

Women's *on Alcohol and Drug Issues* Commission *of Oregon*

WWW.WCADIO.ORG FALL-WINTER 2014

**Open Invitation
to Join WCADIO
Your Support Is Needed
Your Voice Will Be Heard!**

— See last page for membership application —

WCADIO's Mission

To increase public awareness of women's alcohol and drug abuse issues and to promote services related to women throughout the state of Oregon. This means ALL women who are affected by their own alcohol or drug use or that of their family or friends.

Visit us at www.wcadio.org

WCADIO Board

Officers

President..... **Diane Lia**
Phone: 503/816-6612
Email: sophiawise@comcast.net

Newsletter Editor **Judy Francis**
Phone: 541/408-3328
Email: judyofrancis@gmail.com

Treasurer **Nancy Anderson**
Phone: 503/887-8419
Email: nancyrosemarie@gmail.com

Secretary **Rita Sullivan Ph.D**
On-Track Addiction Recovery Programs
Phone: 541/779-5093
Email: ritaontrack@gmail.com

Board Members: Beverly DuBosch, Ginger Martin, Jackie Mercer, Ann Uhler, Mary Monnat, Margaret Weil, Tanya Pritt, and Susie Dey. Jennifer Foley, State Liaison; Gwen Griffith-Liewallen, Legal Liaison.

PO BOX 14495 · PORTLAND, OR 97293

This newsletter published by Alquemie Publishing
Phone: 541/937-2611 Fax: 541/937-4286
Email: npassist@msn.com
www.alquemiepublishing.com

Counselor of the Year Award

The Women's Commission on Alcohol and Drug Issues in Oregon (WCADIO) presented **Kaylyn McClintock** with the Counselor of the Year Award at the Northwest Institute of Addiction Studies Conference on July 17, 2014. The award acknowledges exceptional female counselors from all parts of the state in both residential and outpatient service.



Kaylyn was honored this year for her dedication and compassion as a women's residential counselor. Kaylyn has been with De

Paul for over four years, beginning as a Milieu counselor and currently as a Primary counselor for our women's program.

Kaylyn consistently goes above and beyond to ensure that clients in treatment are able to experience clean and sober activities. She volunteers to escort clients to yearly performances of the Oregon Ballet, and has participated and helped plan and organize day trips for the women, which include trips to the park for softball, the movies and taking the clients on scenic walks. She facilitates core process groups and holds at times a large caseload without complaint. Kaylyn shows a strong dedication to our clients and working with addiction.

Congratulations Kaylyn! ❖

Announcement: WCADIO at Work

WCADIO asked Senator Laurie Monnes-Anderson and Rep. Mitch Greenlick if they would sponsor a bill that revises the current statute on requiring posting that it is harmful to drink alcohol while pregnant to include requiring the posting, that using marijuana while pregnant may be harmful. It would be placed in all medical marijuana dispensaries and any business that sells marijuana if legalization passes.

Senator Monnes-Anderson agreed to sponsor the bill and Rep. Greenlick agreed to support it. WCADIO worked hard to support and get the earlier bill and will continue to work on this issue. ❖

— See more on Marijuana issues on page 2

Are You a Member of WCADIO...?

Want to get involved in the good works we do? WCADIO membership application is on the last page and is also available on our website at www.WCADIO.org. We encourage you to join and have a voice!



Marijuana Use During Pregnancy Affects Baby's Brain

By Tanya Lewis, Staff Writer, Live Science

Reprinted from www.livescience.com

Using marijuana during pregnancy could affect a baby's brain development by interfering with how brain cells are wired, a new study in mice and human tissue suggests.

Researchers studied marijuana's effects on mice and brain tissue from human fetuses, and found that the active ingredient in marijuana, THC, interferes with the formation of connections between nerve cells in the cerebral cortex, the part of the brain responsible for higher thinking skills and forming memories.

"Our advice is that [pregnant] mothers should avoid marijuana," said neuroscientist Tibor Harkany of the Karolinska Institute in Sweden, and the Medical University of Vienna, in Austria, who led a study detailed [Jan. 27] in the *EMBO Journal*, *11 Facts Every Parent Should Know About Their Baby's Brain*. ❖

— For the full text of the article go to www.livescience.com.

Editor's Recommended Reading from Live Science

- What is THC?
- Marijuana: Effects of Weed on Brain and Body
- Medical Marijuana: Benefits, Risks & State Laws
- Marijuana: Facts About Cannabis
- Marijuana vs. Alcohol: Which Is Really Worse for Your Health?

DrugFacts: Marijuana

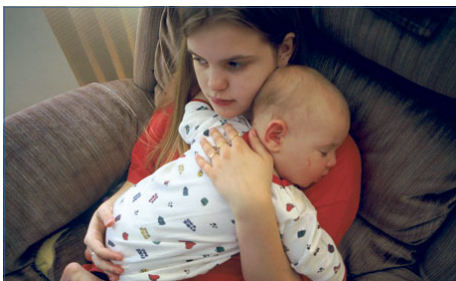
How Does Marijuana Affect a User's Life?

Research shows marijuana may cause problems in daily life or make a person's existing problems worse. Heavy marijuana users generally report lower life satisfaction, poorer mental and physical health, more relationship problems, and less academic and career success compared to non-marijuana-using peers. For example, marijuana use is associated with a higher likelihood of dropping out of school. Several studies also associate workers' marijuana smoking with increased absences, tardiness, accidents, workers' compensation claims, and job turnover. Go to the following website to read the article. Very Informative! <http://www.drugabuse.gov/publications/drugfacts/marijuana>

Marijuana Use & Heart Rate Marijuana also raises heart rate by 20-100 percent shortly after smoking; this effect can last up to 3 hours. In one study, it was estimated that marijuana users have a 4.8-fold increase in the risk of heart attack in the first hour after smoking the drug. This risk may be greater in older individuals or in those with cardiac vulnerabilities. This is only a small paragraph from the article but the WCADIO felt it should be pointed out. Please read the article at the same link as above.

The Control, Regulation, and Taxation of Marijuana and Industrial Hemp Act: Measure 91 On the Oregon November 2014 Ballot

What does this initiative do? Measure 91 would remove penalties for adults 21 and older who possess, use, and grow a limited amount of marijuana. It would also direct the Oregon Liquor Commission to establish a system of strictly regulated and registered marijuana producers, wholesalers, processors, and retailers. **What are the limits?** Adults could possess up to eight ounces of marijuana and could grow no more than four total marijuana plants in their household. Adults 21 and older would be allowed to purchase up to an ounce of marijuana, 16 ounces of marijuana products in solid form, or 72 ounces of marijuana products in liquid form from properly registered businesses; and be able to "gift" those amounts to another adult 21 and older. If approved by voters, the initiative would go into effect on December 3, 2014.



Substance Use Among Young Mothers

- Combined 2005 to 2009 data show that an annual average of 528,000 young women aged 15 to 19 were mothers living with at least one of their children
- Over one third (35.0 percent) of young mothers aged 15 to 19 smoked cigarettes, 30.0 percent used alcohol, and 11.7 percent used marijuana in the previous month
- Young mothers aged 15 to 19 were more likely than young women who were not mothers to have smoked cigarettes in the past month (35.0 vs. 20.7 percent)
- Mothers aged 15 to 17 were more likely than their counterparts who were not mothers to have used marijuana in the past month (17.9 vs. 10.0 percent) and were just as likely to have used alcohol (25.3 vs. 24.6 percent)

— Taken from the NSDUH Report (National Survey on Drug Use and Health).

On July 19, 2014, just two days shy of the anniversary of a young man's suicide, YES House and Youth M.O.V.E. Oregon came together to facilitate a memorial march for the 13 young lives lost to suicide that previous year.

Silent Watch Remembers

Excerpts from an article by Tania Pritt, YES House Corvallis

Suicide had become so commonplace in Corvallis/Philomath, Oregon that we became known as a suicide cluster location. Concerns were

raised at every level of the community, state, legislators, school personnel, mental health, addictions counselors, and parents. We pleaded for help and for those who maybe could make a difference to take notice. We felt omnipotent and discouraged.

The reality of the situation was that no one person knew what to do to effectively address the issues and stop suicides from occurring. That is until we partnered with Youth M.O.V.E. Oregon. It was only then that I began to see hope.

Youth M.O.V.E. (Motivating Others through Voices of Experience) is a state-wide, youth led organization devoted to helping young people ages 14-25 across Oregon successfully transition into adulthood. They work to empower and assist youth to navigate and improve systems that affect them, including (but not limited to): Mental Health, Juvenile Justice, Education, Child Welfare, Addiction/Recovery, and Foster Care.

At a lunch that included Youth M.O.V.E. and Yes House leadership we brainstormed an event that would call attention to the issue of suicide in the Corvallis/Philomath area. We planned a memorial march to bring honor and remembrance to those young people who were no longer with us; identified and engaged the services of young women for the event; and contacted parents who had lost a child.

Representative Sara Gelser opened the march with an address from the Benton County Courthouse steps to a group of about 100 participants. Following Rep. Gelser, Jeff McDaniel, whose son committed suicide July 21, 2013, spoke about his son and the impact of his death. His words brought tears to the group listening as he encouraged all of us to communicate more.

The participants then marched from the courthouse to Central Park in Corvallis, in memory of those young lives. Water and snacks were provided to the participants who were able to reach out to youth at the park, some of whom were close to at least three who had committed suicide the previous year.

At the park, another parent, Nikki Stagner, who lost her daughter to suicide almost a year ago, shared her experience and her feelings, stating "Suicide is final, and silence is deadly."

The Memorial March, "Silent Watch Remembers", was as solemn as it was empowering. I know our work at YES House will change as a result of this experience. Every family that comes through our doors will be involved in small and large group discussions with other parents and their children about suicide. At our women's program we are teaching



toddlers to identify their feelings and working with their mothers to do the same. Our goal is to take the stigma out of the subject so it can be a dinner hour subject.

We learned that we cannot keep this subject under wraps because of what we are afraid it will do if exposed. We have to instead be afraid of what it will do if we never talk about it. ❖

About Youth M.O.V.E. Oregon

Youth M.O.V.E. provides young adults with Drop-In Centers, youth support groups, support on wrap-around teams, and various trainings. Through these services, we encourage youth voice to be heard at the local, state, and national level and for youth to directly give back to their community.

Youth M.O.V.E. currently operates three Drop-In Centers located in Clackamas County (Milwaukie, OR), Jackson County (Medford, OR), and Lane County (Eugene, OR). The Drop-In Centers are made to give young people a place where they can belong while accessing services.

At the drop in centers young people can access drop in one-one peer support, peer support groups, youth-led workshops and trainings, and community based assistance with accessing resources within the community.

Addressing Suicidality in Substance Abuse Treatment Programs



Did you know that suicide is the leading cause of death among people who abuse alcohol and other drugs? People with substance abuse disorders who are in treatment are at especially high risk of suicidal behavior. They enter treatment when a number of life crises may be occurring and often when they are at a peak of depressive symptoms.

Substance abuse treatment providers must be prepared to gather information from, refer as needed, and participate in the treatment of clients at risk for suicidal behavior. The Substance Abuse and Mental Health Services Administration (SAMHSA) has developed a recommended role for substance treatment counselors in addressing suicidal thoughts and behaviors identified by the acronym

GATE:

Gather information

Access supervision

Take responsible action

Extend the action

Gather Information:

There are two steps to gathering information: (1) screening and spotting warning signs, and (2) asking follow up questions. Screening consists of asking very brief, uniform questions at intake to determine if further questions about suicide risk are necessary.

Access Supervision and/or Consultation:

A counselor should never try to manage suicide risk alone even with substantial specialized training. Accessing supervision or consultation can provide invaluable input to promote the client's safety, give the counselor needed support, and reduce personal liability.

Take Responsible Actions:

The guiding principle here is that the counselor's actions should make good sense in light of the seriousness of the suicide risk.

Extend the Actions:

Too often, suicide risk is dealt with acutely, on a one-time basis, with no follow-up. As with substance abuse, vulnerable clients may relapse into suicidal thoughts or behaviors. This means that the counselor will need to continue to observe and check with the client to identify a possible return of risk. Another common problem is referring a suicidal client but failing to coordinate or follow up with the provider. Be sure to document all the actions taken to create a medical and legal account of the client's care and to promote coordination of care. ❖

— This material comes from Treatment Improvement Protocol (TIP) 50, "Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment", published by the Substance Abuse and Mental Health Services Administration. It is available at www.samhsa.gov.

Help Educate Our Legislators

How can counselors advocate for additional funds for treatment and recovery services? According to the 2008 Oregon Speaks: Community Addiction Services Investment Strategy untreated substance abuse costs Oregon \$5.93 billion each year. This represents approximately 4 percent of Oregon's gross state product in 2006, or \$1,600 per person including \$813 million for health care, \$4.15 billion in lost earnings, and \$967 million in other costs such as law enforcement, criminal justice, and social welfare expenditures. As many as 258,045 Oregonians suffer from substance abuse or dependence, yet only 60,000 people in Oregon access publicly funded treatment annually (NSDUH, 2006).

Nelson Mandela once said, "Education is the most powerful weapon which you can use to change the world." One such group of people that counselors can educate about alcohol and drug issues is

Oregon's State Representatives. To find your representative go to www.leg.state.or.us/findlegsltr/.

Once you have found your representative and senator contact information make an appointment to see them. Meet your representative in person. But if that is inconvenient, schedule a meeting over the phone. Your Legislative representatives are interested in learning more about their constituents and how they can help you.

It is important to be prepared ahead of time and to frame your discussion in ways that can influence the outcome. Practice what you want to discuss with friends, family and colleagues. Feel comfortable and confident prior to the meeting.

Share your professional history and explain why you wanted to meet. In other words, what is your goal for the meeting?

Here are examples of talking points that may help in your discussion. This information came from a

presentation created by Addiction and Mental Health Division:

- The National Institute of Drug Abuse (NIDA) and Substance Abuse and Mental Health Service Administration (SAMHSA) agree that alcohol and other drug addiction is a chronic brain disorder. Like other chronic diseases treatment is an ongoing process. It may take numerous placements in residential or outpatient treatment for the client to maintain their sobriety in recovery.
- Each year in Oregon alcohol consumption leads to:
 - 1,400 alcohol-related deaths,
 - 243,000 persons with alcohol and drug dependence
 - 5,100 violent crimes due to alcohol use by the perpetrator or victim,
 - 41,000 offenses related to driving under the influence and liquor law violations
- Annual impact of drug use in Oregon:
 - 570 deaths
 - 107,000 persons with drug abuse or dependence disorders,
 - 39,000 property crimes, and
 - More than 24,000 drug law offenses
- Discuss that prescription drug misuse, particularly related to opioid pain medications, is a growing

concern among addiction treatment providers and stakeholders in Oregon.

- Explain the difference between treatment and recovery services and explain why clients may need both to stay in recovery.
- Show how addiction treatment is a solution to cutting health care costs. An analysis of a sample of Oregon Health Plan enrollees who accessed addiction services showed an average drop of \$3,603 per person in physical health care one year after entry in outpatient services compared to the previous year billed costs.
- Point out that treatment and recovery services help decrease crime, increases employment, and helps families stay together.
- Help your representative understand that additional funds may be the only things standing in the way of people actually living or dying.
- Share successes in treatment and recovery (without violating confidentiality). As counselors you know that sharing stories is one way to connect with your audience.

Finish your discussion by reiterating your goal and ask your representative what he or she can do to help meet your goal! Remember, your representative works for you. You are their boss! ❖

Expanding Options for the Treatment of Opiate Overdose

In June 2013, Governor John Kitzhaber signed SB 384 into law. This law allows professionals, licensed by the Pharmacy Board, to distribute naloxone — a drug capable of reversing opiate overdose — to individuals that have completed a brief training program. These trainees are granted immunity from civil and criminal liability when administering naloxone in good faith to treat opiate overdoses.

Naloxone is a safe, widely-used antidote that can reverse an overdose and keep it from becoming fatal. It is a prescription medication, an opiate agonist, and it's provided as an injection or a nasal spray. When the drug is provided, it gets to work almost immediately. According to a study published in the journal *Academic Emergency Medicine*, people who arrived in emergency rooms with opiate overdoses were restored to normal breathing rates within 10 minutes, and this includes the time the staff spent evaluating the patients and preparing injection sites. This is a remarkable accomplishment.

The law change in Oregon expands access to naloxone by allowing lay persons to be trained and to administer this medication. Cities and states with naloxone distribution programs have seen 37% to 90% reductions in overdose deaths.

Opiate Use in Oregon

More and more Oregonians, especially young people, are abusing prescription opiates and are at risk of overdose and other harms of opiate use.

- Oregon had the highest rate in the nation for illicit use of prescription opiates from 2010-2011
- Youth under 26 are increasingly at risk for both prescription opiate and heroin abuse. Of those admitted for treatment, prescription abusers have doubled and heroin abusers have quadrupled between 1992 and 2011.
- 45% of heroin users say they were hooked on prescription opiates before they started using heroin

The increase in the rates of opiate use and abuse has contributed to rising numbers of fatal overdose deaths in Oregon and nationwide.

(See **Treatment...** continued on next page)

Treatment... (Continued)

April 2014: FDA Approves Device to Combat Opioid Drug Overdose

In a move aimed at stemming the tide of deaths caused by the nation's prescription drug epidemic, the Food and Drug Administration approved a new device that would allow family members or caregivers to administer emergency medication to combat an overdose.

Opioid overdoses are marked by slowed breathing, extreme fatigue and changes in heart rate. Because victims tend to lose consciousness and fall ill quickly, allowing nearby family members or caretakers to administer naloxone rather than waiting on paramedics or doctors could mean the difference between life and death.

The product, Evzio, rapidly delivers a dose of naloxone, a long-used antidote to overdoses of opioids, which include legal drugs such as Vicodin and OxyContin, as well as illicit drugs such as heroin. The treatment would be administered through a hand-held automatic injector that, when activated, gives spoken instructions to the user and is small enough to carry in a pocket.

"For years, the lack of a lay-friendly delivery system has made it difficult to make naloxone broadly available to the public and to foster its use in non-medical settings, where it is often most urgently needed," says FDA Commissioner Margaret A. Hamburg, calling Evzio "an extremely important innovation that will save lives."

Regulators warned that Evzio should not be considered a substitute for medical care, that it works only temporarily to reverse overdose effects, and that it can trigger opioid withdrawal symptoms, including nausea, vomiting, sweating, uncontrollable trembling, and increased heart rate and blood pressure.

Still, the approval of Evzio will for the first time allow people with no medical knowledge to inject the drug into a patient's muscle or under the skin during an emergency by walking them through each step verbally, much like an automated defibrillator.

Family members or caregivers will need to get a prescription for the product ahead of time. But doing so would allow them to have a portable dose of naloxone in an easy to use injector about the size of a credit card. ❖

Open Invitation to Join WCADIO

WCADIO's Mission is to increase public awareness of women's alcohol and drug abuse issues and to promote services related to women throughout the State of Oregon. This means to ALL women who are affected by their own alcohol or drug use or that of their family or friends.

Your Support Is Needed — Your Voice Will Be Heard!

- \$100 Business/Organizational Membership
- \$10 Individual Membership
- In addition to or in lieu of membership, I support WCADIO and am sending a tax-deductible contribution of \$_____.

Please make checks payable to WCADIO, and mail completed form to:
WCADIO
PO Box 14495
Portland, OR 97293

*Public Forums • Workshops • Legislative Advocacy
Newsletter • Networking • Support Groups*

I WANT MY VOICE TO BE HEARD. PLEASE INCLUDE MY NAME ON YOUR MAILING LIST.
 I ENCLOSE MY CHECK IN THE AMOUNT OF \$_____.

NAME _____ AFFILIATION _____

STREET _____ CITY _____ STATE _____ ZIP _____

TELEPHONE _____ EMAIL _____ AREA OF SPECIAL INTEREST _____

~ Retirement Announcements ~

There will be an official retirement party for

Nancy Anderson

October 18

2-4pm

Albertina's Place

424 NE 22nd Ave, Portland

Please RSVP by Friday, October 10 to:

Eric Reynolds 503/200-3893 or eric.reynolds@ccconcern.org

Also retired as of September 1 is

Bruce Piper, CEO of ADAPT in Roseburg

A retirement party is being held

October 16

5:30pm

Hors D'oeuvres & dessert to be served

Roseburg Country Club

5051 Garden Valley Blvd, Roseburg

Please RSVP to susanj@srchc.org