

Transforming Our Communities


Learning Together, Supporting Each Other



2023 Gathering | Day 2

I would like to begin by acknowledging that as we gather today, we are on the ancestral homelands of the Indigenous Peoples who have lived on these lands since time immemorial.

Please join me in expressing our deepest respect and gratitude for our Indigenous neighbors.



Goal: increase understanding, gain insight, develop and support effective compassionate relationships and care

We invite you to commit to being:

- **Welcoming** - invite others to share
- **Open minded** - encourage dialog, listen
- **Kind** - tone and words that are respectful
- **Person-first** - people are not their disease(s), avoid stigmatizing language
- **Generous** - assume good intent, respectfully inquire if appropriate
- **Accountable** - to ourselves and others



Housekeeping

Zoom

- **We are using webinar mode this year**

Presenters will be onscreen, all other cameras are off.

- **Submit questions in the Q&A box**

If presenters aren't able to respond to questions during the sessions, we'll work with them to provide written responses after the gathering.

We will be taking breaks today.



Planning Committee

Thank you to everyone for all your hard work!

Kathryn Akeah

Caleb Banta-Green

Jason Bean-Mortinson

Meg Brunner

Brian Burwell

Tim Candela

Deaunte Damper

Patty Dean

Madi Eggerding

Noah Fay

Heather Flaherty

Lori Fleming

Doug Fulp

Abe Gardner

Nicole Hamberger

Kelsey Horne

Rich Keir

Paul LaKosky

Malika Lamont

Tiffany Lancaster

Ali Lenox



Planning Committee

Thank you to everyone for all your hard work!

Cassie Lentz

Robert Marshall Wells

Erinn McGraw

Victor Mendez

Alicia Ogren

Thea Oliphant-Wells

Alexie Orr

Janet Sanchez

Michelle Sandoval

Aphrodite Sauser

Kevin Shutty

Wendy Stevens

Katie Strozyk

Ruby Takushi

Lisa Rey Thomas

Greg Thompson

Wilma Weber

Shu-Ling Zhao



Agenda

8:45

Welcome

9:10

Grief and Loss, Vicarious Trauma, and Self-Care

10:00

Break

10:10

Youth, Opioids, and Substance Use Disorders

10:50

Harm Reduction Tools and Services from the Field

11:30

Break for Lunch

1:00

Convene/Reconvene at Regional Sites (optional)



Indigenous Welcome

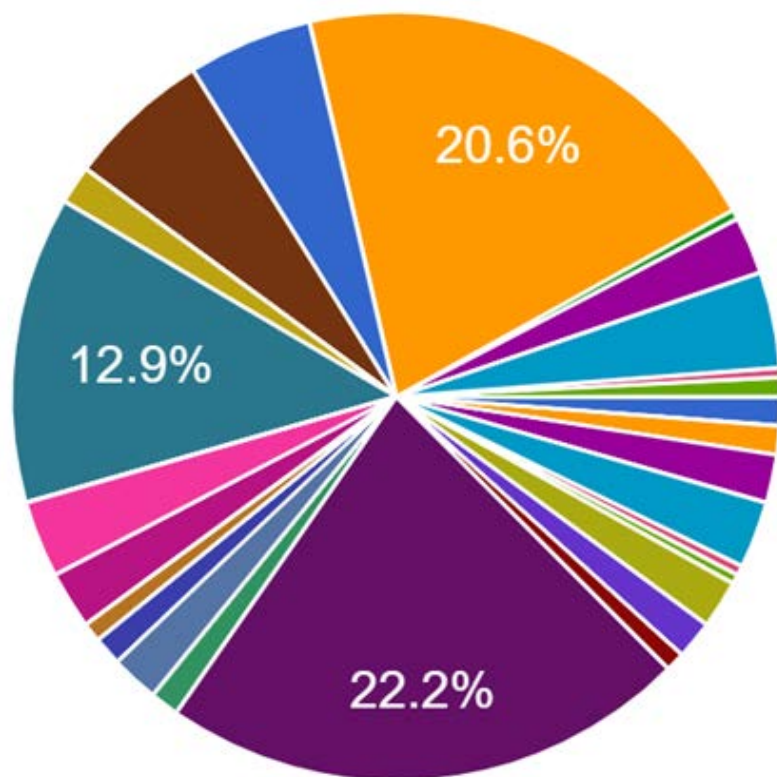


Chairwoman Marilyn Scott
Upper Skagit Tribe

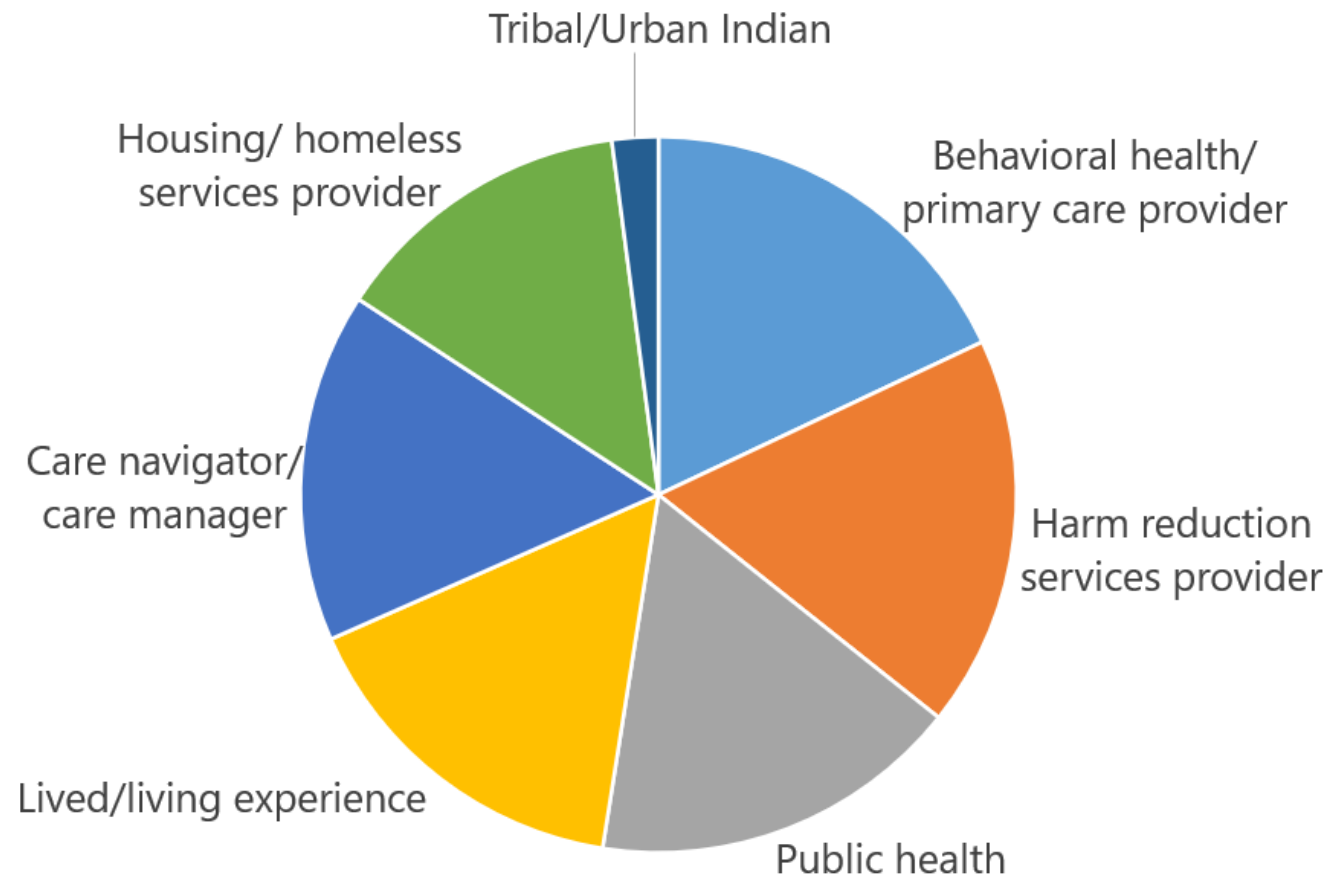


Who is With Us Today?

WA Counties

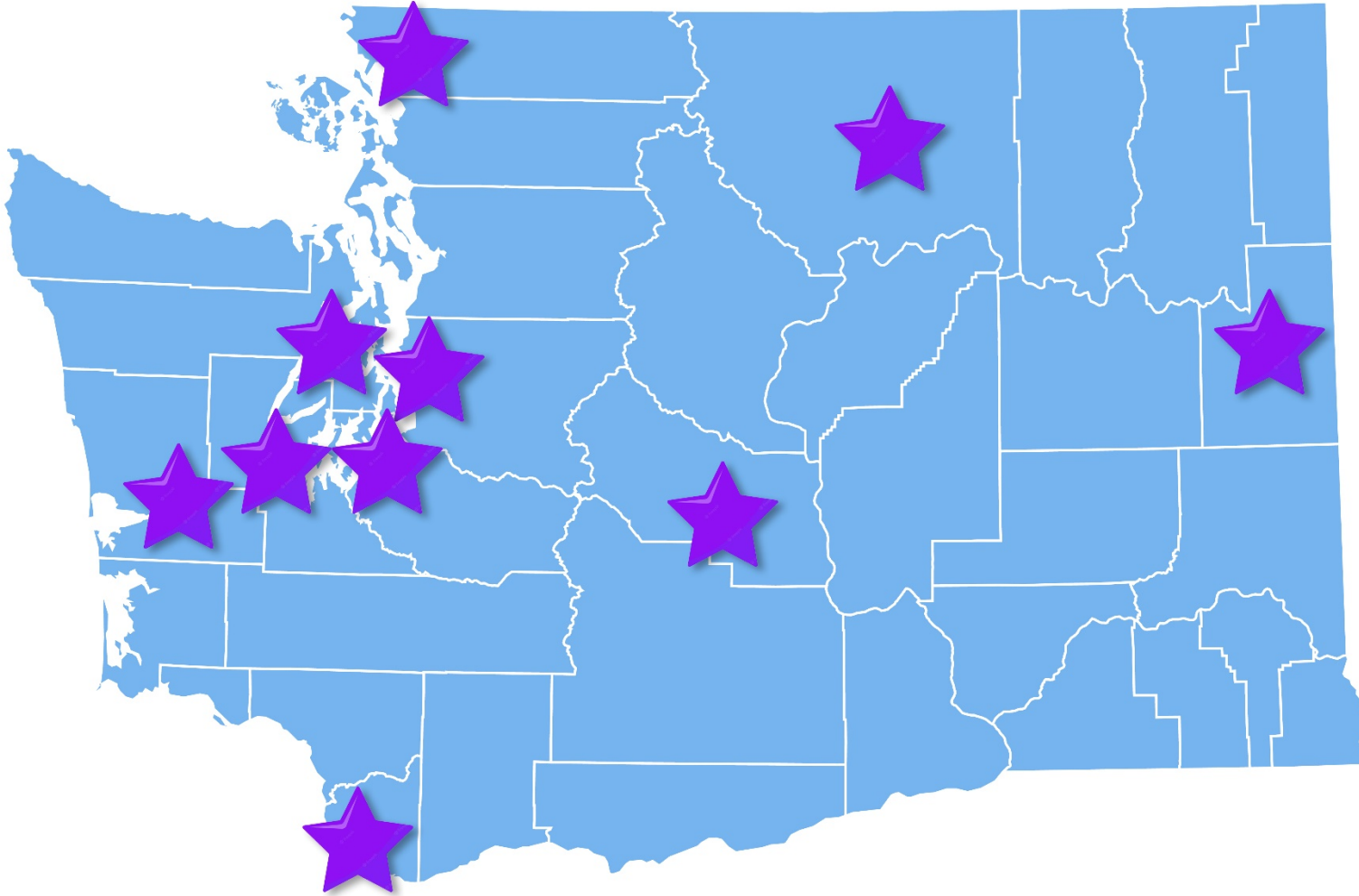


Area of Expertise





Regional Locations in Washington



Aberdeen
Bellingham
Bremerton
Ellensburg
Omak
Seattle
Shelton
Spokane
Tacoma
Vancouver



Welcome & Introduction

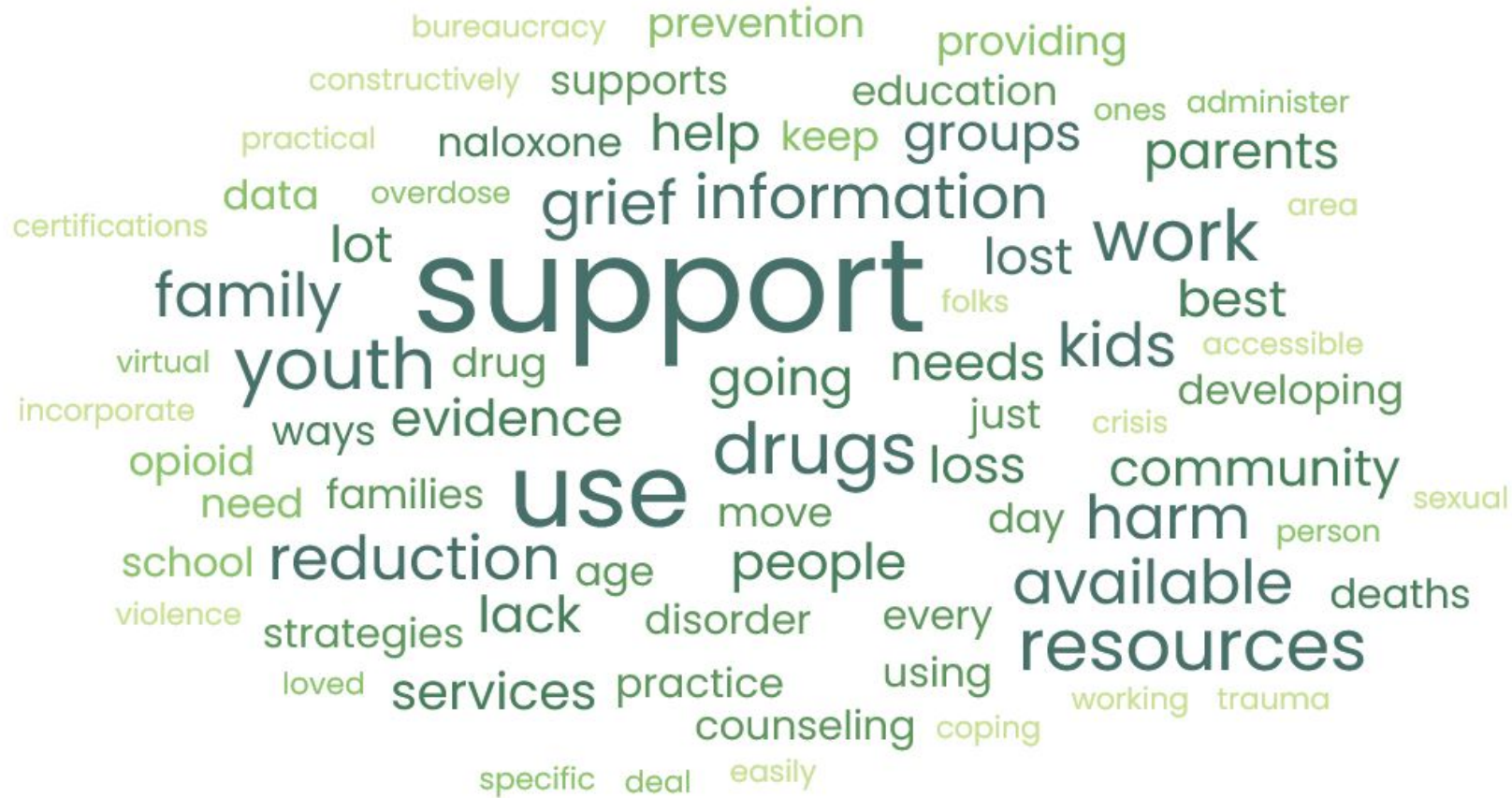
What do you hope to take away from this gathering?





Welcome & Introduction

What do you want to learn from the presentations?



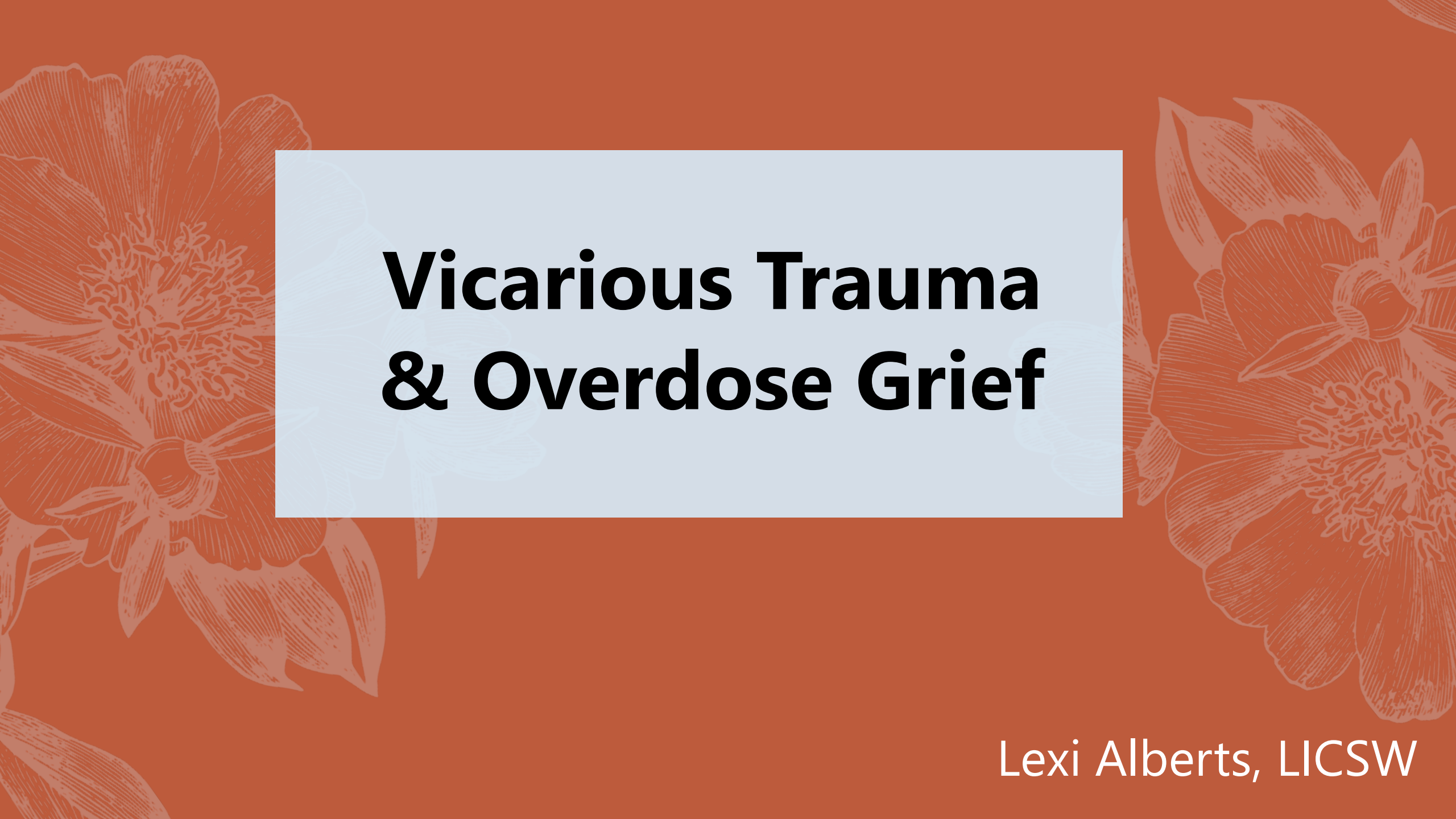


Panel: Grief & Loss

Grief and Loss, Vicarious Trauma, and Self-Care


Ashley Updike,
Chemical Dependency Professional
Snoqualmie Tribe

Lexi Alberts, LISCW,
Therapist and Consultant
Lexi Alberts Counseling, LLC

The background is a solid orange color with faint, stylized line drawings of large flowers, possibly peonies, in a lighter shade of orange. A central white rectangular box contains the title text.

Vicarious Trauma & Overdose Grief

Lexi Alberts, LICSW



Grief & Loss

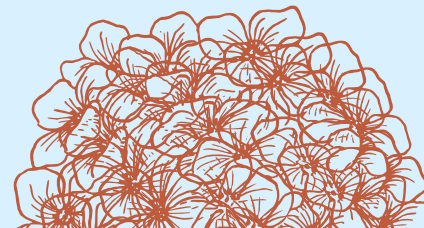
- Five stages of grief: denial, anger, bargaining, depression, and acceptance - may not be relatable
- Collective loss and trauma
- Moral injury
- Mourning impacted by the dominant culture's attitudes towards people who use drugs

Grief & Vicarious Trauma

- Grief and vicarious trauma have overlapping mental health symptoms
- Surprising emotions, disorganized thoughts, difficulty focusing, anxiety/hyper-vigilance, sadness, exhaustion
- Avoiding feelings
- Acknowledging feelings can alert you to engage in self-care

Self Care Skills

- Spend time in or looking at nature, locate those windows!
- Minimize opportunities for decision fatigue where you can
- Movement
- Journaling / The Unsent Letter



Self Care Tapestry

Reliable friend to
hang with or talk to

Movement

Favorite Food
or Beverage

"space out"
activity



Resources & Works Cited

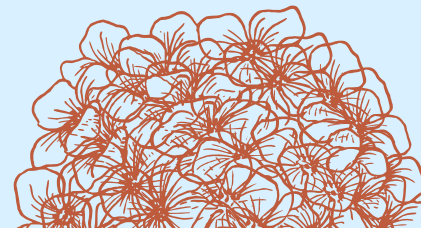
My Grandmothers Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies
By Resmaa Menakem

[Real Self-Care: A Transformative Program for Redefining Wellness](#)
By Pooja Lakshmin MD

Take Care of Your Self: The Art and Cultures of Care and Liberation
By [Sundus Abdul Hadi](#)

[Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others](#)
By [Laura van Dernoot Lipsky](#)

Vicarious Trauma and Resilience
By Megan Berthold





Grief Support Resources

GRASP (Grief Recovery After a Substance Passing) <http://grasphelp.org/>

Cathy Ninaud, Email Address: seameruok@msn.com, Primary Phone Number: (425) 344-3520, : First Monday of Each Month, 6:00-7:45 pm

For people who lost someone to substances, meet both online and in-person. The local in person meeting is at Marysville Public Library. E-mail Cathy for the zoom link or the address.

Compassionate Friends, <https://www.compassionatefriends.org>

Support group for family members who loss someone in their family. They have both in person and a lot of online support groups. They will also send out reading material tailored to your unique situation via e-mail:

<https://www.compassionatefriends.org/find-support/to-the-newly-bereaved/packet-request/>



Grief Support Resources

Learn to Cope, <https://learn2cope.org/>

Peer-lead support network that offers education, resources and support groups for family members who have loved ones affected by substance use.

Based in MA, however have a good number of online support groups. They have a specific group for family members who had a death in their family and have other family members who struggle with substance use. There is a Spanish language support group for family members who have a loved one struggling with substance use. This is their registration form:

<https://interland3.donorperfect.net/weblink/weblink.aspx?name=E347632&id=30>



Grief Support Resources

GriefShare, <https://www.griefshare.org/>

This a Christian based general grief support group. They have both in-person and online options.

Dougy Center, <https://www.dougy.org/program-finder>

Search engine of grief support centers that help with grief services for children and families.

TEARS Foundation, <https://thetearsfoundation.org/>

Cali's Gift a specific program that help pay for funeral and grief counseling costs for youth (up to age 20) who died from overdose or suicide.



Break

Break Time





Panel: Youth, Opioids & SUD

Youth and Substance Use Disorders

Dr. Alexis Ball,
Odessa Brown Clinic
Seattle Children's
Hospital

Alexie Orr,
Foundation for
Youth Resiliency and
Engagement (FYRE)

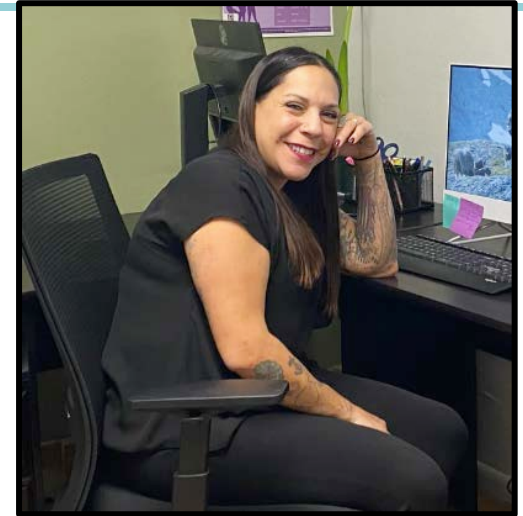
Michelle Sandoval,
Foundation for
Youth Resiliency and
Engagement (FYRE)



YOUTH AND SUBSTANCE USE DISORDERS

Transforming Our
Communities 2023

INTRODUCTIONS



OVERVIEW

Presentation

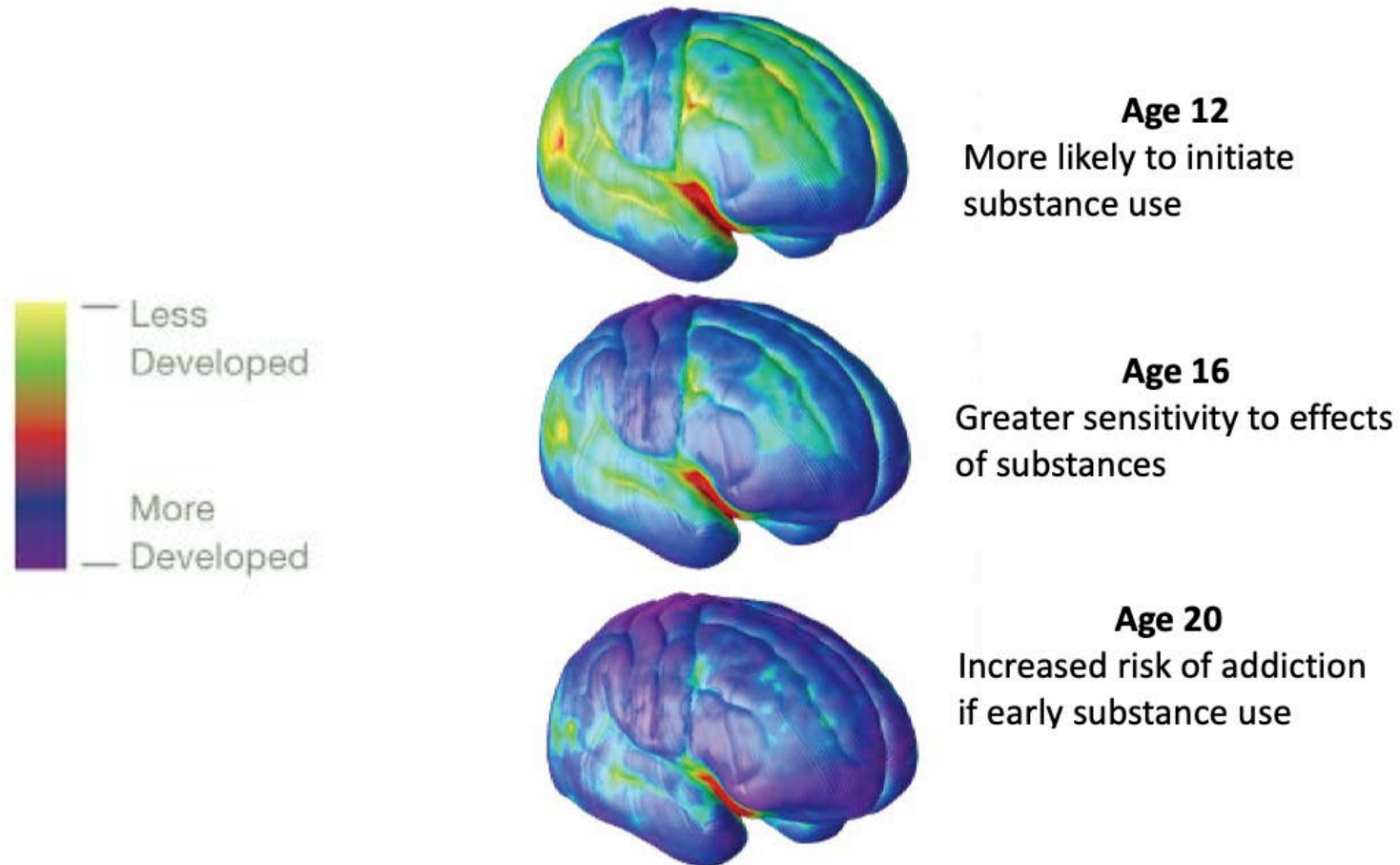
- Adolescent Vulnerability
- Current landscape for youth
- Prevention work and harm reduction
- Youth responsive services

Discussion

- Experimentation vs Substance Use Disorder
- Role of Schools
- Primary Prevention vs Harm Reduction
- Gaps in care

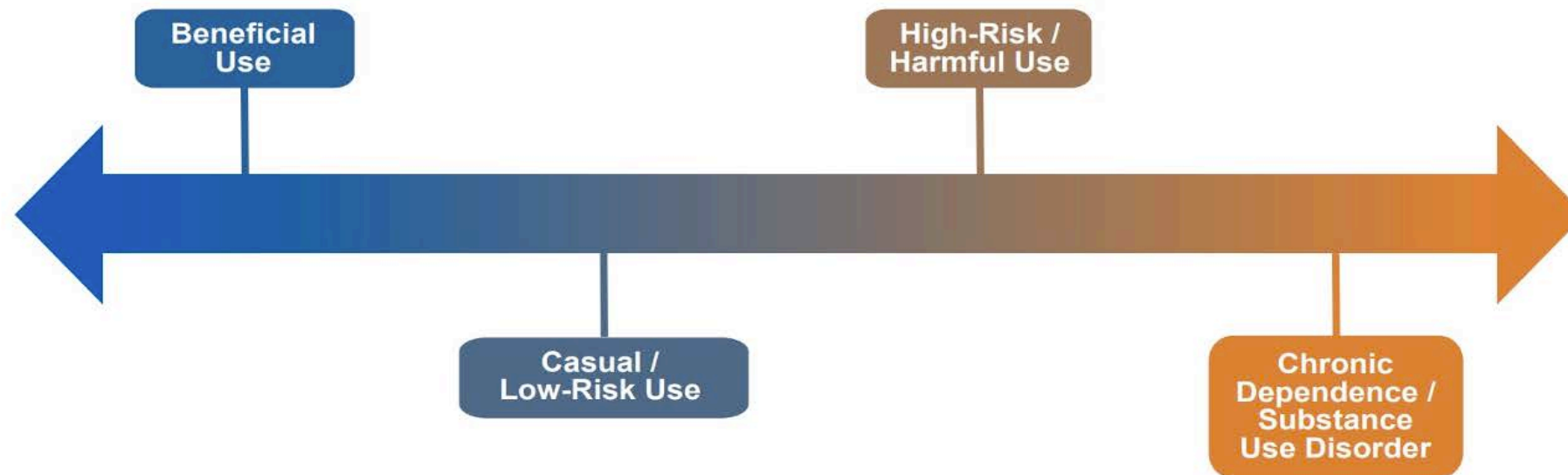


ADOLESCENCE AND SUBSTANCE USE



Kelly et al *Ann N Y Acad Sci* (2004)
Grant et al *J Subst Abus* (1998)
McCrory et al *Curr Addict Rep* (2016)

SPECTRUM OF SUBSTANCE USE



American Society of Addiction Medicine (2013)

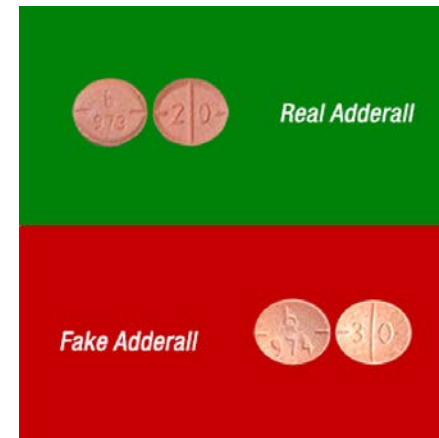
DRUG LANDSCAPE

Increasingly potent

- Cannabis: >200% increase
- Nicotine: >100% increase
- Opioids: 50-100X

and contaminated

- Fentanyl
- Xylazine
- Benzodiazepines



CONFLICTING NARRATIVE



How Fentanyl Has Caused a Dramatic Increase in Teen Overdose Deaths

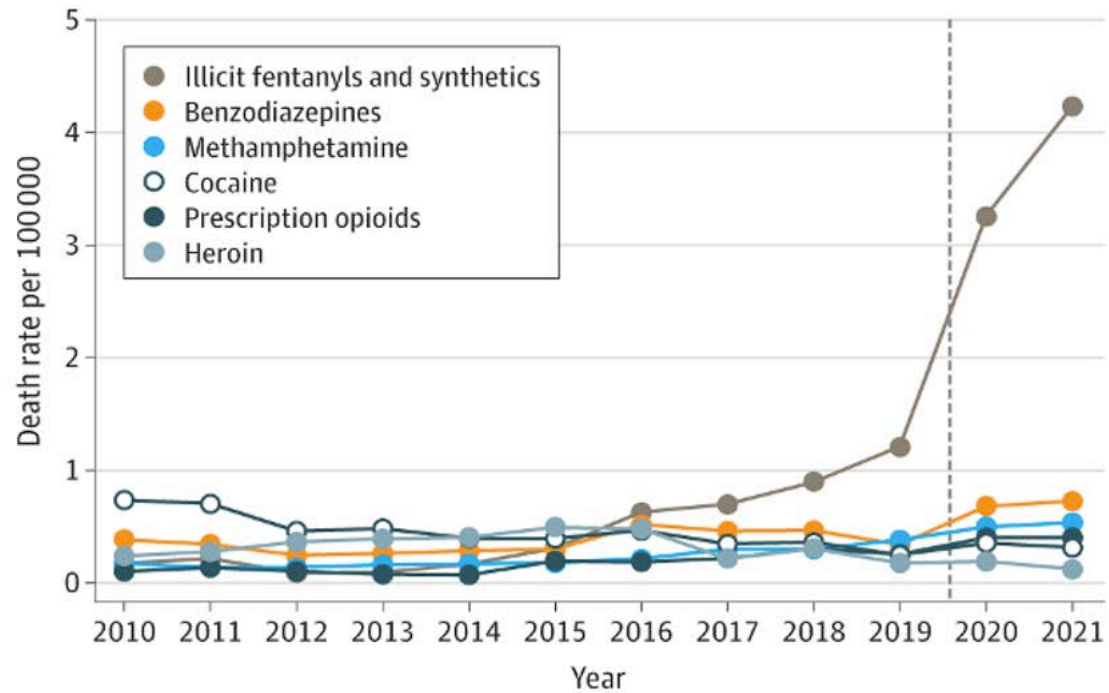


 News Release

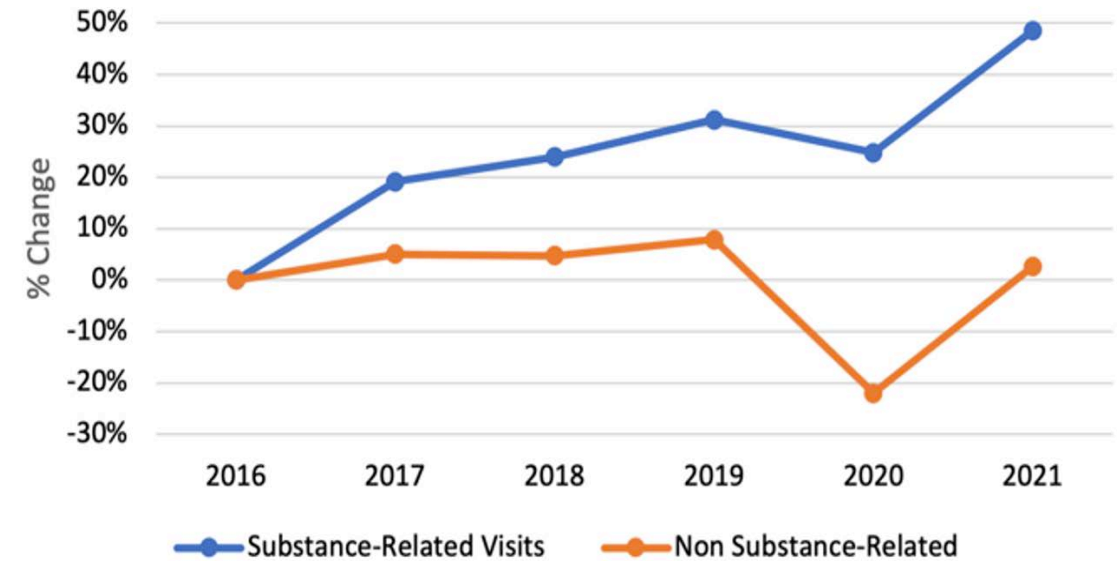
Percentage of adolescents reporting drug use decreased significantly in 2021 as the COVID-19 pandemic endured

INCREASING MORBIDITY AND MORTALITY

A Overdose mortality among adolescents by substance type



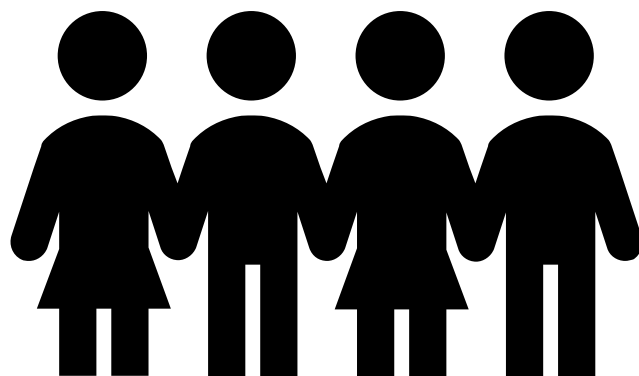
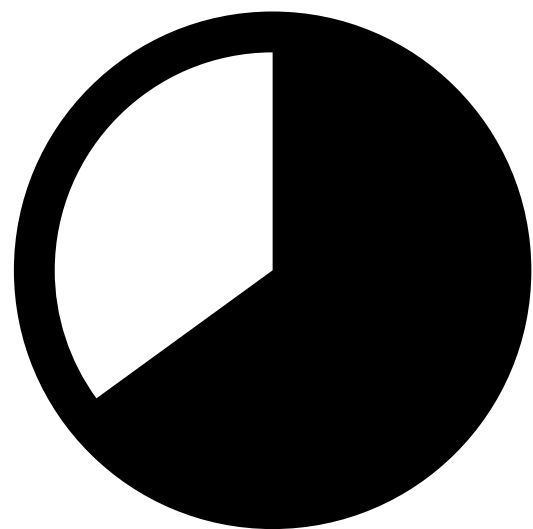
A Emergency Department Visits



Friedman et al JAMA (2022)

Ball et al (under review)

ADOLESCENT OVERDOSES





“Responsible drug policy is about more than drugs: it is about the **flourishing** of entire **communities**”

– Earp, Lewis, and Hart (2021)

PREVENTION & HARM REDUCTION

- Prevention: By affecting risk and protective factors, we affect the probability of later problems (Coie et al., 1993).
 - Prevention work has aimed to intervene early or prevent use by informing youth about harmful effects, limit availability of drugs, use criminal or social sanctions to discourage use
 - Most promising research-based practices (note small effect sizes and focus on alcohol and tobacco):
 - Family education (Allen et al., 2016), Interactive teach-led middle school programs (Lize et al., 2017), Peer to peer (MacArthur et al., 2016)
- Harm reduction: Restrict or minimize the harmful effects of use
 - Initiation of drug use is occurring earlier during the lifespan (12.3y tobacco and alcohol 13.6y; earlier for those experiencing adverse experiences (Tikoo et al., 2013)); our understanding of brain development has increased, allowing us to make sense of risk-taking behaviors
 - Approaches that rely on abstinence for youth already engaged in use are not as effective as harm reduction approaches (Jenkins et al., 2017)

WE NEED COMMUNITY: PREVENTION & HARM REDUCTION

Risk factors

- Persistent behavioral problems in childhood
- Lack of parental supervision; family history of misuse
- Academic problems
- Undiagnosed mental health
- Peer substance use
- Drug availability
- Poverty
- Low peer relationship quality
- Child abuse and/or neglect
- Trauma

Protective Factors

- Resiliency – adaptability to change and stress
- **Strong bonds with family, school, community**
- High self-esteem and problem-solving
- **Parental involvement**
- Spirituality
- Presence of safe adult
- Opportunities for prosocial behavior
- Recognition for prosocial behavior
- Clear and consistent expectations about use

WE NEED COMMUNITY: FORMATION OF FYRE

- Why FYRE was formed:
 - We know young people can effect change in our community
 - Youth with risk factors are often last to be served or not served at all (behind their parents, other adults, younger children); worse for youth from marginalized identities
 - Most young people in our community that we had worked with had very little engagement with systems intended to serve them (treatment, court, school, etc.)
 - We wanted to create programs and services that were responsive to youth needs and that youth felt responsible for and connected to
- FYRE offers prevention, intervention, and harm reduction within a community-based framework; understands that the young people we serve do not have equitable access to prevention, intervention, and the protective factors that other youth have access to

Youth Responsive Services

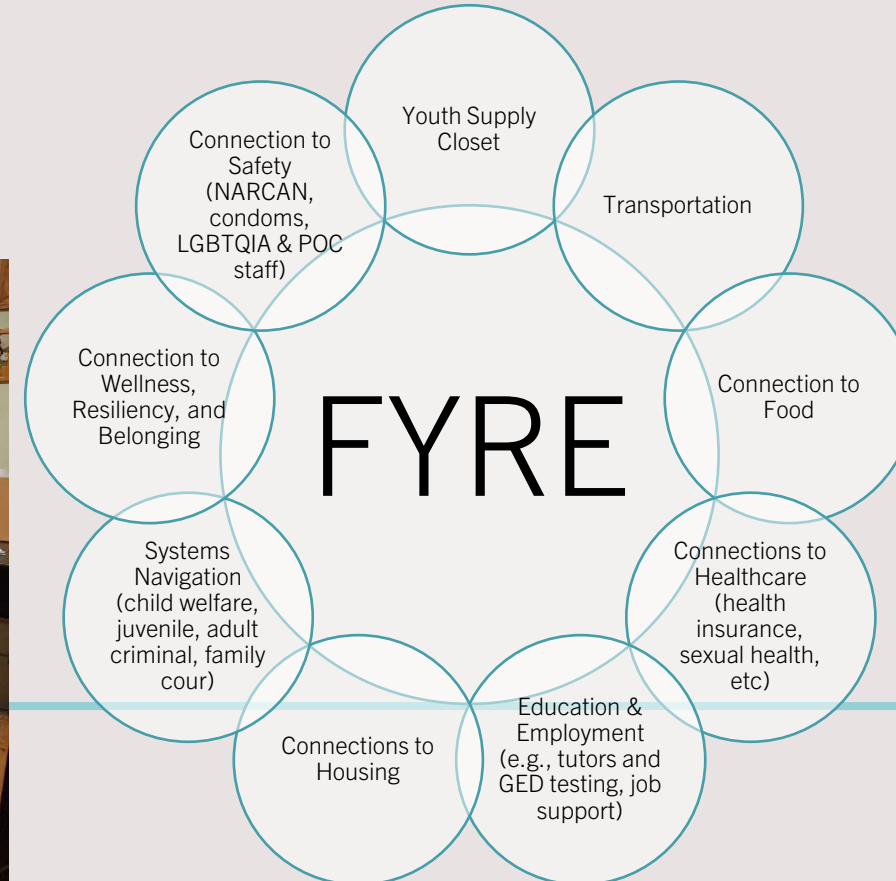
- We've served over 1100 young people over 2 years in rural Ok Cty
- Our pillars: advocacy, goods, recreation, youth leadership, programming
- Youth are our #1 referral source
- We serve a range of youth along the continuum of use
- Outcomes: housing, employment, reconciliation, peer to peer sexual health program, etc.



Protective Factors

- Resiliency – adaptability to change and stress
- Strong bonds with community
- Self-esteem and problem-solving
- Presence of safe adult
- Opportunities for prosocial behavior
- Recognition for prosocial behavior
- Clear and consistent expectations about use

Most young people who engage in 1-on-1 services at FYRE have 5 or more needs including substance use



DISCUSSION

How do we think about primary prevention versus harm reduction for youth?

DISCUSSION

What is the role of schools in this current crisis in preventing and responding to substance use among youth and adolescents?

DISCUSSION

Where are the current gaps of care for youth in Washington and how do we address them?

DISCUSSION

How do you tell the difference between normal experimentation in adolescence versus a substance use disorder?

QUESTIONS??

Feel free to reach out to continue the conversation:

- Alexis Ball: aball775@uw.edu
- Alexie Orr: alexie@okfyre.org
- Michelle Sandoval: michelle@okfyre.org



Speaker: Harm Reduction Tools

Harm Reduction Tools and Services from the Field

Jamie Felton,

Education Specialist, Seattle & King County Public Health
Downtown Needle Exchange

Harm Reduction 101



Created and presented by Jamie Felton,
Education Specialist for Seattle & King
County Public Health's Downtown Needle
Exchange

Public Health
Seattle & King County 



Foundational Principles of Harm Reduction

- Accepts drug use as part of our world and chooses to work to **minimize its harmful effects** rather than simply ignore/condemn them
- Understands **drug use as a complex**, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that **some ways of using drugs are safer than others**
- Establishes **quality of individual and community well-being — not necessarily cessation of all drug use** — as the criteria for successful interventions and policies
- Calls for the **non-judgmental, non-coercive provision of services and resources** to PWUD and the communities in which they live
- Ensures that **PWUD and those with a history of drug use routinely have a real voice** in the creation of programs and policies designed to serve them
- **Affirms PWUD as the primary agents of reducing the harms of their drug use** and **seeks to empower PWUD** to share information and support each other
- Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other **social inequalities affect both people's vulnerability to and capacity for** effectively dealing with drug-related harm
- Does not attempt to **minimize or ignore the real and tragic harm** and danger that can be associated with illicit drug use

How does it apply to using substances?

- When **smoking**, safest to use your own pipe and not share. If using shared pipe, wipe with alcohol swab. Pipes are available at HEP, PHRA, and the Downtown Needle Exchange.
- When **snorting**, safest for everyone to use their own straw.
- When **swallowing** (pills), safest to use slowly. Wait to see effects before using again.
- When **booty bumping/boofing**, safest to use your own equipment (turkey baster or syringe without a needle) and get tested and vaccinated for HEP A
- Safer **sex** looks like carrying/using condoms, getting tested for STIs regularly, and taking PrEP
- When **injecting**, safest to use a clean syringe each time you inject and your own equipment
 - Sharing can lead to:
 - HIV and HEP C **infections** as well as **abscesses**.
 - **Endocarditis** and **cotton fever**.
 - Injecting is faster than snorting and smoking; however, the risk of overdose is higher. Booty bumping can be an alternative that is also fast, but the risk of overdose is less than injecting; additionally, if you switch off between injecting and booty bumping, it can prolong the use of your veins.

* Fentanyl has been found in meth, heroin, all forms of cocaine, and pills not purchased from a pharmacy. Test your drugs unless you are *intentionally* trying to use Fentanyl.

Abscesses

- Abscesses = skin infections, caused by bacteria from the skin, injection equipment, or dope, getting trapped under the skin.
- **Identifying** an abscess:
 - Hard, red at site of injection, can appear somewhere other than injection site
 - Can be **warm to the touch** and/or **painful**
- Abscesses are caused by:
 - Using **unclean** equipment
 - Injecting in unhygienic spaces
 - **Reusing** the same needle even one time (the blunt tip can damage the vein)
 - Not cleaning the injecting site before injection
 - Injecting into an artery by accident
 - **Not rotating** injections sites
 - Muscle popping (injecting into a muscle instead of a vein)
 - Skin popping (when you inject beneath the skin instead of into a vein due to a lack of veins to use. That's why it's important to rotate!).

Abscess Care

To **reduce** abscess risk:

- Clean skin with soap and water or an alcohol pad before injection.
- Use a new needle every time you inject.
- Use a “no-touch technique” when preparing a shot and injecting
- For muscling, go for big muscles, use a longer needle, and a larger syringe
- Rotate injection sites.
- Drink lots of water!

Care tips:

- **Soaking** an abscess helps draw the it to the surface allowing for the pus to drain.
 - Soak an abscess in clean hot water for at least 10-15 min 3-4 times a day
 - Use Epsom salts if available
 - If the abscess is in an area where it can not be easily submerged, then apply a hot, wet compress (washcloth) and soak in Epsom salts, if available.

Warning: Abscesses that get really bad, really quickly need **immediate medical attention; antibiotics may be needed.**

Good News: Abscesses are treatable!

Hierarchy of Safety

Safest

Upper arms

Lower arms

Hands

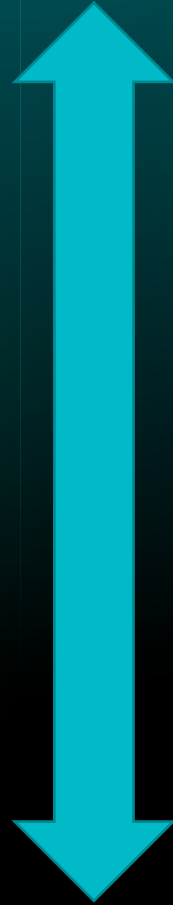
Legs

Feet

Groin

Neck

Least Safe



Fentanyl

- 50 times stronger than heroin
- Found in meth, MDMA, heroin, pressed pills (any pill not distributed from a pharmacy), and cocaine (powder and crack). Test each of these before you use.
- You **cannot** overdose from Fentanyl by touching it – wtfentanyl.com/index.html
- Narcan/naloxone will reverse overdose because Fentanyl is an opioid. You may need more than two doses for a Fentanyl overdose.
- Start off using a small amount and use more slowly (space out your doses) to see how much you can tolerate
- Snorting and smoking are safer ways to ingest than injecting
- You **can** still overdose by smoking it
- If you **relapse** and use Fentanyl, either intentionally or accidentally, the risk of overdose increases because **your tolerance will be much lower** than it was previously. Because **it is not regulated** on the black market, Fentanyl can be present in nearly **every drug** in unknown quantities so this also increases the risk of overdose whether you are an active user or relapsing.



Ways to reduce risk:

- Do not use alone. Use with a friend or utilize the hotline for **Never Use Alone (800) 484-3731**
- Stagger use with friends so that you aren't all using at the same time, and one person can administer Narcan/naloxone if needed
- Test your drugs for Fentanyl unless you are intentionally trying to use Fentanyl
- Get tested and vaccinated regularly for HIV/STIs, HEP A/B/C. Consider taking PrEP to reduce your risk of contracting HIV. PrEP is free to Washington state residents.
- Make sure to carry at least two doses of Narcan and encourage your friends to carry it as well even if they do not use substances themselves.
 - Where to obtain Narcan in King County
 - Hepatitis Education Project (HEP)
 - People's Harm Reduction Alliance (PHRA)
 - SCORE – South King County mobile harm reduction van, call **(206) 214-6040** for a delivery
 - NORE – North King County mobile harm reduction van, call **(206) 482-2468** for a delivery
 - Robert Clewis Center – Downtown Needle Exchange
 - Robert Clewis Center 2 – Capitol Hill Needle Exchange
 - Standing order – any pharmacy in Washington will give you Narcan for free if you have at least Medicaid
 - Kelley-Ross Pharmacy – free Narcan at **907 7th Avenue** in downtown Seattle, they will also mail to your address
 - PEER Seattle on Capitol Hill has a free-to-use vending machine with nasal Narcan and Fentanyl test strips
 - Naloxone Finder Map: <https://tinyurl.com/mvkikybp>
 - Online:
 - <https://nextdistro.org/intramusculartraining>
 - <http://stopoverdose.org>
 - Harmreductioncircle.org/Narcan
- If you are not intending to use Fentanyl, **test your drugs before you use**. If Fentanyl is present, you can choose not to use or you can proceed with caution and use a smaller dose than usual to see how it affects you and use more slowly than normal.
- Talk to Needle Exchange employees, outreach workers, and your community

Xylazine aka “Tranq”

Where: Can be found in heroin, fentanyl, coke, or meth

What:

- Not an opioid so Narcan does **NOT** work to reverse the effects of Xylazine. An antidote similar to Narcan is being developed for humans
- It is a horse tranquilizer that acts as a vasoconstrictor (this prevents blood from getting to any open wounds on the body)
- It can amplify and extend the effects of Fentanyl
- Symptoms: High-blood sugar, less bladder control, exhaustion, slower reflexes, trouble swallowing, dry mouth, wounds that do not heal and/or become necrotic

Wound Care:

- Can cause very bad skin ulcers due to vasoconstriction/reduction of blood supply
- Wounds can appear anywhere there's an opening in your skin, not just at the injection site. Try to keep ALL wounds/cuts/injections sites clean and covered
- May cause low iron levels in blood which limits the blood's ability to carry Oxygen to tissues
- Wounds from Xylazine can take months/years to heal and may not heal without medical care
- Wounds can become necrotic (black, dead tissue) due to vasoconstriction and should be addressed immediately at a wound care clinic or ER. Can require skin surgery

Harm Reduction:

- Avoid using dope with Xylazine if possible
- Test drugs with a drug testing program (Downtown Needle Exchange on Thursdays) or with Xylazine test strips. Streetsafe.supply and DrugsData.org both offer testing kits as well.
- Don't use alone
- Use in a comfortable seated position to prevent cutting off circulation to extremities
- Eat foods high in Iron if Xylazine is present in your drug supply
- If Xylazine is in your supply, and you are injecting, cook your drug twice to dissolve all chunks, after drawing it up into the syringe, wipe needle with alcohol swab, allow to dry, and then inject. Inject slowly and precisely and count to 5 before removing needle to prevent ANY leaking outside into tissue or muscle. Muscling and skin popping are riskier with Xylazine present in your supply, because abscesses are more common with these methods of injecting. Does not seem to matter what the method of consumption is in terms of preventing wounds.
- Alters the way an overdose looks. Narcan will reverse the opioid portion; however, the individual may not become responsive and remain sedated due to the presence of Xylazine

How to reverse overdose:

Overdose looks like:

- Loss of consciousness
- Unresponsive to external stimuli: sternal rub, saying their name loudly, clapping
- Awake but cannot speak
- Slow, shallow, erratic, or absent breath
- Blue or ashen skin, lips, or nails
- Chocking or gurgling sounds
- Vomiting
- Limp body
- Slow, erratic, or absent pulse

1. Call 911 and tell them someone is not breathing.
2. **Do not** say “overdosing”. Good Samaritan Law will protect you from legal repercussions, but anyone else present should leave.
Exceptions: If you have a warrant, if you have parole/probation violations, a controlled substance homicide on record, or drug sale and manufacturing equipment (scales, cash, baggies, etc)
3. Draw up first dose of narcan into syringe
4. Inject at a ninety-degree angle (like an epi-pen) into any big muscle: **arm, butt, or thigh**
5. If they remain unresponsive after **two minutes**, give them the second dose
6. They could need **more** than two doses for a Fentanyl overdose
7. If you can, give rescue breaths until medical help arrives
8. Narcan lasts for 30-90 minutes so stay with them to make sure they do not overdose again after 30 minutes

How to use Fentanyl test strips:

- To test heroin:
 1. Prepare your shot as usual, draw up into a syringe
 2. Do not inject until after test
 3. Pour a small amount of water (10 drops or so) into the cooker
 4. Dip the Fentanyl test strip into the solution (the tip with wavy lines goes into solution) for 15 seconds
 5. After 5 minutes, read the result. Results after 10 minutes may be inaccurate.
- To test meth, MDMA, pills, powder:
 1. Crush substance in baggie and try to coat the inside of baggie as much as possible.
 2. Pour out drug
 3. Dip baggie residue into ½ to 1 cup of water
 4. Test as usual.
- Fentanyl can be present in any part of drug so test in not 100% accurate. Test twice or more if you can.
- Don't test blues/M30/Percs pills. They definitely contain Fentanyl.
- False positive are more common with MDMA and meth so test twice or more if you can.

References

- Information from Harm Reduction Coalition
- Abscess information from Maggie Heffernan and from this guide <http://www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/Epid/Other/CompleteHRTRAININGMANUALJanuary282011.pdf>
- Bond, A. (2022). *Heroin and Fentanyl Lethal Dose Comparison*. PBS. Retrieved July 15, 2022, from <https://www.pbs.org/newshour/health/fentanyl-deadlier-heroin-single-photo>.
- National harm Reduction Coalition: <https://harmreduction.org/wp-content/uploads/2022/11/Xylazine-in-the-Drug-Supply-one-pager.pdf>



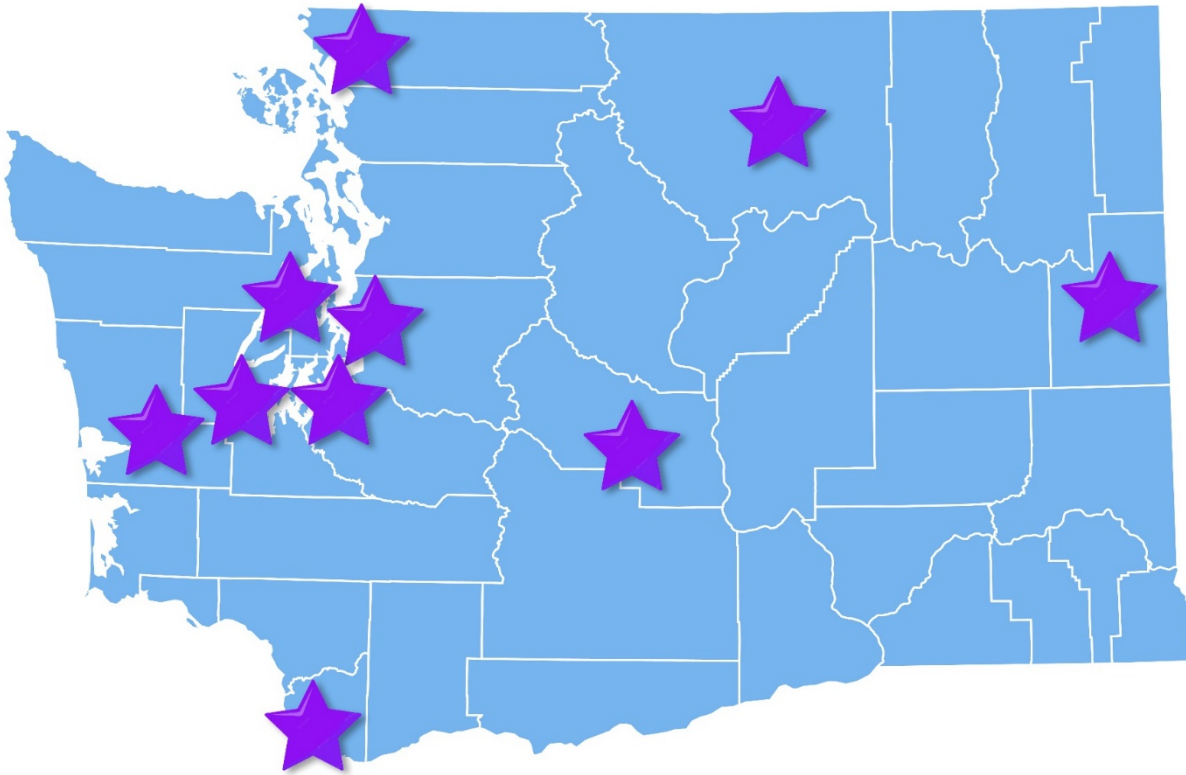
What do our regions want to focus on?





Afternoon Regional Gatherings

Thank you for joining us!



Aberdeen
Bellingham
Bremerton
Ellensburg
Omak

Seattle
Shelton
Spokane
Tacoma
Vancouver