

The Opioid Crisis in Washington's Second Congressional District and a Comprehensive Solution



January 2024

Preface

The opioid crisis has devastated Northwest Washington. At community coffees, town hall events and other constituent meetings, opioid addiction has emerged as a top issue in Washington's Second Congressional District. Addiction is not a moral failing, but a disease that requires treatment and support for recovery. More than just a statistic on a page, each member of the community who dies from opioid addiction impacts family members, friends and communities across the Pacific Northwest.

Prior to the COVID-19 pandemic, Northwest Washington communities made significant progress in combating the opioid crisis. Communities delivered the critical treatment and resources neighbors, family members and friends needed to overcome addiction. However, the pandemic significantly exacerbated the opioid crisis and eroded much of the progress that was made prior to the pandemic.

The approach to tackling the opioid crisis must be comprehensive, engaging health care providers, law enforcement and community stakeholders, and providing accessible treatment for individuals seeking recovery. This report lays out a comprehensive framework that focuses on four pillars critical to addressing the opioid crisis:



PREVENTION



INTERDICTION



TREATMENT



RECOVERY

Congress and the Biden administration can and must do more to coordinate with local governments, Tribal communities, law enforcement, health care providers and community partners to tackle the opioid epidemic and help individuals suffering from opioid addiction. To begin this process, I met with community leaders and stakeholders across Washington's Second Congressional District to hear about the challenges they face in combatting the opioid crisis. Based on these conversations and further research, this report provides an analysis of the opioid crisis in the Second District and outlines federal policy recommendations to address many of the concerns I heard.

This report is only the first step on the pathway forward. I look forward to hearing from more community members about the challenges you face and your ideas to effectively attack the opioid crisis. I also look forward to your feedback on how Congress and the Administration can be better partners to you in your ongoing efforts.

Sincerely,

Rick Larsen
U.S. Representative
Washington State, Second District

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Section 1. Introduction

Of all the simple truths, none is more simple than the following: the opioid crisis has overcome local communities in Northwest Washington and across the United States. In 2022, approximately 83,000 people in the U.S. died from opioids, or drugs such as heroin, morphine, oxycodone, hydrocodone, codeine and fentanyl.¹ According to the Centers for Disease Control and Prevention (CDC), Washington state had the largest percentage increase of drug overdose deaths in the nation from February 2022 to February 2023. In 2022, more than 75 percent of Washington's overall drug overdose deaths were linked to opioids. Even though the U.S. saw a three percent decline in overdose deaths overall during this period, deaths in Washington increased by more than 21 percent, sustaining trends which began during the COVID-19 pandemic.

Compounding issues include an increased strain on public health systems and the growing availability of fentanyl, a dangerous synthetic opioid. The significant drop in the price of fentanyl, as low as 50 cents per pill, helped drive this trend in Northwest Washington.² Since fentanyl is synthetic and easy to produce, it is easier for drug traffickers to distribute larger quantities of the drug. Fentanyl also has a shorter half-life than most other opioids like heroin, meaning people addicted to fentanyl need to take larger amounts to avoid going through withdrawal, and fentanyl is stored in fat reserves in the body, making it harder to remove from the system during recovery.

The COVID-19 pandemic greatly exacerbated the opioid crisis. According to the CDC, factors related to the pandemic, such as anxiety and social isolation, led to an overall increase in drug use and likely exacerbated the opioid epidemic.³ In addition, the pandemic caused significant strain and capacity issues in the health care system, making it harder for people to access treatment and emergency services. The pandemic blew up the consensus around how to overcome the crisis, presenting new challenges due to inadequate access to quality care and prevention.

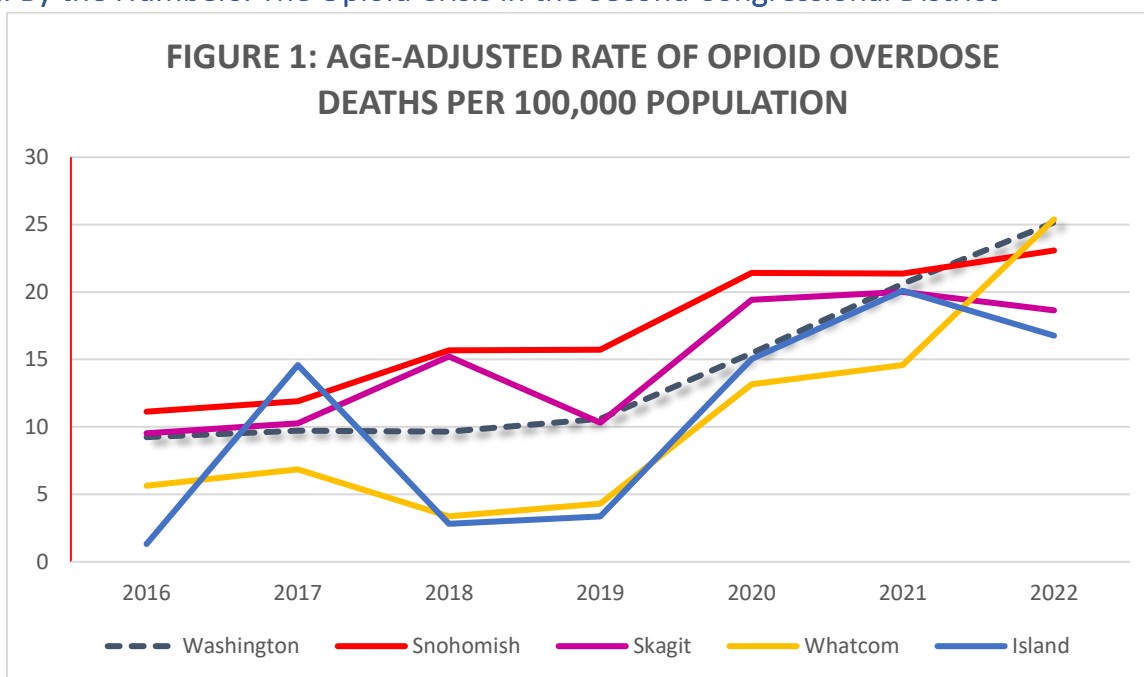
This report seeks to encapsulate the work that is being done in Washington's Second Congressional District to combat the opioid crisis and help rebuild a consensus on how to address the opioid crisis at the federal level. The report is structured in three sections. The rest of the *Introduction* discusses how the opioid crisis has affected veteran and indigenous populations and the five counties — Skagit, Snohomish, Island, Whatcom and San Juan — in the Second District. *Section II* provides a framework to understand the top-of-line issues, existing services, future policy, and strategies for addressing prevention, interdiction, treatment and sustained recovery/resiliency. *Section III* proposes policy solutions to the issues that were addressed in the previous section. Finally, the *Conclusion* summarizes the key findings of the report and emphasizes the need to support and bolster local efforts to fight the opioid epidemic at the federal level.

¹ <https://www.washingtonpost.com/health/2023/05/17/overdose-deaths-plateau-2022/>

² <https://washingtonstatestandard.com/briefs/price-of-illicit-fentanyl-in-wa-drops-to-as-low-as-50-cents-a-pill/>

³ <https://nida.nih.gov/research-topics/comorbidity/covid-19-substance-use>

1.1. By the Numbers: The Opioid Crisis in the Second Congressional District



Data Source: Washington Department of Health Opioid and Drug Overdose Dashboard⁴

The five counties in Washington’s Second Congressional District have seen a steady increase in opioid overdose deaths over the course of the COVID-19 pandemic (Figure 1).

Since 2020, more than 650 people in Snohomish County have died of opioid-related overdoses. Opioid overdose deaths steadily increased over the past five years in the county. Between 2017 and 2022, the number of opioid-related overdose deaths more than doubled. Fentanyl was involved in more than 80 percent of opioid-related deaths in 2022, compared to only 23 percent in 2017. During the first quarter of 2023, at least 66 people died due to an opioid overdose; nearly all these deaths involved fentanyl.

Whatcom County saw a drastic increase in opioid overdose deaths since 2020, with the rate of deaths per 100,000 people exceeding the statewide average for the first time in 2022. According to data from the Washington State Department of Health, 35 percent of all injury deaths in Whatcom County in 2022 were from overdoses and 11 percent of all injury hospitalizations were for non-fatal overdoses. This is a significant increase from 2021, when only 21 percent of all injury deaths were for overdoses and nine percent of all injury hospitalizations were for non-fatal overdoses, and 2020 when only nine percent of all injury deaths were for overdoses in Whatcom County.

Skagit County similarly had a large spike in opioid deaths starting in 2020 with death rates remaining high in 2021 and 2022. Opioid deaths rose again in 2023 with 32 reported, compared to 26 in 2022. According to data from the Washington State Department of Health, 29 percent of all injury deaths in Skagit County were for overdoses in 2022, and 10 percent of all injury hospitalizations were for non-fatal overdoses. This is almost three times the deaths from 2021, when nine percent of all injury deaths were for overdoses.

⁴ <https://doh.wa.gov/data-and-statistical-reports/washington-tracking-network-wtn/opioids/overdose-dashboard>

Prior to the pandemic, Island County made significant progress in fighting the opioid crisis, but overdose deaths increased dramatically over the course of the pandemic. In 2022, overdose deaths remained high but began to fall for the first time since the pandemic.

San Juan County was omitted from the graph on page 2 due to its low population and scale comparisons. But San Juan County was not immune from the opioid problem. According to Department of Health data, San Juan County had two opioid-related deaths in 2016, one death in 2017, three deaths in both 2018 and 2019, and zero deaths in 2020. The number of opioid-related deaths in San Juan County for 2021 and 2022 has not been posted on Washington State's overdose database.

1.2 Impact on Tribes

The opioid crisis has hit Tribal nations and communities in the Second District especially hard. American Indian and Alaska Native residents have the highest rate of death from synthetic opioid overdoses statewide, with at least 203 deaths between 2018 and 2022.⁵ According to the Tulalip Tribes, more than 63 members have died from fentanyl overdoses since 2017. In 2023 alone, the Lummi Nation had seven fentanyl overdose-related deaths, with five of those occurring in just a two-month span from September to October. The Swinomish Indian Tribal Community compares the devastating impact of the opioid crisis and the generational trauma it inflicts to the Indigenous boarding school scourge of the late 19th and early 20th centuries, in which thousands of Native American children died and tens of thousands endured physical, sexual and emotional abuse that reverberates in Tribal communities to this day.

Tribes in the Second District express a need for more funding for response, treatment, prevention, housing, workforce development and law enforcement to keep illicit drugs away from Tribal communities. Lummi Nation Chairman Tony Hillaire testified to the Senate Committee on Indian Affairs in November 2023 that more than 70 Tribal members currently live in squalor with no sanitation facilities at a homeless camp in Bellingham. Therefore, some tribes have declared fentanyl and the opioid crisis a public health emergency. In doing so, they hope to raise awareness about the severity of the epidemic and mobilize resources to combat it.

1.3 Impact on Veterans

Veterans with service-connected injuries or disorders are more likely to seek opioids to address physical pain or self-medicate for PTSD. According to the National Institutes of Health (NIH), more than one in ten veterans suffer from substance use disorder.⁶ From 2010 to 2019, opioid overdose mortality rates among the veteran population increased by 53 percent.⁷ This trend was heightened during the COVID-19 pandemic.

The veteran population in the Second District is impacted by several issues which lead to higher risk for opioid use disorder (OUD), such as pain, suicide risk, trauma and homelessness. VA Puget Sound treats approximately 25 percent of veterans who reside in Washington state, and its service area includes all five counties in the district. VA Puget Sound cares for approximately 155,000 veterans, of which, 1,048 (0.68 percent) have a current diagnosis of OUD. In 2023, VA Puget Sound reported 38 overdoses involving opioids.

⁵ <https://www.seattletimes.com/seattle-news/how-native-wa-communities-are-fighting-the-fentanyl-crisis/>

⁶ <https://nida.nih.gov/publications/drugfacts/substance-use-military-life>

⁷ <https://pubmed.ncbi.nlm.nih.gov/35792749/>

Section 2. A Comprehensive Framework to Tackle the Opioid Crisis

While the opioid crisis continues to devastate local communities, the federal government must coordinate with local and Tribal governments, treatment providers, law enforcement and community partners to address the crisis in a comprehensive and coordinated manner. This begins with understanding the challenges communities are facing and working together to find lasting solutions.

Combating the opioid crisis in Northwest Washington requires a comprehensive framework that focuses on four main pillars: (1) **preventing** individuals from turning to opioids, (2) **interdicting** the flow of opioids into communities, (3) expanding **treatment**, and (4) supporting long-term **recovery** for individuals and building resiliency in local communities.

2.1 Prevention

The United States must take meaningful action to prevent individuals from relying on opioids, instead of implementing stopgaps that simply mitigate the impacts of the crisis.

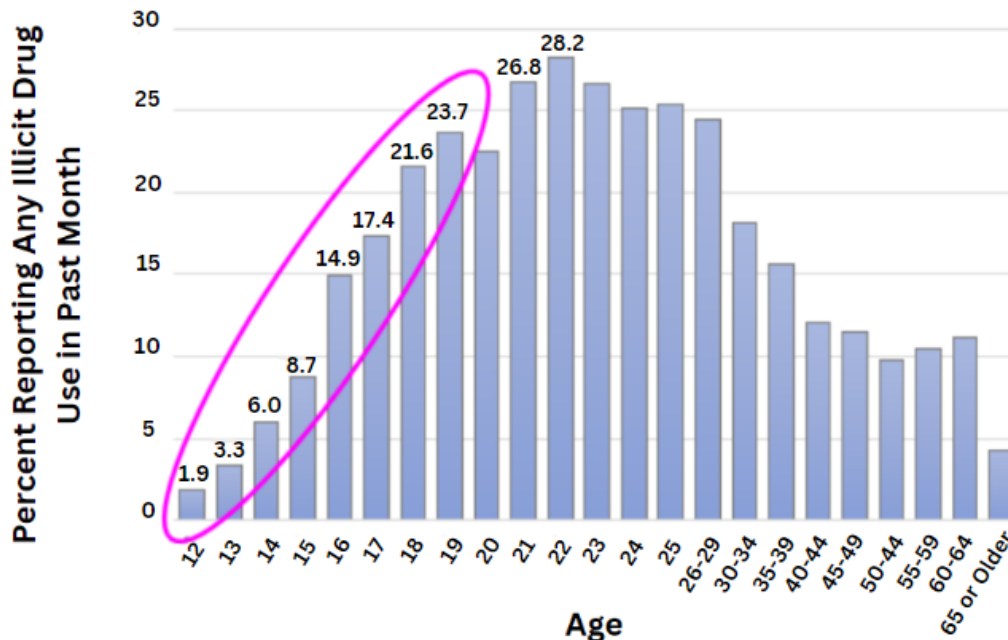
The Drug-Free Communities (DFC) Support Program was created in 1997 and is the only national effort dedicated to helping communities fight substance abuse from the prevention stage. DFC grants help coalitions which coordinate local schools, law enforcement, local media, and other actors fight youth substance abuse. DFC grants have assisted the work of groups in the Second District, including:

- **San Juan County:** San Juan Island Prevention Coalition (SJIPC) was created in 2003 by a DFC grant to develop a curriculum to educate youth in San Juan Country regarding substance abuse.
- **San Juan County:** Coalition for Orcas Youth promotes community collaboration, reducing youth substance use, and reducing anxiety and depression in Eastsound.
- **Skagit County:** Burlington Healthy Community Coalition was awarded \$625,000 through FY2024 to increase community collaboration and decrease prescription drug abuse by youth in the Burlington-Edison School District.
- **Skagit County:** Sedro-Woolley RISE sponsors trainings, informs local policies, provides resources to schools and develops campaigns to reduce youth substance use.
- **Whatcom County:** Birch Bay-Blaine Thrives utilizes DFC funding to work in the Blaine School District to help educate students on the use of addictive drugs and connect them to resources.
- **Whatcom County:** Mt. Baker Community Coalition works to address youth substance use prevention and mental wellbeing promotion efforts for East Whatcom County.

Adolescents are at a heightened risk of beginning to use substances; data show that rates of drug use escalate rapidly between the ages of 12 and 19 (Figure 2).⁸ In addition to the programs listed above, Snohomish County Human Services contracts with 11 school districts, including 52 schools, to provide Student Support Advocates and curricula on youth substance use prevention for teachers and counselors.

⁸ <https://www.whitehouse.gov/wp-content/uploads/2022/04/National-Drug-Control-2022Strategy.pdf>

FIGURE 2: ESCALATION OF DRUG USE DURING THE TEEN YEARS



Source: 2022 National Drug Control Strategy⁹; Data Source: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health 2019

However, the DFC initiative only targets youth. As a result, communities start from the ground-up to introduce broader early prevention measures. For example, Skagit County conducted an English and Spanish OUD communications campaign. Snohomish County's Multi-Agency Coordination Group created community education programs and materials. The Lummi Nation declared a state of emergency regarding fentanyl and OUD to help increase access to funding and resources, thereby bolstering their prevention efforts.

The Tribes in the Second District also detailed needs for initiatives aimed at preventing opioid abuse, from youth programs and services like Boys and Girls Clubs to prenatal and parenting programs and the Indian Child and Welfare Act (ICWA) system, which has a critical shortage of social workers who manage ICWA cases. Tribal leaders in the Second District have further emphasized the need to incorporate Indigenous traditional practices and teachings in prevention programs to ensure greater success in Indigenous communities. Housing, workforce development, public education and community-based support services are also top areas of focus.

While these local efforts are ongoing, the U.S. should provide increased resources for an opioid-abuse prevention plan that covers Americans of any age. This national strategy should help communities with

⁹ <https://www.whitehouse.gov/wp-content/uploads/2022/04/National-Drug-Control-2022Strategy.pdf>

limited resources develop early intervention and awareness initiatives, including multi-lingual materials, and focus on addressing some of the root causes of why many individuals turn to opioids in the first place – poor mental health and chronic pain conditions. Individuals managing chronic pain and mental health conditions need a health care system that provides personalized and creative solutions to manage symptoms and improve resiliency. The health care workforce must, in turn, track opioid prescribing and emphasize practices to recognize signs of opioid misuse.

A good example is the U.S. Department of Veteran Affairs (VA)'s Opioid Safety Initiative (OSI) which has proven to prevent veterans from relying on opioids. The program was launched in 2013 and focuses on pain management, providing access to specialized therapy and utilizing an electronic database to track opioid prescriptions. The database helped ensure veterans were not over-prescribed opioids. Since its inception, the VA has reduced the number of veterans with opioid prescriptions by 67 percent, from 874,897 veterans in 2012 to 288,820 in 2023, and reduced the number of patients on high doses of opioids by 81 percent, from 76,444 in 2012 to 14,733 in 2023.¹⁰ The Veterans Health Administration also created the Stratification Tool for Opioid Risk Mitigation (STORM), which is a targeted prevention program to help mitigate risk factors for overdose and suicide among veterans who are prescribed opioids or diagnosed with OUD.

Lastly, VA Puget Sound's Center of Excellence in Substance Addiction Treatment & Education (CESATE) serves as a national resource to improve the quality, clinical outcomes and cost-effectiveness of health care for veterans with OUD. The center researches trends in substance use, the related consequences and gaps in health care services, as well as new treatments and priorities of the VA Office of Mental Health and Suicide Prevention (OMHSP). This research is used to evaluate and develop national strategies such as the Stepped Care for Opioid Use Disorder Train-the-Trainer (SCOUTT) initiative, create alcohol and drug educational resources for clinicians, veterans and the public, and develop and test digital tools to support treatment of substance use disorders.

2.2 Interdiction

Law enforcement agencies across the U.S. must have the resources and support needed to assist federal drug interdiction efforts (2.2.1), fight transnational drug trafficking (2.2.1), modernize U.S. borders (2.2.3) and stop opioids from entering local communities (2.2.4).

2.2.1 Federal Drug Interdiction

Several different federal agencies are involved in the efforts to fight drug trafficking and the spread of opioids into local communities, including the Office of National Drug Control Policy (ONDCP), U.S. Coast Guard (USCG), U.S. Customs and Border Patrol (CBP), the Drug Enforcement Administration (DEA) and Homeland Security Investigations (HSI).

ONDCP: The ONDCP develops and implements the National Drug Control Strategy and coordinates 19 federal agencies to create a whole government approach to addressing addiction and the opioid epidemic. ONDCP also provides funding to local communities through the High Intensity Drug Trafficking Areas Program and the Drug-Free Communities Program.

USCG: The Coast Guard operates off the coasts within U.S. maritime borders and interdicts illicit narcotics before they reach U.S. shores. The U.S. Coast Guard reports that they do not encounter much

¹⁰ <https://news.va.gov/press-room/va-reduces-opioids-by-67-since-2012/>

fentanyl at sea, and fentanyl is more commonly interdicted through land ports of entry and airports. However, the Coast Guard plays a major role in interdicting cocaine and other drugs.

CBP: Within CBP, the Office of Field Operations (OFO) operates at the ports of entry into the United States; the U.S. Border Patrol operates between ports of entry; and Air and Marine Operations (AMO) interdict drugs in the air and maritime environments beyond the borders within U.S. maritime borders. In Fiscal Year 2023, CBP seized 27,023 pounds of fentanyl, which was an 84 percent increase from the previous fiscal year.¹¹

DEA: The DEA enforces the Controlled Substances Act and investigates domestic and international narcotics traffickers. The DEA seized more than 76.5 million fentanyl pills and more than 11,900 pounds of fentanyl powder in 2023. This represents a 28 percent increase in fentanyl pills and a 10 percent decrease in fentanyl powder compared to 2022. The 2023 fentanyl seizures represent over 384 million deadly doses.¹²

HSI: HSI is the main investigative arm of the Department of Homeland Security (DHS) and is responsible for investigating the illegal cross-border movement of people, money and contraband throughout the U.S., including narcotics smuggling. HSI has 86 Border Enforcement Security Task Forces to counter narcotics smuggling by transnational criminal organizations that produce and distribute fentanyl and other illicit drugs throughout the United States. In Fiscal Year 2022, HSI seized 20,891 pounds of fentanyl.¹³

2.2.2 China, Mexican Cartels and Fentanyl

Illicit drugs are almost entirely produced outside the United States and are delivered through Transnational Criminal Organizations (TCOs).¹⁴ TCOs include transnational drug cartels and anonymized illicit drug trades through the internet. The DEA Seattle Division reported that most fentanyl pills in Washington state originate from chemicals manufactured in China.¹⁵ For example, CBP officers in California discovered that a “furniture parts” package from China contained die molds for use in a fentanyl pill press. The package was addressed to Jose Garnica, who was later convicted by a U.S. District Court for having a fentanyl pill manufacturing lab and over 25 kg of fentanyl in his Marysville, WA home, as well as other crimes.¹⁶

In addition to being shipped to the United States in packages with false labels, Mexican drug cartels press raw ingredients shipped from China into pills or powder, where they are then smuggled across the U.S.-Mexico border and up Interstate 5 to reach states along the West Coast and north into Canada. For instance, the Whatcom County Drug and Gang Task Force has found significant quantities of fentanyl trafficked into Bellingham via the I-5 corridor by Mexican drug cartels. In some cases, raw materials shipped from China are also pressed into fentanyl pills or powder locally.

¹¹ <https://www.cbp.gov/newsroom/stats/drug-seizure-statistics>

¹² <https://www.dea.gov/>

¹³ <https://www.ice.gov/about-ice/homeland-security-investigations>

¹⁴ <https://www.whitehouse.gov/wp-content/uploads/2022/09/2022-National-Interdiction-Command-and-Control-Plan-NICCP.pdf>

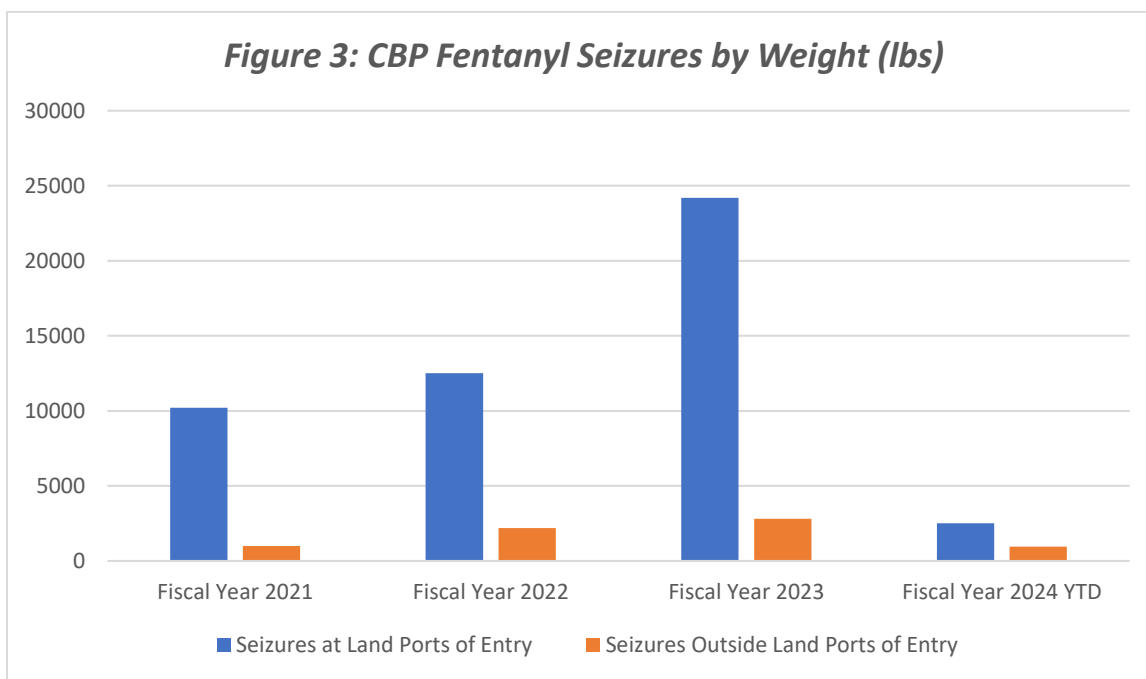
¹⁵ <https://www.seattletimes.com/seattle-news/law-justice/how-fentanyl-gets-to-seattle/>

¹⁶ <https://www.justice.gov/usao-wdwa/pr/eleven-people-arrested-washington-and-california-connection-cartel-connected-drug>

It is critical to work with foreign nations to reduce the flow of illicit drugs into the United States. The Biden administration launched the Global Coalition to Address Synthetic Drug Threats in July 2023, which includes more than 100 countries and 11 international organizations to employ coordinated approaches to prevent illegal drug manufacturing and disrupt drug trafficking.¹⁷ In November 2023, President Biden and Chinese President Xi Jinping announced the resumption of bilateral cooperation on counternarcotics, focusing on reducing the flow of ingredients that are used to produce fentanyl and synthetic drugs.¹⁸ Prior to this announcement, bilateral cooperation had been suspended for several years. China committed to taking law enforcement action against fentanyl suppliers and issued a notice warning Chinese companies against trade of precursor chemicals and pill pressing equipment.

2.2.3 Border Investment

Most illegal drugs are trafficked by U.S. citizens crossing the U.S.-Mexico border in cars, which means the U.S. must bolster its screening capacity at Land Ports of Entry (LPOE). In 2022, more than 90 percent of U.S. Customs and Border Protection fentanyl seizures occurred at LPOEs or checkpoints as officials screened cars driving across the border, rather than patrols of areas between ports of entry (Figure 3).¹⁹ DHS seizes 1,797 pounds of illegal narcotics on a typical day.²⁰



Data Source: CBP Drug Seizure Statistics¹⁹

Modernizing the border and implementing advanced screening technology is necessary to help law enforcement screen and remove dangerous drugs at LPOEs. Recently, security along the U.S.-Canada border from Buffalo, New York, to Port Huron, Michigan was enhanced with 22 high-resolution cameras

¹⁷ <https://www.whitehouse.gov/briefing-room/statements-releases/2023/11/16/fact-sheet-biden-harris-administration-continues-progress-on-fight-against-global-illicit-drug-trafficking/>

¹⁸ <https://www.whitehouse.gov/ondcp/briefing-room/2023/11/21/icymi-white-house-ondcp-director-op-ed-on-the-biden-harris-administrations-work-to-commercially-disrupt-the-global-illicit-synthetic-fentanyl-supply-chain/>

¹⁹ <https://www.cbp.gov/newsroom/stats/drug-seizure-statistics>

²⁰ <https://www.dhs.gov/topics/border-security>

and radar driven by artificial intelligence (AI), called the Northern Border Remote Video Surveillance System (NBRVSS). NBRVSS has custom software that can detect vessels from miles away and warn operators when it recognizes unusual vessel movements or when a vessel enters an alert area.²¹ Similarly, autonomous surveillance towers in South Texas continuously monitor the U.S.-Mexico border for movement and use AI to analyze whether something is a real concern or a false positive.²²

The Bipartisan Infrastructure Law (BIL) invests in modernizing LPOEs at the U.S.-Mexico and U.S.-Canada borders through updating technology and infrastructure and enhancing capacity to screen cargo in vehicles. Using BIL funding, the U.S. General Services Administration is modernizing 6 LPOEs along the U.S.-Mexico border, and 20 along the U.S.-Canada border, including the LPOEs in the district in Lynden, Blaine and Sumas.²³ Operation Stone Garden, which has participation from the Whatcom County Drug and Gang Task Force, is another federal initiative which targets drug trafficking by helping fund local law enforcement and strengthen law enforcement presence on the U.S.-Canada border.

Figure 4: Kenneth G. Ward Land Port of Entry in Lynden (Source: General Services Administration)



2.2.4 Local Drug Task Forces and Law Enforcement

Local drug task forces also work in conjunction with federal partners such as the Federal Bureau of Investigation (FBI), the DEA and HSI in supporting cross-border investigations. These drug task forces also work with the United States Postal Service (USPS) to gather intelligence and stop illegal narcotics activity within and in-transit to Northwest Washington. The mission of drug task forces is primarily to target mid-to-upper-level traffickers, rather than drug users. They have been successful in helping stem the flow of drugs into local communities.

The Whatcom Gang and Drug Task Force seized 559,396 fentanyl pills in 2022, roughly 25 times the amount seized in 2020, in Whatcom County. The Task Force found that the significant drop in the price of fentanyl in Bellingham helped drive this trend. The Skagit County Interlocal Drug Enforcement Unit similarly reported an unprecedented increase in the presence of fentanyl, having seized 301,190 pills in 2022 compared to only 205 pills in 2019. The Snohomish Regional Drug Task Force has seized 745,024

²¹ <https://www.cbp.gov/frontline/cbp-artificial-intelligence>

²² <https://www.cbp.gov/frontline/watchful-eye>

²³ <https://www.gsa.gov/real-estate/gsa-properties/land-ports-of-entry-and-the-bipartisan-infrastructure/bipartisan-infrastructure-law-construction-projects/washington>

fentanyl pills and 16,387 grams of fentanyl powder since 2019, including more than 500,000 pills and nearly 5,000 grams of fentanyl from January to July 2023.

Figure 5: \$14M Worth of Fentanyl Seized by Snohomish Regional Drug Task Force, July 28, 2020²⁴



Washington's drug task forces require more support and resources. The Whatcom County Sheriff's Office highlighted that, while the City of Bellingham, City of Ferndale, Lummi Nation and Washington State Patrol have historically had representation on the task force, none participate today due to staffing challenges. Tobin Meyer, commander of the Skagit County Interlocal Drug Task Force, is also concerned that his unit may struggle to sustain operations after June 2024. The Unit has relied on federal funding from the Edward Byrne Memorial Justice Assistance Grant (JAG) program for the last 20 years, with recent awards averaging about \$100,000-\$150,000 per 12-month funding period.

However, recent changes by Washington's Department of Commerce in JAG program eligibility criteria may threaten funding for Washington's 16 multi-jurisdictional task forces.²⁵ To that end, I led a bipartisan group of the Washington Congressional delegation in reaching out to Governor Inslee to learn more about the State's plan to sustain funding for the task forces working to remove fentanyl and other dangerous drugs from local communities.²⁶ In his 2024 Supplemental Budget Proposal, Governor Inslee proposed a \$2.7 million grant program to support multijurisdictional drug task forces that previously received JAG funding.²⁷

Tribal leaders in the Second District have raised concerns that Indigenous populations are particularly vulnerable to drug traffickers due to their remote locations and insufficient law enforcement capacity and resources. To address these needs, Tribes have asked for more resources from the Bureau of Indian Affairs, Drug Enforcement Administration and the Federal Bureau of Investigation. The lack of Tribal jurisdiction over non-Native drug dealers who come onto reservations severely hampers tribes' ability to combat the opioid crisis and protect their communities. Therefore, Tribal leaders urge Congress to recognize special criminal jurisdiction over non-Native s who commit drug-related offenses on Indian

²⁴ <https://snohomishcountywa.gov/Archive.aspx?ADID=6504>

²⁵ <https://www.king5.com/article/news/local/funding-fight-fentanyl-jeopardy/281-961576bb-6c40-49b4-bba7-e0e3b78374b7>

²⁶ <https://larsen.house.gov/news/documentsingle.aspx?DocumentID=2799>

²⁷ <https://medium.com/wagovernor/investing-in-washingtons-people-and-communities-inslee-budget-prioritizes-urgent-needs-in-b6a361acb741>

reservations. Additionally, Tribal arrest warrants are not recognized in State courts, and when a person with a Tribal warrant is apprehended by Washington State law enforcement, they are not always arrested. Jurisdictional control can also be complicated due to the complexities of Tribal land, which creates a need for better coordination and cooperation in anticipation of joint policing needs.

2.2.5. Advanced Technology and AI

Local law enforcement reported that one of the biggest challenges they face in targeting drug traffickers is the lack of technological tools or staffing to analyze all the data they otherwise would be able to gather. One law enforcement agency almost crashed the server trying to process data they've gathered, and without technical experts to analyze the data, detectives must interpret the data themselves.

Helping local law enforcement modernize their technology infrastructure and utilize new AI technology could make a large difference in their fight against the opioid epidemic. AI technology can be used to scan the internet for drug sales and track the movement of drugs through the mail and across U.S. borders. Using AI, law enforcement can better analyze these data patterns to develop proactive policing approaches, recruitment practices and community-based outreach. However, this technology must be implemented with proper training for law enforcement and adequate privacy, safety and security protocols.

Local law enforcement can apply for federal grants to purchase advanced technology and AI for opioid detection purposes, such as the Community Oriented Policing Services (COPS) Program, the Smart Policing Initiative (SPI) and JAG, but there is no dedicated funding source solely for modernizing law enforcement equipment and technology.

2.3 Treatment

Northwest Washington faces many challenges when it comes to treating individuals suffering from OUD. People diagnosed with OUD have a physical and psychological reliance on opioids with serious potential consequences including disability, relapses and death. Abruptly stopping the use of opioids leads to withdrawal symptoms, including generalized pain, chills, cramps, diarrhea, restlessness, anxiety, nausea, vomiting, insomnia and intense cravings. Because withdrawal is so severe, it can be extremely hard to resist using opioids.²⁸

A holistic approach is needed to overcome the main barriers to treatment: normalizing harm reduction treatment such as Naloxone ("Narcan") (section 2.3.1), ensuring there are enough beds for recovery treatment (section 2.3.2), improving reimbursement rates and coverage for Medicare and Medicaid (section 2.3.3), investing in a robust health care workforce and personalizing care for patients (section 2.3.4), leveraging the justice system as an incentive to seek treatment (section 2.3.5), and meeting patients where they are (section 2.3.6).

2.3.1 Harm Reduction Treatment, including Drugs to Reverse Opioid Overdoses

Syringe services programs (SSPs) help individuals with substance abuse addiction access sterile needles and syringes and connect to other services in their communities. Syringe exchange, sales and distribution are legal in Washington. SSPs in Skagit, Island and Snohomish County have improved outcomes for individuals with OUD, including by diminishing their chances of contracting viral and bacterial infections and providing treatment center referrals.

²⁸ <https://www.psychiatry.org/patients-families/opioid-use-disorder>

Naloxone, often referred to by a brand name “Narcan,” is a medicine that works to reverse opioid overdose and reduce substance abuse harm. Narcan has not only been critical for saving people during an overdose, but also for pushing individuals who experienced a near-death overdose to make the ultimate decision to seek treatment. While average out-of-pocket cost for each Narcan prescription for those who have health insurance declined by 26 percent from 2014-2018, out-of-pocket costs increased by more than 500 percent for those who are uninsured.²⁹ The rising out-of-pocket cost of Naloxone has been a substantial barrier to access for these uninsured patients, who disproportionately suffer from OUD.³⁰ Although progress has been made in making Narcan available over the counter, the price point of about \$44 is still a barrier for many.

Consequently, free and heavily discounted Naloxone distribution has increased nationwide and in the Second District. In Washington state, one can order free naloxone kits by mail.³¹ Skagit County public health staff and nonprofits distributed more than 2,025 naloxone kits in 2022 and 2023. The Whatcom Health Department and Community Services distributed over 10,000 doses of Narcan from 2022 to 2023. San Juan County Park staff partnered with the Health and Community Services department to distribute Narcan. Snohomish County Human Services and the Snohomish County Jail participate in the Health Care Authority’s Naloxone Distribution Project to give Narcan kits to incarcerated people as soon as they are released from jail. The Snohomish County Health Department provides online and in person training opportunities for school staff, individuals and organizations on how to administer Narcan, and works with interested schools to have Narcan available on site.

The VA launched the Rapid Naloxone Initiative in 2018 to improve Narcan access for veterans, and VA Puget Sound created a Narcan awareness campaign that was replicated across other VA facilities throughout the country (Figure 6). As of the end of 2023, 706 out of 1,048 VA Puget Sound patients diagnosed with OUD were provided with Narcan doses. VA Puget Sound also provides fentanyl test strips to veterans to help them avoid accidental fentanyl addiction and overdoses.

Figure 6: VA Narcan Awareness Campaign



²⁹ <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2795473>

³⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9948907/>

³¹ <http://phra.org/mail-order-naloxone>

While the distribution and normalization of Naloxone and other substance harm reduction methods are important, this does not supplant a long-term treatment solution to the opioid epidemic.

2.3.2 Status of Treatment Facilities in the Second District

Because hospitals operate continuously, treating a wide range of patients, they are unable to provide the full continuum of care that patients suffering from OUD need for long-term recovery. All five counties in the district need more catered treatment facilities in the Second District. The population in the region is expected to grow significantly, which will further exacerbate the shortage of available facilities and workforce.

More inpatient behavioral health (i.e., mental health or OUD) facilities are needed in all five counties, according to local governments and the North Sound Behavioral Health Administrative Services Organization, which administers state and federal funds for mental health and substance use disorders services in the five-county region. Out of the 13 total inpatient facilities for OUD throughout the five counties, only five provide long-term treatment options, and only Whatcom County has a youth residential facility.

San Juan County and Island County have no inpatient facilities, and the inpatient facilities in the other three counties are all located in larger population centers. Skagit County lost inpatient capacity this year with the closure of Pioneer Center North and its corresponding 50 beds. After that facility closed, Skagit County polled providers and found that the wait time to get a treatment bed averages 1-2 months. Prior to the COVID-19 pandemic and the closure of Pioneer Center North, patients typically waited 0-2 weeks for a treatment bed.

In the Second District, the demand for inpatient beds far surpasses the supply. The deficit in 2022 was 58 beds for substance use inpatient treatment, and that deficit is expected to increase as population grows. (Figure 7).

FIGURE 7: Inpatient OUD Supply and Demand in WA's 2nd Congressional District

North Sound - 5 County Region						
Inpatient Behavioral Health Supply vs Demand						
	Bed Demand		Bed Supply		2022 Surplus (Deficit) Current Demand vs. Current Supply (c - a)	2027 Surplus (Deficit) Future Demand vs. Future Supply (b - d)
	2022 (a)	2027 (b)	Current (c)	Future* (d)		
Substance Use Disorder						
Intensive Inpatient	162.3	191.9	123.0	123.0	(39.3)	(68.9)
Long-Term Residential	53.9	63.6	16.0	32.0	(37.9)	(31.6)
Recovery House	62.4	73.7	32.0	48.0	(30.4)	(25.7)
Acute Detox	72.3	85.4	50.0	66.0	(22.3)	(19.4)
Subtotal	278.6	329.3	221.0	269.0	(57.6)	(60.3)

(a) Estimated for this engagement using bed to population ratios adjusted for anticipated utilization

(b) Estimated for this engagement using bed to population ratios adjusted for anticipated utilization

(c) As provided by NSBHO - includes only currently active beds (as of October, 2022)

(d) Includes projected/approved beds currently expected to come on line over next 2-3 years

Source: North Sound Behavioral Health-Administrative Services Organization Fall 2022 Assessment

The number of outpatient treatment facilities must also grow to meet current and future expected demand because, for several services, the availability of outpatient facilities to treat OUD is nonexistent or significantly below the state average in each of the five counties (Figure 8).

FIGURE 8: OUD Outpatient Services in WA's 2nd District

Outpatient Service Inventory	Island County	San Juan County	Skagit County	Snohomish County	Whatcom County	5 County Total	Wash State Total	Island County	San Juan County	Skagit County	Snohomish County	Whatcom County	5 County Total	Wash State Total
Substance Abuse Services	Number of Centers Who Offer This Outpatient Service							Facilities per 100,000 Population						
✓ Level I Outpatient	5	4	13	37	17	76	546	5.7	22.5	9.6	4.4	7.3	5.8	7.0
✓ Level II Intensive Outpatient	4	4	12	33	12	65	481	4.6	22.5	8.9	3.9	5.1	4.9	6.1
✓ DUI Assessment	4	4	10	33	9	60	369	4.6	22.5	7.4	3.9	3.9	4.5	4.7
✓ Alcohol and Drug Information School	3	2	7	26	9	47	277	3.4	11.3	5.2	3.1	3.9	3.6	3.5
✓ Screening and Brief Intervention	2	-	4	8	1	15	105	2.3	-	3.0	0.9	0.4	1.1	1.3
✓ Assessment Only	-	1	3	7	2	13	77	-	5.6	2.2	0.8	0.9	1.0	1.0
✓ Adult Withdrawal Management	-	-	2	5	1	8	40	-	-	1.5	0.6	0.4	0.6	0.5
✓ Opioid Treatment Programs (OTP)	-	-	-	4	2	6	76	-	-	-	0.5	0.9	0.5	1.0
✓ Information and Crisis	-	-	1	2	-	3	44	-	-	0.7	0.2	-	0.2	0.6
✓ Recovery House	-	-	-	-	2	2	14	-	-	-	-	0.9	0.2	0.2
✓ Emergency Service Patrol	-	-	-	1	-	1	7	-	-	-	0.1	-	0.1	0.1

red shaded cells indicate the facilities per 100,000 ratio for this particular service is 2/3 of the overall state level or worse

Source: North Sound Behavioral Health-Administrative Services Organization Fall 2022 Assessment

In Whatcom County, most outpatient treatment facilities are based in Bellingham, with only one in Ferndale. Island County facilities are concentrated in Oak Harbor and Coupeville, with no options on Camano Island. San Juan County has two outpatient facilities on Orcas Island and one outpatient facility each on San Juan Island and Lopez Island. Skagit County facilities are predominantly concentrated along the I-5 Corridor, with others along Route 20 between Sedro-Woolley to Anacortes. Only one east county clinic offers Medications for Opioid Use Disorder (MOUD) and other services for Concrete, WA. Providers and local governments in the Second District have highlighted the need for additional withdrawal management (detox) facilities and enhancing patient care.

Although Snohomish County has the largest number of outpatient treatment facilities in the Second District, per-capita availability for outpatient services ranks below the other counties in the district and the state average. Snohomish County officials have argued that Medicaid's Institution for Mental Diseases (IMD) Exclusion, which clarifies that inpatient facilities with more than 16 beds cannot reimburse services through Medicaid, has disincentivized them from building OUD treatment facilities with greater capacity.

2.3.3 Medicare and Medicaid Coverage

The most recent data from 2020 indicates that Medicare and Medicaid are responsible for paying out 70 percent of opioid-related health care costs, due to the higher incidence of OUD in the populations they serve. In 2020, approximately one million Medicare beneficiaries had OUD, yet less than 16 percent of them received medication to treat the condition.³² While Medicare mainly covers outpatient services like screening and early intervention for seniors, other coverage is often needed for OUD specific treatment.

In 2020, approximately 1.2 million Medicaid beneficiaries used opioid-related health care. However, many behavioral health providers refuse to accept Medicaid because they argue reimbursement rates

³² <https://www.pewtrusts.org/en/research-and-analysis/articles/2023/01/26/new-medicare-policies-expand-access-to-treatment-for-opioid-use-disorder>

are too low. In Washington state, Medicaid covers most opioid-related treatment, but does not cover partial hospitalization services or outpatient detoxification (Table 1).

TABLE 1: Opioid Treatment Medicaid Service Coverage

Service	Coverage Status
Early Intervention	Covered
Outpatient Treatment	Covered
Intensive Outpatient Treatment	Covered
Partial Hospitalization Services	NOT Covered
Clinically Managed Low-Intensity Residential Services	Covered
Clinically Managed Population-Specific High Intensity Residential Services	Covered
Clinically Managed Medium-/High-Intensity Residential Services	Covered
Medically Monitored Intensive Inpatient Services	Covered
Medically Managed Intensive Inpatient Treatment	Covered
Outpatient Detoxification	NOT Covered
Oral Naltrexone for Medications for Opioid Use Disorder (MOUD)	Covered
Oral Naltrexone for Medications for Opioid Use Disorder (MOUD)	Covered
Injectable Naltrexone for Medications for Opioid Use Disorder (MOUD)	Covered
Methadone for Medications for Opioid Use Disorder (MOUD)	Covered
Oral Buprenorphine for Medications for Opioid Use Disorder (MOUD)	Covered
Injectable Buprenorphine for Medications for Opioid Use Disorder (MOUD)	Covered
Suboxone Treatment	Covered

Tribal leaders also point to low Medicaid reimbursement leading to insufficient access to diversion programs, including detox, in-patient treatment and intensive outpatient treatment for their communities. Currently, federal funds for treatment for Tribal members only cover up to 30 days, when successful recovery often takes longer.

2.3.4. The Need for Specialized, Patient-Centric OUD Treatment and a Robust Treatment Workforce

Expanding the availability of specialized, patient-centric care would further improve chances of sustained OUD recovery. Some of the treatment options in the Second District are targeted for specific populations. For instance, Evergreen Recovery Centers has a residential facility solely for men in Mount Vernon and a pregnant and parenting mother residential treatment facility in Everett (Figure 9). The facility for pregnant and parenting mothers was recently expanded, and the new building will include a Neonatal Intensive Care Unit (NICU) to help babies who are born addicted to opioids and provide child care and educational opportunities for young children. In Bellingham, Sea Mar Visions Female Youth Treatment serves female youth between the ages of 14 and 17.

Figure 9: Rep. Rick Larsen with Sen. John Lovick and Evergreen Recovery Centers CEO Linda Grant at the Newly Completed Family Services Center



The Washington State Tribal Opioid-Fentanyl Summit, which the Lummi Nation hosted in May 2023, highlighted the importance of integrating cultural practices and awareness into treatment programs to help connect individuals to their community and improve treatment outcomes. The Tulalip Tribes hosted a similar national summit in August 2023 that included 1,200 Tribal leaders, industry experts, and legislators. The Native American Health Sciences Center at Washington State University demonstrates how Indigenous culture and knowledge can be integrated into health care spaces and help health care practitioners reduce bias. Implementing a model like this in other states would reduce barriers to care for Tribal communities and could also be adapted to improve treatment outcomes for minorities.

Area tribes have created opioid task forces and multi-disciplinary response teams to increase services and community-specific treatment options. Treatment of opioid patients is born from a philosophy that caregivers must first break down the barriers that keep tribal members from getting the help they need. Common barriers to care for opioid patients include insecure housing, lack of transportation, lack of health insurance, undiagnosed and untreated health conditions, lack of child care, as well as stigmatization, lack of family support, and lack of culturally appropriate care.

In 2018, the Swinomish Indian Tribal Community opened the *didgʷálič* Wellness Center, a multi-specialty community health organization that provides counseling, MOUD, primary care, dental, and social services to both Native and non-Native patients with substance use and behavioral health disorders. It currently serves approximately 430 patients, and most new patients are self-referred or referred by family and friends. The Swinomish are also in the planning stage to establish a Mobile Medication Unit that will provide opioid use disorder treatment medications to rural areas. Likewise, the Lummi Nation is building a new culturally attuned detoxification center and has the support of 29 other tribes in the region. The Tulalip Tribes established the *qʷibilałʔtxʷ* Healing Lodge, which provides a safe, secure,

supportive and stable environment for Tribal members of a federally recognized tribe to maintain a clean and sober lifestyle.

Tribes are asking for more help from the U.S. Department of Health and Human Services (HHS) and the Indian Health Service (IHS). Specifically, the Swinomish Indian Tribal Community supports President Biden's proposal to add \$1.55 billion in additional funding for the Substance Abuse and Mental Health Services Administration (SAMHSA), including a \$250 million transfer to IHS that would be available for two years to address the opioid crisis. Furthermore, Swinomish Indian Tribal Community requests IHS be directed to provide these funds through existing Indian Self-Determination and Education Assistance Act (ISDEAA) contracts, which would give Tribes the flexibility to care for their communities in the way they know best, under the principles of self-determination and self-government.

The VA Puget Sound Health Care System provides inpatient and outpatient programs, MOUD, support groups, specialized therapy and other programs for veterans in the region through their American Lake and Seattle Division campuses. The Stepped Care for Opioid Use Disorder Train the Trainer (SCOUTT) program provides access to MOUD in primary care, pain management and mental health clinics. Since the launch of SCOUTT in 2018, more than 4,400 patients have begun MOUD treatment in SCOUTT clinics.

For veterans, service-related injuries can cause chronic pain, which can lead to an addiction to opioid medications. The Seattle and American Lake campuses offer comprehensive pain services to address chronic pain, including co-disciplinary visits with a medical practitioner and psychologist simultaneously, pain psychotherapy groups, individual pain psychotherapy, pain procedures, opioid tapering and intensive pain rehabilitation services through the outpatient functional restoration program. VA Puget Sound recently developed an Active Management of Pain Program to provide behavioral management and physical therapy techniques to address chronic pain. It also recently fully integrated behavioral health care into its pain clinic and expanded its Opioid Safety Program to include a multidisciplinary approach with pharmacy, psychology and medical clinicians to care for veterans who suffer from both pain and opioid safety issues.

To deliver this specialized, patient-centric care necessary for individuals with OUD, the U.S. must invest in its health care workforce. Despite the volume of the people needing OUD treatment increasing during the COVID-19 pandemic, the number of workers has dropped significantly. Currently, there is insufficient staff across the continuum of care for treating OUD, including substance abuse counselors, nurses, specialty providers, licensed clinicians and administrative staff.

2.3.5. Treatment in the Justice System

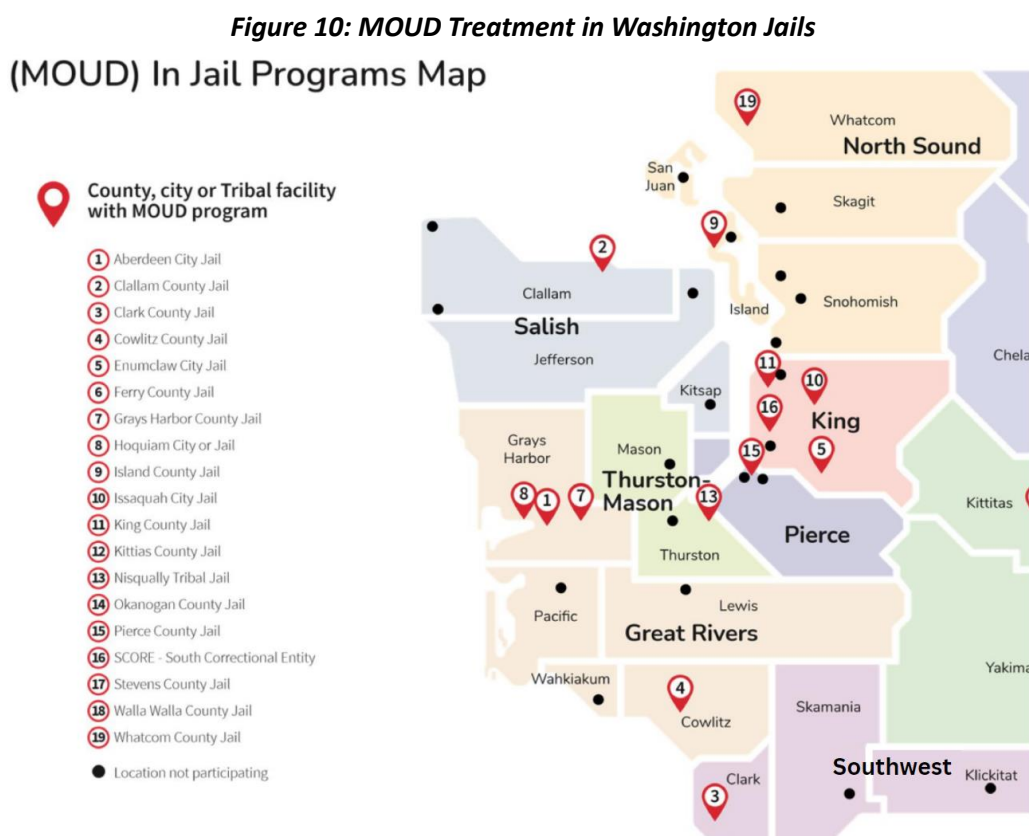
People with substance use disorders are overrepresented in the criminal justice system: 63 percent of jail inmates and 58 percent of prison inmates suffer from these disorders, compared to 11 percent of people between 18–25 years-old and 6 percent over age 25 in the general U.S. population.³³ As a result, corrections facilities are often used for detoxification, despite having limited and insufficient resources and treatment programs.

Snohomish County has a Law Enforcement Assisted Diversion (LEAD) program which diverts people with OUD or behavioral health issues who have committed low level crimes away from the criminal legal

³³ <https://bjs.ojp.gov/content/pub/pdf/dudaspi0709.pdf> (outdated)

system and connects them with treatment and other resources. Participants in LEAD work with case managers to address their underlying behavioral health needs.

Within the Second District, only Island County and Whatcom County provide MOUD in their jails (Figure 10). Island County established a MOUD program at the Island County jail in 2018. Under the program, addicted patients receive suboxone during their last five days of incarceration and are set up to continue using the drug and get into counseling at the didg^wálic Wellness Center in Anacortes. In 2019, the Whatcom County jail started providing MOUD treatments for inmates after settling a lawsuit with the American Civil Liberties Union (ACLU).³⁴



Source: Rep. Lauren Davis Presentation on Public Safety: A Look at Substance Use Disorder & Domestic Violence; January 3, 2024

2.3.6. Drug Courts

In addition, every county in the Second District has at least one drug court. Drug courts are specialized therapeutic courts designed to reduce incarceration and recidivism while treating OUD for criminal defendants, parents with pending child welfare cases, and juveniles convicted of a drug offense. Drug courts work with individuals to develop behavioral health skills, health care resources and sobriety. While participation is voluntary, those who graduate often receive a reduced sentence, expunged record, reduction or dismissal of their charges.

³⁴ <https://www.cascadiadaily.com/news/2022/aug/09/whatcom-jail-expands-medication-program-for-opioid-users/>

Most drug courts in Washington state dismiss felony charges altogether. The Washington State Department of Social and Health Services (DSHS) has found that more than 75 percent of drug court participants have no new felonies after 36 months of attending a drug court.³⁵ Drug courts are estimated to produce a net benefit for taxpayers of approximately \$4 returned for every \$1 spent.³⁶

The Tulalip and Lummi tribes have wellness and drug court programs that offer comprehensive and individualized care in the areas of medical, mental health, and chemical dependency treatment, housing, jobs skills and placement while incorporating their traditions and cultural values. In 2022, the Tulalip Tribes were awarded a grant to expand substance abuse treatment capacity in adult and family treatment drug courts through the Substance Abuse and Mental Health Services Administration (SAMHSA). Ensuring Tribal representation in the legal system and establishing a deeper cooperation between Tribal and state law enforcement would further improve outcomes for treatment of OUD.

2.3.7. Accessibility Concerns

The U.S. must also improve accessibility to ensure individuals suffering from OUD seek treatment and sustain a long-term recovery.

People living in rural areas often must travel long distances to receive opioid treatment, which can put treatment out of reach for many rural residents. For example, San Juan County's unique island location presents challenges in easily accessing treatment facilities and care. Most residents travel back and forth by ferry, which has been frequently unreliable in recent years due to staffing challenges and may present financial barriers to accessing care.

In addition, rural counties often lack specialized treatment options – for instance, San Juan County and Island County both do not have any options for Opioid Treatment Programs or Adult Withdrawal Management, which can lead to residents needing to travel to other counties to receive care. Snohomish County has recommended codifying regulations allowing mobile treatment clinics. To address the lack of opioid treatment facilities, Snohomish County is using opioid settlement funds to investigate the feasibility of creating a mobile opioid treatment program and is beginning to distribute \$150,000 to community organizations providing opioid support services.

Improving telehealth options and allowing local pharmacies to dispense methadone treatment also increases access to OUD treatment for rural residents. To this aim, Washington is one of a few states that allows Medicaid members to use their homes as an eligible originating site for a telehealth visit, including for OUD treatment services.³⁷ Federal opioid treatment standards for administering methadone must be updated to mitigate withdrawal symptoms for people who are addicted to fentanyl, including by increasing flexibility in the time people must receive treatment to be eligible for take-home doses of methadone treatments.

Finally, it is important that individuals suffering from OUD in unstable housing can seek treatment that is both close and convenient for them. Whatcom County has a Ground-Level Response and Coordinated

³⁵ <https://kingcounty.gov/en/dept/dja/courts-jails-legal-system/courts-drugcourt/drug-court/benefits>

³⁶ <https://addictionpolicy.stanford.edu/drug-courts-alternative-incarceration>

³⁷ <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2021/12/state-policy-changes-could-increase-access-to-opioid-treatment-via-telehealth>

Engagement (GRACE) program, which works with homeless individuals that frequently visit hospitals to get them treatment in the field. Clare's Place, which opened in 2019 and is among the first such facilities built in Everett, is a 65-unit long-term supportive housing facility operated by Catholic Community Services and Catholic Housing Services. In addition to providing housing through rental agreements with tenants, Clare's Place provides supportive services, including addiction treatment, medical treatment, counseling and training for tenants, without a formal requirement for sobriety to maintain tenancy. However, Clare's Place has been closed temporarily since October 2023 due to fentanyl and methamphetamine contamination in units and common spaces.³⁸

2.4. Recovery and Resiliency

Individuals who have had OUD need ongoing supportive services to stay in recovery. Following acute treatment programs, people with OUD will often need ongoing treatment, including continued MOUD medications and ongoing therapy to address underlying issues. Treatment and recovery often require more comprehensive wraparound services to address the overall needs of an individual, such as assistance acquiring housing, employment, education, transportation or legal services.

Many of the local jurisdictions have established programs to help provide wraparound services for people known to have OUD. For instance, Island County has an outreach program to help people struggling with addiction navigate the treatment system and recovery support services. Snohomish County has a similar program through its Office of Neighborhoods and has data partnerships with Providence Regional Medical Center Everett and Swedish Edmonds to gather data on non-fatal overdoses and support patient follow-up. The Second District also has only two recovery house (sober living) facilities, both of which are located in Whatcom County.

Local nonprofits or community groups can also help patients in recovery by providing a support system and connection to resources. Groups such as Narcotics Anonymous provide regular meetings and accountability by meeting with other people on the path to recovery. There are also Recovery Cafés in Everett, Mount Vernon and Friday Harbor that create a safe drug- and alcohol-free community space for people in recovery and provide peer mentorship programs to help remove barriers to recovery.

Figure 11: Rep. Rick Larsen at the Everett Recovery Cafe



People who have previously been incarcerated due to drug charges or who have large gaps in their employment history due to their addiction often struggle to get hired for jobs. An analysis by the Prison Policy Initiative found that the unemployment rate for formerly incarcerated people is nearly five times

³⁸ <https://www.heraldnet.com/news/displaced-residents-of-clares-place-still-believe-in-housing-first/>

higher than the rate for the general population.³⁹ Programs like Arms Around You in Washington state, which helps provides referrals and resources to an array of individuals, including those who recently left a correctional facility and suffered from substance abuse, are critical to supporting re-entry into society and long-term recovery for formerly incarcerated individuals.

Providing people in recovery with education and employment options is vital for sustaining recovery. According to a SAMHSA report from 2021, individuals with OUD who are employed are more likely to reduce their substance use, maintain their sobriety, successfully complete treatment, transition back into the community, and less likely to have future criminal activity and parole violations.⁴⁰ Programs and counselors that provide training and employment services can be a major step toward remaining drug free. Companies that provide second chance employment can also help bridge the divide to gainful employment. For instance, more than 80 percent of employees at Pallet in Everett have experienced homelessness, substance abuse or been involved in the criminal justice system.

In addition to addressing these logistical challenges (securing housing, continued treatment, employment, etc.), individuals recovering from OUD often encounter difficult personal struggles post-recovery which can hinder the chances of sustaining the progress they have made. For instance, individuals recovering from OUD often seek to re-establish relationships and support systems with their families, particularly children, who may have been displaced due to their parent's addiction. Stress from dealing with stigma directed toward people in recovery can increase their risk of relapse. Stigma can lead to people at risk of relapse not seeking treatment when they need it, or fear of disclosing their history of substance abuse to medical professionals or other people in the community. However, recovery from substance-use disorders is more difficult to achieve in isolation; community and family support are vital to reducing the risk of relapse.

³⁹ <https://www.prisonpolicy.org/reports/outofwork.html>

⁴⁰ https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/pep21-pl-guide-6.pdf

Section 3. Policy Recommendations

Policy Recommendations

GENERAL

- Pass President Biden's supplemental budget request, which includes \$1.55 billion to strengthen addiction treatment, overdose prevention measures and recovery support services across the country, and more than \$1.2 billion to crack down on drug trafficking

PREVENTION

- Increase funding for the Drug-Free Communities Support Program and establish other funding opportunities to help K-12 schools and youth organizations, such as YMCAs and Boys and Girls Clubs, provide prevention programs
- Implement a national opioid abuse prevention plan that includes adults, not just youth
- Increase access to integrated pain management programs for veterans and increase funding for OUD research through the Center of Excellence in Substance Addiction Treatment and Education program at the University of Washington
- Support reintroduction and passage of Rep. Gottheimer's *Student and Student Athlete Opioid Misuse Prevention Act of 2023*, which would allow schools, communities and youth athletic associations around the country to establish educational and training programs to reduce the risk of opioid misuse among students and student-athletes

INTERDICTION

- Establish a dedicated funding source that states can distribute to multijurisdictional drug task forces or other law enforcement efforts to stop narcotics trafficking within the U.S.
- Fully fund modernization and advanced screening technology at U.S. borders for opioids and opioid precursors
- Pass Rep. Newhouse and Senator Cantwell's *Parity for Tribal Law Enforcement Act*, which would allow Tribal officers to enforce federal law and receive benefits available to other federal law enforcement officers
- Establish a dedicated funding source that law enforcement can use to upgrade technology and utilize new AI technology to analyze drug patterns, including funding to train law enforcement about AI privacy, safety and security protocols
- Pass Rep. Vasquez's *Joint Task Force to Combat Opioid Trafficking Act*, which would authorize the Department of Homeland Security to create a joint task force to enhance border security operations that detect, interdict, disrupt and prevent illicit narcotics from being smuggled into the U.S.

TREATMENT

- Increase funding for the Harm Reduction Grant Program, which supports syringe services programs, naloxone distribution and other harm reduction services
- Increase Medicaid reimbursement rates for inpatient and outpatient care, opioid treatment programs, detox and diversion programs
- Pass Rep. Barbara Lee's *Improving Access to Mental Health Act of 2023* to ensure clinical social workers can provide a full range of services to Medicare beneficiaries and increase the Medicare's reimbursement rate for clinical social workers
- Allow Medicaid reimbursement for inpatient care at treatment facilities with more than 16 beds
- Pass Rep. Norcross's *Modernizing Opioid Treatment Access Act*, which would reduce the time in treatment required for patients to receive take-home doses of methadone and allow pharmacies to dispense methadone for OUD treatment
- Establish a "Behavioral Health and Substance Use Worker Retention Fund" to provide an annual bonus to health care workers in these fields to boost income to a more livable wage, and provide tuition waivers, student loan repayments and additional incentives to hire and retain behavioral health and substance use health care providers
- Recognize Tribal based practices as evidence-based care when determining awards for grant opportunities
- Establish a grant program to support MOUD treatment programs in jail and prisons and help connect incarcerated people to recovery services after they are released

RECOVERY

- Establish a grant program to fund educational and workforce development opportunities for people in recovery
- Increase funding for opioid peer support programs and opioid recovery coaches
- Increase funding for sober living homes to provide people with stable foundations to pursue and maintain recovery efforts
- Invest in child care and family support programs to help families disrupted by the opioid crisis get back on their feet
- Support local organizations providing wraparound services to people experiencing OUD to holistically approach care and provide access to local resources and vital federal programs such as SNAP, TANF, Medicare and Medicaid
- Provide long-term access to MOUD to ensure people receive continuous care in recovery

Section 4. Conclusion

Over the course of the COVID-19 pandemic, the opioid epidemic has grown significantly in Washington's Second Congressional District, causing hundreds of opioid related deaths and significant harm to families and local communities. Local and Tribal governments, law enforcement, health care providers and community groups in Washington's Second Congressional District have made significant progress in creating strategies to address the opioid epidemic, but they need more assistance from the federal government to implement their strategies. Congress can address the opioid crisis by funding successful programs and updating regulations that address prevention, interdiction, treatment and recovery initiatives.

The opioid epidemic's impact is not unique to Washington's Second Congressional District, and this report provides a case study of the impacts that are common to every state and every community throughout the United States. Congress must have focused conversations on how to address the opioid epidemic on the national level, and particularly how strategies may need to change to address the rise of fentanyl and the changing health care system as the country emerges from the COVID-19 epidemic.

Section 5. Further Reading

[National Drug Control Strategy \(2022\)](#)

[National Interdiction Command and Control Plan \(2022\)](#)

[National Tribal Opioid Summit Policy Recommendations \(2023\)](#)

[Washington State Department of Health Opioid Data](#)

[Washington State Opioid Response Plan \(2021\)](#)

[Washington State Tribal Opioid Fentanyl Summit Summary Report \(2023\)](#)