

CityScene

SEDRO-WOOLLEY

AUGUST 2018



DEALING WITH A CRISIS

How Opioid Abuse Impacts All of Us

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What's Inside
AUGUST 2018

**A Community United
Can Make a Difference**



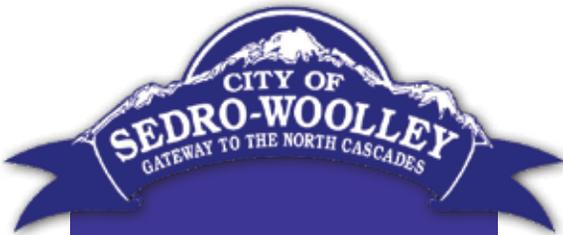
BY MAYOR
JULIA JOHNSON

"What is addiction, really? It is a sign, a signal, a symptom of distress. It is a language that tells us about a plight that must be understood."
—Alice Miller

THE DECISION TO FOCUS THIS EDITION OF OUR MAGAZINE ON THE OPIOID epidemic was not an easy one to make. Our *City Scene* magazine has been a wonderful opportunity to share community happenings both current and developing. It has become a magazine that brings us together through the sharing of persons, places, and events in our city. I've received feedback from many of you who have shared that when you receive *City Scene*, you sit down and read it from cover to

cover. That is always wonderful to hear, and it's why we are devoting this edition to the opioid epidemic. The harsh and unfortunate reality is that addiction has permeated our community and impacted our lives in a way that is devastating. Our hope in dedicating this edition to addiction is that readers will better understand the disease, and how we as a community need to move away from stigmatizing those who are afflicted with addiction and instead, offer support and compassion. Within these pages we will be sharing stories from our community members who are working to make a difference. As a community we can come together; we can move forward in a way that can generate different strategies that may save lives.

Ten years ago I worked as an addiction counselor and knew then it was at epidemic levels, but due to a negative economic climate, funding was significantly cut on critical programs that provided lifesaving support. This issue is too important to not address. There is a Chinese proverb that says, "The best time to plant a tree was 20 years ago. The second best time is now." Perhaps 20 years ago was the best time to address the issue of addiction, but second-best is today. Today is where the difference can be made.



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COVER PHOTO:

Community members building a network of support

Sign: Skagit Valley Signs

Photo: Bill Chambers



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Opioids Impact Us All



BY ERON BERG
City Supervisor/
Attorney

THE NATIONAL OPIOID CRISIS
has arrived in Sedro-Woolley. In 2012 the City Council heard from a senior that her home had been burglarized and that she didn't feel safe anymore. The SWPD researched residential burglaries and car prowls and noticed that these

crimes had spiked to an average of one per day that spring. Additional work allowed the PD to trace that activity to drug addicts stealing to pay for heroin, methamphetamine and other drugs. Through a concerted effort of controlled drug buys, property seizures, arrests and convictions; within 12 months the SWPD's proactive work resulted in a marked decline in burglaries and car prowls. This may have been the earliest sign of the epidemic to come.

In the years since, city staff and residents have found needles in toilet tanks, public parks, stormwater catch basins and sewer pumps. Abandoned recreational vehicles have become fairly common, and when demolished, often contain drug paraphernalia and an unbelievable number of needles. Our police and fire crews regularly respond to overdose calls. It is abundantly clear that this problem will require a concerted effort to address meaningfully, and it is also abundantly clear that so many lives depend on our future success.

So, what exactly is Sedro-Woolley doing? First, this entire issue of *City Scene* is dedicated to addressing the opioid crisis, openly and honestly. I believe this is an important step as we all strive to understand exactly what's happening and to come to the realization that it is not just "other people," but that it is all of us in this city, this county, this

state, and this nation who are impacted by opioid addiction. Specific steps include: joining the national litigation (more details on page 20); forming a partnership with the Port of Skagit and Skagit County to advocate for funding behavioral health facilities in the north sound region, including a possible stabilization campus in Sedro-Woolley; adding Narcan and additional training for the SWFD to save lives (see page 15); and continued proactive law enforcement of drug crimes to reduce access and impacts to the community.

I am hopeful that the conversations that follow this issue of *City Scene* will spawn new and creative solutions, and the city can be part of a growing movement to address this epidemic and improve the quality of life in our community. If you have ideas, please email me at eberg@ci.sedro-woolley.wa.us.

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BY GERMAINE KORNEGAY, Councilwoman Ward 2

ACCORDING TO THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, A record-breaking 92,000 children have entered the foster care system in cases involving drugs (*Associated Press*, Opioid Crisis Strains Foster System). Half are directly related to opioids. These numbers are from just two years ago. Opioids have really put a strain on a system that was already overwhelmed, and our most precious cargo is suffering the most. It's been more than three decades of record keeping since numbers looked like this. This is an epidemic that is impacting all states, but 'luckily,' Washington is not hit as hard as others such as Georgia, West Virginia and Indiana.

However, here in Washington, we are still feeling a huge impact as the foster care system does not have enough homes for children who need families. Add the pressure of drug addiction, and we have an overwhelmed system that foster children rely on. A system that is underfunded, understaffed, and outnumbered. We are actually losing foster homes when children need them most.

There was already a foster home crisis before opioids; too few homes, too many children in need. Foster children deserve to be in loving homes in a system that works for them, so that they can be productive, thriving adults when they exit foster care. Children in stable homes have a much greater chance of graduating high school and even college or trade school. In turn, this helps us all.

As a foster parent for the past nine years, and a Secret Harbor Foster Care Resources board member for three years, I know this to be true—drug addiction impacts the foster care system—more so, in the last couple of years due to the impact of the opioid crisis. Kids come into the foster care system after losing one or both parents to addiction, and we struggle to find homes.

In my opinion, this is a critical issue that is only getting worse. Please consider opening your home to a child in need. If you have been thinking about it, please inquire further (I would be happy to help). You might be pleasantly surprised at how much joy you can experience while doing a good deed and turning a life around.

Germaine Kornegay receiving award for Foster Parent of the Year from Brian Carroll, Secret Harbor Foster Care Resources CEO



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CITY HALL

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CITY HALL MEETINGS

City Council, Planning Commission, Library Board and Housing Authority Board meetings are generally held at the times and days noted below:

City Council regular meetings:

2nd and 4th Wednesday of each month
7:00pm, City Council Chambers
325 Metcalf Street

City Council study sessions:

1st Wednesday of each month
7:00pm, Public Safety Training Room,
325 Metcalf Street

Planning Commission meetings:

3rd Tuesday of each month
6:30pm, City Council Chambers,
325 Metcalf Street

Sedro-Woolley Housing Authority

Board meetings are generally held on the third Thursday of even months except October at 10:45am, Hillview 830 Township Street

Meeting times and places occasionally change, so it is advisable to contact City Hall 24 hours prior to a scheduled meeting to confirm the location, date and time.

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Nature seems out of order when a parent stands at the grave of their child. Patrick was my little boy, the youngest of five children. I cried the first time he wrestled with Steelclaw, because he cried when he lost. I cried when he would not let me drive him to the first day of kindergarten because he wanted to ride the bus with the big kids. And I cried when he fell and broke his back while pole climbing at a logging demonstration. For the next 10 years, Patrick fought chronic back pain. In September 2016, he told me he was addicted to prescription pain pills, and that he was checking himself into treatment in Long Beach, Washington. Patrick spent five weeks in treatment, motivated to be back before November so he could go on a hunting trip with his dad, brothers, and cousins.

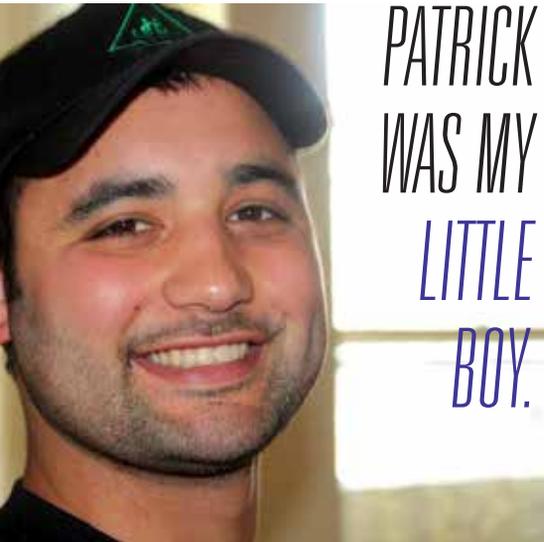
He made that hunting trip and life returned to a guarded form of normal. Patrick resumed his work in logging and attended multiple support group meetings every week. On Christmas morning, he announced that he was 100 days sober. I was stunned. I didn't know what to say, but his siblings congratulated him. My conversations about his recovery were limited, and I now know I did not ask enough questions.

On August 4, 2017, my husband Mike went to the house to find out why Patrick wasn't at work. Patrick told his dad he had taken an OxyContin pill and had been coughing up blood. Mike called 911 and



Call to Action

BY LISA JANICKI



*PATRICK
WAS MY
LITTLE
BOY.*



then called me. Patrick walked out to the ambulance and asked his dad to bring his shorts and shoes. Before he got to the emergency room, Patrick went into cardiac arrest. After 40 minutes of CPR, the medics and the ER doctors restarted Patrick's heart. He spent the next two weeks in a coma and gave us the opportunity to say goodbye.

On August 18, at the age of 30, Patrick lost his battle against addiction. We may never know exactly what Patrick took, but it wasn't Oxy—that didn't show up on the tox screen. And he didn't respond to Narcan which should have reversed an opiate overdose. After a decade of addiction, Patrick lost his personal battle, but we cannot lose the bigger war.

Addiction affects all of us, yet it's a topic we rarely broach with friends. Since Patrick died, dozens of people have shared their deeply personal struggles with addiction. Some are celebrating recovery, others are still trying to find their way out. We all probably know a family member, a co-worker, or a friend who uses drugs or alcohol. Patrick would say, do something; help them. They cannot help themselves. Patrick got friends to go to treatment after he completed his program. We should be like Patrick.

Patrick had more opportunity than most. He was an Eagle Scout, a Rotarian, and a college graduate. He worked full time and had health insurance. He had a gigantic network of family and friends who loved and supported him. He knew he was an addict and sought treatment on his own, yet that wasn't enough.

My plea to our community is that we learn to talk about addiction and recovery. It breaks my heart when friends tell me they assume opioid use "is a choice" that addicts make; inferring they could also "choose" to quit. Together let's learn about the science behind substance use. Let's learn to talk about what it takes to get clean and sober. Let's celebrate recovery—the first hundred days, the first year, the 10th year, and beyond.

Addiction is not a moral failing. It is not a personal flaw. It is a medical disease. The physical changes that happen to a brain are real. And like asthma, diabetes, or epilepsy, addiction is a chronic disease. There is no quick or easy fix. Addiction requires professional treatment, access to resources,

and maybe most importantly, compassion and support. Judgement will not cure addiction. Ignoring the problem will not save the addict. We can't afford to be judgmental or complacent. We must be moved to action.

Here's what Pat would want you to do. Get educated. Do your research. Patrick knew he was an addict. He tried to help himself. He helped his friends in the same situation. Don't be afraid to talk about addiction and ask about recovery. We must normalize the conversation and break this code of silence.

After Patrick died, we found a handwritten entry in his recovery journal on his night stand. It started, "Dear Mom and Dad" and went on to explain that he needed to go back to treatment and was hoping that we would attend a family treatment program with him. If only I would have asked how he was doing a little sooner, perhaps I wouldn't have had to plan his funeral.

Patrick was my little boy.

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FROM DARKNESS, *INTO LIGHT*

BY AMY MUIA,
EXECUTIVE DIRECTOR
NEW EARTH RECOVERY



Kevin and Danielle Riley

Kevin and Danielle Riley know the darkness well. From their youth they'd been using drugs and alcohol, and then later, on the heels of painful divorces, they met on the Plenty of Fish dating website. Soon they were using meth together. Things went downhill fast. Danielle lost her 10-year job at a local hospital, and they both landed on the street.

As Danielle recalls, those were the darkest times. They clung to each other; lost in addiction, struggling through a bleak two years sustained by petty theft and small crimes—anything to support their habit. When Danielle got arrested, she passed the time in jail by attending Bible studies led by chaplains from the ministry of Tierra Nueva. What she found there surprised her—it was the first time she'd ever considered that God wasn't angry with her or ready to drop the hammer of



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punishment. It was there she heard about God's love.

Following release, she relapsed again. The day of her next arrest she found out she was pregnant. She prayed that God would bring transformation to both her and Kevin. On the outside, Kevin continued to use drugs but began talking to pastoral workers at Tierra Nueva. He heard that a faith-based men's recovery home was opening, run by New Earth Recovery. It was a turning point. He had a pregnant girlfriend that he deeply loved and was worn out from years of drug-induced suffering. He knew it was time to change. He stopped using and moved into The Trust.

They felt God's call and committed to help others who were suffering

When Danielle was released, they committed themselves to recovery and each other, both completing Genesis relapse prevention counseling. It wasn't easy. They had to face fears, memories, and wounds they'd been outrunning for years. But it was worth it. Kevin graduated from The Trust and finished intensive outpatient treatment. They were married in 2014, and their son Asher was born.

They felt God's call and committed to help others who were suffering—to minister the same grace that had been given to them. In 2016, they joined the staff at Tierra Nueva. They became trained Genesis relapse prevention counselors and began ministering in the jail—the same way they'd been ministered to themselves.

Today, Kevin serves as a pastoral intern at Mount Baker Presbyterian Church in Concrete with plans to become a commissioned pastor there. Danielle directs the children's ministry at Tierra Nueva and accompanies women from backgrounds of abuse, homelessness, addiction, and marginalization. Together they're a powerful force of good in the community with a deep understanding of the barriers people face as they seek to get free from addiction.

As pastoral workers, the Rileys raise support for their salaries through Tierra Nueva. They seek financial partners who have a heart for people on the margins of society. One-time or monthly tax-deductible gifts are welcome. Donations and notes of encouragement may be sent to: Kevin and Danielle Riley, c/o Tierra Nueva, PO Box 410, Burlington, WA 98233.



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Ohana



BY MONICA WEIDERT, MOTHER, FOUNDER OF OHANA AND CERTIFIED CCAR RECOVERY COACH

"Ohana means family, and family means no one gets left behind or forgotten."

—Lilo & Stitch

As a parent who has a child fighting a substance use disorder (SUD), I connected well with those words. What I've come to experience through this journey is addiction tears families apart, yet it has also created families out of virtual strangers. Addiction leaves many behind, and tragically, many who have passed on, those we will never forget, and it is in their memory that we continue on. Like in the Hawaiian Culture, Ohana truly has come to mean "family" for so many here in Skagit Valley. Ohana is also a support and advocacy group for parents or guardians whose children are fighting the life-threatening disease of addiction. Your child can be a pre-teen or a 40-something year old who has been fighting this disease for decades. We are not a program, but a support group, as we no longer want to walk this terrifying journey alone. Some of us also have chosen to use our experiences to advocate for change for a better tomorrow. Many of us have joined task forces, became trained as Recovery Coaches, orchestrated Narcan trainings, championed for changes in the laws and service, educated families for preventative drug use, and much more. We are a diverse group made up of all walks of life, yet we have one thing in common: a child fighting a substance use disorder. If you are too, we would love to welcome you. You are not alone.

We currently meet at two locations: Mount Vernon at the REACH Center, 1413 E College Way on the 1st and 3rd Wednesday of every month at 6:00pm; and Concrete Community Center, 45821 Railroad Street, every 2nd and 4th Wednesday at 6:00pm.

Occasionally the venue changes or a meeting is canceled, so it's always best to verify on Facebook facebook.com/ohana.skagit or email ohana.skagit@live.com.

Please Don't Judge My Son

BY ROSE BARBOUR

*There's an unshakable ache inside my heart
The words you say that tear me apart
While you see a junkie and scum of the earth,
I see the child who I've loved since birth*

*I love him today as much as I did then
That you judge him so cruelly is an absolute sin
You look in disgust at my sick young man
When you could instead make him feel worthy again*

*With your cruel words, you keep him down
There's no place for "them" in this nice town
You'd rather see him suffer another day
Than to lend a helping hand and lead the way*

*What you don't understand or seem to know
Is that attitudes like yours cause it to grow
A compassionate society will kill this disease
That thrives in shame, secrecy and general unease*

*So many are dying, while some are barely alive
Simply existing in the world trying to survive
A slave to a disease that knows no bounds
As we turn a blind eye, it is making its rounds*

*Let's talk about it and bring it into the light
Let's not let it win, together let's fight
Let's stop the judging and our misguided hate
Let's open our arms to those we underrate*

*Please give my boy hope and all the others
That we won't stand by and lose another
We want them to get well and will do what it takes
To bring them back home for all our sakes*



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Washington State Facebook support group for mothers whose children are fighting SUD facebook.com/groups/TAMwashington

National Facebook support group for fathers whose children are fighting SUD facebook.com/groups/theaddictsdad

Facebook support group for mothers whose children have passed due to SUD facebook.com/groups/TAMgrievingmoms

Judge Brock Stiles hears cases involving consequences of addiction—Sedro-Woolley Municipal Court



ADDICTION AND CITY COURT

BY P. M. HAYDEN

prosecute misdemeanor cases in Sedro-Woolley Municipal Court. These less serious cases are often the first level of dysfunction that results from addiction to alcohol, opiates, or other drugs. At no time in law school was I taught about the connection between alcoholism and drug addiction to criminal law, family law, or child welfare, which formed part of my early law practice. I opened my office in Sedro-Woolley in 1981, a naïve 27-year-old attorney. Beer-fueled bar fights and DUIs were tolerated activities of “local characters,” rather than the consequences of chronic alcoholism. Domestic abuse was resolved by taking a drunken husband to a local motel for the night. Lawyers met in bars over drinks and told colorful stories about the alcohol-impaired driving of local elected officials. One of the qualities of addiction is that good people can be addicts. You do not have to be on Skid Road to be an addict or an alcoholic. Today we know that Sedro-Woolley has the same heroin problem as the inner cities of America. We are no different. The only thing that will make us different is successfully dealing with it.

CONTINUED ON PAGE 14

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CONTINUED FROM PAGE 13

The police, judges, and attorneys have changed the way we look at addiction and alcoholism, but we have not figured out an effective way to deal with these issues in a court order. Last week, I saw the court's "frequent flyer" defendant rummaging through the American Legion dumpster, drinking the last dregs out of discarded liquor bottles. Nothing the court can do will make him quit drinking, despite the irreparable damage he does to himself and his family.

Opiate addiction and alcoholism do not exist in isolation of other health problems. It is frequently coupled with mental health issues. It is more difficult to treat addiction through the fog of mental illness. Courts are designed to function in a world where people make informed decisions, based on free will, and are held responsible. Courts give punishment to deter conduct. When someone is both addicted and mentally ill, the legal system is less effective, and treatment is more difficult for both problems, and more costly.

I am not criticizing courts, police, or treatment providers. This is the problem from hell, and there is no easy solution. Most defendants in court cannot afford private treatment programs. People who

“...good people can be addicts.”

want publicly-funded residential treatment have to wait for a bed date, often for weeks. And the average opiate addict goes through treatment seven times. Even when treatment is court ordered, it is often

inadequate because resources are inadequate.

Washington State's adult substance abuse and mental health care system ranks in the bottom third in the country⁽¹⁾. It is time to adequately fund voluntary and involuntary drug, alcohol and mental health treatment with our tax dollars. Instead, state funds for treatment were reduced in anticipation of increased federal Medicaid funds. Every family should have access to timely, appropriate treatment regardless of income. Courts have a long way to go in integrating treatment options with sentence orders. But until we fund treatment at the state level, courts will not have the tools to do so.

I do not know what finally gives people cause to enter into meaningful recovery, but they do. A few of them have talked to me about it. Courts can help, but recovery and treatment starts with the person, not a court order. Recovery is intertwined with support, acceptance, and forgiveness from family and friends. Sometimes people are in court for addiction-related crimes. But when they are not, they are in our homes and on our streets. These are our children, our brothers and sisters, and our parents first, and defendants second.

(1) mentalhealthamerica.net/issues/2017-state-mental-health-america-ranking-states

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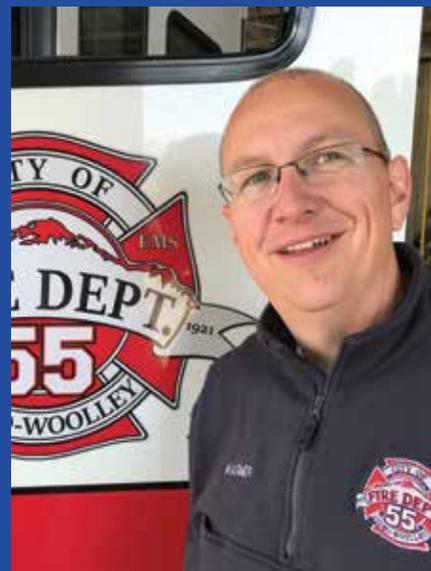
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Responders and the Opioid Epidemic

BY FRANK WAGNER,
ASSISTANT CHIEF,
SEDRO-WOOLLEY FIRE



The opioid crisis impacts all branches of emergency response services, including the Sedro-Woolley Fire Department. While it seems that every day we encounter news on drug addiction and opioid abuse, it's the stories within our own community that touch us with the realization that we are not immune to the devastating impacts of this drug epidemic.

In response to the growing opioid crisis, the Sedro-Woolley Fire Department Emergency Services Personnel have been trained in the administering of Naloxone/ Narcan, which is used to counteract the damage and failure to an individual's respiratory drive caused by an overdose of opiates. In order to provide proper and effective emergency care, first responders have received additional education and training, covering the effects

of opiate abuse, and pre-hospital treatment and care for patients with opiate-related emergencies. In addition to the training and care, first responders are faced with an elevated risk of exposure due to opioid abuse. Protective equipment is extremely important in our work to safeguard against inhalation, mucous membrane contact, ingestion, skin contact, and inadvertent needle sticks.

Since 2016, the actual cost of calls associated with administering Narcan to counter effects of opiates is \$8,823; additional training specific to drug abuse, \$8,424; together, just these two costs equal \$17,247.

While this devastating trend in opiate abuse has marked every community, it's important to keep in mind that there is no stereotypical opioid addict. Some users become addicted while taking legal prescriptions; four out of five

heroin users began with prescription painkillers. The most commonly abused opiates are Vicodin, heroin, morphine, fentanyl, and hydrocodone. We can no longer assume that an addict lives on the street or comes from a "broken home." Addiction is not restricted to a certain age, social group, or type of person. This is an issue that affects every community, even Sedro-Woolley.

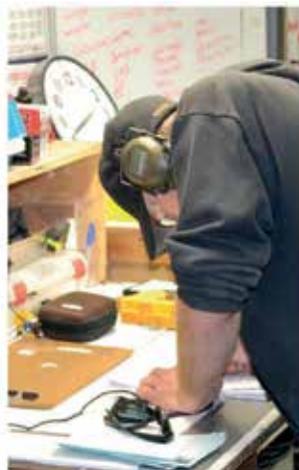


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A NATION IN CRISIS

BY CHIEF LIN TUCKER

First, let's define what we're talking about. Opioids are a class of drugs that include the illegal drug heroin; synthetic opioids such as fentanyl; and pain relievers available legally by prescription, such as oxycodone (OxyContin), hydrocodone (Vicodin), codeine, morphine, and many others. drugabuse.gov/drugs-abuse/opioids

I heard an interesting explanation as to how a person legally using prescription medication develops into an addict. Let's say you get hurt at work and are prescribed an opioid form of pain relief. You take the drugs for two months. Pretty soon the pain is a secondary issue compared to your body's craving the medication. Your prescription has run out, but you have a friend that can hook you up. You get some pills from a guy who got them from someone else, and you're paying one dollar per milligram for your "meds."

The attraction to the dark side isn't so much that it's fun; it's more of a harsh reality. You can pay \$80 for a pill or \$40 for a bit of heroin, that when injected, goes right to the blood and solves that craving. Your "friend" has helped you down the path to addiction.

There is also the issue of public safety, when in some cases drug users hit rock bottom and end up on the streets. Desperate for drugs, some turn to petty theft in order to feed their addiction and more often than not, leave behind needles and other paraphernalia in public areas such as sidewalks, parks and trails, presenting a risk of injury, and possibly infection, to the public at large, especially children.

We have been trying to arrest our way out of the drug abuse problem, and it hasn't really worked. Maybe it's time to try something

different. We seem to be arresting the symptoms and not curing the disease. Local officers arrest the users and low-end dealers, the Drug Task Force deals with mid-level dealers and suppliers, and the DEA goes after the big movers. No matter how many we arrest, we still have the problem.

Here are a few things to consider:

- Turn in unused medications to have them appropriately destroyed. Many Police Departments, including the SWPD, and the Sheriff's Office has drug drop-off sites.
- If you think you're headed down the addiction path, talk to your doctor or seek some help; it's out there! There are alternatives to some painkillers and treatment models that seem to work. Your doctor can help.
- Maybe we need to find treatment methods that work in conjunction with current strategies we are using.
- We probably need to address some of the other social issues that make recovery so difficult (housing, healthcare, and support services).

Ultimately, it's going to take a lot of people and a lot of effort to take this thing on and defeat it. We're trying, but we need help. Get involved, get educated; you can make a difference!

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didg^wálic Wellness Center— Serving All of Skagit County

BY DAWN LEE, DIRECTOR OF THE DIDG^wÁLIC WELLNESS CENTER



Boundaries are often a good thing. They help us separate and categorize our ways of thinking and performing tasks. In the case of the new didg^wálic Wellness Center in Anacortes, Washington, the Swinomish Tribal Senate decided that boundaries between communities, when it comes to substance use disorders, become barriers to solving this pervasive intercommunity problem.

The Swinomish Tribal leaders understand that communities are connected, and substance use disorders do not stop at a county line, city limits, or a reservation boundary. After much consideration, Swinomish decided to fully fund an expansion of its wellness services to meet the ever-growing needs in the community. Opened in January 2018, the Swinomish Indian Tribal Community's didg^wálic Wellness Center has set its mission to reduce the barriers individuals encounter to help with substance use disorders and mental health needs. The Tribe has developed a "whole person" treatment model and has a broad range of wrap-around services as part of its new program. Services include substance use disorder assessments, individual therapy, group therapy, DUI/Deferred Prosecution Programs, Moral Recognition Therapy (MRT), family education, primary medical care, and Medication Assisted Treatment (MAT). Our mental health services include; individual therapy, family therapy, couples counseling, seeking safety, Eye Movement Desensitization and Reprocessing (EMDR) therapy, Dialectical Behavior Therapy (DBT), and anger management.

Addressing the opioid crisis has been a core focus among the many other services the center provides. Opioid dependence is a growing concern nationally, with more than 63,000 deaths

reported in 2016. These numbers were higher than deaths related to car accidents, gun-related incidents, and breast cancer. Overdose affects every community, and here in Skagit County, the numbers are higher than the state average. In 2015, more than 718 Washingtonians died from an opioid overdose, which is more than the lives claimed by car accidents. The medications offered for opioid dependency include Suboxone, Methadone, and Vivitrol. Methadone and Suboxone are medications which reduce withdrawal symptoms and cravings in individuals dependent on heroin and pain medications. Vivitrol works to block the effects of opiates and alcohol use. The use of these medications in combination with substance use disorder and mental health services provide our patients with a foundation of support that can set them up for success in their recovery.

In providing quality healthcare without barriers to treatment, the clinic's management understands that transportation and child care are two of the biggest factors for individuals when accessing treatment. We currently provide over 1,000 rides per month from multiple

locations throughout Skagit County free of charge to patients. On-site childcare for children or grandchildren of individuals participating in treatment services is a substantial factor. The clinic also employs a social worker to assist with a vast array of case management services including housing, education, employment, family planning, and family education. Individuals participating in Medication-Assisted Treatment (MAT) are also able to access primary medical care by licensed medical professionals.

To get started in any of its many programs, the clinic offers walk-in appointments for chemical dependency Substance Use Disorder (SUD) assessments between the hours of 6:00am and 10:00am on Tuesdays and Wednesdays. In addition, we offer same day scheduling Monday through Friday. Mental health services appointments with one of our counselors are available from 6:00am to 4:00pm Monday–Thursday, 6:00am to 2:00pm Fridays, and Saturdays 6:00am to 10:00am. Please visit our website for more information www.didgwalic.com, and please call with any questions, (360) 588-2800.

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Community Partners Hard at Work

Population Health Trust Advisory Committee

BY DAVID JEFFERSON,
SKAGIT COUNTY PUBLIC HEALTH ANALYST

In late 2015, the Population Health Trust, which serves as health advisory committee to the Board of Health, was finishing a community-wide health assessment. The findings pointed toward a need for more housing, better living-wage jobs, improved access to healthcare, improved maternal and child health, and more attention toward the needs of young people. These priorities required vetting by the community, so five listening sessions were held where over 200 people provided feedback. One question that kept emerging was, "What about the opioid crisis?" The community was right. The data and information we had on opioid abuse was limited and incomplete. The problem was ahead of the studies, so the Trust, in collaboration with the Board, decided to prioritize opioids as our leading health issue. As a result, the opioid Workgroup Leadership Team, was assembled with over 30 healthcare professionals and community members. The Team worked diligently for six months and explored all existing services, identified what was missing, what was needed, and what could be scaled up.

This collaboration resulted in the Opioid Workgroup Leadership Team (OWLT) workplan, which garnered strong

community support. By the time it was launched, people were excited and confident that the plan pointed us in the right direction to change the trajectory of this tragic health problem.

Tragic is not an understatement. During the development of the plan, we paused during week five because an OWLT member had a family friend die of an opiate overdose. While we grieved, we also understood how important it was that we get this right. At that time, we knew that about 13 people per 100,000 were dying from overdoses. This number has remained steady and the problem is not stopping. A recent report by Emergency Department Information Exchange (EDIE), which tallies the number of people seen at all Skagit County hospitals for overdoses, finds that in 2016, 3,334 overdoses were reported—over nine a day!

The goal of the OWLT workplan is for organizations and community partners to identify actions and start doing more to stop this epidemic. Without a lot of fanfare or need for recognition, everyone took the call to action seriously.

We are proud of the work to positively change the course of the opioid epidemic and hope that community members will

participate in events, share information, and bring their concerns out in the open. The stigma of this disease can keep family, friends, and neighbors from seeking treatment, so please join the conversation!

Here's a sampling of the great work that is being done:

- Skagit County Public Board of Health passed a Secure Medicine Return ordinance, which means that by 2019, residents can safely dispose of unused medications.
- The Swinomish Indian Tribe started the first-ever opioid treatment program called the didg'alic Wellness Center, which serves 70% non-natives.
- The Phoenix Recovery Needle Exchange program received a federal grant to distribute life-saving Narcan kits and has distributed over 900 kits to reverse overdoses.
- Skagit Regional Health has implemented evidence-based prescribing practices designed to provide the right strength and amount of opioid medications to help prevent addiction.

LOCAL EFFORTS TO FIGHT THE OPIOID EPIDEMIC

Increases in opioid use, abuse, addiction, and overdose have created a public health crisis across the nation. On the local level, United General District 304 and PeaceHealth are responding to the opioid epidemic by providing a continuum of services ranging from prevention to intervention and referrals for treatment. United General District 304 directs funding from a two-year grant as part of the State Targeted Response to the Opioid Epidemic to provide prevention programs and services. Activities include:

- **Limiting youth access to prescriptions** – data shows that most youth who use opioids not prescribed to them accessed those through the family medicine cabinet. To limit youth access, United General: 1) partnered with Schaffner Pharmacy to install the first in-pharmacy prescription drug take-back box in Skagit County; 2) provides secure medication return envelopes to PeaceHealth United General's Emergency Department for distribution; and 3) gives locking medication bags to households who aren't currently tracking and securing prescriptions.
- **Influencing families and youth at home and school** – in order to build healthier communities, United General focuses on supporting families through programs such as Strengthening Families Program (SFP) for Parents and Youth ages 10–14, implemented at Central Elementary. SFP guided parents in setting expectations for their children, and worked with youth to set goals for their future—thus improving family management and harmony, and reducing the risk of youth substance use. United General also trained teachers from Evergreen Elementary in PAX Good Behavior Game, which creates a positive and productive school climate and increases students' on-task behavior and learning.
- **Increasing community awareness** – United General utilizes It Starts With One, a media campaign to help create community norms for talking about the risks of opioids with healthcare providers and family members; securing medications in the home; and properly disposing of medicine. Learn more at getthefactsrx.com.

To help with the treatment of opiate-dependent patients, PeaceHealth supports the non-profit Cascade Medical Advantage clinic in Bellingham led by Adam Kartman,

BY CYNTHIA GLUNT, MARKETING AND COMMUNICATION COORDINATOR UNITED GENERAL DISTRICT 304 & BEVERLY MAYHEW, DIRECTOR STRATEGIC COMMUNICATIONS AND ENGAGEMENT PEACEHEALTH



MD, a board-certified Addiction Medicine and Family Medicine physician. Dr. Kartman specializes in Medication-Assisted Treatment, or MAT, which involves the short- and longer-term drugs that are known to greatly improve patients' rates of success in becoming drug-free and productive, well-functioning citizens. In addition to donating office space for Dr. Kartman's clinic, PeaceHealth lent grant-writing skills that resulted in Dr. Kartman receiving a \$750,000 grant to support his work. Using these funds, Dr. Kartman hired a "navigator" to be stationed both in a PeaceHealth Medical Group clinic and in PeaceHealth St. Joseph Medical Center's Emergency Department ED to ensure that opioid-addicted patients are connected to the clinic and necessary community services.

The intent is to expand Dr. Kartman's scope throughout the North Sound region, including Skagit County, by increasing the network of providers available to assist patients.

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FIGHTING BACK

BY ROSEMARY KAHOLOKULA,
SKAGIT COUNTY CHIEF CRIMINAL
DEPUTY & RICH WEYRICH, SKAGIT
COUNTY PROSECUTING ATTORNEY

Our community is in the grip of an epidemic that will require resources, innovation, and grit to overcome. The opioid crisis is not somewhere else, it is here, and it is affecting all of us.

The statistics are astounding. The epidemic is a fact in Washington State and Skagit County. In Washington State, 764 deaths in 2016 were attributed to opioids. In Skagit County, 84 people died from opioids from 2014–2017. About 700 opioid overdoses were treated in Skagit County hospitals during the first three months of 2018. In 2017, over 1,000,000 needles were collected by the needle exchange program in Skagit County.

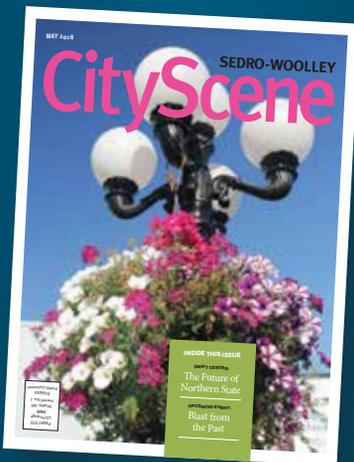
Nationwide, since 1999, more than 630,000 people have died from an overdose; about 55% of which were due to opioids (“opioid” includes prescription opioids, heroin, and synthetic opioids such as fentanyl). In 2016, there were more than 63,600 overdose deaths, about 66% of which (or 42,000 deaths) involved an opioid. Every day, an average of 115 Americans die from an opioid overdose. These deaths cross all socio-



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economic, geographical, age, gender, and race boundaries. Indeed, drug overdose has surpassed motor vehicle accidents as the leading cause of accidental death in the United States.

There have also been tremendous financial impacts because of the epidemic. A 2018 federal study asserts that this crisis cost Washington taxpayers \$9.19 billion in 2016. About \$7 billion of those costs were from the financial impact of overdose deaths.

We additionally suffer financial and human impacts in our schools with children experimenting with drugs not prescribed to them. A school survey indicates that 10% of seniors have used the prescription drugs of others within the last 30 days.

Rich Weyrich, the Prosecuting Attorney, believes in a multipronged approach to mitigate the crisis, using rehabilitative programs to the extent possible while ensuring a safe community and accountability for the offender. The two-year Skagit County Drug Court is a program that has been saving lives since 1997.

Aggressive prosecution of drug dealers, particularly where there are guns or large quantities of drugs involved, is another part of that approach.

The Prosecuting Attorney and Skagit County have hired the Seattle law firm Keller Rohrback to sue the largest pharmaceutical manufacturers and distributors. Chief Criminal Deputy Prosecutor Rosemary Kaholokula is coordinating the litigation on behalf of the County.

This lawsuit was instituted because the over-prescription of opioids, which we believe led to our current crisis, was the result of the opioid manufacturers’ deliberately false claims to doctors and the public. For example, the manufacturers falsely claimed that opioids were not addictive and were safe for long-term, chronic pain use. We believe that they knew this was false. Indeed, a 2016 report from the Centers for Disease Control (CDC) confirmed that there was no evidence that opioids were effective at addressing chronic pain.

Our goal in this litigation is to change the behavior of the drug companies and to recover funds to be used in future education and rehabilitation of those effected by the use of opioids.

Finally, Weyrich continues to examine and consider other avenues and programs that support the recovery of individuals, the healing of our community, while assuring the safety of our citizens.

HOW CAN USDA HELP ADDRESS THE OPIOID EPIDEMIC?

USDA has tools to help rural America respond to the opioid epidemic including:

- Resources for prevention, treatment and recovery
- Programs to build upstream resilience and prosperity for the future



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Storage AND Disposal OF Medications

BY CHRIS SCHAFFNER, PHARM. D.
OWNER, SCHAFFNER PHARMACY

Safe storage and disposal of opioid and other medications is an often overlooked aspect of our personal healthcare. Just like other potentially hazardous items found in the home (chemicals, firearms, etc.), it is important to carefully consider where and how to store your medicine. When done correctly, it can help reduce the risk of accidental overdose and theft by those who live with you or visit your home.

The most common medication storage method I hear about from patients is placing prescription bottles on a high shelf in a kitchen or bathroom medicine cabinet.

While convenient for patient access, this may not be the best place to keep your medicine. Young children can display amazing ingenuity in gaining access to medications stored out of reach and thieves are likely to look in these areas first when they are in your home.

An ideal solution is to lock opioid medications in a safe and to store the safe in a secure location. There are many safes available on the market today for medication storage. If a safe isn't a viable option for you, another alternative is to hide medications somewhere out of sight, a bedroom drawer for instance. The



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PRESCRIPTION DRUG DROP OFF BOX



“... these medications should be safely and properly disposed of when they are no longer needed...”

key is to strike a balance between convenience for you, the patient, and reduce the risk that a curious child or thief could easily gain access. Every home and situation is different, so there is no one-size-fits-all approach to medication storage. Carefully consider your particular setup to find a storage solution that best fits your needs.

Patients often find themselves with excess opioid medications on-hand following surgical procedures or acute injuries. It is commonplace for people to save these excess medications “just in case” they are needed at a future date. However, these medications should be safely and properly disposed of when they are no longer needed for the condition in which they were prescribed. The Sedro-Woolley Police Department has a medication drop box available Monday-Friday and Schaffner Pharmacy also has a drop box available Monday-Friday from 9:00am-6:00pm. These drop boxes offer a safe and

environmentally-favorable way to dispose of unused and expired medications.

Opioid overdose is a well-established problem in our country. It is advisable to have Narcan (naloxone HCL) on-hand in households where someone on chronic opioid therapy or individuals at risk for opioid overdose reside. Narcan can help reverse an opioid overdose and potentially buy valuable time until paramedics arrive. In addition to having Narcan, family and friends should also be trained in its use. People who have been taking opioid medications for extended periods of time often scoff at the idea of needing Narcan in the house. However, it is important to remember that an individual in the home other than the patient (for example, children) can potentially suffer an overdose if opioid medications are accessible. This further reiterates the importance of securely storing your medications.



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NATIONAL OPIOID RESPONSE MUST Listen TO Local Stories AND Support Solutions

BY U.S. SENATOR
PATTY MURRAY

Community voices are key to fighting the root causes and ripple effects of the opioid crisis



Above: Senator Murray attends Opioids Roundtable Everett 2017
Right: Opioids Roundtable Bremerton 2017



Every day, 115 people across the country die from an opioid overdose. It's a national epidemic, but its heaviest burdens are felt locally, borne by families and communities like Sedro-Woolley.

My office found that in 2016 the opioid crisis cost our state \$9 billion. Of course, the losses we've suffered aren't merely economic—they are personal and incalculable.

Traveling around Washington State, I've heard from parents who watched the children they would do anything for

fight a disease they felt unable to do anything against, and parents who faced their own struggle with addiction, and the possibility of losing custody of their children. In 2016, over 90,000 children nationally were removed from their homes because of a parent's substance-use challenges.

This crisis also affects children who struggle to focus in school because of the trauma of a family member's addiction at home, hospitals where too many babies

are born facing symptoms of withdrawal because their mothers are battling addiction, and first responders who have seen so many tragedies, but work tirelessly to prevent the next one.

We need more federal resources to support local efforts to address the root causes and ripple effects of this epidemic. For far too long we have treated this like a criminal problem. That hasn't worked. Instead, we have to treat it as a public health crisis. To help do that, I've been taking the stories I've heard in Washington State back to the other Washington.

I worked across the aisle to pass bipartisan legislation to support our communities, like the Comprehensive Addiction and Recovery Act, and the 21st Century Cures Act. These laws supported new research, expanded access to substance misuse treatment, and gave states grants to invest in local programs—including over \$20 billion to Washington State.

We built on that work with additional opioid response funding in the recent bipartisan budget agreement—but we're not done yet.

I've also introduced the Opioid Crisis Response Act of 2018, a bill with over 40 different proposals from members of both parties, to help address the broad scope of the opioid crisis.

My legislation would give new flexibility to the National Institutes of Health for research to improve our tools for treating addiction; clarify authorities for the Food



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“ I know there is still more to do. ”

and Drug Administration to encourage responsible prescribing and packaging, so opioids are harder to misuse and easier to safely dispose; and support state programs that monitor drug prescription data, so care providers can better identify potential patterns of addiction.

It also provides new grants to help states develop plans of safe care for infants born to mothers fighting addiction, and to help address the trauma children and youth face, and increase mental health services in schools and community-based settings.

But while it includes a lot of good ideas, I know there is still more to do. Even as I work to get this bill passed into law, I'm going to keep listening to communities in Washington State and fighting for them in Washington, DC.



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Crisis prevention and intervention outreach
24-hour Crisis Hotline (360) 419-3640

didgwálic Wellness Center*

Medically-assisted treatment and outpatient services
8212 S March Point Road, Anacortes
(360) 588-2800

Follman Agency

Substance abuse and other addiction treatment, counseling
910 S Anacortes Street, Burlington
(360) 755-1125

Ideal Option*

Medically-assisted treatment and substance abuse outpatient services
1725 Continental Place, Suite C, Mount Vernon
(206) 567-7886

Phoenix Recovery Services

Substance use and medicine-assisted outpatient services
1601 E College Way, Mount Vernon
(360) 848-8437

Phoenix RISE Van*

Needle exchange program, Narcan kits, harm reduction services
(360) 848-8437

Sea Mar Mount Vernon Behavioral Health Center

1010 E College Way, Mount Vernon
(360) 542-8920

Skagit County Crisis & Detox Center (Pioneer Human Services)*

201 Lilac Lane, Burlington
(360) 757-7738

Sunrise Behavioral Health Services*

Substance abuse disorder assessment—providing medically-assisted treatment soon
2500 E College Way, Mount Vernon
(360) 336-3762

United Northwest Recovery Center

605-B Sunset Park Drive, Sedro-Woolley
(360) 856-6300

OTHER DRUG & ALCOHOL ADDICTION HELP

Faith House & Trust

Recovery housing for men and women, 9–12 months' stay
(360) 848-9281

Washington Recovery Line*

24-hour help for substance abuse and mental health
(866) 789-1511

Oxford House

Clean and sober housing
oxfordhouse.org

Parent Child Assistance Program (PCAP)

Intervention and counseling for pregnant or parenting women with substance abuse
(360) 428-6622

The REACH Community Center*

Free resources and support for substance use and mental health issues
1413 E College Way, Mount Vernon
(360) 873-8635

*Same Day-Walk-in Service

RECOVERY SUPPORT GROUPS

Celebrate Recovery

Inspire Church | Tuesdays, 7:00pm
805 Township Street, Sedro-Woolley

Alcoholics Anonymous

area72aa.org
(360) 428-7155

Cocaine Anonymous

caofwa.org
(425) 244-1150

Narcotics Anonymous

nwwana.org
(818) 733-9999

For additional services
and resources,
please visit skagitcrc.org.

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Events



Eagle Haven Winery
2018 Concert in the Pavilion Series

- Jumbled Pie** Friday, 8/3 7:00–9:00pm
Fun-loving six-piece band specializing in Americana, blues, Cajun, and more!
- Margaret Wilder** Friday, 8/10 7:00–9:00pm
Margaret's vocals will get you off your seat with top-notch blues, funk, and R&B!
- Whiskey Fever** Friday, 8/17 7:00–9:00pm
The best rockabilly and rock 'n' roll in the Pacific Northwest!
- CC Adams** Friday, 8/31 7:00–9:00pm
Rock, funk, and R&B from a great band with vocals by Mary Ellen Lykins.
- Birdsview Bluegrass** Saturday, 9/8 7:00–9:00pm
A true love of bluegrass from some of the best around!
- Jill Newman Blues Band** Saturday, 9/15 7:00–9:00pm
An awesome guitarist, Jill and her band bring a great mix of rock and blues!

8243 Sims Road, Sedro-Woolley

Tickets: \$15 general admission;
\$12 wine club members

BBQ provided by the Liberty Bistro

RIVERFRONT PARK SEDRO-WOOLLEY, WASHINGTON



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PROZAC MOUNTAIN BOYS

HIGHWAY 9 BAND

THE RYDERS BAND

JULY 29

6:00-8:00PM
Jazz-infused
Rock & Blues

AUG 5

6:00-8:00PM
Traditional
Bluegrass

AUG 12

6:00-8:00PM
Country

AUG 19

6:00-8:00PM
Old Time
Americana

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DWAYNE LANE'S North Cascade Ford | State Farm



Team rider Niko Fisaletti
from last year's contest

Annual Skatepark Competition

Saturday, September 8 | 10:00am

The regional competition is held the second Saturday of September each year. A professional skating team will be on-hand to exhibit and judge tricks and form. Prizes for top three in beginner, intermediate, and advanced categories. All ages are welcome. For more information call Sedro-Woolley City Hall at (360) 855-1881.



For high school sporting event schedules, please visit NWCAthletics.com, the official website for Northwest Conference High School Athletic Programs. Click on the Sedro-Woolley link for all sporting event schedules.

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EVENTS

Museum
Upcoming Events

Sedro-Woolley Brothels

Thursday, August 19 | 1:00–4:00pm
in the museum's little theatre

Come learn about Sedro-Woolley's amazing brothel history. Learn what a "Blind Pig" was and how the city was supported by brothels. Also learn about early liquor establishments and hotels. Find out who Elsie Moore was and what a shrewd business woman she was.

Founders' Day

Saturday, September 8 | 12:00–3:00pm

A Step Back In History Come join us in visiting our past. Learn how to churn butter, style hair without electricity, and so much more. Why did women keep a hair receiver on their dresser? Listen to the sound of early music, hands-on demonstrations of early tech-knowledge, and more. Refreshments will be served, and it's a FREE day at the museum.

Founders' Day Picnic and Car Show at Riverfront Park

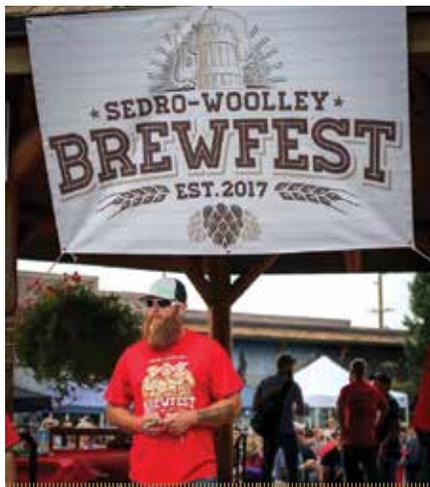
Sunday, September 9
9:00am–3:00pm

Open car show sponsored by Modified Lifestyles. Picnic 10:30am–2:30pm, \$5 gets you a hot dog, chips, cookie, and pop or water. All proceeds benefit the Sedro-Woolley Museum.




Central Skagit Library
enrich • empower • engage

centralskagitlibrary.org/calendar.html



Sedro-Woolley BrewFest 2018

Saturday, September 22 | 2:00–8:00pm
Metcalf Street, in front of Liberty Bistro,
between Ferry and Woodworth Streets

20 brewers and two bands, Mama Dirty Skirt and The Chris Eager Band. Tickets on sale now

eventbrite.com/e/2nd-annual-sedro-woolley-brewfest-tickets-43840354681

Only 1000 tickets will be sold! All proceeds go to Helping Hands Food Bank—feeding your community.

Every Wednesday, 3:00–7:00pm

SEDRO-WOOLLEY'S FARMERS MARKET

MAY 23–OCTOBER 17

Hammer Heritage Square

American Legion Breakfast – Open to the Public 3rd Sunday of Every Month

Time: 8:00–11:00am

Location: American Legion Post #43
701 Murdock Street

Fees/Admission: \$8 adults, \$5 children 10 and under

Breakfast consists of:

- Eggs to-order
- Bacon, sausage links, ham
- Omelets: western ham and cheese, or just cheese
- Hashbrowns, biscuits and gravy, pancakes, French toast



Costume Parade & Trick-or-Treating

Halloween
Wednesday, October 31

Business Dress-up Contest, Children's Parade at 4:30pm, and downtown Trick-or-Treating

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Salads
10 Beers on Tap

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There are approximately 4,300 (preschool–12th grade) students being served on twelve school campuses. The District covers 395 square miles, including the areas of Hamilton, Lyman, Samish, Clear Lake, and Big Lake. Every student graduates with the knowledge and skills for future learning and success.

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2. New retail business, **Bottorff's & Company**, 813 Metcalf Street
3. New law offices, **Adaptive Law Firm**, 107 State Street
4. New **sand volleyball court** next to City Hall
5. New **basketball courts** next to City Hall





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Our Family Medicine clinics are open
Monday – Friday, 8 a.m. – 5 p.m.

United Family Medicine, 360-856-7230

**Sedro-Woolley
Family Medicine**, 360-855-1411

Burlington Family Medicine, 360-856-7960
(Burlington Walk-in clinic hours:
Monday – Friday, 9 a.m. – 6 p.m.)

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