

Central Washington Fentanyl Task Force Report

October 2024

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Introduction

Fentanyl poses a substantial threat to all Americans. The crisis costs all taxpayers upwards of \$1.5 trillion annually, which is nearly two times the total value of goods and services produced in the entire State of Washington each year. Even more concerning than the economic costs placed on our society, is the impact on our daily lives and livelihoods. It is devastating families across our nation and killing Americans from all walks of life. Fentanyl is one of the leading causes of death for Americans between the ages of 18 and 45, with more than 110,000 men, women, and children losing their lives to drug overdose in 2023—more than 300 every single day of the year.¹

Ninety-seven percent of fentanyl, fentanyl-related substances, and their precursors derive from China and chemical companies supported by the Chinese Communist Party. The Chinese Communist Party actively subsidizes, awards, and invests in these chemical companies while failing to prosecute them, enforce their own laws, and cooperate with United States law enforcement and those of our allies. Essentially, China is conducting forms of legal and illegal statecraft to unleash all-out drug warfare in a non-covert effort to weaken their opponents and overthrow the democratic system.²

These precursors are processed and distributed by transnational criminal organizations, primarily the Sinaloa and New Generation Jalisco cartels in Mexico, through our unsecured borders, the international mail, and express consignment operations. The largest percentage of illicit material goes through the Southern Border via California, Arizona, New Mexico, and Texas, and is primarily distributed to operations near Phoenix, Los Angeles, Denver, and Chicago. Additional illicit narcotics enter through the Northern Border with Canada, spanning 5,525 miles, 13 states, and including 91 miles in the Fourth Congressional District.³

More than 90 percent of interdicted fentanyl is stopped at U.S. Ports of Entry where cartels smuggle it in vehicles primarily driven by U.S. citizens.⁴ Seizures of fentanyl-related substances sourced from China average less than one kilogram in weight, and often test above 90 percent concentration of pure fentanyl; meanwhile, fentanyl-related substances from Mexico often comes in high-volume loads with less than a 10 percent concentration of fentanyl.⁵

Since 2019, an unprecedented amount of fentanyl and fentanyl precursors have been seized by U.S. Customs and Border Protection (CBP), Homeland Security Investigations (HSI), and Department of Justice (DOJ) officials. In 2023 alone, these officials seized 101,493 pounds of fentanyl and 137,500 pounds of precursors, and the drastic increase of supply has dropped the cost of fentanyl. In 2022, the median price of fentanyl per dosage unit in the Northwest High

¹ The Select Committee on the Strategic Competition Between the United States and the Chinese Communist Party. The CCP's Role in the Fentanyl Crisis. Released April 16, 2024.

² Ibid.

³ Department of Justice. Drug Enforcement Administration. National Drug Threat Assessment 2024. May 2024.

⁴ Department of Homeland Security. Fact Sheet: DHS Shows Results in the Fight to Dismantle Cartels and Stop Fentanyl from Entering the U.S. July 31, 2024.

⁵ Drug Enforcement Administration Intelligence Report. Fentanyl Flow to the United States. DEA-DCT-DIR-008-20. January 2020.

Intensity Drug Trafficking (HIDTA) counties, which includes Yakima, Benton, Franklin and Grant, was \$6.00 and has since dropped to \$2.20 in 2023. In 2024, it is now roughly \$1 for a pill of fentanyl. Unfortunately, due to these unprecedented circumstances, enough fentanyl was seized by U.S. Government officials in 2023 to kill every American 66 times.⁶

As the price of fentanyl has dropped, there has been a spike in fentanyl detected in mixtures containing cocaine, heroin, and a variety of other drugs, including fake prescription pills.

Fentanyl has been described as an indiscriminate killer and some of the most vulnerable Americans, like those with a co-occurring mental health disorder, are the first unwitting victims of the fentanyl epidemic. Though people may have both a substance use disorder and mental health disorder, that does not mean one caused the other; however, studies have indicated there are common risk factors and physiological changes that may cause one to lead to the other.

The fentanyl, mental health, and substance use disorder crisis is a multifaceted problem that requires all members of the community, both in the public and private sectors, to bring together their expertise, perspectives, and efforts to execute tangible and attainable solutions. The Central Washington Fentanyl Task Force was formed to bring together all voices of the community to discuss the complex problem of the fentanyl crisis and identify and implement attainable solutions.

Meeting on a quarterly basis, the Task Force identified four categories to assess the problem and execute solutions: data, funding, policy, and education, at the federal, state, tribal and local levels. In each meeting, the Task Force compiled datasets to assess current trends of the crisis, mapped out funding mechanisms and resources available, discussed current laws and available programs, both for enforcement as well as prevention and treatment services, and finally, contributed to the all-hands-on-deck education campaign in Central Washington to combat this crisis. This report reflects the Task Force's collective efforts, recommendations, and conclusions.

⁶ National Drug Control Strategy. The White House. Executive Office of the President. Office of National Drug Control Policy. May 2024. See page 96, Appendix C.

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Dear Neighbors,

The fentanyl, mental health, and substance use disorder crisis has taken the lives and livelihoods of too many Americans. In 2023, more than 110,000 Americans died from overdose, largely due to the skyrocketing rate of fentanyl, which is nearly twice as many Americans lost in the entire Vietnam War. Of those lives lost, more than 3,500 were fellow Washingtonians and in the Fourth Congressional District alone, more than 228 were taken from us. These illicit drugs are poisoning our children, wreaking havoc in our neighborhoods, and negatively impacting future generations.

On May 24, 2023, I launched the Central Washington Fentanyl Task Force, a vital initiative aimed at combatting the fentanyl, mental health, and substance use disorder crisis plaguing communities across the Fourth Congressional District. Task Force members include elected officials, tribal leaders, law enforcement officers, members of the court system, school resource officers and educators, medical and mental health professionals, community leaders, and those directly impacted by the crisis itself. The Task Force brought together the largest number of perspectives and experiences in our community to speak with one voice because addressing this crisis must be a priority for all Americans.

Since the Task Force was created, the predicted national overdose rate has decreased by roughly 12.7%. This is the largest recorded reduction in national overdose deaths, and the sixth consecutive month of reported decreases in predicted 12-month total numbers of drug overdose deaths. In Washington State, the predicted overdose rates have plateaued since roughly November 2023, and a study created specifically for the Task Force revealed that the rate of fentanyl found in drug treatment urinalyses remains approximately ten percent lower in our Congressional District compared to the rest of Washington.

While these favorable trends may not derive from the Task Force itself, it is the collective effort of the Task Force members and all Americans who are engaged in the fight to save lives and address the mental health, substance use disorder, and fentanyl crisis. Thank you for engaging in the fight to save lives. I look forward to continuing to work with you on this important issue.

Sincerely,

A handwritten signature in blue ink that reads "Dan Newhouse".

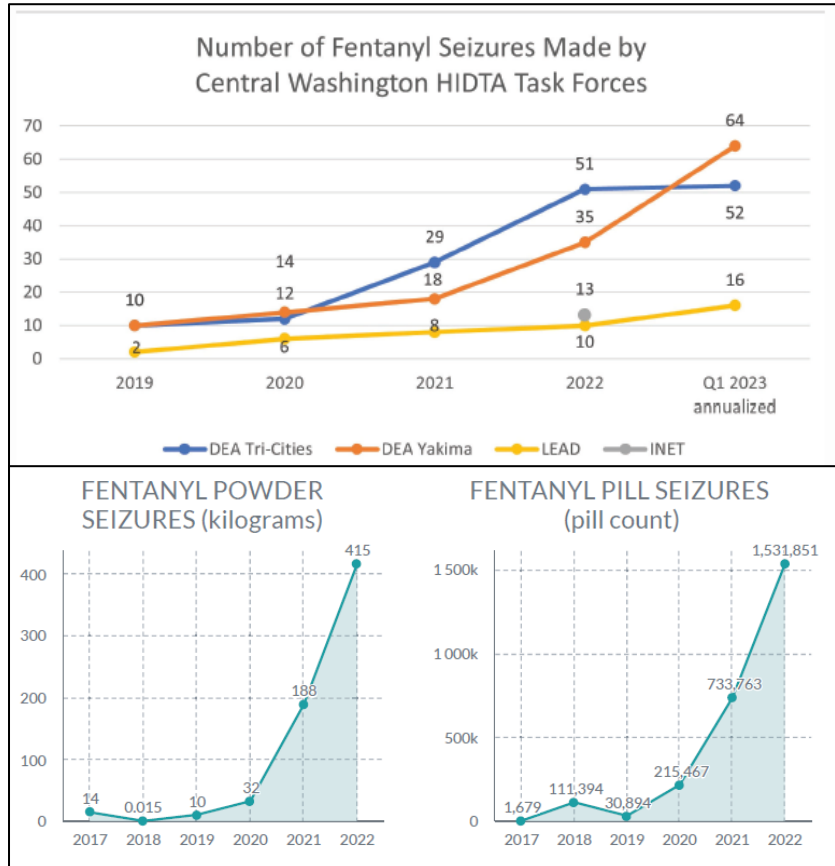
Member of Congress

Data

At the federal, state, tribal and local levels, eight datasets were identified by the Task Force as critical in defining trends of the crisis. These include the following:

Seizure of Illicit Drugs and Border Encounters

- In 2023 alone, CBP, HSI, and DOJ officials seized 101,493 pounds of fentanyl and 137,500 pounds of precursors. Considering a lethal dose of fentanyl is two milligrams, that is enough fentanyl to kill every American citizen more than 66 times not including the precursors.⁷
- In addition, during 2023, the United States Postal Inspection Service seized over 4,215 pounds of fentanyl, reported 2,001 arrests involving drug trafficking in the U.S. Mail and seized 95,537 pounds of illegal narcotics and over \$17 million in illicit proceeds.⁸
- From April 2023 to April 2024, Northwest HIDTA, which includes the counties of Yakima, Benton, Franklin and Grant, and HSI HIDTA Task Force, led several investigations, in the greater Seattle area. The task force seized over 300,000 dosage units and nearly 110 pounds of fentanyl, in addition to over 100 pounds of other illicit drugs and firearms. These operations resulted in the arrest of over 90 individuals including those with convictions for murder, rape, and other violent crimes, as well as the courts martial of numerous active-duty military personnel involved in drug crimes.⁹
- In addition to these investigations, Northwest HIDTA seized, in Central Washington, 215,467 fentanyl pills in 2020, 733,763 in 2021, and 1,531,851 in 2022.¹⁰



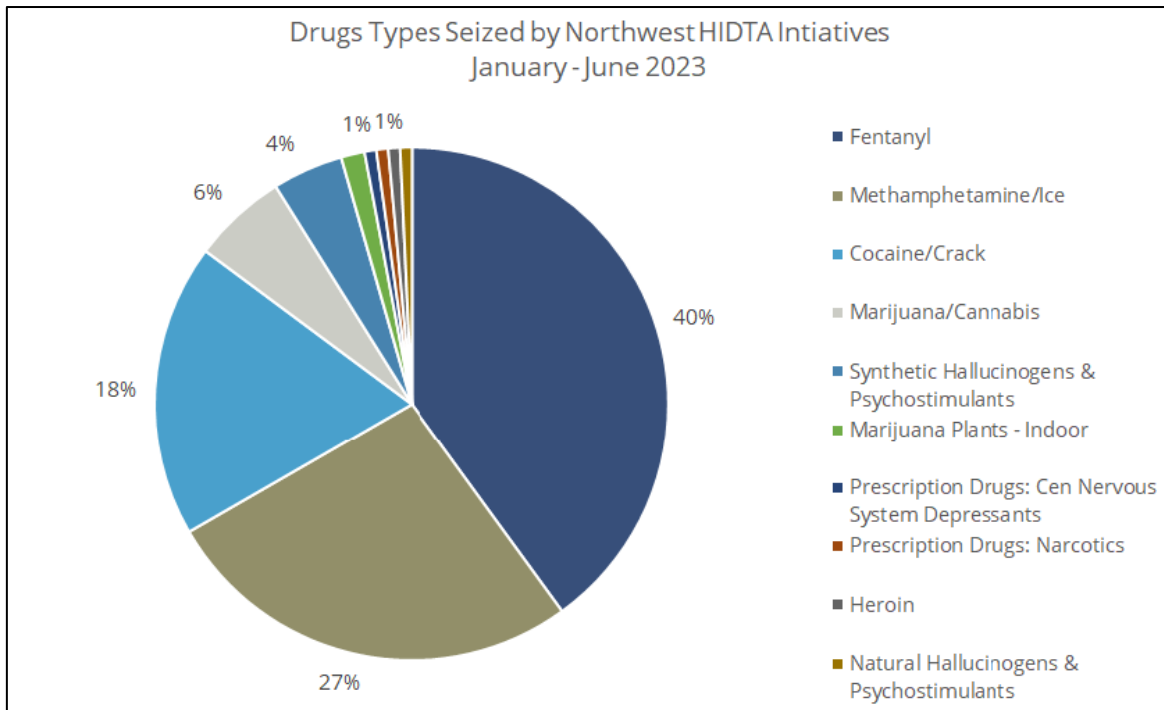
⁷ Ibid.

⁸ Ibid.

⁹ The White House. Executive Office of the President. Office of National Drug Control Policy. High Intensity Drug Trafficking Areas Program. 2024 Report to Congress. See page 149.

¹⁰ Office of National Drug Control Policy. Northwest HIDTA. Central Washington Fentanyl Overview. HIDTA Document NWH-23-0004. Published July 2023.

- From 2019 to 2022, Central Washington fentanyl seizure occurrences increased by 395%.¹¹
- In 2023, 22 Department of Interior Division of Drug Enforcement operations were completed, leading to the seizure of 1,097,671 fentanyl pills, 98 pounds of fentanyl powder, and nearly 15,000 pounds of other illicit drugs.¹²
- From 2021 to 2024, CBP has detected a 69.2% increase in all drug smuggling along the Northern border; this number skyrockets to 228% for fentanyl, yet DHS still estimates that more than 90% of interdicted fentanyl is stopped at U.S. Ports of Entry. ¹³
- From 2021 to 2024, CBP encounters along the Northern border have jumped from 27,180 to 198,929, respectively, a 631.89% increase. ¹⁴



Forensic Testing of Illicit Substances

- At the national level, from 2022 to 2023, the top five most frequently identified drugs tested through forensic laboratories included methamphetamine (28.6%), cocaine (14.38%), fentanyl (13.81%), cannabis/THC (12.41%), and heroin (3.49%).¹⁵

¹¹ Ibid.

¹² U.S. Department of Interior. Fentanyl Crisis. Statement of R. Glen Melville Deputy Bureau Director United States Department of Interior Bureau of Indian Affairs Office of Justice Services before the United States Senate Committee on Indian Affairs. December 6, 2023.

¹³ U.S. Customs and Border Protection. Drug Seizure Statistics. Accessed October 16, 2024.

¹⁴ U.S. Customs and Border Protection. Nationwide Encounters. Accessed October 16, 2024.

¹⁵ U.S. Drug Enforcement Administration, Diversion Control Division. 2023. NFLIS-Drug 2022 Annual Report.

- Each region within the United States experienced increases of fentanyl in different years, with the Northeast, Midwest, and South peaking in 2015 and the West later in 2019.¹⁶
- Preliminary data for late 2023 identified cannabis/THC are no longer among the top five, fentanyl and fentanyl-related substances have surpassed cocaine and heroin, and xylazine has risen to the fifth most common drug. These trends are likely to continue in 2024 with a particular emphasis on co-reported drugs with fentanyl and xylazine.¹⁷
- Co-reported drugs are dangerous drug cocktails containing more than one controlled substance. NFLIS-Drug data shows drug cocktails are the new norm, and fentanyl is the top co-reported drug. In 2023, 74.3% of xylazine, 72.2% of heroin, 41.6% of cocaine, and 17.3% of methamphetamine were found laced with fentanyl.¹⁸
- 2 milligrams of fentanyl is considered a deadly dose and 7 out of 10 fentanyl pills tested in 2023 contained a potentially deadly dose of fentanyl, which is up from 6 out of 10 in 2022, and 4 out of 10 in 2021.¹⁹
- In 2022, fentanyl accounted for 62% of narcotic analgesics (painkillers) reports, while alprazolam accounted for 31% of identified tranquilizer and depressant reports.²⁰
- In 2020, the national trend estimates for fluorofentanyl dramatically skyrocketed from roughly 0 reports per year to nearly 25,000 reports per year.²¹



Above: Photo illustration of two milligrams of fentanyl, a lethal dose for most people.

NFLIS-Drug 2023* Percent of Co-Reported with Fentanyl and Fentanyl Related Compounds					
Year	2019	2020	2021	2022	2023*
Methamphetamine	15.1%	16.4%	22.3%	21.4%	17.3%
Cocaine	31.4%	30.4%	34.5%	39.1%	41.6%
Heroin	73%	71.2%	73.6%	73.8%	72.2%
Xylazine	54.9%	66.2%	69.3%	71.5%	74.3%

Arrests and Sentences for Drug Offenses

- A key driver of criminal justice costs for illicit fentanyl is the number of arrests and related costs of investigation, prosecution, sentencing, and prison time associated with illicit fentanyl trafficking.²²
- Between 2020 and 2021, the number of drug arrests made by the DEA for fentanyl increased by 36% and in 2021, for the first time, the number of arrests made by the DEA

¹⁶ Ibid.

¹⁷ Drug Enforcement Administration State and Territory Report(s) on Enduring and Emerging Threats. January and May 2024. NIIP-012-24 and NIIP-029-24.

¹⁸ Ibid.

¹⁹ U.S. Drug Enforcement Administration. Year in Review: DEA Innovates to Fight Fentanyl. January 18, 2024.

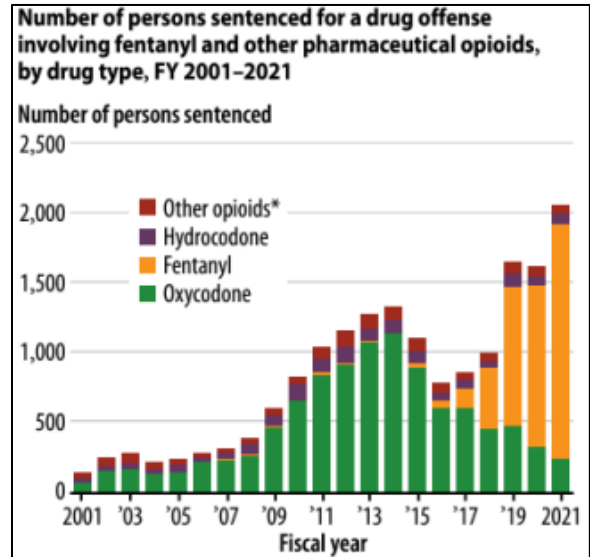
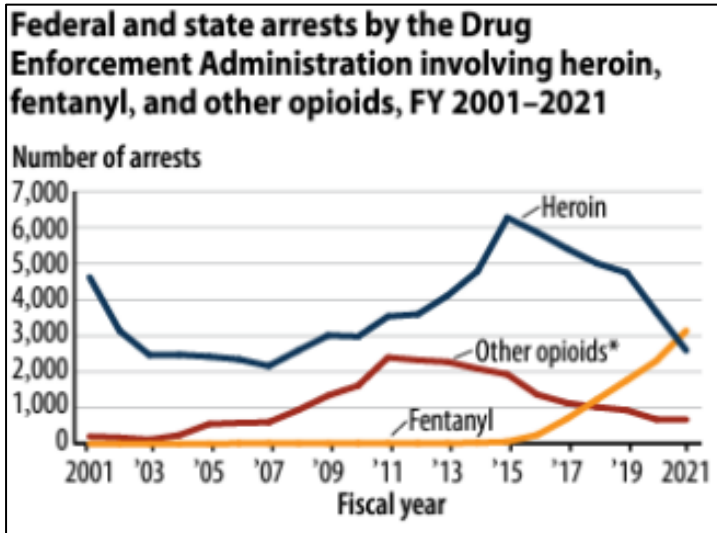
²⁰ U.S. Drug Enforcement Administration, Diversion Control Division. 2023. NFLIS-Drug 2022 Annual Report.

²¹ Ibid.

²² Before the Office of the United States Trade Representative. Petition for Relief under Section 301 of the Trade Act of 1974, as amended. The People’s Republic of China’s Acts, Policies, and Practices Supporting Illicit Fentanyl Trade. On behalf of Facing Fentanyl, Inc. and Affected Families. October 17, 2024.

for fentanyl *exceeded* the number of arrests for heroin, demonstrating the preeminence of illicit fentanyl as the primary driver of the opioid crisis.²³

- The total opioid-related criminal justice costs for the U.S. taxpayer in 2018 amounted to \$29.9 billion dollars and the annual estimated criminal justice costs are approximately \$7,000 per affected person.²⁴



Source: Bureau of Justice Statistics, based on data from the Drug Enforcement Administration, Defendant Statistical System, fiscal years 2001-2021.

Illicit Substance Use Trends by Age

- In the 1980s, the percent of individuals aged 12 or older who reported using any drug hovered around 14%, significantly dropped down to 6% in the 1990s, and skyrocketed back up to 16.8% in 2023. These trends mirror the legalization and use of marijuana for medicinal and recreational purposes at the state level. All other drugs trend around 2%.²⁵
- At the national level, in the past year, those aged 12 and older reported the following substances, in order of most frequently identified, as their initiation substance or ‘gateway drug’ – nicotine vaping (5.9 million), alcohol (4.2 million), marijuana (3.5 million), cigars (2 million), cigarettes (1.5 million), hallucinogens (1.5 million), and prescription pain relievers (1.4 million). Less common substances included prescription stimulants, inhalants, tranquilizers, cocaine, sedatives, methamphetamine, and heroine.²⁶
- At least one-in-eight teenagers in the U.S. have abused an illicit substance in the last year.²⁷

²³ Ibid.

²⁴ Ibid.

²⁵ ONDCP Drug Control Data Dashboard. Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health. National Center for Drug Abuse Statistics. Drug Use Among Youth: Facts and Statistics.

²⁶ Substance Abuse and Mental Health Services Administration. (2024). Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP24-07-0213, NSDUH Series H-59).

²⁷ Ibid.

- Drug use among 8th graders has increased between 2016 and 2020 by 61%.²⁸
- Teenagers in the State of Washington are 33.36% more likely to have used drugs in the last month than the average American teenager.²⁹
- Students who have received Life Skills Training from Drug Free Communities Support Program have been shown to reduce vaping by (70%), smoking (57%), alcohol (69%), marijuana (75%), and Rx drug misuse (53%).³⁰

Key Substance Use and Mental Health Indicators

- At the national level, from 2008 to 2011, roughly 19.6% of all adults 18 or older had any mental illness. Since 2011, that percentage has incrementally increased to 22.8% by 2021. From 2021 to 2023, this number has not changed. Adults 18 to 25 remain the primary age range of concern for any mental illness – reaching 33.8% in 2023.^{31, 32}
- At the national level, from 2008 to 2024, roughly 5% to 5.7% of all adults 18 or older had serious mental illness. Adults 18 to 25 remain the primary age range of concern for serious mental illness – reaching 10.3% in 2023.³³
- 19.42% of persons older than 12 and 31.98% of persons from the ages 18 to 25 in the State of Washington have experienced substance use disorder in the past year from 2021 to 2022.³⁴
- 27.14% of persons who are older than 18 and 41.76% of persons from the ages 18 to 25 in the State of Washington have experienced any mental illness in the past year from 2021 to 2022.³⁵
- From 2013 to 2023, for high school students, there were gradual decreases in the use of substances but there were also increases in students' experiences of violence, signs of poor mental health, and suicidal thoughts and behaviors – especially for female students.³⁶

²⁸ Ibid.

²⁹ SAMHSA Interactive NSDUH States and Substate Estimates. Accessed October 16, 2024.

³⁰ Substance Abuse and Mental Health Services Administration. (2022). Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health (HHS Publication No. PEP22-07-01-005).

³¹ Substance Abuse and Mental Health Services Administration. (2024). Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP24-07-0213, NSDUH Series H-59).

³² Also, see the reports from 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, and 2022.

³³ Ibid.

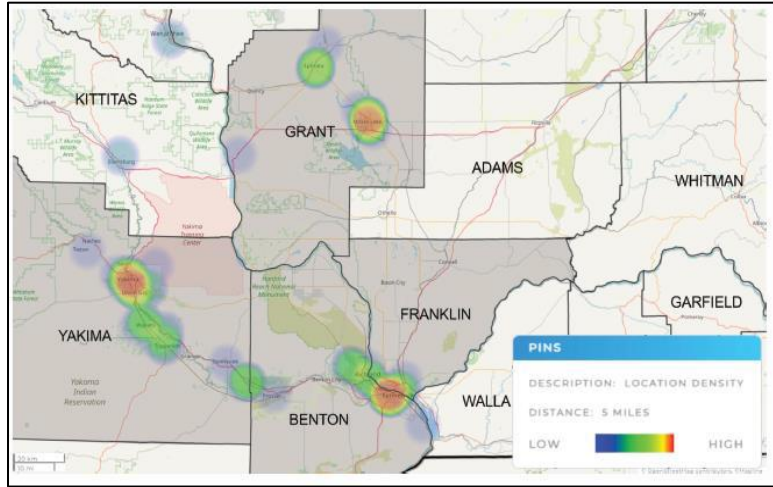
³⁴ SAMHSA Interactive NSDUH States and Substate Estimates. Accessed October 16, 2024.

³⁵ Ibid.

³⁶ Centers for Disease Control and Prevention. Youth Risk Behavior Survey Data Summary & Trends Report: 2013-2023. August 06, 2024.

Emergency Department Visits and Naloxone Distribution

- In the year 2021, there were 4.4 million emergency department visits nationwide by patients at risk of opioid overdose.³⁷
- The State of Washington experienced 102,285 emergency department visits by patients at risk of opioid overdose, which ranks 33rd highest in the United States.³⁸
- In relation to states of comparable population sizes such as Virginia at 27th, Arizona at 17th and Tennessee at 2nd, Washington is relatively low. Factoring in the neighboring states of Oregon at 34th, California at 35th, and Idaho at 43rd, location appears to be more influential than population size.³⁹



Above: Hotspot map from the Northwest HIDTA Task Force fentanyl seizures in four counties, which correlates to the counties with the highest level of drug overdose incidents and deaths.

- The national rate of pharmacy dispensed naloxone increased slightly from 2019 to 2022 but remained relatively low, with a rate of .5 naloxone prescriptions dispensed per 100 persons in 2022 (a total of more than 1.6 million naloxone prescriptions).⁴⁰
- Washington State ranks higher than the national average at .7 naloxone prescriptions dispensed per 100 person and is higher than neighboring states Oregon and Idaho at .5.⁴¹
- Washington State received a five-year federal grant running from 2021 to 2026 for \$4,250,000 dedicated to naloxone distribution and administration training. From August 2021 to August 2022, 12,494 naloxone kits were distributed, 2,721 individuals were trained, and 1,957 reported overdose reversals occurred with program kits.⁴²

Overdose Data

- Since May 2023, the predicted national overdose rate has decreased by roughly 12.7%.⁴³
- In 2023, more than 110,000 American lives were lost to drug overdose with more than 75,000 of them directly due to fentanyl exposure.⁴⁴
- More than 3,500 of these lives lost were in the State of Washington alone.⁴⁵

³⁷ The Naloxone Project. Overdose Risk in the ED: A comprehensive report on opioid overdose vulnerability and opportunities for intervention in U.S. emergency departments. 2024

³⁸ Ibid.

³⁹ Ibid.

⁴⁰ Centers for Disease Control and Prevention. Naloxone Dispensing Rate Maps. May 02, 2024.

⁴¹ Ibid.

⁴² Washington State Health Care Authority. Naloxone distribution grant funded. January 2023.

⁴³ National Center for Health Statistics and the Center for Disease Control and Prevention. Provisional Drug Overdose Death Counts. Accessed October 16, 2024.

⁴⁴ Ibid.

⁴⁵ Ibid.

- Of the 3,500 in Washington State, 93 drug overdose deaths occurred in Yakima County, 46 in Benton, 40 in Grant, 27 in Franklin, and 22 in Okanogan.⁴⁶
- In 2023, nation-wide Tribal communities reported 1,590 fatal and 899 non-fatal overdoses.⁴⁷
- In 2022, the American Indian and Alaska Native population had the highest drug overdose death rates, and this includes a 33% increase in 2020 and in 2021. These figures primarily derive from unintentional polysubstance use with co-reported drugs.^{48,49}
- As outlined in the forensic testing of illicit substance dataset above, in 2023, 74.3% of xylazine, 72.2% of heroin, 41.6% of cocaine, and 17.3% of methamphetamine were found laced with fentanyl. Among these, methamphetamine and cocaine laced with fentanyl caused the highest rate of overdose by far. However, based on preliminary data, these figures have begun to drastically drop since roughly July of 2023.⁵⁰
- According to a study conducted from 2010 to 2019, Veterans Health Affairs patients experienced lower age-adjusted overdose rate increases (53.2% as opposed to 79%) than the general U.S. population since 2015; however, this study is not widely referenced, it does not gauge the impact of the COVID-19 Pandemic and should and will be re-conducted.⁵¹
- In 2020, the age-adjusted rate of drug overdose deaths in the U.S. was 31% higher than the rate in 2019. Males, especially those 35 to 44 have experienced the greatest increase.⁵²
- High school students who legitimately use prescription opioids are 33% more likely to misuse opioids after high school.⁵³
- When adjusting for population, the U.S. experiences the highest rate of overdoses compared to other highly impacted nations with ~30 deaths per 100,000 people, followed by Canada with ~19, Australia at ~7.7, the UK at ~7, and Germany with ~3.4.⁵⁴

Drug Use Trends in Treatment Settings

In a report by Millennium Health, a laboratory that conducts drug testing services, the company identified the following for Washington's Fourth Congressional District.⁵⁵

- 69.1% of drug treatment patients are male and 30.9% are female.
- 17.4% are 18-24, 39.6% are 25-34, 25.7% are 35-44, 10% are 45-54, and 7.2% are 55+

⁴⁶ Ibid.

⁴⁷ U.S. Department of Interior. Fentanyl Crisis. Statement of R. Glen Melville Deputy Bureau Director United States Department of Interior Bureau of Indian Affairs Office of Justice Services before the United States Senate Committee on Indian Affairs. December 6, 2023

⁴⁸ U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. NCHS Data Brief No. 457. December 2022.

⁴⁹ U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. Opioid Overdose Prevention in Tribal Communities. September 6, 2024.

⁵⁰ U.S. Department of Justice. Drug Enforcement Administration. State and Territory Report on Enduring and Emerging Threats. May 2024. NIIP-029-24.

⁵¹ Begley et al., 2022. Veteran drug overdose mortality, 2010-2019. *Drug and Alcohol Dependence* 233 (2022) 109296.

⁵² U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. NCHS Data Brief No. 428. December 2021.

⁵³ Miech et al. 2015. Prescription Opioids in Adolescence and Future Opioid Misuse. *Pediatrics*. November 2015. 136(5):e1169-e1177.

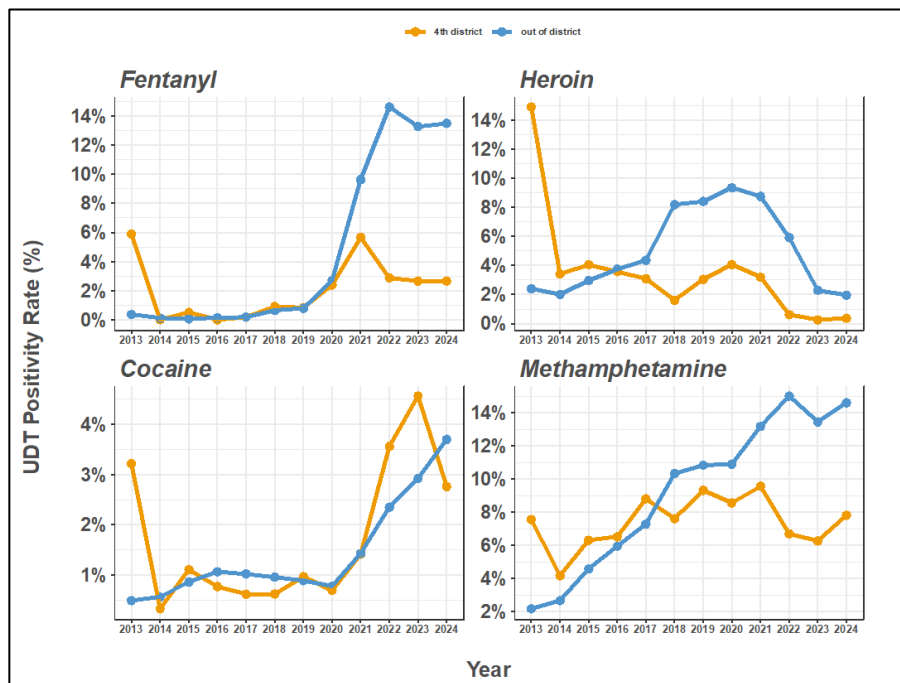
⁵⁴ United Nations. Office of Drugs and Crime. World Drug Report 2024.

⁵⁵ Millenium Health. Analysis of Millennium Health's Urine Drug Test Results for Washington's 4th Congressional District. March 15, 2024.

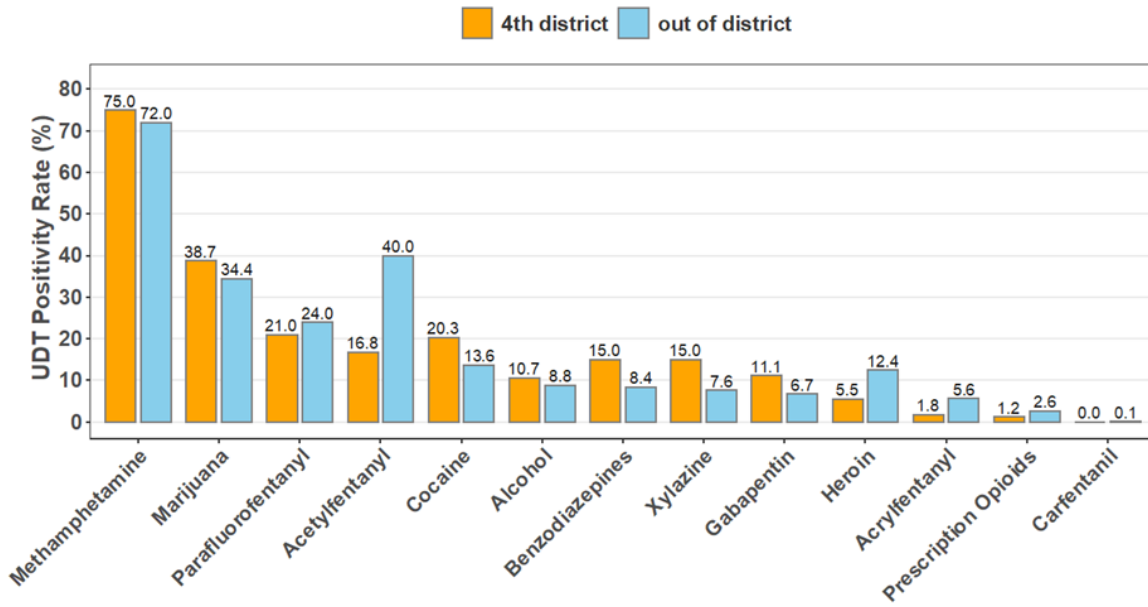
- In 2020, during the COVID-19 pandemic, the rate of fentanyl found in drug treatment urinalyses began to skyrocket for all Washington patients. However, in 2021, the populations in the Fourth District began to decline while the rest of the populations residing in Washington continued to climb, reaching a peak of 12% as opposed to 2% for those in the Fourth Congressional District. In other words, the rate of fentanyl found in drug treatment urinalyses remains approximately ten percent lower in the Fourth Congressional District compared to the rest of Washington State.

Collection Year	District	Fentanyl	Heroin	Cocaine	Methamphetamine
2022	out of district	14.6 [14.3-15.0]	5.9 [5.7-6.2]	2.4 [2.2-2.5]	15.0 [14.7-15.4]
2023	out of district	13.3 [13.0-13.5]	2.3 [2.2-2.4]	2.9 [2.8-3.1]	13.5 [13.2-13.7]
Percent Change between 2022 and 2023	out of district	-8.9%	-61.0%	20.8%	-10.0%
2022	4th district	2.9 [2.2-3.8]	0.6 [0.3-1.3]	3.6 [2.7-4.7]	6.7 [5.4-8.2]
2023	4th district	2.7 [2.2-3.2]	0.3 [0.1-0.5]	4.6 [3.9-5.3]	6.3 [5.5-7.2]
Percent Change between 2022 and 2023	4th district	-6.9%	-50.0%	27.8%	-6.0%

- Most other drugs that are frequently co-reported—predominately heroin and methamphetamine—had a similar decreasing trend as fentanyl.
- Of those who tested positive for fentanyl, gabapentin, and cocaine are significantly higher in the Fourth District as opposed to the rest of those residing in Washington State.



Above: Drug treatment urinalyses of the most common co-reported drugs in the Fourth Congressional District compared to the rest of Washington State. Created by Millennium Health for the Task Force.



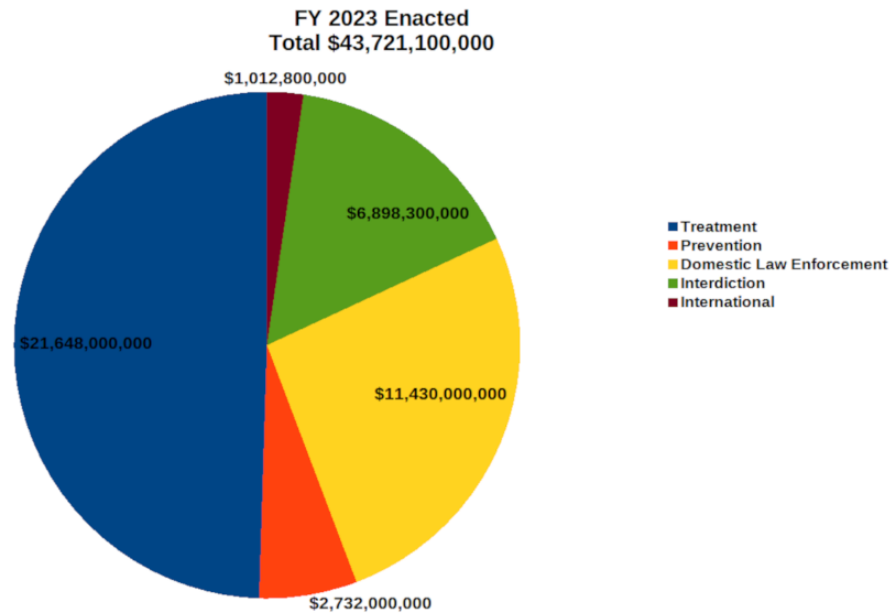
Above: Full panel of co-reported substances in the Fourth Congressional District compared to the rest of Washington State. Created by Millennium Health for the Task Force.

Funding

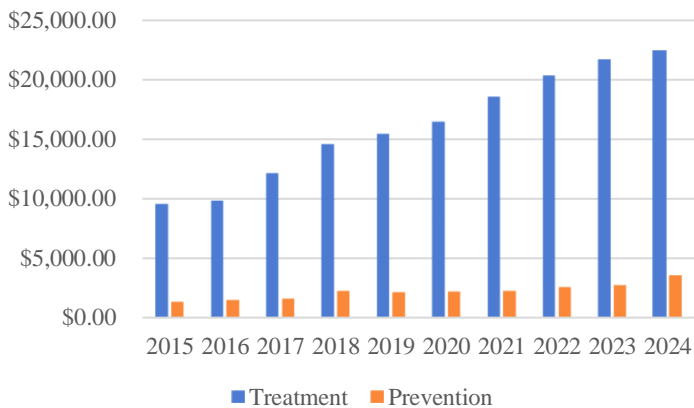
Federal Funding for Prevention and Treatment and Drug Enforcement

Congress appropriates roughly \$20 billion annually for domestic law enforcement, interdiction, and international efforts as well as roughly \$25 billion annually for treatment and prevention through 12 annual appropriations bills.⁵⁶ A full list of appropriations bills and their statuses are available from the Congressional Research Service at crsreports.congress.gov.

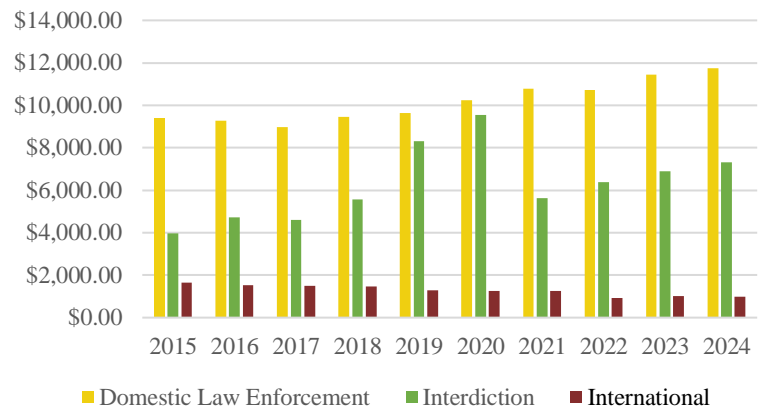
Federal Drug Control Budget



Treatment and Prevention



Enforcement



⁵⁶ Office of National Drug Control Policy. National Drug Control Budget: FY 2024 Funding Highlights. Washington, DC: ONDCP. March 2023. For additional reference, see the Fiscal Year 2025 Funding Highlights.

Funding for Washington's 4 th Congressional District	Description of the Program and Funding
\$3,000,000	Fiscal Year 2025 Community Project Funding for Three Rivers Recovery Housing Project. The funding for this project, which is pending as of October 2024, will be used to convert an existing building owned by Benton County into residential apartments that will also include spaces for counseling, entertainment, skills training spaces, and job placement assistance. The goal of the project is to have the residents achieve permanent sobriety and avoid returning to homelessness.
\$4,598,923	Fiscal Year 2025 Community Project Funding for the Confederated Tribes and Bands of the Yakama Nation Village of Hope. The funding for this project, which is pending as of October 2024, will be used to renovate housing units that currently serves up to 100 homeless individuals, and construct nine new units that will serve up to 40 additional homeless individuals. The project will address the unmet needs of the chronically homeless and provide vulnerable individuals and families on the Yakima reservation with resources, support, and guidance to minimize their barrier to finding permanent housing and improving their quality of life.
\$2,750,000	Fiscal Year 2024 Community Project Funding for Astria Toppenish Hospital Behavioral Health Program. The funding was used to construct a new 14-bed psychiatric unit and remodel an existing 15-bed psychiatric unit to meet state construction review regulatory standards for 90/180-day treatment.
\$2,600,000	Fiscal Year 2024 Community Project Funding for Adams County Law and Justice Facility Upgrade. This project upgraded the Adams County jail which had not been accepting prisoners for several months. The upgrades improved the safety and efficiency of the jail, allowing the County to expedite the hiring of the additional staff necessary to reopen the facility and improve the public safety of Adams County.
\$1,867,634	Fiscal Year 2023 Community Project Funding for Triumph Treatment Services. Triumph Treatment Services provides resources and services for individuals and families who experience substance use disorder, mental health issues, homelessness, and poverty through multiple sites in Yakima County.

Overview of Federal Funding and Programs	Applicant and Additional Information
AmeriCorps The mission of the Corporation for National and Community Service is to improve lives, strengthen communities, and foster civic engagement through service and volunteering. AmeriCorps competitive grants, Public Health AmeriCorps grants, and AmeriCorps Planning Grants are available annually with some for opioid or substance misuse activities.	The annual deadline for applications usually occurs in early January. Successful applicants will be notified by mid-April. Grantees and Sponsors AmeriCorps
Department of Agriculture The Department of Agriculture possesses resources for prevention, treatment, and domestic law enforcement efforts. Funding is also available through the Office of Rural Development to support public safety and community facilities as well as the U.S. Forest Service keep the national forests free of drug operations.	Grants and Loans USDA Opioid Misuse in Rural America USDA Funding Programs by Type - Rural Community Toolbox
Department of Education Various programs support drug control, like the School Safety National Activities and the 21st Century Community Learning Centers program. The School Safety National Activities provide grants for States and school districts to develop school emergency operation plans, offer counseling and emotional support in schools with pervasive violence, and implement evidence-based practices for improving behavioral outcomes. The 21st Century Community Learning Centers program supports the creation of community learning centers that provide academic enrichment opportunities during non-school hours for children, particularly students who attend high-poverty and low-performing schools.	Eligibility varies by grant type. State education agencies or their equivalents may apply for many grants between March-July. Forecast of Funding Opportunities under the Department of Education Discretionary Grant Programs Apply for a Grant U.S. Department of Education 21st Century Community Learning Centers

<p>Department of Health and Human Services</p> <p>The mission of HHS is to enhance the health and well-being of all Americans. HHS provides resources for prevention, treatment, harm reduction, recovery, and interdiction efforts. The Health Resources and Services Administration, Administration for Children and Families, Centers for Disease Control and Prevention, Substance use And Mental Health Services Administration, Food and Drug Administration, Indian Health Service, National Institute of Drugs and Addiction, National Institute of Alcohol Effects and Alcohol Associated Disorders, and other agencies all fund activities and provide grants for drug control.</p>	<p>Get Ready for Grants Management Grants Search Grants Dashboard SAMHSA HRSA Grants ACE Grants CDC Grants CMS Grants FDA Grants IHS Grants NIDA Grants</p>
<p>Department of Homeland Security</p> <p>The Department of Homeland Security’s mission is to ensure a homeland that is safe, secure, and resilient against threats. Significant resources are used for domestic law enforcement, interdiction, and international efforts. The U.S Coast Guard, Customs and Border Protection, Immigration and Customs Enforcement, Federal Emergency Management Agency, Federal Law Enforcement Training Center, and other Department of Homeland Security entities participate in drug control activities. The Washington State Military Department – Emergency Management Division is the only entity eligible to submit grant applications on behalf of state and local jurisdictions to FEMA.</p>	<p>FEMA Grants and Assistance Programs, FEMA Non-Disaster Grants, Transportation Security Administration Surface Transportation Security Grants DHS Grants Homeland Security Non-Disaster Grants Management System Homeland Security Grant Program FEMA.gov</p>
<p>Department of Housing and Urban Development</p> <p>The Department of Housing and Urban Development’s mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. The Department has two grant programs related to drug control activities: Continuum of Care homeless assistance grants and the Recovery Housing Program. The Continuum of Care program funding deadlines usually occur in September and recipients include nonprofit providers, States, Indian Tribes or Tribally Designated Housing Entities, and local governments. The Recovery Housing Program is a Community Development Block Grant Program that provides annual grants on a formula basis to states, cities, and counties to develop viable urban communities.</p>	<p>Funding Opportunities HUD Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Renewal or Replacement of Youth Homeless Demonstration Program Grants HUD.gov / U.S. Department of Housing and Urban Development (HUD) Recovery Housing Program</p>
<p>Department of the Interior</p> <p>The Department of the Interior protects and manages the Nation’s natural resources and cultural heritage; provides scientific and other information about those resources; and honors its trust responsibilities or special commitments to American Indians, Alaska Natives, Native Hawaiians, and affiliated Island Communities. The Bureau of Indian Affairs, Bureau of Land Management, and National Park Service participate in drug control activities across their agencies. The Division of Drug Enforcement provides narcotic investigations and drug related training to law enforcement operating in Indian Country.</p>	<p>The Division of Drug Enforcement funds several School Resource Officers positions. Grant proposals and funding opportunities are available to tribes. Grant Programs Interior Grants Indian Affairs</p>
<p>Office of National Drug Control Policy Drug Free Communities Support Program</p> <p>The Drug Free Communities Support Program is the nation’s leading effort to mobilize communities to prevent youth substance use. The Program provides awardees with \$125,000 per year to mobilize community leaders in identifying and responding to the drug problems unique to their community and changing local community environmental conditions tied to substance use. The program goals are to establish and strengthen collaboration among communities, reduce substance use among youth and, over time, reduce substance use among adults by addressing the factors in a community that increase risk for substance use and promoting factors that minimize risk for substance use.</p>	<p>Eligible applicants include public, private, and non-profit agencies, as well as federal, state, local and tribal governments. Application deadlines are usually in April. Drug Free Communities Support Program Application Questions and Answers Training Website</p>
<p>Office of National Drug Control Policy High Intensity Drug Trafficking Areas Program (HIDTA)</p> <p>The High Intensity Drug Trafficking Areas Program assesses regional drug threats with the purpose of reducing drug trafficking and drug production in the United States.</p>	<p>Counties can apply to be designated as their own High Intensity Drug Trafficking Area or added to the nearest one. Applicants are reviewed annually. HIDTA Program</p>
<p>Department of Justice – Office of Juvenile Justice and Delinquency Prevention</p> <p>The Department of Justice offers funding opportunities to enhance community safety and trust and improve the criminal, civil, and juvenile justice systems; assist victims of crime; provide training and technical assistance to state, local, Tribal, and territorial government agencies, as well as to community-based organizations; and collect national statistics.</p>	<p>Frequently asked questions, application deadlines and eligibility are answered here. Open funding may be found here.</p>

State Funding for Prevention and Treatment and Drug Enforcement

The Washington State Legislature and local entities appropriated more than \$2,687,000,000 for law enforcement and more than \$2,153,000,000 for corrections in 2021. When these two figures are combined and divided by per capita, the State of Washington places 31st out of the 50 states and the District of Columbia for the most law enforcement and corrections spending.

Additionally, in 2023, the Legislature appropriated \$2,397,415,000 for the Washington States Health Care Authority, \$766,659,000 for the Department of Social and Health Services, \$420,652,000 for the Department of Children, Youth, and Families, and \$5,418,000 for the Department of Veterans’ Affairs with roughly \$53,743,000 dedicated to address substance use and opioid-related prevention and treatment services. When these figures and additional state public health funds are combined and divided per capita, the State of Washington places 14th out of 48 states and the District of Columbia for the most public health funding.^{57, 58, 59}

Funding for Washington’s 14 th State District	Description of the Program and Funding
\$2,300,000	These funds are provided for police officer body camera grants.
\$350,000	These funds are provided for the Washington State Attorney General to collaborate with the Washington Association of Sheriffs and Police Chiefs.
\$150,000	These funds are provided for the criminal justice training commission to develop standards for the training and certification of canine teams to detect fentanyl.
\$495,000	These funds are provided to cover reserve law enforcement officer training and equipment to keep small law enforcement agencies that depend on reserve officers from closing.
\$2,500,000	These funds are provided for Triumph SUD & Mental Health Treatment.
\$900,000	These funds are provided for the Yakama Nation Detox Center.
\$800,000	These funds are targeted to address the drug and fentanyl crisis by creating more treatment options, especially in regard to tribal communities that have been hit especially hard.
\$8,720,000	These funds are provided for the Bringing It Home II 24-Hour Domestic Violence Shelter.
\$200,000	These funds are provided for the Yakima Valley Local Crime Lab Facility.
\$495,000	These funds are provided to cover reserve law enforcement officer training and equipment to keep small law enforcement agencies that depend on reserve officers from closing.

⁵⁷ Washington State Fiscal Information. 2024 Supplemental Omnibus Operating Budget.

⁵⁸ United States Census Bureau. 2021 State & Local Government Finance Historical Datasets and Tables. Accessed October 16, 2024.

⁵⁹ SHADAC Analysis of Per-Person-State-Public-Health-Funding, State Health Compare. SHADAC, University of Minnesota. Accessed on October 16, 2024.

State Funding and Programs	Overview	Applicant and Additional Information
<u>Prevention and Treatment</u>		
Community Mental Health Services Block Grant	<p>The grant is used to provide mental health services to adults diagnosed with Serious Mental Illness (SMI) and children diagnosed with Serious Emotional Disturbance (SED). Allowable activities include:</p> <ul style="list-style-type: none"> • Treatment services not covered by Medicaid • Crisis services for individuals diagnosed with SMI or SED • Crisis services for individuals diagnosed with SMI or SED • Revolving funds for establishment of group homes • Direct transportation costs to get diagnosed individuals to treatment services 	<p>Awards are received annually, beginning October 1 and are open for two years (ending September 30). Awards must be obligated within one year and fully spent within two years. Applications can be submitted here.</p>
Substance Use Prevention, Treatment and Recovery Services Block Grant	<p>This grant is used to plan, carry out, and evaluate activities for the prevention, treatment, and recovery of substance abuse for individuals not covered by Medicaid. Targeted populations include pregnant women and women with dependent children as well as intravenous drug users. The grant can be used for projects related to the development and implementation of prevention, treatment, and rehabilitation activities, including:</p> <ul style="list-style-type: none"> • Treatment such as assessment, outpatient counseling, and residential rehabilitation including therapeutic communities, hospital-based care (not inpatient hospital services), vocational counseling, and case management. • Outreach, detoxification, and prevention including education, counseling, and other activities designed to reduce the risk of substance abuse. 	<p>Awards are received annually, beginning October 1 and are open for two years (ending September 30). Awards must be obligated within one year and fully spent within two years. Applications can be submitted here.</p>
State Opioid Response Grant	<p>This grant addresses reducing unmet treatment need and opioid overdose-related deaths through primary prevention, treatment, harm reduction, and recovery activities for opioid use disorder. The grant aims to increase access to medications for opioid use disorder using three FDA-approved medications for the treatment of opioid use disorder.</p>	<p>Applications deadlines vary. Prevention, treatment, recovery services, reports, and contact information may be found here.</p>
Distressed Hospital Grant	<p>The Distressed Hospital Grant prioritizes hospitals with significant financial distress and hospitals that serve a significant population of Medicaid enrollees. Applicants must provide the amount of funds being requested and how the funds will be used. Applicants must demonstrate financial hardship through at least one of the following criteria: days cash on hand of 60 days or fewer; the hospital income statement showing a negative net income during the prior or current hospital fiscal year; or evidence the hospital is at risk of bankruptcy. Applicants must also demonstrate efforts to emerge from financial hardship by providing a written financial stability plan. This can be short or be documents that you already have, such your strategic plan or a financial turnaround plan.</p>	<p>Grant applications are usually due in March of each year. Applications may be submitted here.</p>
Grants for Mental Health Services to Children with Serious Emotional Disturbance	<p>The purpose of this program is to provide resources to improve the mental health outcomes for children and youth, birth through age 21, at risk for or with serious emotional disturbances (SED), and their families. This program supports the implementation, expansion, and integration of the System of Care (SOC) approach by creating sustainable infrastructure and services that are required as part of the Comprehensive Community Mental Health Services for Children and their Families Program. With this program, SAMHSA aims to prepare children and youth with or at risk of SED for successful transition to adulthood and assumption of adult roles and responsibilities.</p>	<p>Applications are usually posted in November and are due in February. Applications may be submitted here.</p>

Grants for Strategic Prevention Framework – Partnerships for States	The purpose of this program is to help reduce the onset and progression of substance misuse and its related problems by supporting the development and delivery of state and community substance misuse prevention and mental health promotion services. This program is intended to promote substance use prevention throughout a state jurisdiction for individuals and families by building and expanding the capacity of local community prevention providers to implement evidence-based programs.	Applications are usually posted in November and are due in February. Applications may be submitted here.
Grants for Strategic Prevention –Partnerships for Communities, Local Governments, Universities, Colleges, and Tribes	The purpose of this program is to help reduce the onset and progression of substance misuse and its related problems by supporting the development and delivery of community-based substance misuse prevention and mental health promotion services. The program is intended to strengthen the capacity of community prevention providers to implement prevention programs.	Applications are usually posted in November and are due in February. Applications may be submitted here.
Grants for Tribal Behavioral Health	The purpose of this program is to prevent and reduce suicidal behavior and substance use or misuse, reduce the impact of trauma, and promote mental health among American Indian and Alaska Native youth, up to and including age 24, by building a healthy network of systems, services, and partnerships that impact youth. Substance Abuse and Mental Health Services Administration (SAMHSA) expects this program will be a model for community change that integrates a community’s culture, resources, and readiness to address suicide prevention and substance use among American Indian and Alaska Native youth.	Applications are usually posted in November and are due in March. Applications may be submitted here.
Grants for Rural Emergency Medical Services Training	The purpose of this program is to recruit and train EMS personnel in rural areas with a particular focus on addressing substance use disorders. Recipients will be expected to train EMS personnel on substance use disorders, trauma-informed, recovery-based care for people with such disorders in emergency situations and, as appropriate, to maintain licenses and certifications relevant to serve in an EMS agency. With this program, SAMHSA aims to develop the capacity of EMS staff to support residents in rural communities.	Applications are usually posted in December and are due in March. Applications may be submitted here.

Law Enforcement

Arrest and Jail Alternatives Law Enforcement Grants	These grants are aimed at supporting local initiatives to properly identify criminal justice system-involved persons with substance use disorders and other behavioral health needs and engage those persons with therapeutic interventions and other services, the efficacy of which have been demonstrated by experience, peer-reviewed research, or which are credible promising practices, prior to or at the time of jail booking, or while in custody.	Information on these grants, eligibility, and applications may be found here .
Body Camera Grants	Law enforcement agencies may apply and use the grants for: <ul style="list-style-type: none"> the initial purchase, maintenance, and replacement of body-worn cameras; ongoing costs related to the maintenance and storage of data recorded by body-worn cameras; and training related to body-worn cameras. 	Applications are usually due in May and award notification occurs the following month.
Mental Health Field Response Teams Grants	The Mental Health Field Response Grant Program provides grants to local police and sheriff’s departments to improve the interactions between the public and law enforcement. Mental health professionals assist patrol officers in the field or in an on-call capacity, they also provide training on best practices. These innovative partnerships reduce the possibility of using force and improve public safety overall. Instead of booking someone into jail, they may be connected with services or diverted to a more appropriate facility for care. The program is one of the ways your local law enforcement is working to find solutions.	Please click here to review the MHFR Annual Report covering July 1, 2022 to June 30, 2023. For additional information on the program and applications, please click this link here .
Officer Wellness Resources and Behavioral Health Support and Suicide Prevention Grants	Numerous resources to ensure officer wellness and mental health is upheld may be found online here including CORDICO, which is the statewide law enforcement wellness app, as well as articles and reports, officer resources, training, and program ideas and examples for application.	Applications vary depending on the type of request. Please see this link .

Policy

Federal Policy for Prevention and Treatment

There is a comprehensive history of federal policies in the United States for prevention and treatment. The primary federal authority to define and lead the national prevention and treatment strategy is the Office of National Drug Control Policy (ONDCP). ONDCP was created by the [Anti-Drug Abuse Act of 1988](#) which authorized ONDCP to set drug control priorities, implement a comprehensive and research-based national strategy, and certify federal drug-control budgets to reduce drug use and trafficking. The primary federal department tasked with and guided by ONDCP's strategy is HHS. This Department receives roughly \$22 billion dollars of the approximately \$25 billion dollars dedicated to executing prevention and treatment services. Of that amount, \$13 billion are directed to the Centers for Medicare & Medicaid Services for federal, state, tribal, and local recipients.

The [SUPPORT for Patients and Communities Act](#) was signed into law in October 2018 and remains the most recent wide-ranging update to federal prevention and treatment policy.⁶⁰ The SUPPORT Act reauthorized ONDCP through FY 2023, expanded ONDCP's mandate, and made other changes to address emerging issues, including:

- Reauthorizing the HIDTA and Drug Free Communities grant programs at ONDCP
- Creating an Emerging Threats Committee tasked with proactively identifying and preparing for the next drug crises
- Allowing a portion of HIDTA funds to be used for prevention and treatment
- Creating an online Drug Control Data Dashboard with search functions
- Creating a Grant Tracking System to better track and improve federal drug grants
- Creating a cadre of coordinators at ONDCP to lead efforts on key drug issues

As of publication in October 2024, the most comprehensive legislative package to update and enhance federal policies and programs, is H.R. 4531 – *Support for Patients and Communities Reauthorization Act*. This Act passed the U.S. House of Representatives and awaits further consideration in the U.S. Senate. This Act includes more than two dozen bills to enhance prevention and treatment of those with mental health issues and substance use disorders.

Title	Summary and Status of Legislation in the U.S. House of Representatives
H.R. 4531 – <i>Support for Patients and Communities Reauthorization Act</i>	The <i>Support Act</i> , which passed the U.S. House of Representatives on December 12, 2023, and awaits action in the U.S. Senate, permanently places xylazine in Schedule III of the Controlled Substances Act, while maintaining access for veterinarians and ranchers to use in animals. The Act continues to provide resources for training and education related to fentanyl and other illicit substances for first responders, particularly in rural areas. It also renews support for individuals in substance use disorder (SUD) treatment and recovery to live in rural areas and participate in the workforce. It protects moms and babies by reauthorizing resources for residential SUD treatment for pregnant and postpartum women. It also permanently lifts Medicaid's Institution for Mental Disease (IMD) exclusion, which restricts access to care for rehabilitation and institutional care services. The Medicaid IMD exclusion was successfully and permanently removed in H.R. 2882 – <i>Further Consolidated Appropriations Act of FY2024</i> . And the <i>Support Act</i> ensures Medicaid beneficiaries have access to medication assisted treatment, which was also successfully included in H.R. 2882.

⁶⁰ National Archives. Office of National Drug Control Policy. Authorizations.

<p>H.R.4431 – <i>Law Enforcement Officers Preventing Overdose Deaths Act</i></p>	<p>The <i>Law Enforcement Officers Preventing Drug Abuse Related Deaths Act</i>, which was introduced by Congressman Newhouse on June 30, 2023, expands the allowable use of grant funds under the Comprehensive Opioid, Stimulant, and Substance Abuse Program administered by the DOJ to include a pilot program for local law enforcement in rural areas to purchase opioid receptor antagonists, including naloxone, for use by officers in the line of duty. The Attorney General must ensure that not less than 50 percent of grants issued shall be awarded to rural areas. The objective of the Act is to provide naloxone to law enforcement officers to address the ongoing fentanyl, opioid, and overdose crisis.</p>
<p>H.R. 5652 – <i>Stop Overdose in Schools Act</i></p>	<p>The <i>Stop Overdose in Schools Act</i>, which was introduced by Congressman Newhouse on September 21, 2023, establishes a pilot program for naloxone distribution and training for school resource officers, security personnel, and school nurses. The Secretary of HHS must ensure that not less than 50 percent of recipients are school districts located in rural areas. The remaining 50 percent must be prioritized to school districts located in areas with high rates of drug-related overdoses by youth. The objective of the Act is to train school resource officers, security personnel, and school nurses in naloxone administration, as well as purchase naloxone kits and provide awareness of opioid use disorder and strategies for preventing overdose deaths.</p>
<p>H.R. 3520 – <i>Veteran Care Improvement Act</i></p>	<p>The <i>Veteran Care Improvement Act</i>, which was introduced by Congresswoman Miller-Meeks (R-IA-01), and cosponsored by Congressman Newhouse, would continue to make the Department of Veterans Affairs (VA) health care system more accessible and accountable to those in need of its services. The Act would:</p> <ul style="list-style-type: none"> • Codify current access standards, setting a baseline expectation for timeliness of care. • Establish a defined access standard for the provision of residential substance use treatment, recognizing that when a veteran decides that help is needed, time is of the essence. • Require the VA to be more transparent with veterans when they are deciding their best options for care, whether in the VA or in the community. • Create a pilot program through the Center for Innovation to incentivize how community providers interact with the VA, creating a more collaborative and value-based approach.
<p>H.R. 984 – <i>Commitment to Veteran Support and Outreach Act</i></p>	<p>The <i>Commitment to Veteran Support and Outreach Act</i>, which was introduced by Congressman Levin (D-CA-49) on February 10, 2023, and cosponsored by Congressman Newhouse, authorizes the VA to provide grants to states and tribes to implement programs that improve outreach and assistance to veterans and their families to ensure that such individuals are fully informed about veterans’ benefits and programs. The VA must prioritize awarding grants in areas with a critical shortage of county or tribal veterans service officers, areas with high rates of suicide among veterans, and with high rates of referrals to the Veterans Crisis Line.</p>
<p>H.R. 7186 – <i>Treatment and Homelessness Housing Integration Act</i></p>	<p>The <i>Treatment and Homelessness Housing Integration Act</i>, which was introduced by Congressman Calvert (R-CA-41) on February 1, 2024, and cosponsored by Congressman Newhouse, helps connect homeless Americans receiving federal housing assistance with treatment for substance use and behavioral health disorders. Specifically, the Act directs HUD to require grantees of the Continuum of Care Program to refer participants to community-based treatment. This coordination of housing and treatment for social security beneficiaries would establish a more comprehensive support system to provide a pathway towards self-sufficiency.</p>

Federal Policy for Drug Enforcement

The primary federal policy for drug enforcement is the Controlled Substances Act (CSA). The CSA establishes a unified legal framework to regulate certain drugs that are deemed to pose a risk of abuse and dependence. The CSA establishes five schedules of controlled substances ranging from drugs or substances with no currently accepted medical use and a high potential for abuse (schedule I) to drugs and substances with a low potential for abuse and low risk of dependence (schedule V), but the statute does not apply to all drugs. Rather, it applies to drugs and other substances that have been designated for control by Congress or through administrative proceedings.

The CSA also applies to controlled substance analogues that are intended to mimic the effects of controlled substances and to certain listed chemicals—precursor chemicals commonly used to manufacture controlled substances. The Drug Enforcement Administration (DEA) is the federal

agency primarily responsible for implementing and enforcing the CSA. The DEA may designate a substance for control through notice-and-comment rulemaking if the substance satisfies the applicable statutory criteria. The agency may also place a substance under temporary control on an emergency basis if the substance poses an imminent hazard to public safety. While fentanyl is a schedule II controlled substance, meaning it has approved medical uses in the United States, there are nine fentanyl-related substances that have been temporarily listed as schedule I controlled substances since February 2018; the temporary scheduling order has been extended several times and currently expires on December 31, 2024.

The CSA simultaneously aims to ensure patients have access to pharmaceutical controlled substances for legitimate medical purposes while also seeking to protect public health from the dangers of controlled substances diverted into or produced for the illicit market. To accomplish those two goals, the statute creates two overlapping legal schemes. Registration provisions require entities working with controlled substances to register with DEA and take various steps to prevent diversion and misuse of controlled substances. Trafficking provisions establish penalties for the production, distribution, and possession of controlled substances outside the legitimate scope of the registration system. Violations of the registration provisions generally are not criminal offenses, but certain serious violations may result in criminal prosecutions yielding fines and even short prison sentences. Violations of the trafficking provisions are criminal offenses that may result in large fines and lengthy prison sentences.⁶¹

In the 118th Congress, there have been dozens of bills introduced in the U.S. House of Representatives to enhance drug enforcement capabilities and mitigate the influx of fentanyl distribution throughout the United States and several have been signed into law. A notable piece of legislation that passed out of the U.S. House of Representatives and awaits consideration in the U.S. Senate is H.R. 467 – the *HALT Fentanyl Act*, which permanently places fentanyl-related substance as a schedule I controlled substance, while allowing legitimate research to continue.

Title	Summary and Status of Legislation in the U.S. House of Representatives*
H.R. 467 – <i>HALT Fentanyl Act</i>	The <i>HALT FENTANYL Act</i> , which passed the U.S. House of Representatives on May 25, 2023, and awaits action in the U.S. Senate, permanently places fentanyl-related substances into Schedule I of the Controlled Substances Act, simplifies registration processes, removes barriers for certain research with Schedule I substances, and provides for exemption of individual fentanyl-related substances from Schedule I when evidence demonstrates it is appropriate.
H.R. 3333 – <i>FEND Off Fentanyl Act</i>	The <i>FEND Off Fentanyl Act</i> , which became Public Law No: 118-50 on April 24, 2024, declared that the international trafficking of fentanyl is a national emergency and required that the President sanction transnational criminal organizations and drug cartels’ key members engaged in international fentanyl trafficking. Specifically, the Act: <ul style="list-style-type: none"> • Mandates sanctions against anyone involved in the “trafficking of fentanyl, fentanyl precursors, or other related opioids” or other activities of a transnational criminal organization that engages in trafficking. • Expands and directs forfeiture authorities for any property seized for prohibited conduct.

⁶¹ Lampe, Joanna R. (2023, January 19) The Controlled Substances Act (CSA): A Legal Overview for the 118th Congress. (CRS Report R45948).

*The order of legislation presented in this section was determined by the impact on drug enforcement policy and status including enacted into law, passed the U.S. House of Representatives, and passed out of the relevant committee of jurisdiction, and introduced.

	<ul style="list-style-type: none"> • Extends the statute of limitations for sanctions violations under the International Emergency Economic Powers Act (IEEPA) from five to ten years, which governs civil penalties and criminal prosecution for sanctions violations. This applies to most sanctions programs administered by the Treasury Department and other federal government programs authorized under IEEPA, including export controls and other programs administered by the Department of Justice. • Authorizes the Treasury Department to require domestic financial institutions and agencies to take existing anti-money laundering special measures against foreign entities suspected of engaging in money laundering related to opioid trafficking.
H.R. 1401 – <i>END Fentanyl Act</i>	The <i>END Fentanyl Act</i> , which became Public Law No: 118-43 on March 29, 2023, required U.S. Customs and Border Protection to review and update manuals and policies related to inspections at ports of entry not less than three times a year to effectively detect illegal activity along the border.
H.R. 1076 – <i>Preventing the Financing of Illegal Synthetic Drugs Act</i>	The <i>Preventing the Financing of Illegal Synthetic Drugs Act</i> , which became Public Law No: 118-79 on September 13, 2024, requires the Government Accountability Office to carry out a study on illicit financing in connection with the trafficking of synthetic drugs, including fentanyl and methamphetamine, fentanyl- and methamphetamine-related substances, Captagon, and fentanyl and methamphetamine precursors.
H.R. 2670 – <i>NDAA FY2024</i>	The <i>National Defense Authorization Act (NDAA) for Fiscal Year 2024</i> , which became Public Law No: 118-31 on December 12, 2023, addresses fentanyl in sections 706, 1013, and 1311. This includes a requirement for enhanced naloxone access on military installations as well as an updated defense strategy on disrupting fentanyl trafficking with existing authorities and with bilateral defense working groups and military cooperation roundtables with Canada and Mexico. The Act also requires the Secretary of Defense, in consultation with the Director of National Intelligence (ODNI), to determine if China assisted in or approved of the transportation of pill presses, fentanyl products, or fentanyl precursors to one or more Mexican drug cartels and report these findings to Congress. The NDAA notes that the trafficking of illicit fentanyl, including precursor chemicals and manufacturing equipment associated with illicit fentanyl production and organizations that traffic or finance the trafficking of illicit fentanyl, originating from China and Mexico should be among the highest priorities for the ODNI. The Act also requires the Central Intelligence Agency to conduct an intelligence assessment on the transnational criminal organizations, the Sinaloa Cartel and New Generation Jalisco Cartel to gain a more comprehensive understanding of the manner in which these illicit organizations operate and push illicit fentanyl onto American streets. The NDAA for FY2025 , which is currently pending further action, continues this language as well.
H.R.3203 – <i>Stop Chinese Fentanyl Act</i>	The <i>Stop Chinese Fentanyl Act</i> , which passed the U.S. House of Representatives on July 25, 2023, and awaits action in the U.S. Senate, modifies the Fentanyl Sanctions Act by allowing Chinese entities and officials to be sanctioned as foreign opioid traffickers if they are involved in the production, sale, financing, or transportation of synthetic opioids or their precursors but do not take sufficient actions to prevent trafficking.
H.R. 2 – <i>Secure the Border Act</i>	The <i>Secure the Border Act</i> , which passed the House on May 11, 2023, and awaits action in the U.S. Senate before enactment into law, was the most comprehensive border security package to pass the House in decades. It secures the border and combats illegal immigration by forcing the Administration to restart construction of the border wall, deploys technology, increases the number of Border Patrol agents, provides bonus pay, requires transparency of illegal crossings reported by the DHS, protects unaccompanied children human trafficking, ends catch and release, and streamlines the asylum process.
S. 4698 – <i>DHS Joint Task Forces Reauthorization Act</i>	The <i>DHS Joint Task Forces Reauthorization Act</i> , which became Public Law No: 118-103 on October 01, 2024, reauthorizes the Department of Homeland Security Joint Task Forces till 2026.
H.R. 6261 – <i>Impact of Crime on Public Building Usage Act</i>	The <i>Impact of Crime on Public Building Usage Act</i> , which passed out of the U.S. House of Representatives on March 20, 2024, and awaits action in the U.S. Senate, requires the Government Accountability Office to conduct a review and report on the following: <ul style="list-style-type: none"> • The effects and costs of increased crime rates and safety concerns, including the use of fentanyl and other drugs and homelessness, in urban areas on building usage for in-person work at federal buildings; and • The effects of low office utilization rates on safety around federal buildings.
H.R. 8663 – <i>DETECT Fentanyl and Xylazine Act</i>	The <i>DETECT Fentanyl and Xylazine Act</i> , which passed the U.S. House of Representatives on September 9, 2024, and awaits action in the U.S. Senate, requires the DHS Science and Technology Directorate to develop greater capacity to detect, identify, and disrupt illicit substances with advanced technologies.
H.R. 7404 – <i>Subterranean Border Defense Act</i>	The <i>Subterranean Border Defense Act</i> , which passed the U.S. House of Representatives on September 9, 2024, and awaits action in the U.S. Senate, requires the DHS to submit an annual report and strategic plan to Congress on counter illicit cross-border tunnel operations. Illicit cross-border tunnels along the southwest border of the United States represent a significant and growing threat to national security

<p><u>H.R. 7832</u> – <i>Emerging Innovative Border Technologies Act</i></p>	<p>The <i>Emerging Innovative Border Technologies Act</i>, which passed the U.S. House of Representatives on September 23, 2024, and awaits action in the U.S. Senate, requires the DHS to develop a plan to identify, integrate, and deploy new, innovative, disruptive, or other emerging or advanced technologies to enhance, or address capability gaps in, border security operations.</p>
<p><u>H.R. 2789</u> – <i>American Cooperation with Our Neighbors Act</i></p>	<p>The <i>American Cooperation with Our Neighbors Act</i>, which passed out of the U.S. House of Representatives on July 08, 2024, and awaits action in the U.S. Senate, addresses certain types of cooperation between the United States, Mexico, and countries in Central American and the Caribbean. Specifically, the Act requires:</p> <ul style="list-style-type: none"> • The Department of State to submit to Congress a strategy to strengthen subnational cooperation between the United States and Mexico related to fentanyl and synthetic opioid trafficking; • The Department of State to conduct a feasibility study on certain space-based telecommunications technologies for Mexico and the countries of Central America and the Caribbean; and • The Department of State to conduct a review related to expanding financial access to Caribbean countries.
<p><u>H.R. 8734</u> – <i>Northern Border Security Enhancement and Review Act</i></p>	<p>The <i>Northern Border Security Enhancement and Review Act</i>, which was introduced on September 13, 2024, and originally cosponsored by Congressman Newhouse, requires the DHS to conduct an annual Northern Border Threat Analysis. Within 90 days of the release of the Analysis, the Northern Border Strategy must be updated to address the Analysis. DHS must also implement the 2019 Government Accountability Office’s recommendations on air and maritime environment effectiveness. All of these actions are required because the last Northern Border Threat Analysis occurred in 2017 and the last update to the Northern Border Strategy occurred in 2018, which was before the rapid influx of fentanyl, illicit substances, and individuals crossing the largest unsecured international border in the world.</p>
<p><u>H.R. 3244</u> – <i>Stop Fentanyl Money Laundering Act</i></p>	<p>The <i>Stop Fentanyl Money Laundering Act</i>, which passed the U.S. House Committee on Financial Services on July 26, 2023, with a vote of 49 to 0, and awaits further consideration on the House Floor, allows the Treasury to impose restrictions on an entity or activity determined to be of primary money-laundering concern in connection with illicit fentanyl and narcotics trafficking. If the Treasury determines that a foreign financial institution, class of transaction, or type of account is of such concern, Treasury may require domestic financial institutions and agencies to take special measures, such as reporting certain financial transactions involving that entity or activity. Additionally, the Financial Crimes Enforcement Network (FinCEN) must issue advisories to financial institutions about how to identify Chinese money laundering that facilitates the trafficking of fentanyl and other synthetic opioids.</p>
<p><u>H.R.568</u> – <i>Save Americans from the Fentanyl Emergency (SAFE) Act</i></p>	<p>The <i>Save Americans from the Fentanyl Emergency Act</i>, which was introduced by Congressman Newhouse on January 26, 2023, permanently schedules all fentanyl-related substances as Schedule I of the Controlled Substances Act, defines the types of compounds and molecular variations that count as an analog of fentanyl, requires the Attorney General to publish a list of substances that meet the classification of a fentanyl-related substance in the Federal Register within 60 days of the determination, allow the Secretary of HHS to contract with private entities to conduct research and evaluations into fentanyl-related substances, and creates a streamlined process to facilitate research of controlled substances in Schedule I, and requires the GAO to issue a report analyzing the impact on research, removal or rescheduling of analogs, manufacturing, trafficking, criminal charges, and overall efficacy on reducing the proliferation of fentanyl-related substance.</p>
<p><u>H.R.1597</u> – <i>William and James Wonacott Act</i></p>	<p>The <i>Williams and James Wonacott Act</i>, which was introduced by Congressman Newhouse on March 14, 2023, enhances penalties for those who sell, give, or distribute any substance that contains two milligrams or more of illicit fentanyl or fentanyl-related substances to another person without their knowledge. These actions will result in a minimum of twenty years with the possibility of life. If death occurs, these actions will result in a minimum of twenty-five years with the possibility of life. The intent of this legislation is to make illicit fentanyl distribution without recipient knowledge equivalent to first-degree murder. The Act is dedicated to two brothers of Central Washington who lost their lives to fentanyl. Congressman Newhouse testified on behalf of this Act, the lives, and story of William and James during the <u>Energy and Commerce Member Day Hearing</u> as well as during the <u>Select Committee on the Chinese Communist Party’s Hearing on Fentanyl</u>.</p>
<p><u>H.R. 7891</u> – <i>Kids Online Safety Act</i></p>	<p>The <i>Kids Online Safety Act</i> passed out of the U.S. House Energy and Commerce Committee on September 18, 2024. It’s Senate companion, S. 1409, also passed out of the Committee on Commerce, Science, and Transportation, and was placed on the Senate Legislative Calendar on December 13, 2023. We look forward to bicameral enactment. If enacted into law, would do the following:</p> <ul style="list-style-type: none"> • Provide platform accountability by requiring them to take reasonable measures to make sure their products prevent and mitigate harms to minors including drugs, tobacco products, gambling, and alcohol. • Increase transparency by requiring platforms to share their policies and practices related to user data in a clear, conspicuous, de-identifiable, and easy-to-understand manner.

	<ul style="list-style-type: none"> Empower users easy-to-use tools that allow kids and their parents to limit notifications, who can contact them, the amount of time they can spend on the platforms and restrict the sharing of their geolocation.
H.R. 5778 – <i>Sammy’s Law</i>	<i>Sammy’s Law</i> , which was introduced on September 28, 2023, requires large social media platform providers to create, maintain, and make available to third-party safety software providers a set of real-time application programming interfaces, through which a child or a parent or legal guardian of a child may delegate permission to a third-party safety software provider to manage the online interactions, content, and account settings of such child on the large social media platform on the same terms as such child. The Act is dedicated to Sammy Chapman, a sixteen-year-old who lost his life in February of 2021 from consuming illicit drugs laced with fentanyl that were delivered to his home through social media.
S. 1080 – <i>Cooper Davis Act</i>	The <i>Cooper Davis Act</i> , which was introduced on March 30, 2023, and placed on the Senate Legislative Calendar on September 5, 2023, requires social media companies and other communication service providers to report various drug-related offenses to the Drug Enforcement Administration. This would help combat the illegal sale and distribution of drugs on their platforms by creating a standardized and comprehensive framework. The Act is dedicated to Cooper Davis, a sixteen-year-old who lost his life in August of 2021 from purchasing and consuming a fentanyl-laced Percocet on the social media platform, Snapchat.
H.R.3205 – <i>Project Precursor Act</i>	The <i>Project Precursor Act</i> , which is led by U.S. House and U.S. Senate Foreign Affairs Committee leadership, and cosponsored by Congressman Newhouse, passed out of the U.S. House Committee on Foreign Affairs on May 16, 2023, and awaits further consideration on the House Floor. If enacted, the bill would add fentanyl to the chemical weapons convention and expand the authority of the Department of State to work with the Mexican government to disrupt the fentanyl supply chains, countering Chinese fentanyl operations in Mexico, and taking significant steps to strengthen global law enforcement cooperation and U.S. sanctions.
H.R. 4148 – <i>Import Security and Fairness Act</i>	The <i>Import Security and Fairness Act</i> , which was introduced on June 15, 2023, closes a trade and customs loophole that is often abused by those participating in the illicit substances supply chain. Under current law, the de minimis threshold allows imports valued under \$800 to come into the United States without paying duties, taxes, fees or undergoing rigorous inspection. The Act prevents non-market economies from exploiting the de minimis threshold and requires Customs and Border Protection to collect more shipment information. Bipartisan congressional investigation into the de minimis loophole prompted the Administration to announce enhanced enforcement actions to close the loophole. As of publication in October 2024, Congressional leadership in the U.S. House of Representatives and U.S. Senate are negotiating potential legislation that incorporates portions of H.R. 4148 and H.R. 7979, thereby codifying and expanding upon the Administration’s action to curb China’s de minimis abuse.
H.R. 7979 – <i>End China’s De Minimis Abuse Act</i>	The <i>End China’s De Minimis Abuse Act</i> , which passed out of the U.S. House Committee on Ways and Means on April 17, 2024, with a vote of 24 to 18, ends the de minimis privilege for any good subject to Section 301 trade enforcement tariffs, which would immediately eliminate the de minimis loophole for 60% of U.S. imports deriving from China. If enacted, it will have profound impact on fentanyl distribution in the United States and the import of illicit Chinese products including disposable vaping devices.
H.R. 5266 – <i>Interdiction of Fentanyl in Postal Mail at Federal Prisons Act</i>	The <i>Interdiction of Fentanyl in Postal Mail at Federal Prisons Act</i> , introduced on August 25, 2023, and cosponsored by Congressman Newhouse, will fund a program to implement digital mail scanning in U.S. prisons. Federal prisons have experienced a 600% rise in drug overdoses among inmates over the past several years, driven by the smuggling of fentanyl and other contraband through the mail service. Fentanyl poses a significant risk to the health and safety of inmates and prison employees.
H.R. 8205 – <i>Keeping Violent Offenders Off Our Street Act</i>	The <i>Keeping Violent Offenders Off Our Streets Act</i> , which passed out of the U.S. House of Representatives in September 2024, defines bail bonds as insurance products, which subjects them to federal insurance fraud laws, federal background check requirements, and allows states to enact licensing requirements for corporate, for-profit, and non-profit entities that post bail on behalf of defendants. This bill will bring much needed accountability and oversight to charitable bail funds
H.R. 4524 – <i>Parity for Tribal Law Enforcement Act</i>	The <i>Parity for Tribal Law Enforcement Act</i> , introduced by Congressman Newhouse on July 10, 2023, and passed out of the Committee on Natural Resource on March 12, 2024, would improve hiring and retention of tribal law enforcement officers. The Senate companion piece of legislation, S. 2695 , led by Senator Maria Cantwell, passed out of the Committee on Indian Affairs on September 18, 2024.
H.R. 9310 – <i>PROTECT Act</i>	The <i>PROTECT Act</i> , introduced by Rick Larsen (D-WA-02) on August 06, 2024, and cosponsored by Congressman Newhouse would provide parity for Tribal courts to issue search warrants for certain electronic communications, including social media. The Act also expands Special Tribal Criminal Jurisdiction to crimes associated with drug trafficking and amends the Bureau of Prison’s Tribal Prisoner Program by expanding eligibility to offenders who commit drug-trafficking-related offenses.

State Policy for Prevention and Treatment

At the state level, prevention and treatment is primarily executed by the Washington State Department of Health as well as the Health Care Authority – Community Behavioral Health. These two main entities are generally funded and guided by [SB 5536](#) – *Concerning controlled substances, counterfeit substances, and legend drug possession and treatment*.

Title	Summary of Passed Legislation in the State of Washington
<p>SB 5536 – <i>Concerning controlled substances, counterfeit substances, and legend drug possession and treatment</i></p>	<p>SB 5536 – <i>Concerning controlled substances, counterfeit substances, and legend drug possession and treatment</i>. This Act addresses pre-trial referral and diversion programs as well as opioid use disorder treatment facilities and the required appropriations. In Section 9 of the bill, it creates a pretrial diversion program for individuals charged with simple possession, where the defendant agrees to meaningfully engage in a treatment program in exchange for the state dismissing the charge. The judge must advise the defendant of a program’s availability at arraignment and the prosecuting attorney must consent to the defendant’s participation. In section 12 of the bill, opioid use disorder treatment facilities (with the exception of safe injection sites) are now considered essential public facilities. As such, cities and counties can only regulate opioid use disorder treatment facilities in the same manner in which they regulate other essential public facilities and health care settings. Maximum capacity cannot be imposed on these facilities. To ensure such reforms may occur, the following appropriations are provided to the Health Care Authority:</p> <ul style="list-style-type: none"> • \$36.6 million from the state general fund to expand efforts to provide opioid use disorder medication in city, county, regional, and tribal jails; • \$7 million from the state general fund to provide support for new, established clubhouses in WA; • \$3.2 million from the state general fund to establish and expand 23-hour crisis relief centers distributed to an equivalent number of crisis services providers in Western Washington and Eastern Washington; • \$2.5 million from the state general fund—\$5 million total funds—to on-going LEAD programs; and • \$1.8 million from the state general fund—\$3.6 million total funds—to provide ongoing grants for Arrest and Jail Alternative programs.
<p>SB 5906 – <i>Relating to implementing a statewide drug overdose prevention and education campaign</i></p>	<p>SB 5906 – <i>Relating to implementing a statewide drug overdose prevention and education campaign</i>. This Act, signed into law on March 19, 2024, requires that the Department of Health develop, implement, and maintain a drug overdose prevention campaign, including information on dangers and harms related to drug use. The Department may include additional information on addiction and overdose prevention, resources for treatment, and immunity for those seeking medical assistance. The Department must also provide outreach to youth and adults. Funding has been appropriated to Department and Health Care Authority three times:</p> <ul style="list-style-type: none"> • \$400,000 per fiscal year to the Department for opioid use prevention on Spanish-language radio in the Yakima Valley. • \$60,000 per fiscal year to the Department for a fentanyl campaign for youth. • \$1 million per fiscal year to the Health Care Authority for an opioid awareness campaign to educate youth and young adults of the prevalence and dangers associated with fentanyl in the illicit street drug supply.
<p>HB 2112 – <i>Concerning opioid and fentanyl prevention education and awareness at institutions of higher education</i></p>	<p>HB 2112 - <i>Concerning opioid and fentanyl prevention education and awareness at institutions of higher education</i>. This Act requires that each institution of higher education must provide opioid prevention education and awareness information to all students. Education may be offered in person or electronically and must include information on the Good Samaritan Law and must be posted on each institution's public website. Naloxone and fentanyl strips must be made available to students on campus in various accessible locations.</p>
<p>HB 1956 – <i>Addressing fentanyl and other substance use prevention education</i></p>	<p>HB 1956 - <i>Addressing fentanyl and other substance use prevention education</i>. This Act requires that the Secretary of Health annually develop and deploy a statewide multimedia substance use prevention and awareness campaign that evolves to address the substance or substances with the greatest impact on the health of Washington youth and their families, diverse regions and communities, and the broader public. The campaign must be developed in partnership with the Governor’s Interagency Coordinating Council on Health Disparities. The campaign messages and materials must include information on the Good Samaritan Overdose Law. Messages and materials for target groups must connect and be reinforced by the statewide messages and materials. The 2024 and 2025 campaigns must focus on increasing the awareness of the dangers of fentanyl and other synthetic opioids, as well as providing overdose prevention and addiction treatment information. School and Classroom Substance Use Prevention and Awareness Materials. The Office of the Superintendent</p>

	of Public Instruction is directed to collaborate with the Department of Health to develop age-appropriate substance use prevention and awareness materials for school and classroom uses.
<u>SB 5804</u> – <i>Concerning opioid overdose reversal medication in high schools</i>	SB 5804 - <i>Concerning opioid overdose reversal medication in high schools</i> . This Act requires that all school districts, charter schools, and state-tribal education compact schools must obtain and maintain at least one set of opioid overdose reversal medication doses in each of the public schools. School districts must also adopt an opioid-related overdose policy by September 1, 2024. Public schools are encouraged to include opioid overdose reversal medication in each first aid kit maintained on school property and in any coach or sports first aid kits maintained by the public school, provided that these kits are not accessible to people other than school personnel who have been designated to distribute or administer this medication. Public schools are encouraged to include at least one location of this medication on the school's emergency map.
<u>HB 1877</u> – <i>Improving the Washington state behavioral health system for better coordination and recognition with the Indian behavioral health system</i>	HB 1877 - <i>Improving the Washington state behavioral health system for better coordination and recognition with the Indian behavioral health system</i> . This Act includes tribes, Indian health care providers, and tribal entities in processes under the Involuntary Treatment Act, including providing tribes with notice and a limited right to intervene when a member is subject to ITA proceedings, requiring designated crisis responders to collaborate with tribal law enforcement, and requiring behavioral health service providers to accept tribal court orders from tribes in Washington. The Act also requires the Health Care Authority to develop guidelines for culturally appropriate evaluations of American Indians and Alaska Natives and consult with tribal governments on DCR protocols as well as allows tribes to seek reimbursement from the HCA for judicial costs of civil commitment proceedings and allows the HCA to make grants or purchase services from tribes for community behavioral health programs. Finally, it adds tribal entities and Indian health care providers to provisions allowing disclosure of mental health information and records of court proceedings
<u>SB 5580</u> – <i>Improving maternal health outcomes</i>	SB 5580 - <i>Improving maternal health outcomes</i> . Currently, the Health Care Authority administers Washington's Apple Health program providing medical assistance primarily through Medicaid for low-income state residents who meet certain eligibility criteria. Apple Health offers a complete medical benefits package to eligible families, children under age 19, low-income adults, certain disabled individuals, and pregnant individuals with countable income at or below 193 percent of the federal poverty level. This Act expands the level of coverage for those who are at or below 210 percent of the federal poverty level
<u>HB 2075</u> – <i>Concerning licensing of Indian health care providers as establishments</i>	HB 2075 - <i>Concerning licensing of Indian health care providers as establishments</i> . This Act requires by July 1, 2025, that the Department of Health issue a license to operate an establishment to Indian health care providers who submit an attestation that they meet the state's minimum standards for the licensure of an establishment and pay a processing fee. A license obtained through the attestation process does not excuse compliance with other required credentialing standards, such as behavioral health agency licensure, Pharmacy Commission requirements, certificate of need requirements, construction review requirements, medical test site requirements, fire protection standards, and local regulations.
<u>SB 5821</u> – <i>Establishing a uniform standard for creating an established relationship for the purposes of coverage of audio-only telemedicine services</i>	SB 5821 - <i>Establishing a uniform standard for creating an established relationship for the purposes of coverage of audio-only telemedicine services</i> . This Act establishes a uniform standard definition for audio-only telemedicine services with the intent to specifically define and broaden coverage of telemedicine services, especially for those in underserved communities and rural areas. Health plans must cover telemedicine services if the plan provides coverage for the service when provided in person, the service is medically necessary, the service is recognized as an essential health benefit, the service is determined to be safely and effectively provided through telemedicine and for audio-only telemedicine services, the covered person has an established relationship with the provider
<u>SB 5481</u> – <i>Concerning the Uniform Telemedicine Act</i>	SB 5481 - <i>Concerning the Uniform Telemedicine Act</i> . This Act allows a health care practitioner to provide telehealth services to a patient located in the state if the services are consistent with the health care practitioner's scope of practice, applicable professional practice standards, and requirements and limitations of federal law and law of the state. A practitioner-patient relationship may be established through telehealth, but may not be established through email, instant messaging, text messaging, or faxes.
<u>HB 1941</u> – <i>Providing for health home services for Medicaid-eligible children</i>	HB 1941 - <i>Providing for health home services for Medicaid-eligible children with medically complex conditions</i> . This Act requires, by January 1, 2025, that the Health Care Authority submit a state plan amendment to CMS to allow Medicaid-eligible children with medically complex conditions to voluntarily enroll in a health home to improve their care and services.
<u>HB 1929</u> – <i>Supporting young adults following inpatient behavioral health treatment</i>	HB 1929 - <i>Supporting young adults following inpatient behavioral health treatment</i> . This Act allows federally recognized tribes in Washington or tribal organizations that serve American Indians and Alaska Natives to receive funding to operate a residential program under the Post-Inpatient Housing Program for Young Adults.

State Policy for Drug Enforcement

At the state level, drug enforcement is regulated under the [Uniform Controlled Substances Act](#). The *Uniform Controlled Substances Act* sets out which substances are illegal to possess and distribute in the state. The type of charge and corresponding punishment depend upon the quantity of drugs possessed; the type of drug and its classification; the purpose of the possession; evidence of commercial activity; weapons possession or use while in possession of the drugs; substantial presence of money; and any previous criminal history. During the last legislation session, the Washington State Legislature amended existing law with the passage of [SB 5536](#) – *Concerning controlled substances, counterfeit substances, and legend drug possession and treatment*.

Title	Summary of Passed Legislation in the State of Washington
<p>SB 5536 – <i>Concerning controlled substances, counterfeit substances, and legend drug possession and treatment.</i></p>	<p>SB 5536 – <i>Concerning controlled substances, counterfeit substances, and legend drug possession and treatment.</i> This Act provides state level standardization and amends penalties for drug possession and use. Effective July 1, 2023, the Act makes it a gross misdemeanor to</p> <ul style="list-style-type: none"> • Knowingly possess counterfeit substances and controlled substances; or • Knowingly use prohibited substances in a public place. <p>This Act additionally covers possession and use of counterfeit or controlled substances, such as fentanyl and other opioids, methamphetamine, heroin, and cocaine. Also prohibited is the knowing possession of non-prescribed legend drugs and their knowing use in a public place, both classified as misdemeanors. The Act provides \$1.2 million in appropriations from the state general fund to the Washington State Patrol to complete analysis for any evidence submitted for a suspected violation of the possession statutes within 45 days.</p>
<p>HB 2396 – <i>Ivan’s Law.</i></p>	<p>HB 2396 – <i>Ivan’s Law</i> imposes minimum standards on public outreach campaigns on the dangers of fentanyl and other synthetic opioids, requires the Washington Association of Sheriffs and Police Chiefs to compile resources on decontaminating motor vehicles, and requires jails to provide individuals with information on substance use disorder treatment programs upon release. The Act also requires the following:</p> <ul style="list-style-type: none"> • Public Awareness Campaigns. When conducting a public outreach campaign on the dangers of fentanyl and other synthetic opioids the Department of Health (DOH) must, if appropriate and practicable, ensure that campaign materials are culturally appropriate, accessible in other languages, and accessible to the deaf and blind communities. When designing a public outreach campaign, the DOH must consider using the phrase "Not Even Once" where appropriate. • Decontaminating Motor Vehicles. Subject to appropriated funds, the Washington Association of Sheriffs and Police Chiefs, in consultation with the DOH and the Washington Poison Center, must compile resources on how to decontaminate motor vehicles of fentanyl residue or the residue of other synthetic opioids. By January 1, 2025, the WASPC must make the materials available to law enforcement agencies for the purpose of providing them to individuals who recover a stolen vehicle or purchase a vehicle seized by a law enforcement agency. • Providing Information to Individuals in Custody. When a jail releases any individual from custody, it must provide the individual with information on the availability of substance use disorder treatment programs relating to addictions to fentanyl and other synthetic opioids, including the services that law enforcement officers are encouraged to offer individuals suspected of committing crimes.
<p>HB 1635 – <i>An act relating to limiting liability arising from the use of trained police dogs.</i></p>	<p>HB 1635 – <i>An act relating to limiting liability arising from the use of trained police dogs.</i> This Act requires the Criminal Justice Training Commission to develop model standards for the training and certification of canine teams to detect fentanyl by December 1, 2024, and provides certain entities and their employees immunity from civil damages arising from the use of a canine to detect fentanyl beginning January 1, 2025.</p>
<p>SB 6146 – <i>Concerning tribal warrants.</i></p>	<p>SB 6146 - <i>Concerning tribal warrants.</i> This Act creates a procedure for state law enforcement officers to enforce the arrest warrants of certified tribes. The arrest warrants of certified tribes must be accorded full faith and credit by state courts and state law enforcement officers, meaning such courts and officers must treat the arrest warrant of a certified tribe as if it were a Washington State arrest warrant. When a Washington State law enforcement officer arrests a person pursuant to the tribal arrest warrant of a certified tribe, if no other grounds</p>

	for detention exists under state law, the officer must contact the tribal law enforcement agency that issued the warrant to establish the warrant's validity.
<u>SB 6186</u> – <i>Concerning disclosure of certain recipient locations to the Washington state patrol.</i>	SB 6186 - <i>Concerning disclosure of certain recipient locations to the Washington state patrol.</i> To the extent allowed under federal law, upon written request of a law enforcement officer from a state, local, or tribal law enforcement agency, the Department of Social and Health Services or the Health Care Authority shall disclose to the law enforcement officer whether the recipient has accessed his or her public assistance benefits in the last 30 days for the purpose of assisting the officer in confirming whether the recipient is alive if the recipient is the subject of a missing person's report.
<u>SB 5940</u> – <i>Creating a medical assistant-EMT certification.</i>	SB 5940 - <i>Creating a medical assistant-EMT certification.</i> This Act defines a medical assistant-EMT as a registered person who holds an EMT certification, an advanced EMT certification, or a paramedic certification, and who performs the authorized duties under the supervision of a health care practitioner.
<u>HB 1726</u> – <i>Concerning the director of fire protection's administration and reimbursement of fire service-related training programs.</i>	HB 1726 - <i>Concerning the director of fire protection's administration and reimbursement of fire service-related training programs.</i> The current method for calculating reimbursement rates is removed, and reimbursement is instead provided in accordance with rules established by the Director. The Washington State Patrol, through the Director of Fire Protection, is given the authority to adopt such rules. This is agency-request legislation intended to help better deliver regional firefighter training, allow more flexibility in delivery to reach more rural districts, and better serve cases of emergency response including overdose.

Education

Federal Education Efforts for Prevention and Treatment

At the federal level, there are numerous departments and agencies executing efforts to inform members of the public which prevention and treatment policies and programs are available. Most of the programs are targeted towards youth to prevent addiction early on in their lives and include best practices identified by substance use professionals.

- [Preventing and Reducing Youth and Young Adult Substance Misuse: Schools, Students, Families](#) This Department of Education effort helps students, teachers, families, and schools prevent and reduce youth substance use and misuse. Some of these lessons include promoting safe learning environments, informing students about the dangers of drug use, providing evidence-based prevention programs, enhancing student engagement, and preparing for drug poisoning or overdose scenarios on school grounds.
- [National Center on Safe Supportive Learning Environments](#) – Reports and models are available titled, “Effective Prevention: US Department of Education Alcohol and Other Drug Prevention Models on College Campuses Grants.” It includes lessons learned to assist other institutions develop and implement effective prevention programs on their campuses and in surrounding communities. This publication is based on information obtained through site visits and materials review to relay the experiences, lessons learned, and recommendations of these 12 model program grantees.
- [Health and Human Services Education, Training, and Resource Opportunities](#) – HHS provides comprehensive education and training opportunities for health professionals and students including loans, scholarships, and training programs.
- [Health and Human Services Overdose Prevention Strategy](#) – This strategy supports substance use prevention by expanding research of new and improved prevention efforts, investing in community resources to help prevent harms related to substance use, increasing access to high-quality pain management to reduce preventable suffering, and promoting responsible prescription of medications to protect patient safety.
- [Center for Disease Control and Prevention Drug-Free Communities Support Program](#) – This Program is the nation’s leading effort to mobilize communities to prevent and reduce substance use among youth. It is aimed at mobilizing community leaders to identify and respond to the drug problems unique to their community and change local community environmental conditions tied to substance use. More than 700 community coalitions across the country receive funding up to \$125,000 per year to strengthen collaboration among local partners and create an infrastructure that reduces youth substance use.
- [National Alliance on Mental Illness \(NAMI\)](#) – NAMI is the nation's largest nonprofit mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI Washington provides educational resources and events, statewide outreach, advocacy and affiliate organizational support.

- [National Institute on Drug Abuse](#) – The mission of the National Institute on Drug Abuse is to advance science on the causes and consequences of drug use and addiction and to apply that knowledge to improve individual and public health. They address the most fundamental questions about drug abuse from detecting and responding to emerging drug abuse trends and understanding how drugs work in the brain and body, to developing and testing new approaches to treatment and prevention.
- [Just Think Twice](#) – Just Think Twice is an information campaign run by the DEA aimed at teenagers to provide information on drug facts, statistics, and the consequences of substance use.
- [Campus Drug Prevention](#) – Campus Drug Prevention is a DEA resource for institutions of higher learning and educators who support prevention on college campuses and provides a toolbox for use by drug prevention professionals, access to federal and national resources, podcasts, facts on drugs and paraphernalia, and a student help center.
- [Operation Prevention](#) – Operation Prevention is a collaboration between the DEA and Discovery Education to provide no-cost digital tools for students in grades 3-12, in English and Spanish, to raise awareness about the dangers of substance misuse. Operation Prevention also features a culture-based prevention resource titled “The Good Medicine Bundle” developed for Native and Nonnative students.
- [Central Washington Opioid Overdose and Fentanyl Resource Toolkit](#) – This is a compiled list of federal, state, and local resources for overdose prevention, treatment programs, and recovery helplines.

Federal Education Efforts for Drug Enforcement

At the federal level, there are several departments and agencies executing efforts to inform members of the public which enforcement policies and programs are available.

- [Faces of Fentanyl](#) – A special exhibit created by the DEA, The Faces of Fentanyl, commemorates the lives lost from fentanyl poisoning. If you would like to submit a photo of a loved one lost to fentanyl, submit their name, age, and photograph for DEA’s consideration, or post a photo and their name to social media using the hashtag #JustKNOW
- [DEA’s Family Summits](#) – The DEA’s National Family Summit has occurred since 2022, bringing together families who have lost loved ones to drug poisoning and non-profit organization to collaborate and share information to address the overdose epidemic.
- [One Pill Can Kill](#) – The DEA has issued a Public Safety Alert and launched the One Pill Can Kill Public Awareness Campaign to educate the public of the dangers of counterfeit pills and urges all Americans to take only medications prescribed by a medical professional and dispensed by a licensed pharmacist.

- [Operation Engage](#) – Operation Engage is a comprehensive community-based initiative, bridging public health and public safety across 11 DEA field divisions. This approach raises awareness about the dangers of illicit substances, increases community visibility on the top local drug threats, and builds localized drug prevention capacity by implementing strategies for community-level change.
- [International Narcotics Control Board \(IONICS\)](#) – IONICS is the only secure online communication platform dedicated to real-time communication of incidents involving suspicious shipments of, trafficking in, or illicit manufacture or production of new psychoactive substances, including fentanyl related substances and other synthetic opioids.
- [Suspicious Orders Database](#) – DEA registrants that distribute controlled substances are required to report suspicious orders to DEA. This database may only be accessed by DEA registrants, but a bi-annual report is prepared and shared with registered states.
- [Automated Reports and Consolidated Ordering System Reports to States \(ARCOS\)](#) – ARCOS is a data collection system in which manufacturers and distributors are required to report their controlled substances transactions to the DEA. ARCOS summarizes these transactions which are provided to federal and state agencies investigating illicit controlled substance distribution.
- [Regional Information Sharing Systems \(RISS\)](#) – The mission of the RISS Program is to assist local, state, federal, and tribal criminal justice partners by providing solutions and services that facilitate information sharing, support criminal investigations, and promote safety.
- [Overdose Detection Mapping Application Program \(ODMAP\)](#). ODMAP is a free, web-based tool that provides near real-time suspected overdose surveillance data across jurisdictions to support public safety and public health efforts to mobilize an immediate response to a sudden increase, or spike in overdose events.

State Education Efforts for Prevention and Treatment and Enforcement

At the state level, there are efforts being executed by numerous public and private entities for both prevention and treatment as well as for enforcement. The ones identified by the Task Force for enforcement include the Northwest HIDTA, North Central Washington Narcotics and Gang Task Force, Columbia River Drug Task Force, Interagency Narcotics Enforcement Team, LEAD Task Force, and the Tri-Cities Metro Drug Task Force. The activities identified by the Task Force for prevention and treatment include the Washington State Health Care Authority, Washington State Department of Social and Health Services, and the Department of Children, Youth, and Families. Additional efforts include local Drug Free Communities initiatives, research and public meetings with Washington State University, town halls, community conversations, youth prevention work in schools, and recovery coalition efforts. All of these entities, efforts, and activities are dedicated to safeguarding our communities from fentanyl.

Recommendations

The Task Force recommends Congress:

Addresses the role of China in the fentanyl crisis by:

- Establishing a Joint Task Force – Counter Opioids (JTF-CO) that concentrates all non-military elements of state power and executes a coordinated strategy to target the weak points in the global illicit fentanyl supply chain.
- Strengthening United States sanction authorities and use those authorities in an aggressive and coordinated manner against entities involved in the fentanyl trade.
- Enacting trade and customs enforcement measures to restrict fentanyl trafficking.
- Closing regulatory and enforcement gaps exploited by China-based money launderers and fentanyl traffickers.
- Providing law enforcement and intelligence officials with the statutory authorities, tools, and resources they need to execute their responsibilities, including through enhancing international law enforcement cooperation, appropriately prioritizing fentanyl and anti-money laundering in intelligence and enforcement efforts; and recruiting and retaining top talent to combat the fentanyl threat.
- Assessing the statutory authority surrounding a victim’s private right of action against certain entities knowingly or complicity engaged in the illicit substance supply chain.
- Conducting oversight of the Administration’s diplomatic efforts.
- Ensuring these measures appropriately target members of the Chinese Communist Party, the entities and individuals responsible for the production, distribution, and sale of these illicit substances, and not the law abiding Chinese diaspora residing in the U.S.

Stops the flow of fentanyl over the Southern Border and the Northern Border by:

- Enhancing resources for critical intelligence and drug enforcement programs such as the Drug Enforcement Administration’s Special Operations Division, the Department of State’s Bureau of International Narcotics and Law Enforcement Affairs, the Department of Justice’s Regional Information Sharing Systems and Community Oriented Policing Services Program, and the Department of Interior’s Division of Drug Enforcement.
- Ensuring Customs and Border Patrol has the necessary resources, agents, technologies and authorities to address the influx of individuals, illicit substances, and materials.
- Requiring an annual Northern Border Threat Analysis to be conducted and requiring DHS’s Northern Border Strategy to be updated.
- Reviewing the operational capabilities of Customs and Border Protection sectors, primarily including Blaine and Spokane, which includes Oroville, Curlew, Colville, and Metaline Falls, given the influx of border crossings and illicit materials entering through our Northern Border. Based on these findings, determine which resources and authorities are further needed and determine if a Northern Border Coordination Center is necessary to meet the growing demand.
- Coordinating federal, state and local law enforcement with tribal law enforcement to ensure jurisdictional gaps and large open terrains within Indian Country are not exploited by drug traffickers and transnational criminal organizations.

- Authorizing tribal law enforcement officers acting under a 638 contract to be considered federal law enforcement officers to better protect native communities and help address the fentanyl crisis.
- Providing parity for Tribal courts to issue search warrants for certain electronic communications, including social media.
- Expanding Special Tribal Criminal Jurisdiction to crimes association with drug trafficking.
- Amending the Bureau of Prison’s Tribal Prisoner Program by expanding eligibility to offenders who commit drug-trafficking-related offenses.
- Deploying advanced techniques and technologies to enhance illicit substance detection capabilities including but not limited to non-intrusive inspection, narcotics detection canines, forward operating laboratories, machine learning, and artificial intelligence.
- Closing identified loopholes that allow certain packages from entering the country, such as Section 321 of the Tariff Act of 1930, referred to as the de minimis threshold.
- Reforming civil asset forfeiture to protect constitutional rights while ensuring law enforcement has the tools necessary to punish criminals, deter illegal activities, and disrupt criminal organizations.
- Empowering U.S. attorneys to better prosecute illicit manufactures and dealers by permanently placing fentanyl-related substance as Schedule 1 in the CSA, with the necessary medical exceptions, and clearly defining what constitutes fentanyl-related substances. This may be achieved by enacting Congressman Newhouse’s H.R.568 – *Save Americans from the Fentanyl Emergency (SAFE) Act* or Congressman Griffith’s H.R.467 – *HALT Fentanyl Act*.
- Requiring DEA conducts serializing and tracking pill press processes.
- Ensuring these measures appropriately target members of Sinaloa and Jalisco cartels, the entities and individuals responsible for the production, distribution, and sale of these illicit substances, and not the law abiding Mexican diaspora residing in the U.S.

Provides the necessary resources and authorities for prevention, treatment, and outreach by:

- Sustaining appropriate funds for HHS, Indian Health Service, HUD, and the VA.
- Ensuring the funds for CMS, totaling more than \$13 billion annually, as well as SAMHSA, totaling more than \$3 billion annually receive proper oversight and are allocated to states, tribes, and recipients.
- Authorizing CMS to provide match dollars for IMD housing that possess a larger capacity than 16 beds. This will dramatically increase housing capacity for those with SUD and mental illness across the State of Washington and the United States at large.
- Authorizing HHS, Indian Health Service, HUD, and the VA to enhance their outreach and treatment efforts – especially for those in underserved areas and areas with high risk populations.
- Authorizing HHS, Indian Health Service, HUD, and the VA to broaden their recipients and grantees access to and distribution of naloxone, test strips, and certain harm reduction materials.
- Recognizing the fundamental role of access to housing throughout the recovery process.
- Requiring HUD to connect grantees of the Continuum of Care Program with nearby community-based treatment services to ensure greater self-sufficiency.

Improves the data collection processes by:

- Requiring the Office of National Drug Control Policy to maintain consistent, up-to-date, and complete information on their Drug Control Data Dashboard including but not limited to prevention and treatment data for tribes, drug-related prosecutions by state, local, and tribal governments, and the extent of prescription drug diversion, trafficking, and misuse in the calendar year of each of the three previous years.
- Requiring the Office of National Drug Control Policy to expand overdose mapping in underserved areas, rural communities, and High Intensity Drug Trafficking Areas and their counties to ensure consistent, up-to-date, and complete information.
- Requiring biannual reports on the efforts conducted by the JTF-CO including but not limited to investigations and prosecutions of opioid trafficking crimes, raids conducted, assets seized, assets forfeited, and indictments brought, and convictions issued.
- Requiring biannual reports on the economic sanctions and anti-money laundering efforts conducted by the Department of Treasury.
- Requiring biannual reports by the Attorney General in conjunction with the Administrator of the Drug Enforcement Administration and Commissioner for U.S. Customs and Border Protection on the implementation of Know Your Customer requirements and imposition of escalating docking fees on certain entities that do not employ appropriate safeguards to prevent fentanyl trafficking.
- Expanding the scope of measurable variables to more accurately gauge trends in the mental health, substance use, and fentanyl crisis including but not limited to civil and criminal prosecution efforts and drug court-related statistics.
- Conducting an up-to-date and annual study on the rate of accidental poisoning mortality in the Veterans Health Administration to more accurately gauge the impact of the mental health, substance use, and fentanyl crisis for our veterans.
- Expanding the role of public-private partnerships with companies that provide medication monitoring and drug testing services for those in treatment settings.

The Task Force recommends the Washington State Legislature:

Create a coordinated office to identify and execute state-wide priorities by:

- Creating a coordinated office or requiring an existing office to act as the principal source for data collection and presentation, funding and resource identification and communication with the public, policy analysis on existing laws for enforcement, prevention, and treatment, and to lead the educational effort on combatting the mental health, substance use, and fentanyl crisis.
- Requiring data to be submitted by all relevant departments, agencies, and municipalities in a timely manner to ensure proper trend analyses may occur on the status of the crisis.
- Identifying which departments provide grants and resources, providing a description of said grants and resources, outlining who is eligible to apply, and who the best point of contact is for these efforts to minimize delay and maximize accountability.
- Broadening the integration of ODMAP with each federal, state, tribal, and local partners' public health and public safety systems in order to provide more accurate and near real-time suspected overdose data across multiple jurisdictions. If this occurs, overdose spike alerts

may be more accurately identified, and case studies may occur between jurisdictions, regions, and corresponding policies.

Investigate and amend state-wide enforcement efforts by:

- Clarifying the roles and responsibilities of Washington State law enforcement officers to prevent jurisdictional overlap, duplicative processes, and increase inter-agency collaboration and effectiveness with all other federal law enforcement officers.
- Considering the change of vernacular and terminology from “overdosing” to “poisoning” to more appropriately address each case-by-case circumstances and more clearly define criminal intent rather than medical accident.
- Reviewing certain laws surrounding the penalties for fentanyl distribution to reduce the flow of illicit narcotics being trafficked in the State of Washington.
- Reviewing the viability of establishing and funding a State Bureau of Narcotics.
- Reviewing reasonable suspicion standards for initiating vehicular pursuits.
- Reviewing language such as “great weight”, “rebuttable presumption”, and “imminent harm” during court decision-making processes when fentanyl or fentanyl-related substances are found in a home with children present.
- Ensuring Byrne JAG funding goes to multi-jurisdictional task forces focused on fighting the crisis and not completely re-directed for social programs unrelated to the grant’s original intent.
- Comparing laws and efforts adopted in neighboring states to assess their efficacy.

Investigate and amend state-wide substance use disorder outreach efforts by:

- Exploring various ways to more efficiently engage individuals with substance use disorder while sober after entry to a hospital or detention facility instead of while under the influence upon entry of said facility.
- Incorporating Washington State Health Care Authority guidance on using federal funds from Medicaid as match dollars to create IMD that possess a larger capacity than 16 beds. These match dollars are authorized via 1115 mental health IMD waivers and are a part of the broader Medicaid Transformation Project. This will dramatically increase housing capacity and capabilities to address mental illness across the State of Washington.
- Reviewing the Involuntary Treatment Act, its statutory authorities, and determine the best course of action for civil investigation, evaluation, detention, and commitment of individuals experiencing a mental disorder or a substance use disorder.
- Engaging the individual with substance use disorder on their re-entry plans, including their transportation methods and means of housing to avoid repeated use of substances.
- Ensuring law enforcement, medical professionals, and those at high risk of fentanyl exposure and overdose have access to Naloxone, testing strips, and other materials to reduce harm.
- Researching how long a patient must be closely monitored in a hospital after receiving Naloxone before it is determined to be safe to operate a motor vehicle upon release.
- Developing more effect public messaging to convey how a single use of fentanyl may be a lethal dose, such as “not even once” or “one pill can kill.”

- Including publicly available information on how to avoid fentanyl exposure, such as with signs of danger detailing the necessary preventive measures and broadening the list of potentially contaminated sites, including but not limited to medical facilities, police vehicles, related equipment, housing, and other objects with high exposure rates.
- Incorporating prevention and awareness educational content for parents, legal guardians, and members of the family on the risks associated with fentanyl.
- Researching the rate of assault on law enforcement officers during instances involving fentanyl possession, their exposure rates and impact on law enforcement populations, and how these scenarios may be de-escalated or mitigated.

The Task Force recommends local community leaders in Central Washington:

Incorporate the following best practices to address the crisis:

- Educate the community on the available federal, state, tribal, and local resources.
- Coordinate strategies with law enforcement, medical professionals, and educators.
- Bridge the cultural divide between officers and those with substance use disorder.
- Engage with families and schools on how to talk to children about substance use disorder.
- Educate families of substance use disorder victims about prevention resources available.
- Participate with federal, state, tribal, and local efforts dedicated to addressing the crisis.
- Collect federal, state, tribal, and local data of enforcement, prevention and treatment.
 - Improve data collection processes.
 - Incorporate multi-variable measurements.
 - Utilize evidence-based analysis and decision-making.
- Reduce the demand of illicit substances.
 - Increase resources for substance use disorder prevention, treatment, and recovery.
 - Increase effectiveness of substance use disorder policies.
 - Increase education of substance use disorder.
- Reduce the supply of illicit substances.
 - Increase resources for enforcement.
 - Increase the penalties for those distributing illicit substances.
 - Increase education of supply methods.

Conclusion

The Task Force concludes that the unprecedented influx of fentanyl in the United States derives from illegal Chinese and Mexican transnational criminal organizations and their exploitation of gaps in our borders. These trends likely derive from supply chain operations that vary from region to region, and we must continue to monitor trends for fentanyl and other emerging substances.

The Task Force recognizes mental health is difficult to measure or define, and further investigation and research are needed into this portion of the crisis; however, there remains agreement among the Task Force that overcoming the stigma associated with mental illness, mental health issues, or substance use disorder is critically important to addressing the root cause of demand for substances.

The Task Force commends the critical role that Emergency Medical Services and firefighters play in fighting the epidemic, not only by responding to and treating overdoses, but also by supporting prevention efforts, linking patients to treatment, sharing data with their public safety and public health partners, and administering life-saving naloxone. Increased access to naloxone for those at-risk of overdose in Washington State has contributed to better public health outcomes.

The Task Force recommends each federal, state, tribal, and local partner integrate ODMAP with their public health and public safety systems in order to provide more accurate and near real-time suspected overdose data across multiple jurisdictions. If this occurs, overdose spike alerts may be more accurately identified, and case studies may occur between jurisdictions and policies. Moreover, increased public private partnerships with laboratories that monitor, analyze, and provide drug testing services will help more accurately define trends in near-real time and adapt as necessary. This is important to curb the trend of self-medicating drug use by teenagers and adults as a coping mechanism to other co-occurring disorders and stressors.

The Task Force encourages the Washington State Legislature to create a coordinated office—or require an existing office—to act as the principal source for funding and resource identification for the public. This will help ensure tribal and local governments, as well as community organizations that may receive state funding will be able to more effectively apply, predict, and execute their objectives and meet their goals to address the crisis. The Washington State Legislature should also consolidate these prevention and treatment efforts and laws into a comprehensive legislative package to ensure proper oversight and consistency occurs.

Finally, educating all members of the community on which trends are occurring in the mental health, substance use, and fentanyl crisis, which resources are available, and which policies are in place to address supply of and demand for illicit substances including fentanyl are critically important—especially for our youth and most vulnerable populations.

Appendix A: Members of the Task Force

- Congressman Dan Newhouse, Washington's 4th Congressional District
- Rep. Gina Mosbrucker, Washington's 14th Legislative District
- Amanda McKinney, District 1 Commissioner, Yakima County
- Judge David Elofson (Retired), Yakima County Superior Court
- Chief Chris Guerrero, Kennewick Police Department
- Chief James Shike, Yakama Nation Tribal Police
- Chief Kevin Fuhr, Moses Lake Police Department
- Chief Rob Layman, Sunnyside Police Department
- Sheriff Robert Udell, Yakima County
- Sergeant Chris Foreman, Chelan County Sheriff's Office & President, Washington State Narcotics Investigators Association
- Sergeant Rafael Sanchez, Yakima Police Department
- Detective Erik Horbatko, Yakima Police Department
- Commander Damon Jansen, Richland Police Department, Investigations Division
- Chairman Jarred-Michael Erickson, Confederated Tribes of the Colville Reservation
- Joseph Brusic, Prosecuting Attorney, Yakima County
- Andrew Wonacott, Community Member
- Megan Tweedy, Community Member
- Alicia Stromme Tobin, Executive Director, Safe Yakima Valley
- Dr. Raul Garcia, Medical Director, Astria Toppenish Hospital
- Dr. Frank Garner, MD, Chief Medical Officer, Comprehensive Healthcare
- Dr. John Roll, PhD, Professor and Vice Dean for Research, Washington State University
- Kimberly Bershing, RN, BSN, Chief Nursing Officer, MultiCare Yakima Memorial
- Jered Carter, Clinical Supervisor, Sundown M Ranch & Substance Abuse
- Cindy Wright, Eastmont School Board, Chelan County Community Development
- Jason Bliss, Executive Director, Washington Alliance for Quality Recovery Residences
- Nancy Roach, Retired Educator, Recovery Specialist, Benton-Franklin Recovery Coalition
- Ana Johnson, Program Manager, Chelan County Behavioral Health Unit

Appendix B: Fentanyl Toolkit

FENTANYL RESOURCE CENTERS NEAR YOU

NEWHOUSE.HOUSE.GOV/FENTANYLCRISIS

BENTON

Catholic Charities: Tri-Cities, 2139 Van Giesen St, Richland, WA 99354, 509-946-4645

Somerset Counseling Center, 1305 Mansfield St, Suite 6, Richland, WA 99352, 509-942-1624

Jonathan M. Wainwright VA Medical Center, 77 Wainwright Dr, Walla Walla, WA 99362, 509-525-5200

Lutheran Community Services Kennewick Main Office, 3321 W Kennewick Ave, Suite 150, Kennewick, WA 99336, 509-735-6446

Lutheran Community Services Kennewick SWIFT Office, 500 N Morain St, Suite 1200, Kennewick, WA 99336, 509-735-6446

ORTC LLC DBA Tri Cities Treatment Center, 1445 Spaulding Ave, Richland, WA 99352, 509-578-1492

MERIT Resource Services Kennewick, 7510 West Deschutes Pl, Kennewick, WA 99336, 509-579-0738

First Step Community Counseling Servs LLC, 415 North Morain St, Kennewick, WA 99336, 509-735-6900

Regency Canyon Lakes, 2702 S Ely St, Kennewick, WA 99337, 509-591-0004

ORTC Tri-Cities, 1445 Spaulding Ave, Richland, WA 99352, 509-578-1492

DOUGLAS

Columbia Valley Community Health Chelan Medical, Dental, & Behavioral, 105 South Apple Blossom Dr, Chelan, WA 98816, 509-662-6000

The Center for Alcohol & Drug Treatment, 327 Okanogan Ave, Wenatchee, WA 98801, 509-662-9673

Ideal Option, 667 Grant Rd, Suite 3, East Wenatchee, WA 98802, 877-522-1275

New Life Recovery, 25 N Wenatchee Ave, Suite 214, Wenatchee, WA 98801, 253-528,6091

FRANKLIN

Comprehensive Healthcare Pasco Campus, 2715 Saint Andrews Loop, Suite C, Pasco, WA 99301, 509-412-1051

Lutheran Community Services Pasco Office, 5710 Bedford St, Pasco, WA 99301, 509-735-6446

GRANT

Social Treatment Opportunity Program STOP, 104 West Broadway, Moses Lake, WA 98837, 509-855-9494

Renew Moses Lake/Main, 840 East Plum Street, Moses Lake, WA 98837, 509-765-9239

Renew Quincy, 203 Central Ave South, Quincy, WA 98848, 509-787-4466

Renew Royal City, 130 Camelia St, Royal City, WA 99357, 509-913-3059

KLICKITAT

Comprehensive, 112 W Main, Goldendale, WA 98620, 509-773-5801

Comprehensive, 432 Tohomish White Salmon, WA 98672, 509-493-3400

Mid Columbia Center for Living, 1060 Webber St, The Dalles, OR 97058, 541-296-5452

Mid Columbia Center for Living, 1610 Woods Court, Hood River, OR 97031, 541-386-2620

OKANOGAN

Okanogan Behavioral Healthcare, 1007 Koala Dr, Omak, 509-826-6191

Okanogan Community Overdose Prevention Education, 509-588-7925

Okanogan Harm Reduction Program, 1234 South 2nd Ave, Okanogan, WA, 98840 509-422-7140

Advance NW, 523 Riverside Dr, Omak, WA, 509-426-3274

Colville Confederated Tribes Behavioral Health Program, 21 Colville St, Nespelern, WA 99155 Okanogan, 509 634-2607

North Valley Hospital, 203 S. Western Ave, Tonasket, WA 98855, 509-486-2151

Regency Harmony House Rehabilitation & Nursing Center, 100 River Plaza, Brewster, WA 98812, 509-587-3043

YAKIMA

Comprehensive Healthcare, Yakima Center, 402 South Fourth Ave, Yakima, WA 98902, 509-575-4084

Catholic Charities Serving Central WA Yakima Main, 5301 Tieton Dr, Suite C, Yakima, WA 98908, 509-965-7100

Believe In Recovery LLC, 3907 Creekside Loop, Suite 110, Yakima, WA 98902, 509-317-2140

Triumph Treatment Services Inspirations, 3300 Roosevelt Ave, Yakima, WA 98902, 509-571-1455

Beths Place Triumph Treatment Services, 606 Superior Ln, Yakima, WA 98902, 509-853-4175

Casita Triumph Treatment Services, 605 Superior Ln, Yakima, WA 98902, 509-853-4173

Riel House Triumph Treatment Services, 613 Superior Ln, Yakima, WA 98902, 509-575-4810

Apple Valley Counseling Services LLC, 611 West A St, Yakima, WA 98902, 509-452-1000

Comprehensive Healthcare Two Rivers Landing, 504 South 3rd Ave, Yakima, WA 98902. 509-469-3727

Comprehensive Healthcare Adult Evaluation and Treatment Center Yakima, 201 South 2nd Ave, Yakima, WA 98902, 509-469-2085

Barth Clinic/Barth & Associates, 201 East Lincoln Ave, Suite 100, Yakima, WA 98901, 877-457-5657

MERIT Resource Services Yakima, 315 North 2nd St, Yakima, WA 98901, 509-469-9366

Triumph Treatment Services Community Drug and Alcohol Center, 120 South 3rd St, Yakima, WA 98901, 509-248-1800

Catholic Charities: East Yakima, 303 East D St, Suite 5, Yakima, WA 98901, 509-853-1300

Yakima Neighborhood Health Services, 12 South 8th St, Yakima, WA 98901, 509-965-7100

Comprehensive Healthcare Selah Evaluation and Treatment Center, 609 Speyers Rd, Selah, WA 98942, 509-225-6311

MERIT Resource Services Wapato, 312 West 2nd St, Wapato, WA 98951, 509-877-7271

Sundown M Ranch, 2280 State Rt 821, Yakima, WA 98901, 509-457-0990

James Oldham Treatment Center, 201 Highland Dr, Buena, WA 98921, 509-865-6705

Yakama Nation Tiinawit Program, 20 Gunnyon Rd, Toppenish, WA 98948, 509-865-5121 x4455

MERIT Resource Services Toppenish, 321 West 1st Ave, Toppenish, WA 98948, 509-865-5233

Comprehensive Healthcare Sunnyside Center, 1319 Saul Rd, Sunnyside, WA 98944, 509-837-2089

MERIT Resource Services Sunnyside, 702 Franklin Ave, Sunnyside, WA 98944, 509-837-7700

Having trouble finding a resource center near you? Reach out to my office and we will help you find one.

YAKIMA

402 E. Yakima Ave, Suite #1000
Yakima, WA 98901
Phone: (509) 452-3243

TRI-CITIES

3100 George Washington Way,
#130
Richland, WA 99354
Phone: (509) 713-7374

NORTH DISTRICT

PO Box 135
Grand Coulee, WA 99133
Phone: (509) 433-7760



Appendix C: Suggested Dates for Educational Awareness

January

- Mental Wellness Month.
- Prevention Day takes place on January 29th.

February

- National School Counseling Week takes place February 5th through the 9th.
- Children’s Mental Health Week takes place February 5th through the 11th.
- Safer Internet Day takes place on February 6th.

March

- Self-Harm Awareness Month.
- Self-Injury Awareness Day takes place on March 1st.
- World Bipolar Day takes place on March 30th.

April

- Alcohol Awareness Month.
- Stress Awareness Month.
- National Counseling Awareness Month.

May

- Mental Health Month.
- Women’s Health Month.
- National Fentanyl Awareness Day takes place on May 7th.
- National Children’s Mental Health Awareness Week takes place May 5th through the 11th.
- National Anxiety and Depression Awareness Week takes place May 10th through the 16th.
- National Prevention Week takes place May 12th through the 18th.

June

- National PTSD Awareness Month.
- Men’s Health Month.

July

- National Minority Mental Health Month.
- International Self-Care Day takes place on July 24th.

August

- Teen Mental Health Month.
- National Health Center Week takes place August 4th through the 10th.
- International Overdose Awareness Day takes place on August 31st.

September

- National Recovery Month.
- National Alcohol & Drug Addiction Month.
- Recovery Month.
- National Suicide Prevention Month.
- National Suicide Prevention Week takes place September 8th through the 14th.

October

- Prevention Month.
- National Depression and Mental Health Screening Month.
- Health Literacy Month.
- ADHD Awareness Month.
- Bullying Prevention Month.
- Homelessness Awareness Month.
- Mental Illness Awareness Week takes place October 6th through the 12th.
- National Health Education Week takes place October 13th through the 19th.
- National Depression Screening Day takes place on October 5th.
- World Mental Health Day takes place on October 10th.
- Red Ribbon Week takes place October 23rd through the 31st.

November

- National Family Caregivers Month.
- Military Family Month.
- International Stress Awareness Week takes place November 5th through the 9th.
- Veterans Day takes place on November 11th.
- International Survivors of Suicide Day takes place on November 23rd.
- National Family Health History Day takes place on November 28th.

December

- National Stress-Free Family Holiday's Month.