

Treatment



Group Members

- Penny Carol Hillaire – Team Leader
- Sherry Mulholland
- Holly Echo-Hawk
- Wendy Cagey
- Lauralee Solomon
- Sam Cagey

Treatment: Goals



- Suboxone Clinic: Increased clientele
- Align Resources: Align all workers
- Medical Detox
- Transitional Housing
- Inpatient Treatment Center
- Healing Center Campus

TRANSITION

Tara Olsen, Jay Julius, Charene Alexander, Cristie James, Rita Jefferson



Goal 1 Action steps/Timeline/Cost

1) Break the barriers of sobriety:

Barrier #1 is employment (past legal issues)

- Create Employment through essential landscaping
- Timeline: Now!
- 30k for four months of employment
- Gateway janitorial and landscaping
- Wood cutting- Cut, split, deliver and stack

Goal 1 Progress

- We've selected essential landscaping for the employer of 5-8 active care patients. Essential Landscaping provides all equipment, transportation and is able to be flexible for daily and weekly care appointments and meetings
- This has been a success for the care patients, essential landscaping and the Tribe. Jobs completed to date: Walk way to Silver Reef, Firework Stands and numerous small projects around the Tribal office
- The wood cutting job program is in the works as we speak. We plan to have the program up and running in the next 2 weeks.

Goal 2 Action steps/Timeline/Cost

1) Success/Recovery Coaches

- Identify individuals in recovery who have the desire and potential to become recovery coaches
- Work with dislocated fishers to fund schooling for these individuals (\$1200.00-\$2000.00)

Goal 2 Progress

- Dislocated fishers department has verbally approved a course like this for tribal members
- We have to identify the potential coaches and then they have to fill out the application at dislocated fishers

Goal 3 Action steps/Timeline/Cost

- Transitional Houses
- Identified local and out of town potential facilities

Cost

Arlington home is: \$8,000 a month rent option

\$15,000 a month turn key operation (Transportation, meds, 24/7 manager, landscaping etc.)

\$1.1 million purchase

Lake Samish Home: \$7,500.00 a month lease

Triple net

Lease only and needs some work

Another idea we came up with is an out of town operation that can house 40-80 patients. We thought an older style motel with multiple units would be a perfect fit. Identified one in Oceanside Wa. for \$186,000

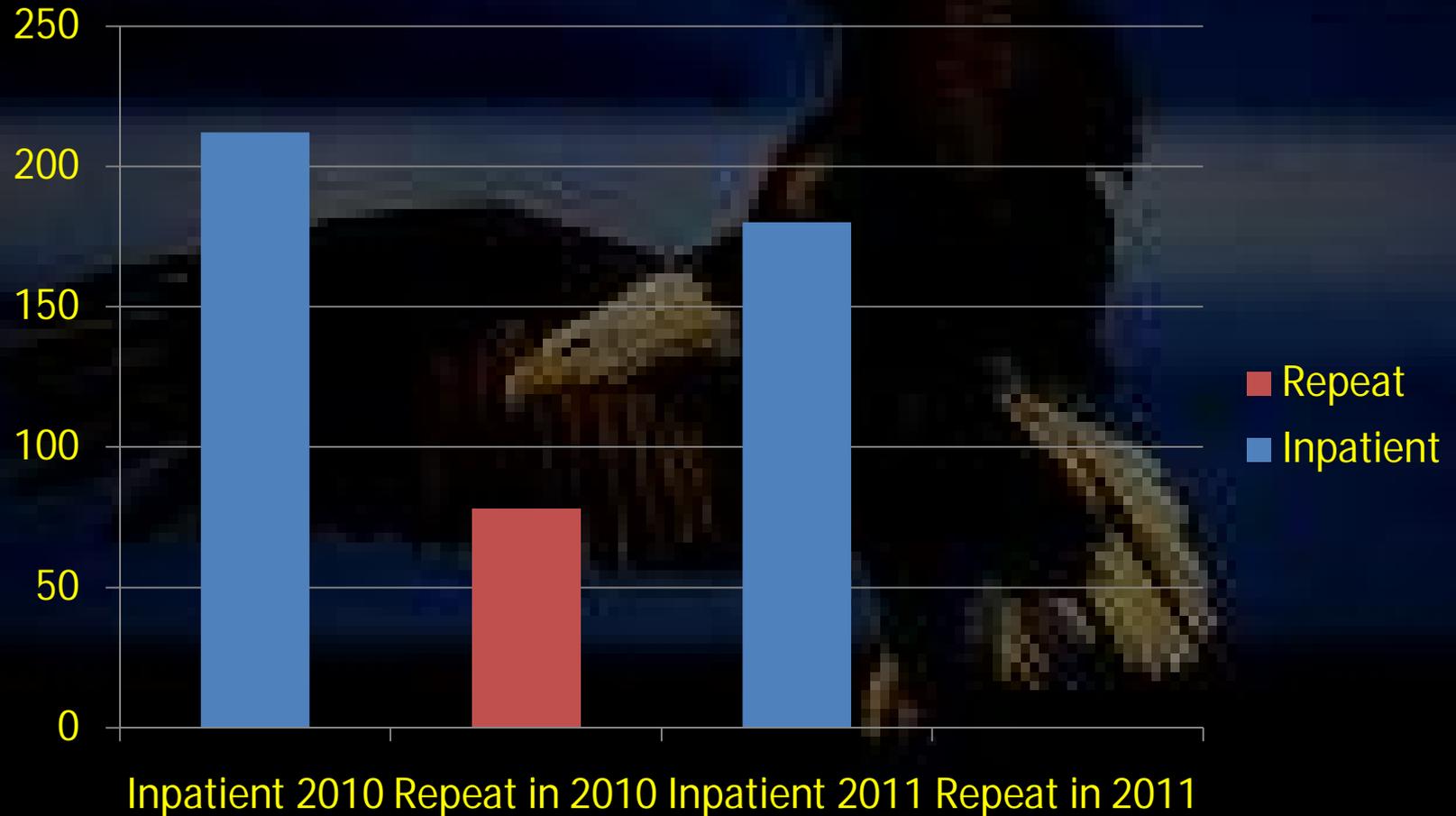
Goal 3 Progress (Lake Samish home on 5 acres w/ 10 acre option)



Goal 3 Progress (Arlington home on 5 acres ready for move-in)



Inpatient Treatment



Why Transitional Housing?

- In 2010 there were 212 clients from Lummi that went to inpatient treatment. Of those 212 individuals, more than 37% (80) of them were repeats in 2010
- In 2011 we have sent 147 Lummi tribal members to inpatient treatment.
- In the last year, more than a dozen Lummi tribal members have fallen victim to the enemy, DRUGS and ALCOHOL.

Transition

Tara Olsen, Jay Julius, Charene Alexander, Christie James, Rita Jefferson



Prevention

Group Members

- Darrell Hillaire – Team leader
- Ron Tso
- Jessie Deardorff
- Dr. Bill Freeman
- Carmen Fitzgibbon
- Rena Priest
- Barbara Juarez
- Steven Toby

Prevention: Goals

1. Development of a Youth Wellness Center
2. Establish a Declaration of: Lummi Tribal Youth Day
3. Establish Tribal Youth Activities Plan

Community

Group Members

Juanita Jefferson

Victoria Caswell

Sharon Wolf

Simon James

Community Goals

- Recovery House
- Community Mobilization
- Community Action Plan
- Volunteers- "Guardian Angels"

Drug Task Force

Group Members

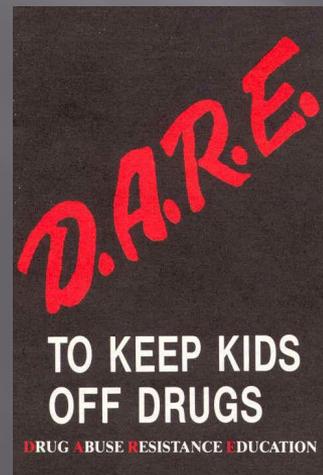
- ▣ Ron Tso – Team Leader
- ▣ Ralph Long
- ▣ Ralph Jefferson
- ▣ Juanita Jefferson

Drug Task Force: Goals

- ▣ Hire Drug Intervention Team
- ▣ Community outreach-awareness
- ▣ Introduce new educational methods
- ▣ Activate tip email, Text messaging

Drug Intervention Team

- ▣ transfer current Officer onto team
- ▣ transfer another Officer after first Officer replaced.
- ▣ * Officers will be full time Drug Patrol Officers



Community Outreach/Awareness

WHAT NEEDS TO BE
DONE?

DO YOU KNOW WHAT
DRUGS LOOK LIKE



Heroin

Heroin DRUG FACTS



- your general health
- your past experience with heroin
- whether you use heroin on its own or with other drugs
- whether you use alone or with others, at home or at a party, etc.

Immediate effects

The effects of heroin may last up to a few hours which can:

- make you feel really good
- make physical pain disappear
- make you feel nauseous or vomit
- make the pupils in your eyes get smaller (pinpoint pupils)
- make your breathing become shallow
- cause constipation — when it is difficult to defecate (shit)
- make you feel sleepy (on the nod).



What is heroin?

Heroin is a drug that comes from the opium poppy. It is one of a group of very strong pain-killing drugs called narcotic analgesics or opioids.

Opioid drugs include opium, morphine and codeine. There are other human-made opioid drugs, such as pethidine and methadone. These drugs can all be used legally, for medical reasons, but heroin is not legal.

Heroin (also called smack, skag, hammer, H, or horse) is in the class of drugs called depressants, because it slows down the brain and the central nervous system.

How is heroin used?

Heroin usually comes in powder form. It can be different colours depending on how refined it is — white powder is usually more refined than brown or pink rocks, a lumpy powder.

Heroin is usually injected, smoked or snorted. It is absorbed into the blood and acts on the brain very quickly.

People who sell heroin often mix or 'cut' the powder with other things that look the same, to make the drug go further. Some mixed-in substances may have unpleasant or harmful effects. It is difficult to tell what is actually in the drug.

Effects of heroin

What heroin does to you depends on:

- how much you take
- how pure the heroin is
- your height and weight



Educational Methods

Heroin



- get skin abscesses (sores with pus)
- find it difficult to get pregnant (women)
- find it difficult to get an erection (men)
- get pneumonia — a serious lung disease
- have heart and lung problems
- get tetanus — a disease caused by infection through the places on your body where you inject.

The way a person uses heroin can also cause some problems:

- Street heroin is usually mixed with other things, therefore, it is hard to know how strong the heroin is. This can lead to accidental overdose or death.
- Injecting heroin with used or dirty injecting equipment makes you more likely to get infected with HIV, hepatitis B or C, and get blood poisoning (septicaemia) and skin abscesses.
- So that you don't get these problems, DO NOT SHARE fits (needles and syringes), spoons, water, filters, alcohol swabs or tourniquets.



Overdose

Overdose of heroin (chopping) is very common and can happen to anyone. Even small amounts of heroin may cause some people to overdose — for example, new users or those who started using again. This can happen after even a short time of not using.

- When a person overdoses, they may have:
- very slow breathing, or snore
 - cold skin and low body temperature
 - slow heartbeat

If someone overdoses, other people with them should:

- phone 000 to get an ambulance and tell the operator that the person has overdosed (the police will not come unless the person dies or becomes violent)
- try to keep the person awake — walk them around, talk to them, use their name
- if the person is unconscious, put them on their side, in the recovery position
- stay with the person
- try not to panic
- check their breathing, clear their airway
- do mouth-to-mouth resuscitation if they stop breathing
- if the person is on the nod and looks like they may overdose, put them on the floor, on their side.

Do NOT:

- inject the person with anything — salt, milk or speed don't work against the heroin and can cause more harm
- put them under the shower
- put anything in their mouth so it can cause choking and stop them from breathing. Even if someone fits (has a seizure or convulsions), the best thing to do is move things from around them, so they don't hurt themselves.

Preventing overdose

To help prevent overdose:

- don't use heroin alone
- don't use heroin at the same time as alcohol, tranquillisers or other drugs
- if buying heroin from a new dealer, try a small amount first to test how strong the heroin is
- be aware of how tolerance can affect you (see on page 3).

Heroin



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als because
even die.

Pregnancy and heroin

People who are dependent on heroin find it very hard to stop using or cut down because of withdrawal symptoms. These can begin to occur only a few hours after last using heroin.

Symptoms include:

- feeling restless
- yawning
- a runny nose
- crying
- diarrhoea
- low blood pressure
- goosebumps
- stomach and leg cramps
- wanting heroin very badly (cravings).

Babies can also have problems after they are born. It is important to get help from health staff on how to care for your baby. New babies of heroin-dependent mothers are more likely to:

- lose the baby during pregnancy, have the baby too early or have the baby born dead
- pass infections such as HIV, hepatitis B or C or blood poisoning on to the baby
- have health and social problems during pregnancy and childbirth.

Mixing heroin with other drugs

You are more likely to overdose if you use heroin at the same time as other drugs, especially alcohol or minor tranquillisers. Mixing other drugs with heroin can also cause other physical and mental problems.

Tolerance and dependence

Anyone can develop a tolerance to heroin or other drugs. Tolerance means that you must take more of the drug to feel the same effects you used to have with smaller amounts.

Dependence on heroin means that it takes up a lot of your thoughts, emotions and activities. You spend a lot of time thinking about using heroin, looking for heroin, using it and getting over the effects of using it. You also find it difficult to stop using or control how much you use.

Dependence can lead to a variety of health, moral, legal, work and relationship problems. Not all people who try heroin become dependent. Dependence happens gradually with ongoing use.

Withdrawal

People who are dependent on heroin find it very hard to stop using or cut down because of withdrawal symptoms. These can begin to occur only a few hours after last using heroin.

Symptoms include:

- feeling restless
- yawning
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- goosebumps
- stomach and leg cramps
- wanting heroin very badly (cravings).



Heroin and the law

Using heroin is illegal. If you use, sell or give heroin to someone else and get caught, you could face substantial fines and penalties including a prison sentence. Many overseas countries (eg Malaysia, Singapore, Thailand) have much harsher penalties — including the death penalty — for people who break their drug laws.

If you are convicted on a drug charge you then have a criminal record. This can cause many other problems such as trouble getting a job, a credit card, or a visa to travel overseas.

It is illegal to drive under the influence of drugs, including heroin. Penalties include losing your licence, a fine and/or jail.

Heroin and driving

Heroin makes it more difficult to drive safely, especially when it is taken with alcohol. It is illegal to drive under the influence of drugs, including heroin. If you break this law you could lose your licence for a set time, or be fined or sent to prison.

Since January 2007, police have been conducting random roadside drug testing and can give any driver a roadside oral drug test. If you test positive you won't be charged immediately but you will be prohibited from driving for 24 hours. The sample is sent to a laboratory and if it tests positive to heroin or other drugs, you will be charged to appear in court.

Heroin



CONTACTS

Even where random roadside drug testing is not being carried out, if a police officer suspects you have used drugs you could be arrested and taken to a hospital for a blood and urine test. The samples will be sent to a laboratory and if they test positive to heroin or any other drug (including prescribed drugs), NSW Police will determine whether your driving would have been impaired by your drug use. You will then be charged accordingly.

Anyone under the influence of heroin who kills or injures another person while driving a motor vehicle, can be sentenced to a term in prison.

Information and advice

24 hour confidential telephone counseling service

NSW
Alcohol and Drug Information Service (ADIS)
Tel: (02) 9361 8000
*Tel free: 1800 422 599

Victoria
Direct Line
Tel: (03) 9416 1818
*Tel free: 1800 888 236

Western Australia
Alcohol and Drug Information Service (ADIS)
Tel: (08) 9442 5000
*Tel free: 1800 198 024

Queensland
Alcohol and Drug Information Service (ADIS)
Tel: (07) 3873 5989
*Tel free: 1800 177 833

South Australia
Alcohol and Drug Information Service (ADIS)
Tel: (08) 3363 8618
*Tel free: 1300 131 340

Northern Territory
Amity Community Service
Tel: (08) 8944 6565
*Tel free: 1800 684 372

Alcohol and Drug Information Service (ADIS)
*Tel free: 1800 131 350



Tasmania
Alcohol and Drug Information Service
Tel: (03) 9416 1818
*Tel free: 1800 888 236

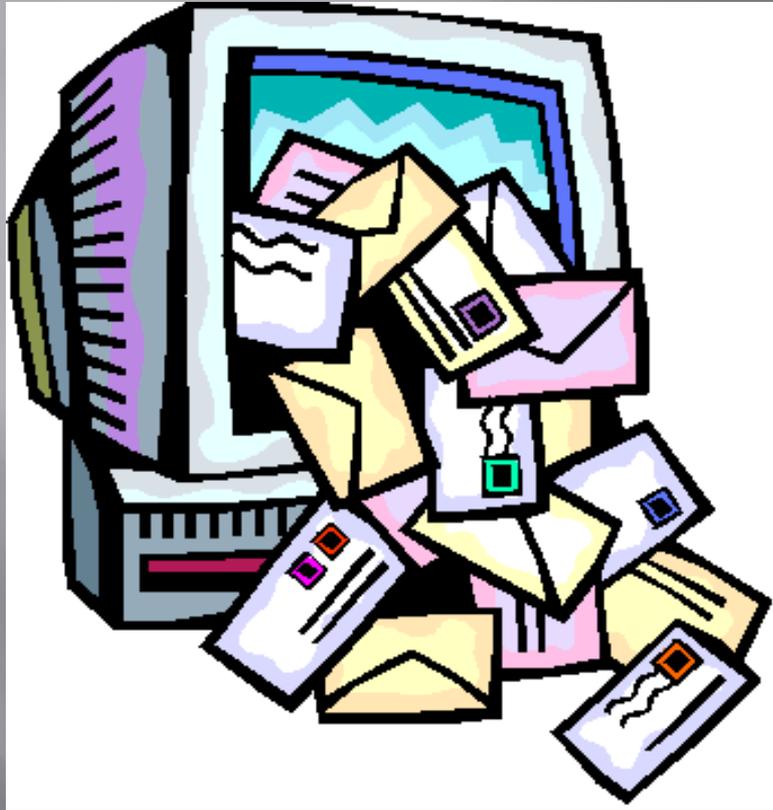
ACT
Alcohol and Drug Program
Tel: (02) 6207 9977
* Tel free numbers are only available if you are calling from within that state.

You will find a copy of this sheet at www.communitybuilders.nsw.gov.au/drug_action/fact sheets_index.html

Further copies are available from the Better Health Centre
Tel: (02) 9816 6452 TTY: (02) 9391 9900

Other publications in this series include Alcohol, Marijuana, Cocaine, Benzodiazepines, Ecstasy, Hallucinogens and Speed.
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Email and Text Messaging





LUMMI NATION DRUG TIP HOTLINE

360-384-2256

LUMMI NATION POLICE
DEPARTMENT

LENGESOT-CHO >
"PROTECTING OUR COMMUNITY"

ALL CALLS WILL REMAIN
ANONYMOUS



Safe House

Group Members

- Jessie Deardorff – Team Leader
 - Steven Toby
 - Barbara Juarez
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Safe House: Goals

- Build a safe place beginning with recovery
- Plan for after hour care; Social Services for residents
- A place for transition of recovering clients
- A plan for reunification for families
- A plan for reunification ceremony

Restorative Justice

Group Members

- Ralph Jefferson – Team Leader
- Karen Banach
- Timmi Keeler-Wegleg
- Shasta Cano-Martin

Restorative Justice: Goals

- ◉ Seek funding for Court Liaison Assistance Program
- ◉ Expungement Code
- ◉ FaCILITATE Forum for Seeking Forgiveness
- ◉ Incarcerated Lummi Members

Evaluation & Research

Group Members

- Victoria Caswell – Team Leader
- Dr. Bill Freeman
- Delfred Jefferson
- Ralph Jefferson
- Rita Jefferson
- Barbara Juarez
- Loretta Olsen

Evaluation & Research: Goals

- Gather current research
- Establish a data evaluation team with staff from the programs and services in Lummi
- Create statistical data for community and LIBC