



# Department of Human Services

Doug Washburn  
Director

## KITSAP COUNTY DEPARTMENT OF HUMAN SERVICES

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**Substance Abuse Prevention**  
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**Kitsap Recovery Center**  
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Keith Winfield, Clinical Manager  
Phone: 360.337.4625

**Workforce Development**  
3120 NW Randall Way  
Silverdale, WA 98383  
William Dowling, Director, OWDA  
Phone: 360.516.1024

**Veterans Assistance**  
Richard Becker Coordinator  
Phone: 360.337.4811

## Bremerton Substance Abuse Prevention Coalition

**Thursday, Jan. 11, 2024**

**1:00 p.m. - 2:30 p.m.**

**(Workgroups: 12:00 - 1:00 & 2:30 - 3:00 p.m.)**

[Click here to JOIN the Meeting](#) virtually or in-person (address below)

Meeting ID: 699 110 4058

Call in: 1-253-215-8782

### **AGENDA**

#### **Welcome, Land Acknowledgment and Introductions**

- Community and Partner Updates
  - Events, Activities and Opportunities
- Youth Connection
  - News and updates, feedback, and youth voice opportunity
    - Hearing from the Black Student Union

#### **Prevention Education**

- Spotlight: REAL community work

#### **Prevention Efforts**

- Programs and Progress
  - Program implementation
  - Have a heart community outreach and collaboration
- Next Steps

#### **New Business**

**Next Meeting Dates: 2/8/24, 3/14/24 and 4/11/24. We welcome you to join face to face at 1300 Sylvan Way Ste 101 or virtually at the link found above. Hope you can join us.**

<https://www.kitsapgov.com/hs/Pages/PREVENTION-Landing.aspx>

**Our Mission is; to provide opportunities for youth to be in a safe and substance free environment while they move from surviving to thriving, coordinate and generate resources for youth, families, and the Bremerton community, develop a unified message to end substance abuse and communicate common values of respect and empower today's youth to be Bremerton's better tomorrow!**

507 Austin Avenue • 614 Division Street, MS-23 • Port Orchard, Washington 98366-4676  
Main Line 360.337.7185 • FAX 360.337.5721  
From: Olalla 253.851.4147 • Bainbridge Island 206.842.2061



# Bremerton Substance Abuse Prevention Coalition

Thursday December 14, 2023

## Announcement

- Volunteer opportunities available. Please contact Deanne Jackson, [djackson@kitsap.gov](mailto:djackson@kitsap.gov) if you are interested.
- Rebranding efforts are under way. Next steps to meet with designer will be taken before the end of the month.
- Community Connections activity – February ‘Acts of Love’ needs drive for New day. More details how to get involved and support to be out soon.
- Foster youth supported for the holidays this year through the Olive Crest.
- Coalition efforts will put Friends for Life campaign into schools after the start of the new year.
- Emphasis Patrols out (night of 1000 Stars). Presentations including to the military are continuing to educate, build awareness and create positive change about getting behind the wheel distracted or impaired.
- March Olympic Prevention Partnership meeting will have presentation by Dr. Jason Kilmer.

## PARTNER HIGHLIGHTS:

- Continued efforts through presentations, books and outreach to educate to protect youth from sex trafficking being made by Freedom 13. Updates and news will be shared with the coalition as they become available.
- Youth worker summit with local Tribes was a huge success.
- The ‘Ask’ is out for our Youth Leadership Pilot Project. Direct outreach to secure participants will be held in Jan-Feb. 2024.
- Communities Mobilizing for Change on Alcohol youth volunteers outreach begins in January.
- Coalition rebranding logo ideas are being reviewed and examples will be sent out for feedback from youth and other coalition supports’ feedback.
- Freedom 13 has provided tools and resources to help protect youth from trafficking, and more.

## Moving Forward – Next Steps:

- Calling all interested youth. Several opportunities available.
- Identify youth for Youth Leadership project.
- Continuing to explore opportunities to support youth engagement in pilot (gift cards, incentives etc.).

## EVENTS:

- Various professional and community trainings (watch email for new ones as they are announced)
- Recovery Advocacy Day – Jan. 25, 2024
- Prevention Policy Day - Jan. 15, 2024
- MLK Celebration – Kitsap Fairgrounds, Jan. 15, 2024
- Olympic Prevention Partnership meeting – Mar. 13



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Richard Becker Coordinator  
Phone: 360.337.4811

## Bremerton Substance Abuse Prevention Coalition

**Thursday, Feb. 8, 2024**

1:00 p.m. - 2:30 p.m.

**(Workgroups: 12:00 - 1:00 & 2:30 - 3:00 p.m.)**

[Click here to JOIN the Meeting](#) virtually or in-person (address below)

Meeting ID: 699 110 4058

Call in: 1-253-215-8782

### **AGENDA**

#### **Welcome, Land Acknowledgment, and Introductions**

- Community and Partner Updates
  - Events, Activities and Opportunities
- Youth Connection
  - News and updates, feedback and youth voice opportunity

#### **Prevention Education**

- Spotlight(s):
  - Kitsap Black Student Union
  - Scarlet Road

#### **Prevention Efforts**

- Community Needs and Connectivity
  - Programs and Progress
  - Meeting the Community Where They Are
  - Strengths and weaknesses
  - How can we move forward

- Next Steps

#### **New Business**

**Next Meeting Dates 3/14/24, 4/11/24 and 5/9/24. We welcome you to join face to face at 1300 Sylvan Way Ste 101 or virtually at the link found above. Hope you can join us.**

<https://www.kitsapgov.com/hs/Pages/PREVENTION-Landing.aspx>

**Our Mission is; to provide opportunities for youth to be in a safe and substance free environment**

**while they move from surviving to thriving, coordinate and generate resources for youth, families, and**

**the Bremerton community, develop a unified message to end substance abuse and communicate**

**common values of respect and empower today's youth to be Bremerton's better tomorrow!**

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# Bremerton Substance Abuse Prevention Coalition

Thursday, January 11, 2024

## Announcements:

- Volunteer opportunities available. Please contact Deanne Jackson, [djackson@kitsap.gov](mailto:djackson@kitsap.gov) if you are interested.
- Rebranding efforts are under way. Next steps: designs for consideration will be out for review soon.
- Community Connections activity – February ‘Acts of Love’ needs drive for New Day boxes are being decorated and final host sites being confirmed.
- Coalition efforts will put Friends for Life campaign collaboration to get materials in schools is under way.
- Salish BHASO- new programs are coming soon.
- March Olympic Prevention Partnership meeting will have presentation by Dr. Jason Kilmer.

## PARTNER HIGHLIGHTS:

- Communities Mobilizing for Change on Alcohol youth volunteers outreach begins in January.
- Coalition rebranding logo ideas are being reviewed and examples will be sent out for feedback from youth and other coalition supports’ feedback.
- PCHS now has 7 Substance Use Disorder Professionals on staff.
- BHS – Unknighthed Club has started and is recruiting members. Has 1 so far.
- YWCA – Hotline is available. Shelter and assistance for women and children that are victims of domestic violence.

## Moving Forward – Next Steps:

- Calling all interested youth. Several opportunities available.
- Identify and confirm a couple host sites for the donation drive.
- Continuing to explore opportunities to support youth engagement in pilot (gift cards, incentives etc.).

## EVENTS:

- Various professional and community trainings (watch email for new ones as they are announced)
- Recovery Advocacy Day – Jan. 25
- MLK Celebration – Jan 15 @ Kitsap Fairgrounds
- Prevention Policy Day – Jan. 15
- The Colored Museum - Jan. 19, and 20 (Check [www.ckpac.org](http://www.ckpac.org) for details)
- Parent Night Out Virtual Training – Feb. 15, Mar. 11, Apr. 11 and May 13
- Fentanyl Facts and First Aid Training – Jan 16
- Olympic Prevention Partnership meeting – Mar. 13
- Have a Heart for the Community donation drive – February (all month)



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1/10<sup>th</sup> Affordable Housing  
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## Bremerton Substance Abuse Prevention Coalition

**Thursday, March 14, 2024**

1:00 p.m. - 2:30 p.m.

**(Workgroups: 12:00 - 1:00 & 2:30 - 3:00 p.m.)**

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Call in: 1-253-215-8782

### **AGENDA**

#### **Welcome, Land Acknowledgment and Introductions**

- Community and Partner Updates
  - Events, Activities and Opportunities
  - Coalition News
- Youth Connection
  - News and updates, feedback and youth voice opportunity

#### **Prevention Education**

- Spotlight: Commission on Children and Youth

#### **Prevention Efforts**

- Programs and Progress
  - Community Survey Results
  - Project Reports and Planning
- Next Steps

#### **New Business**

**Next Meeting Dates: 4/11/24, 5/9/24 and 6/13/24. We welcome you to join in-person at 1300 Sylvan Way Ste 101 or virtually at the link found above. Hope you can join us.**

<https://www.kitsapgov.com/hs/Pages/PREVENTION-Landing.aspx>

**Our Mission is; to provide opportunities for youth to be in a safe and substance free environment while they move from surviving to thriving, coordinate and generate resources for youth, families, and the Bremerton community, develop a unified message to end substance abuse and communicate common values of respect and empower today's youth to be Bremerton's better tomorrow!**



# **Bremerton Substance Abuse Prevention Coalition**

## **Thursday February 8, 2024**

### **ANNOUNCEMENT:**

- Volunteer opportunities available. Please contact Deanne Jackson, [djackson@kitsap.gov](mailto:djackson@kitsap.gov) if you are interested.
- Rebranding efforts: feedback requested by designer, sent out to coalition for response.
- Community Connections activity – February ‘Acts of Love’ needs drive for New Day boxes are out in the community. Collection and delivery will be on March 1 and 2.
- Communities Mobilizing for Change on Alcohol youth volunteers' outreach is under way.
- Scarlet Road has youth advocate position open.
- PCHS has a new clinic at the Juvenile Detention Center “Clifton House”. Cedar House, Open House March 13. Has two units that will be open for occupancy mid-May.
- Due to capacity, we are placing our youth leadership pilot on pause.
- Recruitment for coalition leadership for the new coalition contract ‘year’ is beginning immediately. Voting will be in June. Submit your nominations to Deanne.

### **PARTNER HIGHLIGHTS:**

- Commission of Children and Youth RFP is out.
- Kitsap Black Student Union has received a mini grant for substance use prevention.
- Kitsap Recovery Center – offering Persons in Need Program (PIN). All levels of support and resource connections available. Can serve all ages.
- PCHS Clifton House priorities are for JV/DOC transition.

### **MOVING FORWARD – NEXT STEPS:**

- Calling all interested youth. Several opportunities available.
- Continuing to explore opportunities to support youth engagement in pilot (gift cards, incentives etc.).

### **EVENTS:**

- Various professional and community trainings (watch email for new ones as they are announced)
- Parent Night Out Virtual Training – Mar. 11, Apr. 11 and May 13
- Olympic Prevention Partnership meeting – Mar. 13
- Community Court Resource Fairs – March 1, June 1, Sept. 1 @ Marvin Williams Center 12-4 pm
- NAACP Mission Outreach - March 2
- Juneteenth Resource Fair – June



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## Bremerton Substance Abuse Prevention Coalition

**Thursday, April 11, 2024**

1:00 p.m. - 2:30 p.m.

**(Workgroups: 12:00 - 1:00 & 2:30 - 3:00 p.m.)**

[Click here to JOIN the Meeting](#) virtually or in-person (address below)

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### **AGENDA**

#### **Welcome, Land Acknowledgment and Introductions**

- Community and Partner Updates
  - Events, Activities and Opportunities
    - News and Updates
- Youth Connection
  - News and updates, feedback and youth voice opportunity

#### **Prevention Education**

- Spotlight: Community Connections -

#### **Prevention Efforts**

- Programs and Progress
  - Updates
- Strategic Planning
  - Where are we and where do we want to go
  - In person meeting option updates
- Coalition events, activities
  - What can we commit to
  - Whose interested in participating
- Next Steps

#### **New Business**

**Next Meeting Dates: 5/9/24, 6/13/24 and 7/11/24. We welcome you to join face to face at 1300 Sylvan Way Ste 101 or virtually at the link found above. Hope you can join us.**

<https://www.kitsapgov.com/hs/Pages/PREVENTION-Landing.aspx>

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# **Bremerton Substance Abuse Prevention Coalition**

## **Thursday, March 14, 2024**

### **Announcement:**

- Volunteer opportunities available. Please contact Deanne Jackson, [djackson@kitsap.gov](mailto:djackson@kitsap.gov) if you are interested.
- Rebranding efforts: coalition input provided to designer and we are awaiting first drafts for coalition review.
- Community Connections activity – February ‘Acts of Love’ needs drive for New Day was very successful. A special thank you to all of those who participated in hosting boxes, gathering items and supporting final collections.
- Communities Mobilizing for Change on Alcohol youth volunteers have been identified and confirmation and details and implementation dates will be announced soon.
- Leadership recruitment is NOW. If you or someone you know is interested in supporting and engaging in substance abuse prevention efforts, nominations (including self-nominations) are welcomed. Voting will be in June. Submit your nominations to Deanne.
- After reviewing County Level, we have confirmed that prevention efforts works. We all have played a valuable part. Great job and thank you! We still have lots of work to do and there are still a lot of areas of concern. Let’s not loose momentum.

### **PARTNER HIGHLIGHTS:**

- Commission of Children and Youth RFP is out.
- Kitsap Public Health Dist. – is participating in outreach efforts with the Juv. Correction Center and with youth in transition. My Shoes My Story will be added to their work there.
- Coalition review of coalition results for community survey and a re-visit of Coalition Assessment. Next steps to follow.
- PCHS - in the process of expanding our housing facilities. We anticipate that the new housing units will be ready for occupancy by next month. Additionally, they will be opening a new clinic within our juvenile detention center. The clinic is scheduled to open next month and will play a crucial role in our jail transition program, enhancing the healthcare support provided to those within our care.

### **Moving Forward – Next Steps:**

- Calling all interested youth. Opportunities available for current and upcoming events and activities.
- Community Survey and Coalition Assessment data and more, will be used to determine our Strategic Plan updates. Efforts to make these changes are underway calling for any additional data and information to assist this process.



## **EVENTS:**

- Various professional and community trainings (watch email for new ones as they are announced)
- Human Rights Youth Rally – Mar. 19 @ Olympic College
- Parent Night Out Virtual Training –Apr. 11 and May 13
- WA. Breathes 5<sup>th</sup> Annual Teaching Cannabis Awareness and Prevention virtual conference Apr. 17-18
- Volunteer Appreciation Week – Apr. 21-27
- Community Court Resource Fairs –June 1, Sept. 1 @ Marvin Williams Center 12-4 pm
- Juneteenth Resource Fair – June

Get informed.  
Be prepared.  
Take action.



# PARENT NIGHT OUT

*Learn tips to talk confidently to  
your kids about drugs and alcohol.*

**13  
DEC**

6:30 pm | Zoom  
**REGISTER:**  
[bit.ly/3sPfvSM](https://bit.ly/3sPfvSM)

**11  
MAR**

12 pm | Zoom  
**REGISTER:**  
[bit.ly/3QHpy4c](https://bit.ly/3QHpy4c)

**18  
JAN**

12 pm | Zoom  
**REGISTER:**  
[bit.ly/47oe6So](https://bit.ly/47oe6So)

**11  
APR**

6:30 pm | Zoom  
**REGISTER:**  
[bit.ly/40NS8Wk](https://bit.ly/40NS8Wk)

**15  
FEB**

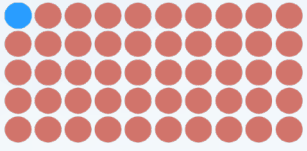
6:30 pm | Zoom  
**REGISTER:**  
[bit.ly/3GctWmY](https://bit.ly/3GctWmY)

**13  
MAY**

12 pm | Zoom  
**REGISTER:**  
[bit.ly/3R9qQq8](https://bit.ly/3R9qQq8)

# What's up with fentanyl?

## Strong



Fentanyl is a very strong opioid, **50x stronger** than heroin.

## Fast



Overdose can happen in **seconds** or **minutes**.

## Higher Risk



*Most overdose deaths in WA State now involve fentanyl.*

## What does it look like?

In WA State, most fentanyl has been in blue pills with a "M30" stamp. It's sometimes in drugs that look like powder, or a rock like crack cocaine.



**Fentanyl could be in any drug you buy on the street or online.** What fentanyl looks like will continue to change.

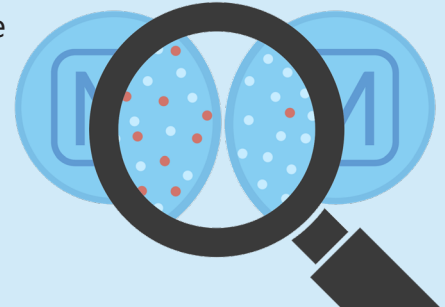


## What's the risk?

The amount and strength of fentanyl **can vary a lot**.

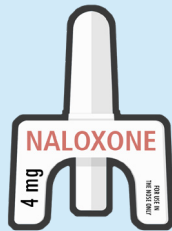
One pill might have a deadly amount.

Another pill might have very little, if any, fentanyl.



## Naloxone works on fentanyl.

**Carry naloxone.** Tell people you have it and how to use it. Because fentanyl is so strong, it may take more than one dose to work. Keep extra kits around.



## Meth does not protect from OD.

Using meth along with fentanyl actually **increases the chance of overdose**.

If you use both meth and fentanyl, use one at a time, and pace yourself slowly with small amounts.



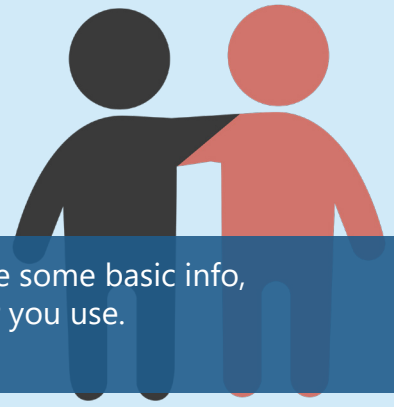
## Mythbusting Facts

**1** You can overdose on fentanyl **however you use it:** if you smoke, swallow, snort, or inject.

**2** It's safe to respond to a fentanyl overdose! You can't overdose just by touching fentanyl or drugs that contain fentanyl.

# What can I do?

- Start with a **small amount** and **go slow**. Use one drug at a time.
- When you can, **use around other people**. Use one person a time. That way, if someone overdoses, one person can respond.
- If you do use alone, **let a friend know they should check on you**.



Try **neverusealone.com** or call **(800) 484-3731**. You provide some basic info, and they stay on the phone with you for a few minutes after you use. If you stop responding, they call 911.

- **Watch your tolerance**. If you take a break from using fentanyl or other opioids, use way less when you start again.

## Signs of a fentanyl OD:

- Not breathing. Gurgling or heavy snoring.
- Won't wake up.
- Blue or gray skin, lips or fingernails.
- Chest muscles may get stiff.



## What to do in an OD:

- **Call 911 right away**. You don't have to say there's been an overdose, just that someone is not breathing.
- **Give a dose of naloxone**. You may need to give another dose every 2 minutes. Do rescue breathing until they start to breathe on their own.



*Learn more about fentanyl and find naloxone at:*  
StopOverdose.org & LacedAndLethal.com

**STOPOVERDOSE**  
.org

**LACED**  
**LETHAL**

# Tentative Spring Youth Forum Update

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- ▶ Spring Youth Forum

- ▶ Tentative: Great Wolf Lodge in Grand Mound, WA (TBD)
- ▶ Tentative: May 7-8, 2024
- ▶ Visit our website for more info:  
<https://springyouthforum.org/>

2024 SPRING YOUTH FORUM

**LEADING PREVENTION  
TOGETHER**



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## Bremerton Substance Abuse Prevention Coalition

**Thursday, May 9, 2024**

1:00 p.m. - 2:30 p.m.

**(Workgroups: 12:00 - 1:00 & 2:30 - 3:00 p.m.)**

[Click here to JOIN the Meeting](#) virtually or in-person (address below)

Meeting ID: 699 110 4058

Call in: 1-253-215-8782

### AGENDA

#### Welcome, Land Acknowledgment and Introductions

- Community and Partner Updates
  - Events, Activities and Opportunities
    - News and Updates
- Youth Connection
  - News and updates, feedback and youth voice opportunity

#### Prevention Education

- Spotlight: Community Connections – Mental Health and Substance Abuse

#### Prevention Efforts

- Programs and Progress
  - Updates
- Strategic Planning
  - Updates and coalition input for SFY25
- Coalition events, activities
  - What is on the calendar
  - Volunteer opportunities
- Next Steps

#### New Business

**Next Meeting Dates: 6/13/24, 7/11/24 and 8/9/24. We welcome you to join face to face at 1300 Sylvan Way Ste 101 or virtually at the link found above. Hope you can join us.**

<https://www.kitsapgov.com/hs/Pages/PREVENTION-Landing.aspx>

**Our Mission is; to provide opportunities for youth to be in a safe and substance free environment while they move from surviving to thriving, coordinate and generate resources for youth, families, and the Bremerton community, develop a unified message to end substance abuse and communicate common values of respect and empower today's youth to be Bremerton's better**



**tomorrow!**

## Bremerton Substance Abuse Prevention Coalition

Thursday April 11, 2024

### Announcement:

- Volunteer opportunities available. Please contact Deanne Jackson, [djackson@kitsap.gov](mailto:djackson@kitsap.gov) if you are interested.
- Rebranding efforts: initial draft review has begun and review logs for coalition comment will be sent out as soon as they come in from the designer.
- Community Connections activity – 1<sup>st</sup> Neighborhood garden is scheduled for plan on April 20<sup>th</sup>.
- Communities Mobilizing for Change on Alcohol youth volunteers have been identified and confirmation and details and implementation dates will be announced soon.
- Leadership recruitment is **NOW**. If you or someone you know is interested in supporting and engaging in substance abuse prevention efforts, nominations (including self-nominations) are welcomed. Voting will be in June. Submit your nominations to Deanne. We will vote in June.

### PARTNER HIGHLIGHTS:

- Commission of Children and Youth RFP applications are being reviewed and awardees will be notified soon.
- PCHS - Clifton Clinic will be holding an open house soon. Open House for Cedar House will be announced soon, and the Ridgetop Elem. School-based clinic is open.
- DVR - no waiting list. Will serve anyone with a disability.
- G2G2 – providing transportation 24/7/365. Provided ~100 meals to youth in our community last summer. Working on revising the program to ‘go to the kids’ as to remove barriers to access.
- Rock the Block/RTB – Continues to provide outreach, give out free socks and provide footcare to some of our most vulnerable population. As a collaborative effort, RTB is providing outreach, meals and assisting with resources and services for our homeless community members. Weekends offer 8 wagons of self-care packs, beverage line, hot food and in partnership with some of our local churches a special Sunday outreach effort.
- BHS – is serving 29 students, 17 discipline referred. Providing support groups, Affected Others, Coping Skills and Intervention as well as individual supports, classroom presentations and Behavioral Health Awareness events.

### Moving Forward – Next Steps:

- Calling all interested youth. Opportunities available for current and upcoming events and activities.
- Community Survey and Coalition Assessment data and more, will be used to determine our Strategic Plan updates. Efforts to make these changes are underway calling for any additional data and information to assist this process.

### EVENTS:

- Various professional and community trainings (watch email for new ones as they are announced)
- Parent Night Out Virtual Training –Apr. 11 and May 13







- WA. Breathes 5<sup>th</sup> Annual Teaching Cannabis Awareness and Prevention virtual conference Apr. 17-18
- Volunteer Appreciation Week – Apr. 21-27
- Community Court Resource Fairs –June 1, Sept. 1 @ Marvin Williams Center 12-4 pm
- Juneteenth Resource Fair – June
- Great Give -Apr. 16
- National Prescription Take Back Day – April 2
- Youth Mental Health First Aid Training – May 11 & 29 @ KCR 1201 Park Ave (Childcare provided for Saturday session)
- NAADAC 2024 NW Regional Conference on Indigenous Peoples (Seattle) May 8-10
- Kitsap County Developmental Disabilities Resource Fair April 24, 4-6pm



## WASAVP Announces: 2024 ASCOT WORKSHOPS

**Save the dates! Virtual 3-hour Zoom workshops Join us!**

<p><b>Spring Workshops</b></p> <p><i>These workshops are drawn from the Art &amp; Science of Community Organizing Training (ASCOT) curriculum and are designed for busy community leaders, advocates, allies, organizers, mobilizers, and champions in their work to prevent substance use disorders and local violence, while also promoting equity, inclusion and access.</i></p> <p><i>Facilitators are dedicated WA State prevention advocates and advocates with decades of experience.</i></p>	 <b>Workshop 1:</b>	<p><b>April 16, 2024 – 9:00 AM-12 Noon</b></p> <p><b>Connecting to Local, State and National Substance Use Disorder and Violence Prevention Partners, Networks and Natural Allies</b></p> <p><b>Workshop 1 registration link:</b>  <a href="https://us02web.zoom.us/j/84411111111">https://us02web.zoom.us/j/84411111111</a></p>
	 <b>Workshop 2:</b>	<p><b>April 30, 2024 – 9:00 AM-12 Noon</b></p> <p><b>Promoting Dialogue and Navigating Divisive Conversations</b></p> <p><b>Workshop 2 registration link:</b>  <a href="https://us02web.zoom.us/j/92222222222">https://us02web.zoom.us/j/92222222222</a></p>
	 <b>Workshop 3:</b>	<p><b>May 21, 2024 – 9:00 AM-12 Noon</b></p> <p><b>Facilitating Inclusive Partnerships</b></p> <p><b>Workshop 3 registration link:</b>  <a href="https://us02web.zoom.us/j/33333333333">https://us02web.zoom.us/j/33333333333</a></p>
	 <b>Workshop 4:</b>	<p><b>June 4, 2024 – 9:00 AM-12 Noon</b></p> <p><b>Overcoming 3 Major Challenges That Prevention-Focused Community Organizers/Mobilizers Face in 2024</b></p> <p><b>Workshop 4 registration link – coming soon!</b></p>
<p><b>\$\$\$\$*</b></p>	<p>\$75 per workshop; \$200 for the entire series.</p> <p>*Northwest HIDTA is partnering with WASAVP to offer these workshops at low or no cost to individuals, organizations and communities. Full workshop cost waivers are available.</p>	
<p><b>Benefits:</b></p>	<ul style="list-style-type: none"> <li>Engage with colleagues to form an active Learning Community</li> <li>Earn WA State prevention professional continuing education hours</li> </ul>	



**Mental Health FIRST AID**

from NATIONAL COUNCIL FOR MENTAL WELLBEING

# YOUTH MENTAL HEALTH FIRST AID

## LEARN HOW TO SUPPORT THE YOUNG PEOPLE IN YOUR LIFE

Youth Mental Health First Aid teaches you how to identify, understand and respond to signs of mental health and substance use challenges among adolescents ages 12-18. You'll build skills and confidence you need to reach out and provide initial support to young people who are struggling. You'll also learn how to help connect them to appropriate support.

## AFTER THE COURSE, YOU'LL BE ABLE TO:

- Recognize common signs and symptoms of mental health challenges, including anxiety, depression, eating disorders and attention deficit hyperactive disorder (ADHD).
- Recognize common signs and symptoms of substance use challenges.
- Understand how to interact with a young person in crisis.
- Know how to connect a young person with help.
- Better understand trauma, substance use, self-care and the impact of social media and bullying.

## DATES

Choose one session. They will have the same content.

Saturday, May 11 and Wednesday, May 29

10:30am - 4 pm with lunch provided

Childcare provided at the Saturday session

## LOCATION

Mt Rainier Room, Kitsap Community Resources

1201 Park Ave, Bremerton

**FREE!**

**REGISTER NOW**

Limited seats in each session

Follow this link or QR code:

[bit.ly/ymhfa2024](https://bit.ly/ymhfa2024)



For more information about course content, visit [MHFA.org](https://MHFA.org)  
Local contact for this training: [promise.partner@kitsapstrong.org](mailto:promise.partner@kitsapstrong.org)



Capital Region  
**ESD 113**

# HIGH IN PLAIN SIGHT

Learn from **JERMAINE GALLOWAY** to identify current drug use trends of teens and young adults. Leave with tools, resources, and training to combat substance abuse.

## LEARN:



Terms that are consistent with underage substance use

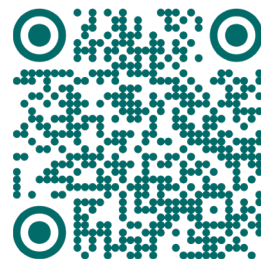


How to identify students who are abusing drugs



Prevention strategies for youth substance abuse

**April 22, 2024**

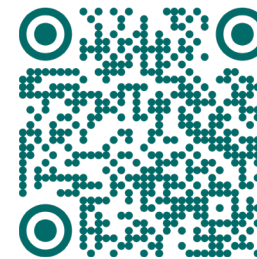


11:30 am–1 pm  
pdEnroller #167761  
Online

**Register**

[bit.ly/highinplain04](https://bit.ly/highinplain04)

**May 13, 2024**



9–10:30 am  
pdEnroller #167762  
Online

**Register**

[bit.ly/highinplain05](https://bit.ly/highinplain05)

# LEARN. IDENTIFY. PREVENT.



# Prevention Science and Health Equity: A Comprehensive Framework for Preventing Health Inequities and Disparities Associated with Race, Ethnicity, and Social Class

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Accepted: 14 December 2022 / Published online: 9 February 2023  
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## Abstract

The ultimate goal of our public health system is to reduce the incidence of disability and premature death. Evidence suggests that, by this standard, the USA falls behind most other developed countries largely as a function of disparities in health outcomes among significant portions of the US population. We present a framework for addressing these disparities that attributes them, not simply to differences in the behavioral and physical risk factors, but to social, environmental, and structural inequities such as poverty, discrimination, toxic physical setting, and the marketing of harmful products. These inequities result from de facto and instituted public policies. An analysis of the NIH research portfolio indicates a relative lack of investment in experimental evaluations of preventive interventions—especially studies targeting disadvantaged populations. Moreover, experimental research on reducing social inequities is almost entirely lacking. A line of research focusing on the drivers of inequities and their dissolution must include experimental evaluation of strategies for getting policies adopted that will reduce inequities. In conclusion, a summary is provided of the types of research that are needed and the challenges involved in conducting the experimental research that is essential for reducing inequities and disparities and, in turn, prolonging life.

## Introduction

If the ultimate goal of public health is to prevent disability and premature death, then substantial improvements in our public health system are needed. This paper documents the high levels of premature death in the USA compared with other developed countries and emphasizes the extent to which this is due to our failure to reduce inequities that result in higher rates of death among Black, Indigenous, and poor White populations compared with the population as a whole. These disparities are not simply due to differences in health compromising behaviors. They are also due to inequities in the adverse social determinants of health, which

include poverty, discrimination, harmful marketing, poorly maintained schools and neighborhoods, toxic physical environments, and lack of access to quality healthcare (Healthy People 2030, 2021). Progress requires greater investment in experimental research to prevent health-compromising behaviors and conditions by focusing on adverse social determinants of health.

Figure 1 summarizes our analysis. Premature death and the disabilities that cause them are, in part, the result of unhealthful behaviors and physiological conditions, which are themselves influenced by unhealthful behavior. Intertwined with problematic behavior patterns are physiological stress responses that contribute to metabolic syndrome and chronic diseases that shorten lives (Miller et al., 2011). These behaviors and physiological stress responses are, in turn, exacerbated by adverse social determinants of health. The prevalence and persistence of negative social influences are, to a great extent, due to public policies that have eroded the wellbeing of a significant portion of the population over the past fifty years. A comprehensive program of research to reduce health disparities must address all of these influences.

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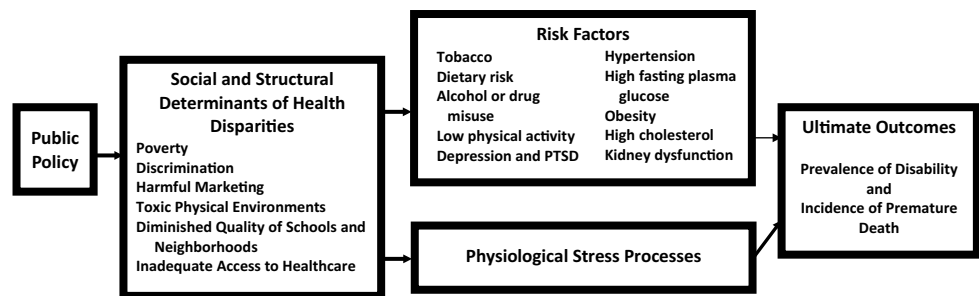
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**Fig. 1** A comprehensive framework for understanding health inequities and disparities



## Disparities in Premature Death

Significant progress has been made in improving the health of Americans in the past seventy years. The age-adjusted death rate per 100,000 people has been cut in half since 1950 (Centers for Disease Control & Prevention, 2018). However, we lag behind other developed nations in prolonging longevity. According to the United Health Foundation, life expectancy at birth in the USA is 78.6 years. We rank 28th out of 36 countries that are members of the Organization for Economic Cooperation and Development.

Importantly, however, life expectancy rates are not equally distributed; there are stark disparities depending on race, ethnicity, and social class. As of 2015, Black people under 65 had higher death rates than Whites for all-cause mortality (Cunningham et al., 2017). The rate of all-cause mortality among Native Americans is 30% higher than the rate for all races (Indian Health Services, 2019) combined. However, disparities in mortality in the Hispanic population are found only among non-white Hispanics (Arias et al., 2020). In addition, there are disparities in death associated with the pandemic, with Black and Latino populations having reductions in life expectancy two to three times those for the White Population (Andrasfay & Goldman, 2022).

Mortality rates also differ by socioeconomic status, with the disparities for low SES on the rise in recent years (Bosworth, 2018). Moreover, mortality rates for Non-Hispanic whites in the USA stopped declining around 2000 and then actually increased (Case & Deaton, 2017). During this same period (2000 to 2014), mortality rates continued to decline significantly in France, Germany, the UK, Canada, Australia, and Sweden. It is imperative that further research is devoted to interventions at all levels—individual, family, community, systems, and policies—to develop best practices that measurably reduce these disparities.

Two other important disparities in life expectancy are beyond the scope of our analysis.

On average, American men die about 5 years earlier than women (Shmerling, 2020), and individuals with developmental disabilities have a lower life expectancy than those without disabilities, with an average age at death of 63 (Lauer & McCallion, 2015).

## Progress and Limitations in Prevention and Treatment Research

Prevention and treatment research have made enormous progress over the past fifty years in developing and evaluating programs and policies that could reduce most of the disabling psychological, behavioral, and physical health problems contributing to premature death. For example, efficacious behavioral treatments have been validated for depression, anxiety, schizophrenia, eating disorders, insomnia, anger, aggression, criminal behavior, smoking cessation, and drug and alcohol problems (Hofmann et al., 2012) as well as obesity (Jacob et al., 2018). Research on family and school preventive interventions has produced numerous strategies capable of making families and schools more nurturing and preventing psychological and behavioral problems of children and adolescents (National Academies of Sciences, Engineering, & Medicine, 2019a). At the same time, policies such as increasing the taxation on tobacco and alcohol (Wagenaar et al., 2010) and raising the drinking age (McCart et al., 2010) have demonstrated population-level effects.

Progress via controlled studies has demonstrated significant impact on the recipients of these interventions. However, this progress has not been accompanied by population level reductions in incidence and prevalence of many common and costly psychological and behavioral problems. The Centers for Disease Control and Prevention (CDC) reported that “Over a 10-year period, from 2007–2008 to 2015–2016, the percentage of adults with depression did not change significantly” (Brody et al., 2018). Similarly, the CDC concluded that “there is no evidence that the prevalence rates of anxiety disorders have changed in the past years” (Bandelow & Michaelis, 2015). Indeed, suicide rates increased between 1999 and 2018 (Hedegaard et al., 2020). During this same period, drug overdose rates reached historic highs, from less than 20,000 per year to more than 67,000 in 2018 (National Institute on Drug Abuse, 2021). Between 2000 and 2016, alcohol use and binge drinking increased significantly among those over fifty (Gruza et al., 2018). Obesity also increased steadily between 1999 and 2018. In fact, by 2018, the prevalence of obesity in the US population of adults over

20 was 42.4% and the prevalence of severe obesity nearly doubled, from 4.7% to 9.2% (Hales et al., 2020).

There have been some improvements in population health, however, such as the reduction in cigarette smoking (Cornelius et al., 2020) and a significant decline in adolescent drug use (Monitoring, 2021), though this change may be due to a pandemic-related decrease in peer contacts. There have also been significant reductions in juvenile arrests for violent crime since 2006. Finally, the teen pregnancy in the USA has declined significantly, although it is still higher than other industrialized countries (Centers for Disease Control & Prevention, 2021; Osterman et al., 2022).

We have also witnessed progress in the development of efficacious educational programs. Over the past forty years, education researchers have developed numerous instructional strategies that improve academic success and reduce racial and socio-economic disparities in reading skill (Stockard et al., 2018) and mathematics (Gersten et al., 2009; Stockard et al., 2018). In addition, programs have been shown to enhance students' social, emotional, and behavioral development and prevent multiple problems, such as substance use and antisocial behavior. These approaches include school-based interventions that focus on enhancing classroom and school climate by promoting positive social interactions (Durlak et al., 2010). They also include programs focused on the prevention of specific problems such as cigarette smoking (Thomas, 2006) and other drug use (Tobler & Stratton, 1997), although the effects of the latter programs are generally small.

Here too, progress has not translated into improvements in the prevalence of educational success. The National Assessment of Educational Progress found that, in 2019, only 35% of fourth grade students were proficient in reading, while 36% lacked even basic skills (National Assessment of Educational Progress, 2019). The proportion of Black and Hispanic children who lack basic skills was significantly higher than for the population as a whole (52% and 45% respectively). There has been greater progress in math skills in the past twenty years; however, 19% of 4<sup>th</sup> grade students lack basic skills in mathematics, with significant disparities according to race and ethnicity (11% for White students, 35% for Black students, and 27% for Hispanic students) (National Center for Education Statistics, 2019). With respect to social and emotional skills, the prevalence of adolescent depression increased significantly between 2005 and 2014 (Mojtabai et al., 2016).

These statistics indicate a relative lack of population level benefits from innovations in prevention. We propose four key reasons for these disappointing trends.

First, research on the dissemination and implementation of evidence-based interventions has yet to result in large increases in adoption and implementation. Across the

board—from policymakers to agency administrators and community stakeholders—there is a relative lack of awareness about the knowledge amassed in prevention science or about the efficacious policies and programs that have been developed. As such, embedding and sustaining well-tested interventions has been sluggish to nonexistent in many communities (National Academies of Sciences, Engineering & Medicine, 2019b).

A significant barrier to implementation of evidence-based interventions across school, mental health, and drug treatment settings is that the educational institutions responsible for training teachers and counselors are not required to provide training in evidence-based practices. Education, training, and technical assistance protocols are needed to professionalize the prevention workforce. Teachers, social workers, and other relevant professionals should be able to obtain training through degree programs and continuing education opportunities.

Second, we have not invested sufficiently in experimental evaluations to prevent the leading risk factors for death and disability. A recent analysis of the National Institutes of Health (NIH) research portfolio (Vargas et al., 2019) revealed that the ten leading causes of death account for 74% of deaths, but only 25.9% of NIH-funded projects focused on preventing these causes. In addition, only 34% of grants and 32.5% of funds were awarded to projects studying the prevention of one or more of the ten leading risk factors for death, even though these risk factors have been estimated to account for 57.3% of premature deaths. Moreover, only 2.5% of the total NIH research portfolio in 2019 involved randomized prevention trials. Studies simply documenting the relationship between risk factors and premature death do not sufficiently advance our ability to prevent these putative causes of death to the extent that experimental evaluations of preventive interventions can.

Third, few experimental evaluations of preventive interventions have been conducted in populations experiencing high levels of disparities. The science is clear that the aforementioned risk factors substantially contribute to disparities in death and disability (Dwyer-Lindgren et al., 2017). Despite this, only 0.75% of the total NIH research portfolio of projects in 2019 included a randomized preventive intervention to address one or more of the leading risk factors in a population experiencing health disparities (Murray et al., 2021). Such a low level of commitment to research on the prevention of established risk factors in populations with health disparities makes it unlikely that we will be able to significantly reduce disparities in health and longevity.

However, there is a fourth obstacle to progress: We are failing to address adverse social determinants of health and the public policies that cause or perpetuate them.

## Adverse Social Determinants of Health

The social determinants of health generally refer to social conditions and other contextual influences on health and wellbeing. Accordingly, the emphasis in this paper is on adverse social determinants of health that disproportionately affect certain racial/ethnic groups, socioeconomic strata, and geographic regions. Galea et al. (Galea et al., 2011) searched the English language research literature and estimated the number of deaths in the USA that are attributable to a variety of social factors: “Approximately 245,000 deaths in the United States in the year 2000 were attributable to low education, 176,000 to racial segregation, 162,000 to low social support, 133,000 to individual-level poverty, 119,000 to income inequality, and 39,000 to area-level poverty.” This analysis is consistent with the thesis that it is unlikely we can substantially reduce premature death solely by increasing access to quality health care (Braveman & Gottlieb, 2014). In the sections that follow, we present evidence regarding the role of the social determinants cited by Galea (Galea et al., 2011), as well as harmful marketing, under-resourced schools and communities, and toxic physical environments.

### Child Poverty

Child poverty has remained higher in the USA than in other developed countries (Aber et al., 2012). According to the Annie E. Casey Foundation’s Kids Count, 18 percent of children are living in poverty. While 11% of non-Hispanic Whites and Asians are living in poverty, child poverty is considerably higher for Native American (31%), Black (32%), and Hispanic (26%) children. These numbers have not changed significantly since the year 2000 (Annie E. Casey Foundation, 2018).

### Economic Inequality

Economic inequality has steadily increased over the past fifty years (Alvaredo et al., 2018). Inequality is generally measured in terms of the gap between the income of the top 10% or 20% of the population and the bottom 10 or 20%. The USA has the highest level of inequality of any developed country (Wilkinson & Pickett, 2009). Inequality is a risk factor for a wide variety of psychological and behavioral problems, lower levels of academic success and employment, as well as premature death (Wilkinson & Pickett, 2009).

Evidence indicates that the reason inequality undermines wellbeing is that in an unequal society, people of all levels of income are more likely to have stressful encounters with individuals who are above or below them in the social hierarchy defined by income (Pickett & Wilkinson, 2015).

## Racism and Discrimination

Michelle Alexander (Alexander, 2012) has documented how the rights and wellbeing of a large proportion of the Black population have been eroded over the past fifty years as the war on drugs concentrated law enforcement in minority neighborhoods, increased the penalties for drug possession, allowed no-knock invasion of homes, and disenfranchised as much as 20% of black males in some states. Moreover, discriminatory discipline practices in schools are detrimental to achievement among Black children and heighten risk for involvement in the criminal justice systems (Bell, 2015; Fabelo et al., 2011; Henry et al., 2021).

Discriminatory law enforcement is only one way in which the US society is structured to the disadvantage of Black people and other racial and ethnic groups. Other examples of structural racism include social segregation, which includes residential segregation, segregation in the workplace due to different types of jobs across racial groups, and segregation of social networks. Social segregation contributes to health disparities because it reduces access to high quality health care and increases exposure to slights and micro-aggressions (Gee & Ford, 2011). Moreover, it can deprive people of advantages that derive from knowing influential people in the community, such as lawyers, doctors, and business leaders (Putnam, 2016).

Discrimination is also experienced by Hispanic and Asian people (Lee et al., 2019), as well as other groups such as lesbian, gay, bisexual, and transgendered people (Blake, 2014), Native Americans, (Datz, 2017), and the economically disadvantaged (Equal Justice Under Law, n.d.). Chronic exposure to slights and micro-aggressions contribute to health disparities through their impact on physiological stress responding, which increases the risk of cardiovascular disease (American Psychological Association, 2016; Harrell et al., 2003).

### Toxic Physical Environments

People living in disadvantaged communities are victimized by toxic physical environmental conditions that raise the incidence for example of poisoning, brain damage, and cancers in children and adults. Discriminatory policies and practices that have segregated black people into toxic neighborhood environments have had a devastating impact on the health and well-being of vulnerable communities (Henderson & Wells, 2021). Some of the more notorious injustices include lead paint in dilapidated buildings and housing (LeBrón et al., 2019), contaminated water supply such as that experienced by Flint MI residents (Butler et al., 2016), and placement or continuation of waste dumps and other toxic industrial byproducts in or adjacent to vulnerable communities (Payne-Sturges et al., 2021).



## Marketing of Harmful Products

The impact of harmful marketing is typically overlooked in discussions of social determinants. However, a large number of deaths are attributable to the marketing practices of major industries:

- The tobacco industry: 450,000 deaths per year (Biglan, 2020e)
- The pharmaceutical industry (Biglan, 2020a; Centers for Disease Control & Prevention, 2018): 630,000 deaths due to drug overdose involving prescription opioids or heroin between 1999 and 2016
- The gun industry: 35,000 deaths per year (Biglan, 2020g)
- The alcohol industry: 95,000 deaths per year (Centers for Disease Control and Prevention, n.d.; Pechmann et al., 2011)
- The food industry (Biglan, 2020d)

Over the past forty years childhood obesity has been increasing (The State of Obesity, 2017)

One in five American children are obese (U.S. Department of Health & Human Services, 2018)

The life expectancy of children is now lower than that of their parents (Olshansky et al., 2005)

- The Fossil fuel industry: eight million deaths worldwide due to air pollution (Burrows, 2021) (Biglan, 2020c)

Regulating such sales in light of their impact on health should be a public health goal (Biglan et al., 2019). No company should be able to profit from practices that result in these consequences.

## Disadvantaged Schools and Communities

The Galea et al.'s (2011) analysis attributed the largest number of deaths to low educational attainment. It is well established that schools in high poverty neighborhoods are under-resourced (Boschma & Brownstein, 2016). Disparities in educational outcomes are substantial. For example, with respect to reading proficiency—the academic skill that is foundational for all other academic success—there are large disparities. Across all children, 36% lack even basic skill in third grade; however, the proportion of Black and Hispanic children who lack basic skills is significantly higher (52% and 45% respectively) than for White children (National Assessment of Educational Progress, 2019), and only 19% of Native American fourth graders were proficient readers. We were unable to find data on poor White children; however, only 45% of White children were found to be proficient, and it has been well-established that socio-economic status is a strong correlate of academic failure (Sirin, 2005).

These disparities exist despite the fact that effective reading instruction has been shown to eliminate reading disadvantage (Stockard et al., 2020).

Putnam has documented the large gaps in additional resources in disadvantaged communities (Putnam, 2016). For example, compared with affluent neighborhoods where extracurricular activities are available in schools and recreational settings are plentiful, disadvantaged neighborhoods lack activities that would not only broaden young people's skill and knowledge, but would provide alternatives to experimentation with anti-social behavior.

## Inadequate Access to High Quality Healthcare

Policymakers' discussions of health disparities have generally given the greatest attention to disparities in access to health care. This is indeed a factor affecting premature death. As many as 35,000 people die each year due to lack of healthcare (Wilper et al., 2009). However, that number pales in comparison to the number of deaths due to social determinants of health. More likely, inadequate healthcare combines with the other adversities to exacerbate their impact or at least fail to mitigate them.

## The Impact of Public Policy on the Social Determinants of Health

The extent to which adverse social determinants undermine health needs to be understood in the context of public policy. Here, we briefly summarize ways in which public policy accounts for the inequitable social conditions driving the health disparities outlined above.

## Child Poverty and Economic Inequality

Policies that contribute to child poverty and economic inequality include the following: (a) declining taxation of the wealthiest over the past fifty years (Hope & Limberg, 2020); (b) lack of regulation for marketing of harmful products and predatory financial practices (Biglan et al., 2019; Biglan, 2020b); and (c) policies that undermine union organizing (Mishel et al., 2020). In addition, policies have been blocked that would have benefited poorer families, such as increasing the minimum wage, providing health insurance, and facilitating access to affordable housing.

## Racism and Discrimination

We cited above some of the laws that have harmed the Black community, including those that enabled or promoted residential segregation, the war on drugs, laws that enabled discrimination in employment, inferior schools, and community

conditions in poorer neighborhoods. In addition, policies that have historically engendered segregation and discrimination in housing are responsible to this day for the displacement and exclusion of Black families from attaining affordable housing, relegating many to poorly equipped schools and limited opportunity to succeed. See Jonathon Metzl's *Dying of Whiteness* (Metzl, 2019), Heather McGhee's *The Sum of Us* (McGhee, 2021), and *The 1619 Project* (Hannah-Jones, 2019) for thorough documentation of these points.

Discriminatory policies also harm Native Americans. One example is the legal structure of reservations, where the land is “held in trust” for the tribe by the federal government. This means that individuals in the tribe cannot own the land and therefore cannot get mortgages to build on it (Riley, 2016). Another example is the imposition of an oil pipeline on the lands of the Standing Rock Sioux Tribe in the Dakotas.

LGBTQ rights have expanded with the legalization of same-sex marriages. However, numerous states are passing laws that not only discriminate against members of this community but encourage people to be aggressive toward them (Gender Equality Law Center, n.d.).

Finally, numerous public policies discriminate against poor people. They include policies that allow mortgage-related tax deductions that only benefit home owners and thus discriminate against people who cannot afford to buy a home. They also include court rulings that allow disparities in school support among school districts (Encyclopedia of the American Constitution, n.d.).

### Toxic Physical Environments

Johansen (2020) has delineated numerous case examples where public policy has contributed to toxic environmental conditions. Further, Wood (2014) has thoroughly documented the failure of environmental law to reduce the myriad ways in which corporate practices have contributed to toxic conditions in communities in the USA. She provides numerous examples of the way in which efforts to reduce industrial pollution have been defeated by the power of well-organized industries.

### Harmful Marketing

One of the central tenets of free-market economic theory is that regulation of business is harmful. According to this view, regulation increases the costs of goods and services, reduces economic growth, and lowers American's income. Minimizing regulation has therefore been a central objective of policy-makers who subscribe to this theory. However, as we documented above, our failure to regulate the marketing of tobacco, alcohol, guns, and unhealthful food is implicated in hundreds of thousands of premature deaths.

Biglan et al. (2019) argue that the default assumption that regulation of business is inherently harmful has meant that efforts to regulate specific types of marketing, such as that for cigarettes or pharmaceuticals, must overcome this default assumption. For this reason, Biglan et al. (2019) argue that the default assumption needs to be supplanted by a public health principle: All marketing should be regulated on the basis of its impact on public health. In other words, if a marketing practice can be shown to contribute to illness or death for a large number of people, that practices would be prohibited, and *all* profits from the practice would be confiscated. This contingency would mean that fines for harmful practices could no longer function as simply a cost of doing business.

### Disadvantaged Schools and Communities

Public policies at the local, state, and federal level allow or support large disparities in the funding of schools. In Pennsylvania, for example, the Lower Merion school district, which serves mostly White students, receives \$30,000 more per pupil than Philadelphia, where 86% of students are non-White (Camera, 2019).

These disparities are in part the result of policies that have supported residential segregation by allowing discrimination in lending, as mentioned above. However, the problem was made worse by a Supreme Court decision in the 1970s which ruled that states were under no obligation to reduce disparities in school funding caused by local disparities in tax revenues between more and less affluent districts (Camera, 2019). Such disparities were perpetuated by the failure of the federal government to create policies to ameliorate these inequities.

## Building a Comprehensive Research Agenda

The present analysis underscores the complexity involved in the addressing the multiple intertwined inequities that underlie health disparities. The fact that disparities are the result of chronic exposure to multiple stressors which are, in turn, due to policies and practices that systematically undermine wealth and income and promote unhealthful behaviors suggests that the traditionally dominant methods for prevention research will be insufficient. Here, we discuss the kinds of research that are possible, in the hopes of stimulating a discussion to build an effective agenda. We envision five types of research.

### Observational Studies of Risk Factors

The documentation of risk factors for disparities is foundational for research on reducing disparities. Judging from the analysis of Vargas et al. (2019), research on risk factors

for disease appears to be the dominant type of prevention research that is being funded, although it is unclear how much of this work has focused on health disparities. These studies are important for pinpointing targets for interventions that could contribute to the prevention of illness and premature death. We have argued above that such studies need to go beyond the study of proximal risk factors to expand our understanding of the influence of social and structural determinants.

### **Experimental Evaluation of Single Prevention Programs**

A large body of research has evaluated the impact of single prevention programs. Leslie et al. (2016) have identified sixteen evidence-based family interventions that have resulted from this line of research. Similarly, numerous school-based preventive interventions have been shown to prevent the most common and costly psychological and behavioral problems of children and adolescents. However, in both of these areas, only a small minority of studies have been done in disadvantaged populations. A high priority for this line of research would be to assess the value of such interventions for disadvantaged populations.

### **Experimental Evaluation of Multiple Interventions**

Less common are studies that experimentally evaluate more than one intervention at the same time. For example, the Communities That Care study randomized communities to implement a family intervention and a school-based intervention or to a no-intervention condition. The intervention communities received technical assistance in establishing a plan for introducing evidence-based family, school, and community programs. The impact of the introduction of multiple evidence-based programs was assessed on youth substance use and delinquency. The relative impact of the overall intervention was assessed (Oesterle et al., 2015), but the design did not allow assessment of the precise impact of individual programs.

### **Experimental Evaluation of the Impact of Policies and Modification of Policies**

It will be difficult to reduce social inequities unless substantial changes are made to public policy. Prevention science has an important role to play, not only in identifying policies that affect social inequities, but also in studying how policies can be changed (Long et al., 2021).

Experimental research is needed on the impact of policies on inequities. This is an area where interrupted time series designs may be more effective than randomized trials. For example, the effect of policies that limit the marketing of

alcohol either by controlling the density of outlets in a community or by curtailing sale to minors could be evaluated via interrupted time-series designs that staggered implementation of these policies across a set of communities (Biglan et al., 2000). Similar designs could be used to assess the impact of policies to reduce harsh treatment of community members or policies designed to increase economic wellbeing. Natural experiments, in which some jurisdictions implement a policy and others do not, are also quite valuable. For example, an analysis of the reductions in youth incarcerations in nine states pinpointed the policy changes that led to these reductions.

Research on changing public policy is in its infancy (Crowley & Jones, 2017). We need to build a body of evidence that pinpoints how policies can be promoted that reduce the most significant inequities. Here too experimental evaluations of strategies are needed.

### **Experimental Evaluation of Comprehensive Community Interventions**

Although further research evaluating the impact of individual programs and policies will contribute to reducing disparities, more comprehensive community interventions are needed. The research framework created by the National Institute on Minority Health and Health Disparities is consistent with this view (National Institute on Minority Health & Health Disparities, 2017). The evidence we reviewed about the social determinants of health suggests that our impact on health inequities and disparities will be limited, if we do not address the problems of poverty, economic inequality, discrimination, and harmful marketing and improve the quality of neighborhood environments.

Comprehensive community interventions would use well-established community organizing principles (Watson-Thompson et al., 2008) to assist community members in addressing the issues in their community that they feel should have the highest priority. Prevention strategies would likely include implementing evidence-based family and school programs. But they would also address problems like harmful marketing, poverty, toxic police practices, economic development, and under-resourced schools.

Such interventions pose significant challenges to obtaining empirical evidence about their effectiveness. The existence of multiple efforts to address a neighborhood's or community's problems makes it difficult to tease out which components of the intervention are effective and which are not. A randomized trial of communities, while feasible, could not ensure that the same strategies were used in all communities because a key principle is that each community directs the selection and implementation of specific efforts to best meet that community's needs.

Consequently, it might prove difficult to convince NIH study sections to accept such community-driven implementation designs. For this reason, a robust discussion of the issues involved in developing effective experimental methods for assessing and refining comprehensive community interventions is sorely needed. If we do not devise effective methods for evaluating such interventions, there will continue to be a divide between research and practice. This disconnection impedes the adoption of evidence-based interventions and fails to strengthen the impact of efforts by local governments and philanthropic organizations to reduce the many inequities and disparities that undermine wellbeing in the United States.

## A Thoroughgoing Public Health Approach to Disparities

An implicit assumption of the prevention science community is that the wider adoption of experimentally evaluated programs, policies, and practices will help to reduce health disparities (Fagan et al., 2019). To that end, it is imperative that far more funding goes to the kinds of studies we just described.

However, addressing the many inter-connected problems affecting health requires a much broader mobilization of society than can be achieved through the research-to-practice pipeline alone. Putnam and Garrett (Putnam & Garrett, 2020) have documented the social movement that occurred in the first half of the twentieth century, its contribution to the expansion of the middle class, and the decline in social solidarity and wellbeing in the second half of the century that was largely driven by advocacy for free market economic theory (Biglan, 2020f). They call for a social movement to reverse the changes that have occurred.

This perspective calls for a far greater focus on altering public policy. So long as de facto policies persist for child poverty, economic inequality, unregulated marketing, and structural racism, even a substantial increase in the adoption of evidence-based interventions will not eliminate the inequities that underlie disparities in the health and wellbeing of Americans. The prevention science community has a critical role to play in educating civic and public health leaders about evidence-based programs and policies. But we must also address the larger cultural and political factors that continue to impede the realization of a society in which every person lives a healthy and productive life in caring relations with others (Biglan, 2020f).

**Funding** Work on this article by the second author (RP) was supported in part by funding from the National Institute of General Medical Sciences grant number P20GM130420. The article's content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

## Declarations

**Ethics Approval** Not applicable.

**Consent to Participate** Not applicable.

**Conflict of Interest** The authors declare no competing interests.

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# Key Messages and Talking Points

## Goal

The goal of the *Focus On* campaign is to prevent underage drinking among high school teens by:

- Spotlighting positive social norms.
- Offering information about the risks and consequences of underage drinking in ways that are relevant for youth.
- Outlining refusal skills.
- Encouraging healthy ways to deal with stress, anxiety, and boredom.

## Key messages

- Think everyone is drinking? Think again.
- The fact is that 80% of Washington teens don't drink.
- Teens are choosing healthy ways to deal with stress, boredom, and isolation.
- When you leave alcohol out of the picture—like 4 out of 5 WA teens do—you can focus on what's important.
- Develop healthy routines for calming stress and anxiety—and keep alcohol out of the picture, like over 80% of WA teens do.
- Learn more at [FocusOnYouWA.org](http://FocusOnYouWA.org).

## Concept

While many teens believe the majority of their peers drink alcohol, the reality is that four out of five Washington teens **don't** drink, according to the 2018 Washington Healthy Youth Survey. To illustrate this norm in a creative way, *Focus On* assets apply a blurring effect to the outline of images while keeping the teen or healthy activity in focus. This effect is used to have the viewer “focus on” the things that matter—such as pursuing goals, engaging in healthy activities, and connecting with friends—and not let misperceptions around underage drinking influence what they do.

## Research

- The *Focus On* campaign leverages foundational research that indicates promoting positive social norms increases healthy behavior. When teens know that most of their peers don't drink, they are more likely to follow the same behavior. Source: <https://www.cdc.gov/violenceprevention/pdf/efc-promoting-positive-community-norms.pdf>
- While many teens believe the majority of their peers drink alcohol, the reality is that four out of five Washington teens **don't** drink. Source: [2018 Washington Healthy Youth Survey](#).
- Too many teens still use alcohol and alcohol plays a significant role in all three leading causes of death among youth: injuries, suicides, and homicides. Additionally, research shows that heavy alcohol use during teen years can permanently damage the developing brain and teens who start drinking before age 15 are four times more likely to develop alcohol use disorder later in life than those who start after age 21. Source: [NIH Underage](#)



### [Drinking Fact Sheet.](#)

- The campaign was informed by interviews with 90 Washington youth in Seattle and Spokane during the development of Out of the Picture and audience research regarding media consumption habits.

### **Channels**

- The campaign reaches teens where they are—online and on their phones—and delivers visuals and messages while teens are scrolling or interacting with friends on social media platforms. Three 15-second videos and social media ads will direct to **FocusOnYouWA.org**.
- The campaign website reinforces the norm that the vast majority of teens in Washington state don't drink, offers information about the risks and consequences of underage drinking in ways that are relevant for youth, outlines refusal skills, and suggests healthy alternatives to drinking as a way to deal with stress, boredom, and isolation.
- The *Focus On* campaign will provide prevention partners throughout Washington with an online campaign toolkit that includes information about the campaign, as well as campaign assets such as videos and social media content. With the toolkit, partners will be able to deliver these important messages directly to teens in their communities.



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Kitsap Recovery Center  
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Phone: 360.337.4811

## Bremerton Substance Abuse Prevention Coalition

**Thursday, June 13, 2024**

1:00 p.m. - 2:30 p.m.

**(Workgroups: 12:00 - 1:00 & 2:30 - 3:00 p.m.)**

[Click here to JOIN the Meeting](#) virtually or in-person (address below)

Meeting ID: 699 110 4058

Call in: 1-253-215-8782

### **AGENDA**

#### **Welcome, Land Acknowledgment and Introductions**

- Community and Partner Updates
  - Events, Activities and Opportunities
    - News and Updates
- Youth Connection
  - News and updates, feedback and youth voice opportunity

#### **Prevention Education**

- Spotlight: Community Connections – Needs and Risks associated with our LBGQTQ+ Community
- Suitcase for Life – Prevention engagement activity

#### **Prevention Efforts**

- Programs and Progress
  - Updates
- Leadership in Prevention
  - Voting for Biennium Coalition Leadership
- Coalition events, activities
  - Volunteer opportunities
  - Additions
- Rebranding
- Next Steps

#### **New Business**

**Next Meeting Dates: 7/11/24, 8/9/24 and 9/12/24. We welcome you to join face to face at 1300 Sylvan Way Ste 101 or virtually at the link found above.** Hope you can join us.

<https://www.kitsapgov.com/hs/Pages/PREVENTION-Landing.aspx>

**Our Mission is; to provide opportunities for youth to be in a safe and substance free environment while they move from surviving to thriving, coordinate and generate resources for youth, families, and the Bremerton community, develop a unified message to end substance abuse and communicate common values of respect and empower today's youth to be Bremerton's better tomorrow!**



## **Bremerton Substance Abuse Prevention Coalition**

**Thursday May 9, 2024**

### **ANNOUNCEMENTS:**

- Volunteer opportunities available. Please contact Deanne Jackson, [djackson@kitsap.gov](mailto:djackson@kitsap.gov) if you are interested.
- Rebranding efforts, second draft review has been completed and images will be sent to the group before next meeting, if possible. If not, they will be provided at the next meeting. Requesting youth feedback.
- Coalition Leadership voting is next month.

### **PARTNER HIGHLIGHTS:**

- SYNC (Salish Youth Network Collaborative) - Open to all youth ages 0-18 or 9-21. Servicing Clallam, Jefferson and Kitsap counties. Anyone can refer. Insurance is not a requirement for services. Contact: 800-585-8477, [sync.salishbehavioralhealth.org](http://sync.salishbehavioralhealth.org).
- KHS – Is at 49 of the required 50 intakes. Getting a lot of self-referring students.
- Stand Up for Kids – They are working on a “rebuilding” of services. They currently do most of their work within the school districts but are looking to expand their reach beyond the school networks, definitely to unhoused or unattended and in the broader area of food insecurity. Currently putting together a packet of resources and asking for any materials or info about member programs/services that may benefit them.
- Positive Action – In full swing and likely to meet targeted goals. Currently looking for other sites.
- Guiding Good Choices – Coming soon! Laura and Deanne will receive certification as program trainers.

### **MOVING FORWARD – NEXT STEPS:**

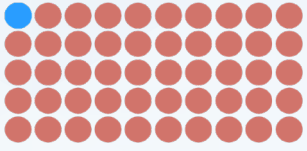
- Site selection for in-person meetings, location ideas needed. No government, school, religious or tribal locations. Virtual meetings will continue to be offered as well.
- Future meetings will incorporate collaborative, content focused activities.
- With new opioid funding, we are requesting ideas providing resources/info to the public.

### **EVENTS:**

- Various professional and community trainings happening (watch email for more as they are announced)
- Parent/Youth Mediation Training – Dispute Resolution Center – June 28-29
- Breaking Down Barriers: Fostering Community Inclusion in Rural Communities for Individuals with Serious Mental Illness – Temple University – June 6
- Tribal Wellness and Resiliency Gathering – May 28
- 2024 Region 10 Opioid Summit – July 25-26
- Mental Health First Aid – Kitsap Community Resources – May 29
- Fentanyl Safety & Awareness – Western Regional Counterdrug Training Center – May 22
- Volunteers needed, Coalition Reps – Kitsap County Fair – 3-hour slots
- Marketing materials needed – Juneteenth event

# What's up with fentanyl?

## Strong



Fentanyl is a very strong opioid, **50x stronger** than heroin.

## Fast



Overdose can happen in **seconds** or **minutes**.

## Higher Risk



*Most overdose deaths in WA State now involve fentanyl.*

## What does it look like?

In WA State, most fentanyl has been in blue pills with a "M30" stamp. It's sometimes in drugs that look like powder, or a rock like crack cocaine.



**Fentanyl could be in any drug you buy on the street or online.** What fentanyl looks like will continue to change.

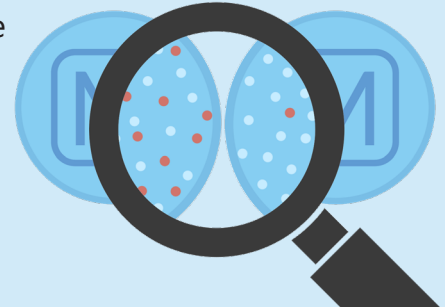


## What's the risk?

The amount and strength of fentanyl **can vary a lot**.

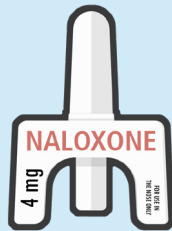
One pill might have a deadly amount.

Another pill might have very little, if any, fentanyl.



## Naloxone works on fentanyl.

**Carry naloxone.** Tell people you have it and how to use it. Because fentanyl is so strong, it may take more than one dose to work. Keep extra kits around.



## Meth does not protect from OD.

Using meth along with fentanyl actually **increases the chance of overdose**.

If you use both meth and fentanyl, use one at a time, and pace yourself slowly with small amounts.



## Mythbusting Facts

**1** You can overdose on fentanyl **however you use it:** if you smoke, swallow, snort, or inject.

**2** It's safe to respond to a fentanyl overdose! You can't overdose just by touching fentanyl or drugs that contain fentanyl.

# What can I do?

- Start with a **small amount** and **go slow**. Use one drug at a time.
- When you can, **use around other people**. Use one person a time. That way, if someone overdoses, one person can respond.
- If you do use alone, **let a friend know they should check on you**.



Try **neverusealone.com** or call **(800) 484-3731**. You provide some basic info, and they stay on the phone with you for a few minutes after you use. If you stop responding, they call 911.

- **Watch your tolerance**. If you take a break from using fentanyl or other opioids, use way less when you start again.

## Signs of a fentanyl OD:

- Not breathing. Gurgling or heavy snoring.
- Won't wake up.
- Blue or gray skin, lips or fingernails.
- Chest muscles may get stiff.



## What to do in an OD:

- **Call 911 right away**. You don't have to say there's been an overdose, just that someone is not breathing.
- **Give a dose of naloxone**. You may need to give another dose every 2 minutes. Do rescue breathing until they start to breathe on their own.



*Learn more about fentanyl and find naloxone at:*  
StopOverdose.org & LacedAndLethal.com

**STOPOVERDOSE**  
.org

**LACED &  
LETHAL**



## FENTANYL FACTS & FIRST AID VIRTUAL TRAINING

**Course Description:** This course serves to prepare the learner for encounters with fentanyl, and individuals who have suffered an overdose. Learners will learn what fentanyl is, how it is encountered, where it comes from, binders of concern, and first aid. These objectives are achieved by providing information on how fentanyl is created, what modalities of transmission, hazards, and first aid via naloxone administration. While the curriculum is primarily intended for members of the counterdrug nexus and community-based organizations, personnel in any organization that can/may encounter fentanyl and overdose victims would find this information beneficial.

June 5, 2024: 10:00-11:00am

Register in advance for this meeting:

[https://www.zoomgov.com/meeting/register/vJlIsfu2qrjMiE-wWNGBHyg\\_RiqoJ\\_cSoxVo](https://www.zoomgov.com/meeting/register/vJlIsfu2qrjMiE-wWNGBHyg_RiqoJ_cSoxVo)

June 12, 2024: 10:00-11:00am

Register in advance for this meeting:

<https://www.zoomgov.com/meeting/register/vJltdeGhqjsjGf1o8rFaYDV0fU1oZaWE964>



### FREE TRAINING

Western Regional Counterdrug Training Center  
Info@Wrctc.com  
(253) 512-8493



# Western Region Counterdrug Training Center



## Resilience Training

### When:

14-16 August, 2024  
8:00 AM – 4:00 PM Daily

### Where:

Building 104 Air Defense LN,  
Camp Murray WA. 98430



### About:

The Western Region Counterdrug Training Center (WRCTC) is offering Resilience Training to Law Enforcement, First Responders, and Community Based Organization Members in Washington.

The training includes instruction in the use of 14 cognitive based therapy skills that increase the use of six Competencies that have been found to increase overall resilience, performance, and optimal functioning of an individual. The Competencies are Self-awareness, Self-regulation, Optimism, Mental Agility, Strengths of Character, and Connection. Upon course completion, students will have tools increasing their abilities to handle stressful situations efficiently, perform optimally and communicate effectively.

Registrants are expected to participate in in all three days and must complete the Values In Action Character Strengths Survey and bring the results showing all 24 strengths.

The maximum number of participants is 20. \*Instructions for the survey are on registration.

## 14 Resilience Skills:

1. Goal Setting
2. Hunt the Good Stuff
3. ATC Model
4. Energy Management
5. Avoid Thinking Traps
6. Detect Icebergs
7. Problem Solving
8. Put It In Perspective
9. Mental Games
10. Real-Time Resilience
11. Identify Character Strengths in Self and Others
12. Character Strengths: Challenges and Leadership
13. Assertive Communication
14. Effective Praise and Active Constructive Responding

Additional details at:

info@wrctc.org  
(253) 512-8493


Register Now:



<https://www.wrctc.org/event/?eid=96dd5481-fe0b-4acb-9753-dfaf26623815>

# PENINSULA COMMUNITY HEALTH SERVICES

## Mobile Medical Schedule: May 2024

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1 Key-Pen Community Services 17015 9th Ct NW, Lakebay (1p-3p)	2 Salvation Army 832 6th St., Brem (9a-3p) Washington Youth Challenge Academy 1207 Carver St, Brem *Clients Only* (1p-3p)	3	4
5	6 Kitsap Rescue Mission 4303 Kitsap Way, Brem *Residents Only* (1p-3p)	7 The Summit at Bay Vista 4650 Bay Vista Blvd, Brem (1p-4p)	8 Kitsap Regional Library/Coffee Oasis 87 Sidney Ave, Port Orchard (1p-4p)	9 Salvation Army 832 6th St., Brem (9a-3p) Washington Youth Challenge Academy 1207 Carver St, Brem *Clients Only* (1p-3p)	10 Fishline 19705 Viking Ave NW, Poulsbo (9a-3p)	11
12	13 Kitsap Rescue Mission 4303 Kitsap Way, Brem *Residents Only* (1p-3p)	14	15 Kitsap Regional Library/Coffee Oasis 700 NE Lincoln Rd, Poulsbo (1p-4p)	16 Salvation Army 832 6th St., Brem (9a-3p) Washington Youth Challenge Academy 1207 Carver St, Brem *Clients Only* (1p-3p)	17 Community Lifeline 218 N 3rd St, Shelton (9a-12p) The Youth Connection 123 S 2nd St, Shelton (1p-3p)	18
19	20 Kitsap Rescue Mission 4303 Kitsap Way, Brem *Residents Only* (1p-3p)	21 The Summit at Bay Vista 4650 Bay Vista Blvd, Brem (1p-4p)	22 Kitsap Regional Library 1301 Sylvan Way, Brem (1p-4p)	23 Salvation Army 832 6th St., Brem (9a-3p) Washington Youth Challenge Academy 1207 Carver St, Brem *Clients Only* (1p-3p)	24 Eagles Wings Location Decided by Host *Residents Only* (10a-12p)	25
26	27 Holiday *All clinics & sites will be closed*	28	29	30 Salvation Army 832 6th St., Brem (9a-3p) Washington Youth Challenge Academy 1207 Carver St, Brem *Clients Only* (1p-3p) KCR Head Start 1201 Park Ave, Brem *Peds Only* (1p-4p)	31	
						



# PENINSULA COMMUNITY HEALTH SERVICES

## Mobile Dental Schedule: May 2024

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1	2	3 Kitsap Immigration Assistance Center (Dr. Grunow) 3627 Wheaton Way, Brem 9a-4:30p	4
5	6	7	8	9 Kitsap Immigration Assistance Center (Dr. Grunow) 3627 Wheaton Way, Brem 9a-4:30p	10	11
12	13 St. Vincent de Paul (Dr. Rencher) 1117 N Callow Ave, Brem 9:30a-3:30p	14 Kitsap Recovery Center (Dr. Vance) 661 Taylor St, Port Orchard 9a-4:30p	15	16	17	18
19	20 Kitsap Rescue Mission (Dr. Rencher) 832 6th St, Brem 98337 9:00a-4:30p	21 Salvation Army *Behind the building in the parking lot* (Dr. Rencher) 832 6th St, Bremerton 9a-4:30p	22	23	24	25
26	27 Holiday *All clinics & sites will be closed*	28	29	30	31	
						



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Dependency/Therapeutic Court  
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Veterans Assistance  
Richard Becker, Coordinator  
Phone: 360.337.4811

## Bremerton Substance Abuse Prevention Coalition

**Thursday, July 11, 2024**

1:00 p.m. - 2:30 p.m.

**(Workgroups: 12:00 - 1:00 & 2:30 - 3:00 p.m.)**

[Click here to JOIN the Meeting](#) virtually or in-person (address below)

Meeting ID: 699 110 4058

Call in: 1-253-215-8782

### AGENDA

#### **Welcome, Land Acknowledgment and Introductions**

- Community and Partner Updates
  - Events, Activities and Opportunities
    - News and Updates
  - News and updates, feedback and youth voice opportunity

#### **Prevention Education**

- Spotlight: Unpacking your prevention suitcase – planning for prevention in all sectors

#### **Prevention Efforts**

- Strategic Planning
- Leadership in Prevention
  - Building for our future
- Coalition events, activities
  - Volunteer opportunities
- Same mission new image
- Next Steps

#### **New Business**

**Next Meeting Dates: 8/9/24, 9/12/24 and 10/10/24. We welcome you to join face to face at 1300 Sylvan Way Ste 101 or virtually at the link found above.** Hope you can join us.

<https://www.kitsapgov.com/hs/Pages/PREVENTION-Landing.aspx>

**Our Mission is; to provide opportunities for youth to be in a safe and substance free environment while they move from surviving to thriving, coordinate and generate resources for youth, families, and the Bremerton community, develop a unified message to end substance abuse and communicate common values of respect and empower today's youth to be Bremerton's better tomorrow!**



# **Bremerton Substance Abuse Prevention Coalition**

**Thursday June 13, 2024**

## **ANNOUNCEMENTS:**

- Volunteer opportunities available. Please contact Deanne Jackson, [djackson@kitsap.gov](mailto:djackson@kitsap.gov) if you are interested.
- Rebranding efforts, final images have been selected and a soft launch in the community will begin right away.
- The votes are in. New leadership will be announced before the end of the month.
- Guiding Good Choices – virtual training will be offered by the coalition. Flyer will be sent out soon.
- PCHS – Clifton Clinic is up and running.

## **PARTNER HIGHLIGHTS:**

- In collaboration with KPHD and others, we will be holding our annual Youth Forum in October.
- Communities Mobilizing for Change on Alcohol – youth engagement and educational opportunity is scheduled for June 20.
- Positive Action – In full swing and will be wrapping up soon. Looking forward to the continuation of services in the next fiscal year. Currently looking for other sites to expand our reach.
- Guiding Good Choices facilitator training – Coming soon! Laura and Deanne will receive certification as program trainers. Addition Facilitator training will be made available soon. Details TBA
- BHS – SAP is wrapping up groups with students and will be working toward growing the prevention club in the next school year.

## **MOVING FORWARD – NEXT STEPS:**

- Future meetings will incorporate collaborative, content focused activities.
- With new opioid funding, we are requesting ideas providing resources/info to the public.

## **EVENTS:**

- Various professional and community trainings happening (watch email for more as they are announced)
- Parent/Youth Mediation Training – Dispute Resolution Center – June 28-29
- 2024 Region 10 Opioid Summit – July 25-26
- Guiding Good Choices – virtual training
- Volunteers needed, Coalition Reps – Kitsap County Fair – 3-hour slots
- Marketing materials needed – Juneteenth event
- Kitsap Pride – July 22
- Kitsap Youth Forum – Oct 15







## Department of Human Services

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Director

KITSAP COUNTY  
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Richard Becker, Coordinator  
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## Bremerton Substance Abuse Prevention Coalition

**Thursday, August 8, 2024**

1:00 p.m. - 2:30 p.m.

(Workgroups: 12:00 - 1:00 & 2:30 - 3:00 p.m.)

[Click here to JOIN the Meeting](#) virtually or in-person  
(address below)

Meeting ID: 699 110 4058

Call in: 1-253-215-8782

### **AGENDA**

- Welcome and Land Acknowledgment
- Ice Breaker and Introductions
  - News and Updates
  - Youth Voice Opportunity

### **Prevention Education**

- Spotlight: Prevention Project – Success in Progress

### **Prevention Efforts**

- What is our Role as a Coalition
- Coalition events, activities
  - Events, Activities and Opportunities
    - Volunteer Opportunities
- Action Items

### **New Business**

**Next Meeting Dates: 9/12/24, 10/10/24 and 11/14/24. We welcome you to join face to face at 1300 Sylvan Way Ste 101 or virtually at the link found above. Hope you can join us.**

<https://www.kitsapgov.com/hs/Pages/PREVENTION-Landing.aspx>

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## Bremerton Substance Abuse Prevention Coalition

Thursday, July 8, 2024

### ACTIVITY:

#### Unpacking Your Suitcase

- The group discussed in depth which of the actions they could commit to from their “suitcase” list (from the “What’s in your Suitcase” activity from the previous meeting).
- This list will be provided to the group via email.

### ANNOUNCEMENTS:

- Aura went over the approved action plan with the group. The plan includes Positive Action, Project Success, Guiding Good Choices, CMCA.
- Guiding Good Choices Facilitator Training will be offered in August. Kitsap County will be covering the cost of memberships and program manuals for our members that attend. The registration is free. Members will need to register for the training and then reach out to Deanne afterwards, to qualify for this opportunity. **\*\*\*Registration is now open; training is scheduled for August 12-16.**
- Rebranding efforts: the new logo images were shared with the group.
- Curtiss (the new Coalition Chair) is out but Deanne will arrange to meet with him soon.

### PARTNER HIGHLIGHTS:

- Guiding Good Choices – Deanne, Laura and Aura all completed the facilitator training and are holding their first series July 16<sup>th</sup> thru August 13<sup>th</sup>.

### MOVING FORWARD – NEXT STEPS:

- Building for our future; the group discussed increasing youth voices within the group.

### EVENTS:

- Guiding Good Choices Facilitator Training – August 12-16
- Kitsap Pride – July 20
- Region 10 Opioid Summit – July 26-26
- Recovery in the Park – September 9
- Kitsap’s 1<sup>st</sup> Suicide Awareness Walk and Resource Event – September 14
- Salish Behavioral Health Community Forum Monthly Meeting - July 30
- Kitsap County Fair (volunteers needed, contact Deanne!) – August 21-25
- Kitsap Youth Forum – October 15

# What's in Your Suitcase?

## What works?

- Communication
- Collaboration
- Information dissemination
- Universal messaging
- Trust and therapeutic rapport
- Person-centered care
- Community involvement
- Telehealth for youth/adult mental health
- Conversations with youth
- Networking locally
- Referral preparedness
- Empathy/understanding
- Culturally aware/sensitive
- Public awareness of agency
- Family buy-in



What of ideas, or others could YOU commit to?



BREMERTON

NORTH KITSAP

Substance Abuse Prevention Coalitions





BREMER TON

SUBSTANCE ABUSE PREVENTION COALITION





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Director

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## Bremerton Substance Abuse Prevention Coalition

**Thursday, September 12, 2024**

1:00 p.m. - 2:30 p.m.

(Workgroups: 12:00 - 1:00 & 2:30 - 3:00 p.m.)

[JOIN the Meeting](#) virtually or in-person (address below)

Meeting ID: 699 110 4058

Call in: 1-253-215-8782

### AGENDA

- Welcome and Land Acknowledgment
- Ice Breaker and Introductions (news and updates)
  - Youth Voice Opportunity

#### Prevention Education

- **Spotlight:** Kitsap Black Student Union youth in prevention efforts

#### Prevention Efforts

- Prevention Coalition – fostering community engagement
- Coalition events, activities and opportunities

#### New Business

- Coalition Action Items
- Member Action Items

**Next Meeting Dates:** 10/10/24, 11/14/24 and 12/12/24. **We welcome you to join face to face at 1300 Sylvan Way Ste 101 or virtually at the link found above.** Hope you can join us. <https://www.kitsapgov.com/hs/Pages/PREVENTION-Landing.aspx>

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## **Bremerton Substance Abuse Prevention Coalition**

**Thursday August 8, 2024**

### **ACTIVITY:**

#### Resource Assessment

- The group discussed and identified risk factors from the logic model and identified the two that the group could make the biggest impact on.
- The group then discussed a resource assessment and the goal of the activity.
- The group identified several local and current resources with contact info, within the community. This list will be turned into a working document and shared with the group.

### **ANNOUNCEMENTS:**

- Volunteers needed for the Kitsap County Fair.
- Deanne is starting a new Master Gardeners project at a local community agency, if interested, contact her directly.

### **PARTNER HIGHLIGHTS:**

- The group discussed xylazine aka "tranq" being seen within the community. Resources will be provided to Deanne who will send to the group.
- There will be a new SAP at Mountain View Middle School.
- The state is hosting a presentation for staff at the Bremerton CSO regarding fentanyl awareness.
- The Bremerton CSO has a bi-monthly meeting with agencies that provide resources, anyone welcome, reach out to Christina for more information.

### **MOVING FORWARD – NEXT STEPS:**

- Prepare to identify community resources that provide prevention related services or that would be a good partner to do so.

### **EVENTS:**

- CADCA; Clearing the Air: Steps to Going Smokefree – September 9
- Trauma Informed Care – September 24
- Department of Veterans Affairs – 4-day Tobacco Treatment Specialist Training Oct. 28/29 & Nov. 4/5 (registration closes Sept. 23)
- Salish Recovery Meeting – August 15
- Kitsap Suicide Awareness Walk and Resource Event – September 14
- Kitsap Providers Conference – November 15
- Kitsap County Fair (volunteers needed, contact Deanne!) – August 21-25
- Kitsap Block Party/Coffee Oasis – Aug. 23
- Kitsap Strong; Youth Leadership Cohort – Sept 24
- Youth Forum – Oct. 15



# Department of Human Services

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Director

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## Bremerton Substance Abuse Prevention Coalition

**Thursday, October 10, 2024**

1:00 p.m. - 2:30 p.m.

(Workgroups: 12:00 - 1:00 & 2:30 - 3:00 p.m.)

[Click here to JOIN the Meeting](#) virtually or in-person (address below)

Meeting ID: 699 110 4058

Call in: 1-253-215-8782

### AGENDA

- Welcome and Land Acknowledgment
- Ice Breaker and Introductions
  - Introduce your guest
  - Youth Voice Opportunity

#### Prevention Education

- **Spotlight:** Signal Report – what to watch for

#### Prevention Efforts

- Prevention Coalition
  - Campus Connections
  - Community Connections – puddle jumping
- Coalition events, activities and opportunities
  - What's next

#### New Business

- Coalition Action Items
- Member Action Items

**Next Meeting Dates:** 11/14/24, 12/12/24 and 1/9/25 **We welcome you to join face to face at 1300 Sylvan Way Ste 101 or virtually at the link found above.** Hope you can join us.

<https://www.kitsapgov.com/hs/Pages/PREVENTION-Landing.aspx>

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## **Bremerton Substance Abuse Prevention Coalition**

**Thursday September 12, 2024**

### **ANNOUNCEMENTS:**

- SAPs are just getting back to schools, nothing to report yet.
- Andrea is helping build relationships in the schools.
- Deanne is working on a partnership with Olympic College, Running Start program currently has high attendance rates so we could reach those youth at the college level.
- Jewel and the Kitsap Black Student Union (KBSU) youth are working on creating a Youth Council, in early stages, more to come.
- Christina shared about the Bremerton CSO LPA (Local Partnership Association) quarterly meetings; all are welcome! Virtual or in person options. She shared that they have one on September 20<sup>th</sup> where they will have partners such as The Real Team, Kitsap Public Health Department, Deanne, etc. This coming meeting will bring perspectives around fentanyl and resource sharing.

### **PARTNER HIGHLIGHTS:**

- KBSU presentation on the Communities Mobilizing for Change on Alcohol (CMCA) program that they took part in recently with their "Life is Better Sober" students. It went great and the students learned a lot and made a positive impact within their communities.
- Nathan reported that KPHD is currently reaching out to organizations to get youth for focus groups regarding vaping, nicotine and cannabis. Students participating will receive a \$25 Starbucks gift card. He will share the flyer.

### **MOVING FORWARD – NEXT STEPS:**

- The group discussed a goal to add 25 new members by the end of June 2024. All members are asked to bring one new person with them to the next meeting.
- Deanne will be reaching out to members to update contact info and member statuses.

### **EVENTS:**

- Kitsap Suicide Awareness Walk and Resource Event – September 14
- Kitsap Strong Trauma Informed Care – September 24
- Tipping the Pain Scale – September 20
- PSE Bremerton Energy Equity Forum – September 21
- Youth & Law Forum – October 5
- 2024 Prevention Summit – October 30/31
- Resiliency Summit – October 4
- Youth Forum – October 15
- Opioid Response – 10/24
- Red Ribbon Week – 10/23-31
- Human Rights Youth Rally – 3/25



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## Bremerton Substance Abuse Prevention Coalition

**Thursday, November 14, 2024**

1:00 p.m. - 2:30 p.m.

(Workgroups: 12:00 - 1:00 & 2:30 - 3:00 p.m.)

[Click here to JOIN the Meeting](#) virtually or in-person (address below)

Meeting ID: 699 110 4058

Call in: 1-253-215-8782

### AGENDA

- Welcome and Land Acknowledgment
- Ice Breaker and Introductions
  - Youth Voice Opportunity

#### Prevention Education

- **Spotlight:** Continuum of care – Recovery supports and promotion

#### Prevention Efforts

- Prevention Coalition
  - Preparing for 2025
    - Events, activities and strategic planning
  - Campus Connections - updates
  - Community Connections – community events and activity planning
- Coalition events, activities and opportunities
  - What's up next – mark your calendar
  - Volunteer call to action

#### New Business

- Coalition Action Items
- Member Action Items

**Next Meeting Dates:** 12/12/24, 1/9/25 and 2/13/25 **We welcome you to join face to face at 1300 Sylvan Way Ste 101 or virtually at the link found above.** Hope you can join us.

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## **Bremerton Substance Abuse Prevention Coalition**

**Thursday October 10, 2024**

### **ANNOUNCEMENTS:**

- Maddy is working with groups and classroom prevention education. Kids are anxious to meet with her. She will continue to spend time in the alternative school.
- BHS will be participating in having Red Ribbon Week activities to build awareness and educate students. Prevention (Red Ribbon Week) give away items have been provided by the coalition.
- Community Connections event will be coming in February. More details TBD and workgroup will be forming soon. Please consider joining the planning for this event.
- Coalition Assessment 'Tools' out. As part of our contractual requirements, we will be gathering information to improve coalition efforts.

### **PARTNER HIGHLIGHTS:**

- We will be beginning efforts to create 'Quick Start Cards' to help provide prevention tools for parents/caregivers and more.
- Deanne will be meeting with Olympic College regarding the potential startup of an SAP Coalition on campus. She is also working on partnering with OC to host internship/work-study students at the County. She will also be meeting with Dr. Jason Kilmer with WSU soon, more to come.
- Leadership is working on a "community connections meeting" in late February, it will be in-person only and will include trainings and networking. More to come.
- Deanne shared that the Coalition had representation at the following events: Discover Kingston, Suicide Awareness Walk/Event Fair, Trauma Informed Care, Tipping the Pain Scale, Youth and Law Forum, Resiliency Summit, and more!
- Dr. Kelly Olson with Millenium Health presented on Carfentanil, an extremely potent opioid analgesic used in veterinary medicine (10,000 times more potent than morphine. This drug was last seen in 2014-2016 but tapered off during the beginning of Covid-19. However, around 2019 it started popping back up again slightly and increased even more from July 2023 to June 2024 with Washington State leading in positive tests. They are currently working towards gathering data on youth and per ethnicity. Nitazine is a synthetic opioid, high potency and easily fatal. Test strips for Nitazine are available but not always accurate. "Grey death" is a mix of 3 high potency opioids.
- Naomi with Kitsap Public Health District presented on the resource network guide she has been working on. She shared slides showing the many organizations that have contributed and how each organization is connected.

### **MOVING FORWARD – NEXT STEPS:**

- The group discussed the creation of a "prevention handbook/guide"
- Deanne will continue to reach out to members to update contact info and member statuses.

### **EVENTS:**

- Veterans Affairs Tobacco Free – October 28/29 & November 4/5
- 2024 Prevention Summit – October 30/31
- Kitsap Youth Rally – March 25, 2025
- Crabtree Kitchen Drug trends event – Oct. 24
- Kitsap Youth Rally – March 25
- STEM Spooktacular – October 23
- Opioid Response Network Meeting – October 24
- National Prescription Take Back Day – October 26



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1/10<sup>th</sup> Affordable Housing  
Joel Warren, Coordinator  
Email: jwarren@kitsap.gov

Pretrial Services  
William Basler, Program  
Specialist  
Phone: 360.337.4457

Substance Abuse Prevention/  
Treatment and Youth Services  
Laura Hyde, Coordinator  
Phone: 360.337.4879  
Substance Abuse Prevention  
Deanne Jackson, Prevention  
Coalition Coordinator  
Phone: 360.337.4878

Aging & Long-Term  
Care/Senior Information &  
Assistance  
Givens Community Center  
1026 Sidney Avenue, Suite 105  
614 Division Street, MS-5  
Port Orchard, WA 98366  
Phone: 360.337.5700  
1.800.562.6418  
Fax: 360.337.5746  
Stacey Smith, Administrator  
Phone: 360.337.5624

Community Development  
Block Grant  
Norm Dicks Government  
Center  
345 6<sup>th</sup> Street, Suite 400  
Bremerton, WA 98337  
Fax: 360.337.4609  
Bonnie Tufts, Coordinator  
Phone: 360.337.4606

Housing and Homelessness  
Carl Borg, Program Manager  
Phone: 360.337.7286

Kitsap Recovery Center  
Outpatient Services:  
1026 Sidney Road  
Port Orchard, WA 98366  
Inpatient and Detox Services:  
661 Taylor Street  
Port Orchard, WA 98366  
Fax: 360.377.7027  
Keith Winfield, Clinical  
Manager  
Phone: 360.337.5640

Workforce Development  
3120 NW Randall Way  
Silverdale, WA 98383  
William Dowling, Acting  
Director  
Phone: 253.370.1136.

Veterans Assistance  
Richard Becker, Coordinator  
Phone: 360.337.4811

## Bremerton Substance Abuse Prevention Coalition

**Thursday, December 12, 2024**

1:00 p.m. - 2:30 p.m.

(Workgroups: 12:00 - 1:00 & 2:30 - 3:00 p.m.)

[Click here to JOIN the Meeting](#) virtually or in-person  
(address below)

Meeting ID: 699 110 4058

Call in: 1-253-215-8782

### AGENDA

- Welcome and Land Acknowledgment
  - Ice Breaker and Introductions
    - Youth Voice Opportunity
- Coalition and Community updates
  - Mark your Calendars

### Prevention Education

- **Spotlight:** Preparing for Change
  - Focus items for 2025
  - Engagement – upcoming activities and opportunities
  - Name it

### Prevention Efforts

- Prevention Coalition 2025
  - Needs

### New Business

- Action Items
- Reminders

**Next Meeting Dates: 1/9/25, 2/13/25 and 3/13/25 We welcome you to join face to face at 1300 Sylvan Way Ste 101 or virtually at the link found above.** Hope you can join us.

<https://www.kitsapgov.com/hs/Pages/PREVENTION-Landing.aspx>

**Our Mission; to provide opportunities for youth to be in a safe and substance free environment while they move from surviving to thriving, coordinate and generate resources for youth, families, and the Bremerton community, develop a unified message to end substance abuse and communicate common values of respect and empower today's youth to be Bremerton's better tomorrow!**





## **Bremerton Substance Abuse Prevention Coalition**

**Thursday, November 14, 2024**

### **ANNOUNCEMENTS:**

- We have been informed that BHS will have a new SAP starting soon.
- Community Connections event will be coming in February. More details TBD and workgroup will be forming soon. Please consider joining the planning for this event.
- December meeting will be an opportunity to join the conversation re. planning for change, 2025
- YCCTP mini grants available – due 12/11/24
- Coalition Assessments are in. Results will be discussed as we plan for 2025.

### **PARTNER HIGHLIGHTS:**

- We will be beginning efforts to create ‘Quick Start Cards’ to help provide prevention tools for parents/caregivers and more.
- Deanne met Olympic College regarding the potential startup of a Substance use Prevention Coalition on campus. She is also working with OC to host internship/work-study students at the County. Dr. Jason Kilmer has agreed to be available for support and resources.
- Continued efforts on a “community connections meeting” in late February, it will be in-person only and will include trainings and networking. Working on confirmation of location and date. We will be seeking volunteers to collaborate to make this event happen.
- Our Coalition has made a focused effort to identify a few prosocial events and activities in the community to help support community and family engagement, especially over the holiday season. This is a strategic effort based on the growing need of mental health support and suicide prevention in this time of year.
- WA. Prevention Summit was a huge success. Several of our partners/members were able to attend. We look forward to raising those numbers next year!

### **MOVING FORWARD – NEXT STEPS:**

- The group discussed the creation of quick start cards. More information will go out via email for coalition input to help move the efforts forward.

### **EVENTS:**

- Kitsap Youth Rally – March 25
- Holiday & gift fair – Nov. 22-24 @ Kitsap Fairgrounds
- Coffee Oasis Night of Thankfulness – Nov. 22, 5pm, all Kitsap locations
- Model Train Display – Kitsap Mall – Nov. 30, 12-4pm
- Bremerton Jingle fest – Nov. 17, 10am-4pm
- Holiday Potluck – Dec. 14/15 (3670 Chico Way NW Bremerton)
- Dinner and a Movie – tickets available – (film on forgiveness) meet at 5pm @ The Treehouse, BI
- Recovery Advocacy Day – 2/6/25 – More details coming soon
- Great American Smoke Out – Nov. 21
- Fall in Fashion – 11/16/24 12-4pm @ Marvin Williams Center (tickets \$7 each)