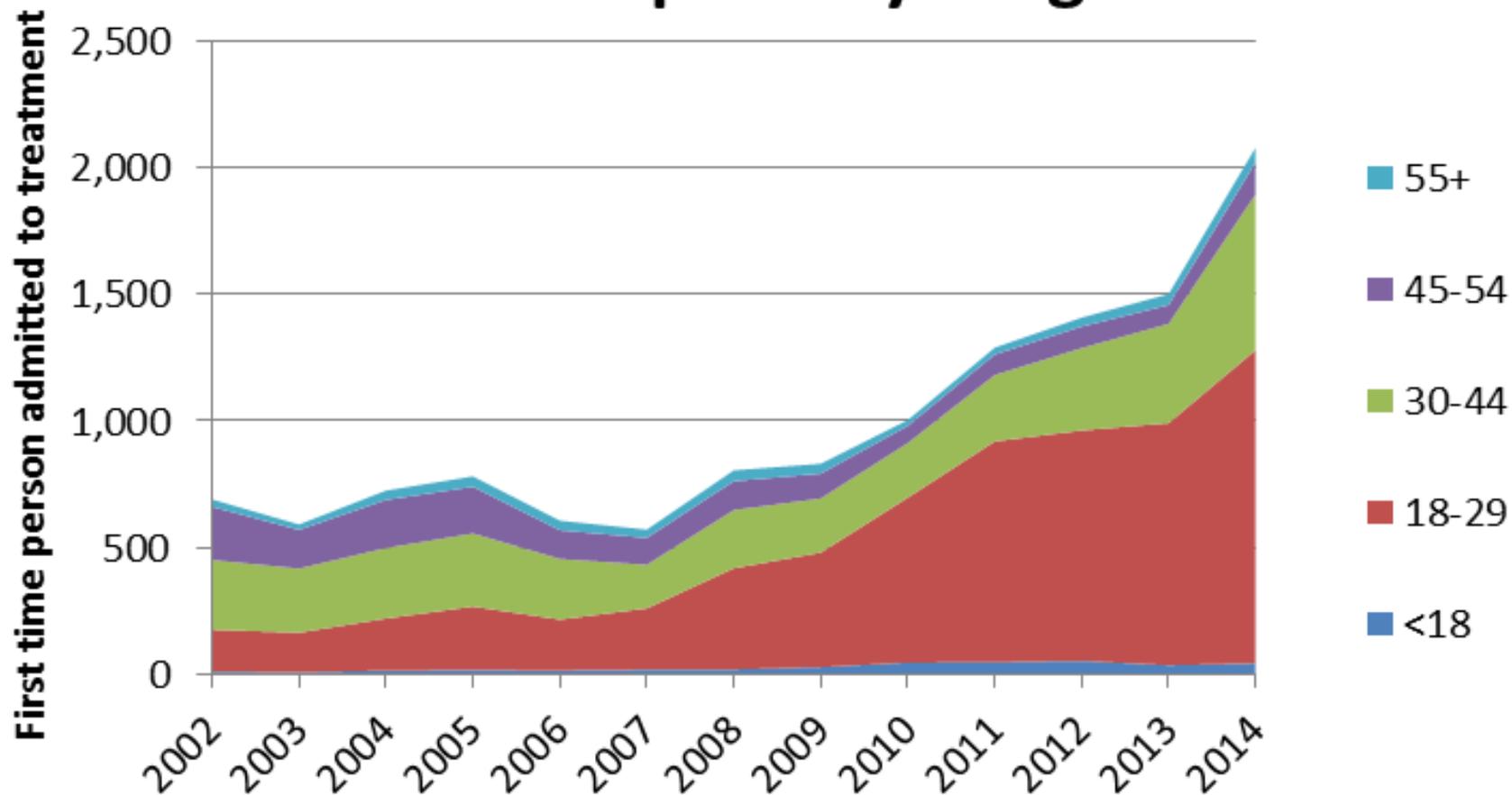
Data source: WA State Patrol- Forensic Lab Services Bureau

WA State Treatment Admits Primary Drug



Data source: DSHS/DBHR TARGET

WA First time in Treatment Heroin primary drug



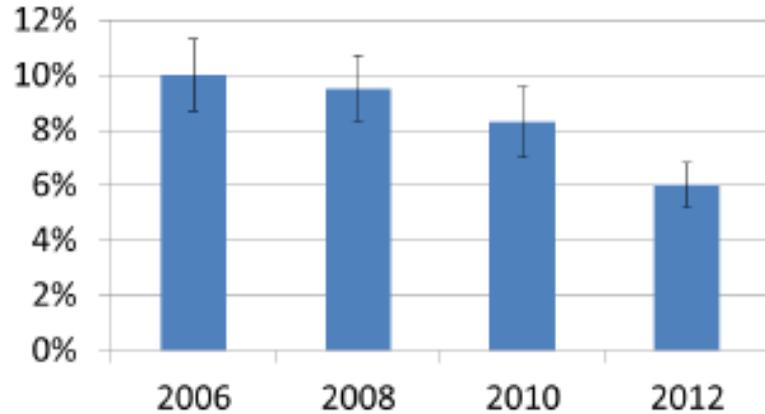
Data source: DSHS/DBHR TARGET

Pain Pills to Heroin

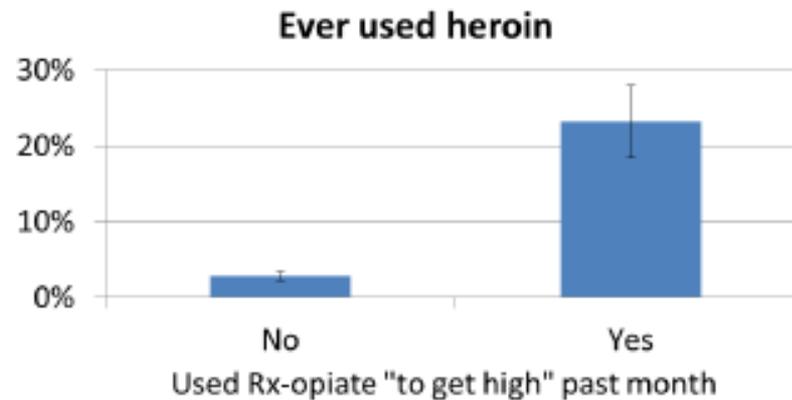


WA Healthy Youth Survey, 10th graders, 2012

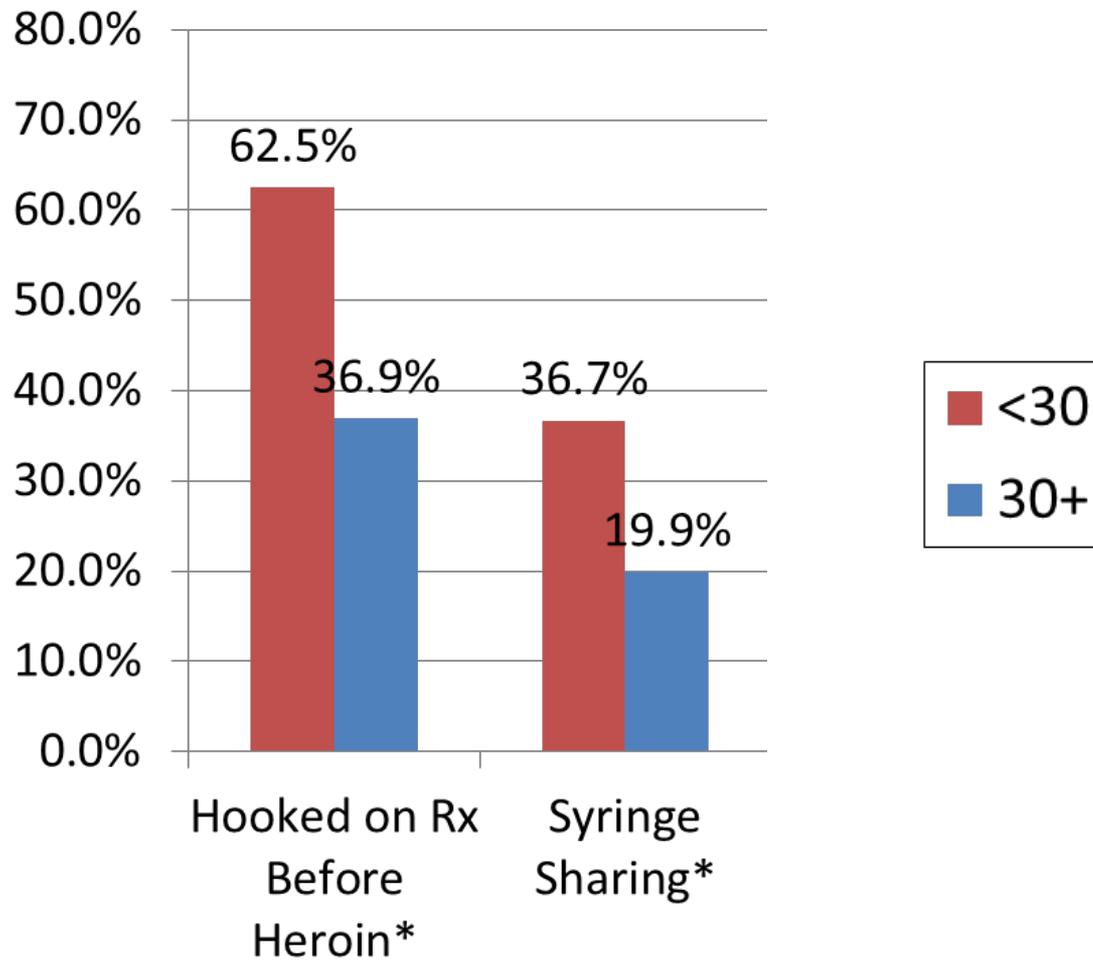
Past month use of Rx-type opiate to "get high"



Past month use of Rx-type opiate to "get high" in 2012 & ever used heroin



2013 Syringe Exchange Survey King County Heroin Users by Age





Taking prescription medicines is typical and normal.

- In 2013 in WA state more than 1 in 4 people had at least one prescription for a controlled substance (e.g. [Vicodin](#), [Valium](#), [Ambien](#))
- More than half of adults take a prescription medicine of any kind.



Access issues



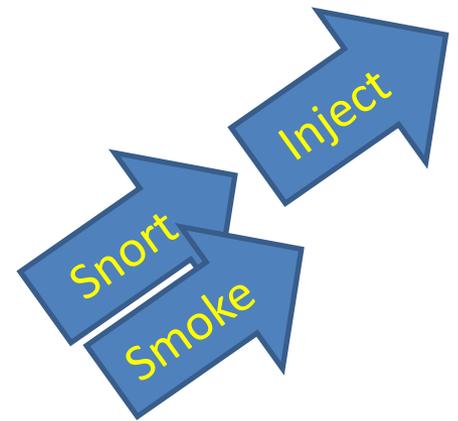
- Most teens get Rx opiates from
 - Own Rx (33%)
 - A friend (28%)
 - Family gave (10%)
 - Took from a home (9%)
- Dispose of unneeded medicines
- Lock up medications that are needed

Tolerance and Withdrawal

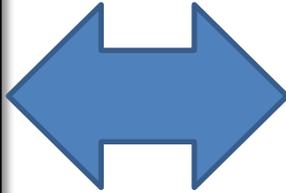


- Repeated use of opiates leads to tolerance
- Which leads to needing more to get the same effect
- Stopping use leads to withdrawal, which feels terrible (not fatal)
- So you continue to use

Changing route of ingestion

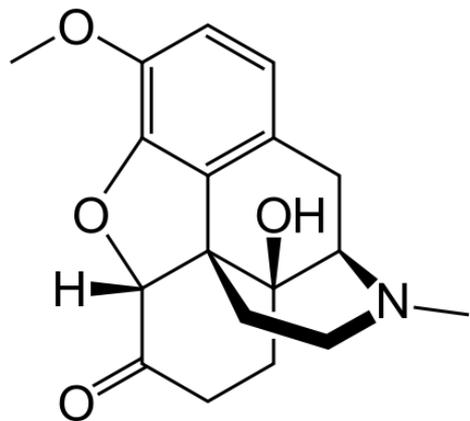


- Seeking euphoria- snorting, smoking and injecting are more intense highs
- Shorter more intense highs can also lead to quicker cycles of highs and lows and reinforce use
- Social situations, new “friends” may be using opiates in different ways and contexts
 - Initiating injecting doesn’t happen in a vacuum



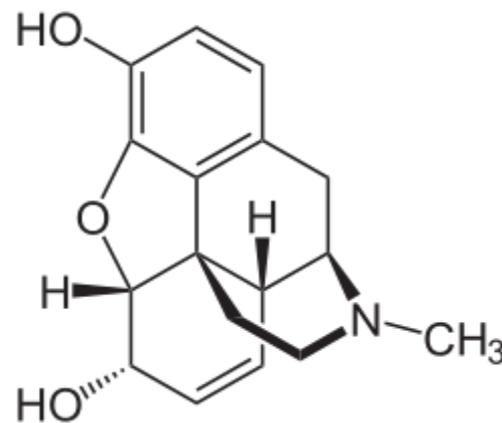


OXYCODONE



\$80

MORPHINE (heroin metabolite)



\$10

& easier to get

Implications for traffic safety

- No reliable trend data.
- Lots of people are using rx pain medications.
- Lots more people will be on medications to treat their opioid dependence (MAT).
- Stable maintenance on MAT not likely to impair driving.
- Role of poly substance use.
- Do not assume “high opioid level = high impairment”
- Research is varied and conflicting.