Women's Commission on Alcohol and Drug Issues of Oregon

WWW.WCADIO.ORG

FALL 2017

Open Invitation to contribute to WCADIO
Your Support Is Needed
Your Voice Will Be Heard!
— See last page for contribution form —

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 ..... **Tanya Pritt**
Phone: 541/231-4315
Email: tanyampritt@msn.com

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

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

Newsletter Editor ..... **Ginger Martin**
Phone: 503/490-3116
Email: gingersnapmartin@gmail.com

Board Members: Ann Uhler, Beverly DuBosch, Judy Francis, Kelley Story, Mary Monnat, Jackie Mercer, Rita Sullivan, Ginger Martin, Lalori Lager, Lisa Rivers, Sherri Forsythe

PO BOX 14495 · PORTLAND, OR 97293

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

Why Fentanyl Is So Much More Deadly Than Heroin

When prescription opioids started getting too difficult or too expensive to procure, people addicted to them started turning to heroin–a shift that's created an "epidemic" of heroin use in whole new groups of people. Now, a new opioid is rising in use and overdose: Fentanyl, a synthetic opioid, is 50-100 times more potent than morphine, according to a recent statement on fentanyl by the Drug Enforcement Administration (DEA), and 25-50 times more potent than heroin. And its presence seems to be rising sharply, which means that, given its potency, deaths from the drug are also rising.

In 2014, 18,000 people died of opioids, and another 8,000 from heroin. It's not clear how many people are dying from fentanyl overdoses each day now, but the numbers are climbing sharply in pockets across the U.S. and Canada. Fentanyl is often, without the buyer's knowledge, mixed with heroin or cocaine, because it's cheaper than either of them, and much stronger. Here's what we know about why fentanyl is so powerful, in the body and as a new presence in society.

What does fentanyl do in the brain?

There's no difference in the way in which fentanyl works on the brain from any of the other opioids–it crosses the blood-brain barrier, just like they all do, and binds with the brain's μ-opioid receptors. From here, it creates analgesia and euphoria.

(See **Fentanyl…** *continued on page 2)*

In Memory of…

Margaret Weil
Oct. 16, 1943 ~ April 10, 2017

Margaret passed away unexpectedly in April of this year. She served on the board of the Women's Commission on Alcohol and Drug Issues of Oregon for many years, and had just been elected to her second term as board president. Those of us on the board who served with her will miss her passion for women's treatment and her positive attitude about work and life.

Margaret owned and operated Classic Woods Furniture in Gresham, Oregon from 1978 to

(See **Tribute…** *cont. on page 2)*

Are You a Contributor to WCADIO...?
Want to get involved in the good works we do? WCADIO's contribution form is on the last page and is also available on our website at www.WCADIO.org.
We encourage you to support the work we do! Thank you!

Nominations are Due!
Time to nominate someone for WCADIO Counselor of the Year!
See page 5 for more info!

Tribute… *(Continued from front page)*

1985. She served on the Gresham City Council from 1980 to 1982 and became the first female Mayor of Gresham serving from 1982 to 1987. She also worked in community relations for Tri-Met and the Oregon Department of Transportation and then changed careers dramatically. She worked for 15 years as a drug and alcohol counselor and program manager for DePaul Treatment Centers. At the time of her death, she was working for Pathfinders of Oregon counseling women addicts at the Coffee Creek Correctional Facility.

A Tribute to Margaret Weil

October 16, 1943 – April 10, 2017
By Sheila North

I first encountered Margaret in the parking garage across the street from DePaul. I was impressed by her stature and her poise and I wondered who she was. I didn't know that she worked at DePaul, but I soon learned that she was finishing her degree and doing an internship. At least I think that is the way Margaret came to be a fixture there. As time passed, she grew in knowledge and influence until she ended up running all of adult services and the organization was dependent on her character, creativity and resilience.

I have to tell you that I adored Margaret. We were the same age, separated by 11 days – both Libra's seeking perfection and balance, railing at injustice (both real and perceived) with a capacity for outrage and enthusiasm in equal measure.

We became friends after I left DePaul and got together every several months. We compared notes on working into our mid 70's, the signs and symptoms of aging, and we shared resources like how to maintain disappearing eyebrows and lips and dress age appropriately. To my lasting regret, our dinner together earlier this year did not happen.

When Margaret wanted something, she reallllllly wanted it. She was relentless in her persistence. She didn't care if she got what she wanted because I was simply worn down by her. When she thought she was right, she didn't let go – and, I have to say that a lot of the time she was right. When she discovered that she was wrong, she was quick to admit it and make amends. She had courage and determination.

If Margaret didn't know something or didn't understand something, she made it a priority to learn. She had great instincts and an uncanny ability to follow the thread wherever it led and sometimes that was to Devon to learn how to be a better manager, or create and read spreadsheets; to Gretchen for feedback on an idea or a legal conundrum or for connections. She was so proud of the achievements of her children and grandchildren and she gleefully shared your accomplishments.

Some of our best times and conversations were "off campus" and occurred at conferences where we could relax after sessions and swap stories. We laughed and listened to her tales of her time as mayor of Gresham, stories about her mother and her life growing up. Margaret really knew how to have fun, how to work and play and be serious and irreverent. She helped make some of our days at DePaul truly joyful. She was a mentor to many people and identified talented staff and nurtured them towards success in our field. She was a true and loyal friend and she told it as she saw it.

When I left DePaul, Margaret gave me a beautiful glass ornament called the tree of gratitude. It hangs in my office now. The enclosed description read:

"Every day we are surrounded by many gifts. By taking the time to celebrate these gifts we are able to feel gratitude for the people or circumstances around us and to acknowledge their efforts to make our lives and the lives around them meaningful. Gratitude comes in many forms and just like the roots of a tree it can be deep and everlasting."

I celebrate Margaret for bringing joy and humor and persistence and dedication and love into my life. She was and will continue to be a gift to me and to us all.

Fentanyl… *(Continued from front page)*

However, fentanyl's potency is much greater than the other opioids'–that is, it takes much, much less of the drug to have the same effect. So it's also lethal at much lower doses than even heroin. Micrograms of fentanyl are effective, rather than milligrams of the other opioids:

This difference in fentanyl's potency is critical–it takes very little to have the same effect as other opioids. The reason so many are dying is because

FAIR USE NOTICE: This publication contains copyrighted material the use of which has not always been specifically authorized by the copyright owner. News and informational articles posted here are for the non-profit purposes of education and news reporting. We believe this constitutes a 'fair use' of any such copyrighted material as provided for in 17 U.S.C § 107.

the dose is relatively uncontrolled with street fentanyl, and small excesses can lead to overdose. There's nothing inherently more dangerous about fentanyl than other opioids except the way it is dosed and sold. This should not suggest that the other opioids are not dangerous; they all are.

The physical effects

Aside from producing an intense high quickly, Fentanyl also produces a number of other effects– nausea, vomiting, analgesia, sedation and respiratory depression among them, according to drugabuse.gov. And like other opioids, it causes death via respiratory arrest (one's breathing slows to a stop), rather than cardiac arrest. Fentanyl is a more rapid version of the same kind of death that are caused by other opioids—it can be immediate.

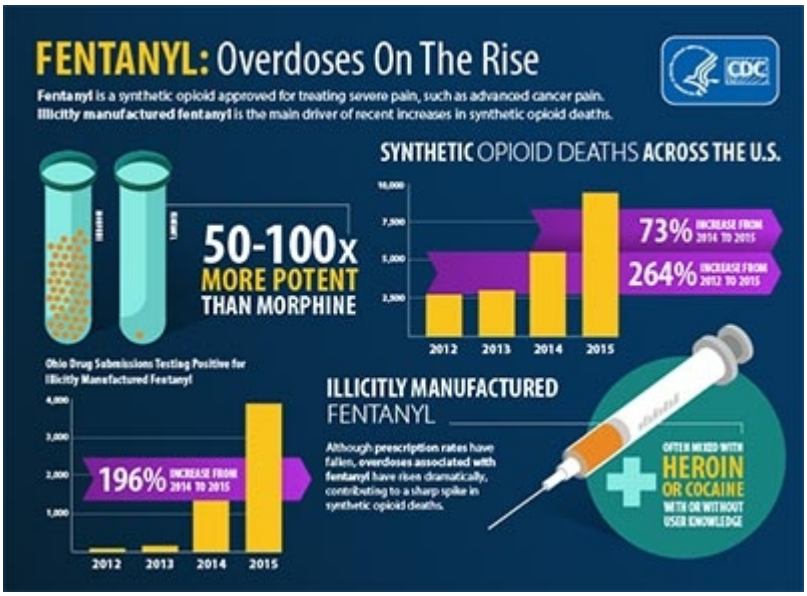
Where it comes from and where it's going

Fentanyl was once largely extracted from pharmaceuticals–the fentanyl patch, for instance, used to have a reservoir of the drug that was plainly visible, so one could simply suck the liquid out with a syringe. But now the patches have the drug embedded in a mesh, so are more difficult to extract. So fentanyl for street sale often seems to be made in China and imported to the U.S. through Mexico. And because it's synthesized, rather than plant-derived, it's worth the effort. From the dealer's perspective, heroin is still hard to make: you have to grow it, extract it, convert it, and transport it.

Long-term use of fentanyl is probably somewhat rarer than heroin or other opioids, just by virtue of the fact that it's so potent that the margin of error is quite small. A milligram of the drug is the size of a pinhead. Fentanyl is always mixed into something else so users must put a lot of trust in their dealers. There are a lot of ways in which the use of fentanyl can go wrong.

Fentanyl will likely grow much more widespread before it peters out. And the fix probably lies not on the street or drug labs, but in exam rooms in doctor's offices. Changing prescribing practices would prevent many more opioid addictions than any other avenue. ❖

Source: Summary of an article by Forbes Contributor Alice G. Walton, published on www.forbes.com on April 9, 2016.



Fentanyl Is So Deadly That It's Changing How First Responders Do Their Jobs

The dangerous opioid is forcing police and forensic-lab workers to invent new ways to protect themselves.

Fentanyl is so potent that it is dangerous even for people who might accidentally touch or breath a tiny amount of it. People like police, EMTs, forensic labs technicians, and even funeral directors. A puff of fentanyl from closing a plastic bag is enough to send a full-grown man to the emergency room.

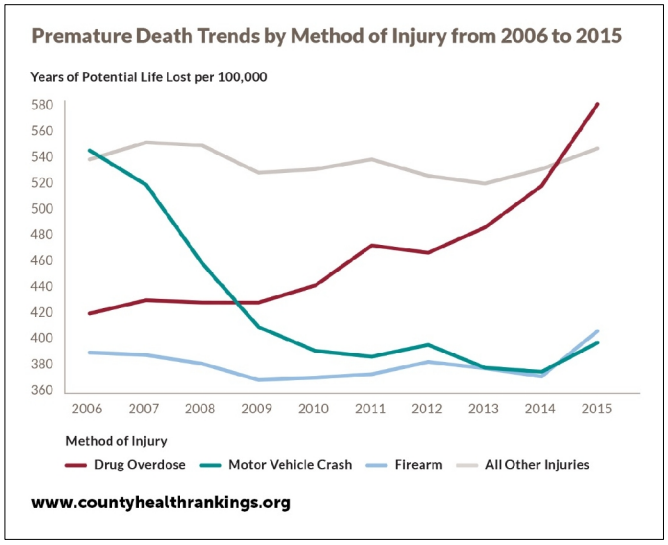
The unprecedented rise of fentanyl has forced police and crime labs to change how they work. Police departments are using protective gear like Tyvek suits and respirators. Crime labs are looking for new ways to detect fentanyl without opening the bag. And both have stocked up on naloxone, the drug that reverses overdoses, for their employees.

Some departments use a device called TruNarc, which shines a laser at a substance in a plastic bag. The problem with this approach, says Amber Burns,the forensic supervisor at the Maryland State Police, is that it doesn't work well with heroin. Testing heroin with the device still requires a separate kit, in which a scoop of the drug has to be added to a vial of ethanol, in which case you have the danger of opening the bag again.

One of the particular challenges of the opioid crisis is that exact drugs keep changing. First it was heroin, then fentanyl. Now certain areas are seeing more overdoses of carfentanil, a drug originally used as an elephant tranquilizer that is an estimated 100 times even more potent than fentanyl. There are also reports of acrylfentanyl, which is resistant to naloxone. Who knows what's next. ❖

Source: Summary of an article by Sarah Zhang, The Atlantic, May 15, 2017.

Drug Overdose the Single Leading Cause of Premature Death by Injury in Latest Report



The 2017 County Health Rankings report, now in its eighth year, finds that more Americans are dying prematurely, notably among our younger generations. Drug overdoses are a major contributor to the rise in premature death across the country.

The U.S. continues to experience an epidemic of drug overdose deaths. From 2000 to 2015 more than half a million people died from drug overdoses, the majority (55 percent of these deaths) occurring from 2009 to 2015. While injury deaths due to drug overdoses, motor vehicle crashes, and firearms have consistently been leading contributors to premature death, as indicated in the graphic, drug overdose was by far the single leading cause of premature death by injury in 2015.

Key Findings

- Premature deaths due to drug overdose have risen over the past decade with an accelerated rate in recent years. In comparison, trends show reductions in premature death due to motor vehicle crashes, and little progress in trends involving firearms and all other injury methods. But, recent data also suggest an increase in premature death due to these methods of injury.
- Premature death due to drug overdose increased across community types, with large suburban metro, smaller metro, and rural counties having the highest rates.
- Large suburban metro counties went from having the lowest to the highest rate of premature death due to drug overdose within the past decade.
- Premature death due to drug overdose was highest among whites (778 years of potential life lost per 100,000) and American Indian/Alaskan Natives (736 years of potential life lost per 100,000) in 2015.

The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to bring this program to communities across the nation. ❖

The entire report can be found here:

http://www.countyhealthrankings.org/reports/2017-county-health-rankings-key-findings-report

Some Facts About Opioid Poisoning/Overdose in Oregon

- From 2000 through 2014, 2,226 people in Oregon died due to prescription opioid overdose.
- Unintentional and undetermined prescription opioid overdose death rates appear to have peaked in 2006 at 6.5 per 100,000 and declined to 4.0 per 100,000 in 2013. Preliminary data for 2014 indicates that this trend of decrease continues. Nonetheless, the overdose death rate in 2013 remains 2.8 times higher than in 2000.
- The use of prescription opioids is widespread in Oregon. An analysis of 2013 PDMP data showed that over 918,000 Oregonians (24% of Oregon's population) received a prescription for an opioid in one year.
- In 2013, one prescription drug overdose death occurred for every: 1,900 methadone prescriptions dispensed; 20,300 opioid prescriptions dispensed (excluding methadone); 125,000 benzodiazepine prescriptions dispensed.
- The mortality rates due to heroin overdose increased from 0.8 per 100,000 in 2000 to 3.2 per 100,000 in 2012. Although there is some concern that heroin overdoses generally rise as prescription opioid overdoses wane, heroin overdose deaths have remained relatively static since 2007.
- Deaths due to methadone (which is frequently prescribed for pain) overdose peaked in 2006

To submit something to this publication please send your item to Editor Ginger Martin at gingersnapmartin@gmail.com

(3.8 per 100,000) and declined to 1.6 per 100,000 in 2013. Nonetheless, the methadone overdose death rate is still more than two times higher than the rate in 2000.

- In 2006, methadone accounted for 52% of all prescription opioid overdose deaths in Oregon. In 2013, methadone accounted for 40% of all prescription opioid overdose deaths.
- The rate of overdose death due to prescription opioids averages 1.7 times higher among males when compared to females, and the highest rates for both males and females are among persons 35-54 years of age.
- The highest rates of deaths due to drug overdose occurred among Caucasian and non-Hispanic Oregonians for every type of drug. ❖

Source: Oregon Health Authority, Public Health Division, December 2015

Federal Report Analyzes Pot's Impact on Health

It can ease chronic pain and might help some people sleep, but it may also raise the risk of getting schizophrenia and trigger heart attacks. Those are among the conclusions about marijuana reached by a federal advisory panel in a report released earlier this year by the National Academies of Sciences, Engineering, and Medicine.

The experts also called for a national effort to learn more about marijuana and other cannabinoids. The current lack of scientific information poses a public health risk said the report. The review included studies published since 1999, however most conclusions are based on statistical links between use and health, rather than direct demonstrations of cause and effect.

The review found strong evidence that marijuana can treat chronic pain in adults and that similar compounds ease nausea from chemotherapy. Regarding potential harms, the committee concluded:

- Strong evidence links marijuana use to the risk of developing schizophrenia and other types of psychosis, with the highest risk among the most frequent users.
- Some work suggests a small increased risk for developing depressive disorders.
- For pregnant women who smoke pot, there's a strong indication of reduced birth weight.
- Substantial evidence links pot smoking to worse respiratory symptoms and more frequent episodes of chronic bronchitis.
- Some evidence suggests a link between using marijuana and developing a dependence on or abuse of other substances. ❖

Source: Excerpt from an article written by Malcolm Ritter, The Associated Press.

New WCADIO Board Members

The Women's Commission on Alcohol and Drug Issues of Oregon welcomes three new board members: **Lalori Lager**, **Lisa Rivers**, and **Sherri Forsythe**.

In this newsletter, we introduce **Larori Lager**:

Lalori Lager has a Masters Degree in Forensic Psychology and is the Executive Director of ReConnections Counseling. She has offices in Newport, Toledo, Lincoln City and Florence. She also contracts to DHS-Child Welfare to perform specialized assessments on high risk families in our community.

Lalori sits on the Lincoln County HOPE Court and DRUG Court team, is on Bright Horizons therapy riding board of directors, and is on the Executive Council of Pacific Communities Health Foundation Board. Lalori is also on the Board of the Newport Fishermans Wives. She has 13 employees in her own business, and is involved in the business component to the F/V Eclipse, a commercial fishing boat that her husband owns.

Scott and Lalori have three children. Karisa is a full time Oregon State University student, and the Case Manager at ReConnections Counseling. Dakota Lager is a full time student at Oregon State in Agriculture Science/Business. They also have a first grader Dayton, that is the light of their life as older parents. ❖

The Women's Commission on Alcohol and Drug Issues in Oregon (WCADIO) is accepting nominations for the Counselor of the Year award

This award allows us to recognize a counselor in a very public way for her good work. Time is running short and we would like to hear from the field about those women whose work bears recognition. Please forward your nomination and a summary of why you feel she deserves the recognition by November 1, 2017.

Submissions can be mailed to WCADIO at PO Box 14495, Portland, OR 97293. Or email to President Tanya Pritt at tanyapritt@milestonesrecovery.com.

WCADIO to Promote Communities of Practice to Grow and Support Expertise in Treatment to Women and Girls

What are Communities of Practice?

Communities of practice are groups of people who share a concern or a passion for something they do and who interact regularly to learn how to do it better.

Communities of practice enable practitioners to take collective responsibility for managing and developing the knowledge they need and supporting one another in growing that knowledge. The Women's Commission believes that those practitioners who are providing services to women and girls in Oregon should be mentored and supported in their work and should have access to continuing education and professional development. Communities of practice are a way to create opportunities to reach these goals.

Three characteristics are crucial:

- The domain: A community of practice is not merely a club of friends or a network of connections between people. It has an identity defined by a shared domain of interest. Membership therefore implies a commitment to the domain and therefore a shared competence that distinguishes members from other people.
- The community: In pursuing their interest in their domain, members engage in joint activities and discussions, help each other, and share information. They build relationships that enable them to learn from each other.
- The practice: A community of practice is not merely a community of interest—people who like certain kinds of movies, for instance. Members of a community of practice are practitioners. They develop a shared repertoire of resources: experiences, stories, tools, ways of addressing recurring problems—in short, a shared practice. ❖

Source: Excerpted from Wenger, E. (n.d.). Communities of practice: A brief introduction.

http://www.ewenger.com/theory/communities_of_practice_intro.htm

2017 Legislative Update

WCADIO supported three legislative issues during the 2017 session.

The following two bills passed:

— HB 3391 assures access to reproductive health care in Oregon regardless of what changes occur to the Affordable Care Act at the national level.

— SB 754 raises the minimum age for the purchase of tobacco products from 18 to 21.

The third bill (HB 2122) was defeated during the last week of the session. It was an attempt to have Coordinated Care Organizations (CCO's) be more transparent in their response to community oversight. There have been many problems for women in treatment accessing necessary services in a timely way because of the structure of some of the CCO's. Rep. Mitch Greenlick worked hard on this bill and is committed to raising the issue next legislative session. ❖

Find your legislative representative or track a bill at http://gov.oregonlive.com

Open Invitation to Contribute

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 Annual Contribution Is Needed
Your Voice Will Be Heard

☐ $100 Affiliate Organization
☐ $10 Individual Contributor
☐ I support WCADIO and am sending an additional 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 SUPPORT THE WCADIO MISSION AND 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 AREA OF SPECIAL INTEREST

EMAIL

NOTE: NEWSLETTER IS NOW BEING SENT VIA EMAIL, PLEASE BE SURE TO INCLUDE YOUR EMAIL ADDRESS.