



PARTNERS IN CRIME PREVENTION

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DRUGS—CURRENT TRENDS

Drugs remain a problem for Snohomish County. Addiction and dependency to drugs often leads to crimes such as burglary, car prowls, car thefts and identity theft to support drug habits that drain the addict’s financial resources. The adoption of Initiative 502, which legalized marijuana, last year has caused confusion among the public, potential consumers, retailers, manufacturers and law enforcement. Yet, the risk of impairment and addiction, especially with drugs such as heroin, meth, oxycodone, cocaine, etc. remains a danger for the individual as well as society.

The top three drugs that concern local law enforcement agencies most are methamphetamine, marijuana and heroin.

Methamphetamine- Local law enforcement agencies note an increase in methamphetamine seizures in the northwest. Meth is more often attributed to violent and property crimes than other illegal drugs. Several Mexican drug cartels have distribution networks in the Northwest.

Marijuana- Marijuana is the most prevalent drug of abuse in Western Washington. A steady number of youth seeking

treatment for overuse leads some law enforcement officials to believe that the public perception of marijuana as a harmful drug is on the decline. Indoor growing of marijuana is increasing while infused marijuana products are becoming common place.

With legalization, local law enforcement agencies and prosecutors are being careful in their handling of potential marijuana cases. For example, seizure of marijuana plants and products could lead to law suits and damages awarded for loss of income if an operation is found to be legitimate. Young adults possessing marijuana won’t be charged under the current environment. However, the new law does discourage the use and selling of marijuana by children under 21. Possession by minors will be charged as well as the selling to minors.

Heroin- Prescription drug abusers continue to migrate to the less expensive heroin. Heroin treatment admissions continue to increase.



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DRUG TIP LINE-

If you have any information about drug activity in Snohomish County you can call the following number to report it:

425-388-3479

Or go to

<http://www.srdtf.org/contact>

and fill out the online form

THE PARTNERSHIP AT ANTIDRUG.ORG

The following web site provides easily understood information about drugs and drug treatment:

<http://www.drugfree.org/>

DRUGS- METH AND HEROIN

Methamphetamine- Meth users take it orally, by snorting it as a powder, by intravenous injection or by smoking. With smoking or injection, the user has an intense, pleasurable, sensation, called a “rush” or “flash,” that last just a few minutes. Oral or snorting produces a high but not a rush.



Ice Methamphetamine

Addiction can come quickly with the user increasing frequency and doses.

Meth releases high levels of dopamine, stimulating brain cells, enhancing mood and body movement. It appears to damage brain cell containing dopamine and serotonin. With long term use, the user can show symptoms like those of Parkinson’s disease.

Meth can take the form of a white powdery substance made up of tiny crystals or take the form of a clear chunky crystal looking like ice or shards of glass. It can also be an off-colored, brown or tan, powdery or chunky substance. Meth is often referred to as “ice,” “glass,” “crystal,” “speed,” “CR,” “crank,” or “crank.”

Heroin- Heroin is a highly addictive, depressant drug that affects the brain’s pleasure system and interferes with the brain’s ability to perceive pain. Heroin comes from morphine which in turn is derived from the opium poppy. Heroin usually comes as either a white powder, dark brown powder or tar-like substance.

Heroin users can use it in a number of ways depending on their preferences and the purity of the drug. “Mainlining” means that the heroin is injected into a main vein. Heroin can also be injected into a muscle, smoked in a water pipe or regular pipe, mixed with a marijuana joint or a regular cigarette.



Heroin

“Chasing the dragon” is inhaling heroin smoke through a straw. It can also be snorted in powder form through the nose.

Heroin’s effects begin shortly after a single dose and disappear after a few hours. After injection, a user feels a “rush” or a surge of euphoria along with a warm flushing of the skin, dry mouth and heavy extremities.

DRUGS- MARIJUANA

While marijuana has been legalized for adult recreational use, it still is illegal for use by minors under 21 years of age. Knowing about marijuana's affects are still important.

Marijuana is made up of a dry, shredded green/brown mix of flowers, stems, seeds and leaves of the Cannabis sativa plant.

Most commonly marijuana is smoked either as a cigarette (joint) or in a pipe (bong). It also can be smoked in a cigar that has had the original tobacco replaced with marijuana and sometimes combined with another drug called a blunt. Marijuana smoke has a distinctive pungent, often sweet and sour odor.



It is sometimes mixed with food (marijuana brownies) or brewed as a tea.

The short term effects of marijuana begin almost immediately after the drug enters the brain and can last from 1 to 3 hours. Within a few minutes of inhaling the smoke, the heart rate increases by 20 to 50 beats per minute, the bronchial passages relax and become enlarged, and the eyes' blood vessels expand, making them look red. The user will feel euphoric or "high". The user may experience pleasant sensations, colors and sounds seem more intense, time appears to pass very slowly.

The user's mouth may feel dry. They may suddenly feel hungry and thirsty. Their hands may tremble and grow cold. As the

euphoria passes, the user may feel sleepy or depressed. Occasionally, marijuana use produces anxiety, fear, distrust or panic.

Long term effects include the same respiratory problems as tobacco smokers- daily cough and phlegm production, more frequent chest illnesses, heightened risk of lung infections, and a greater tendency of ob-

structed airways. Some studies suggest that marijuana smoke might be more likely to cause cancer than tobacco smoke possibly because it

has 50 to 70 percent more carcinogenic hydrocarbons than does tobacco smoke. Also, marijuana damages short term memory.

According to the National Institute of Drug Abuse (NIDA), (<http://www.drugabuse.gov/publications/drugfacts/marijuana>) research shows that heavy marijuana users report poor mental and physical health and reduced academic and career success. Marijuana use has been associated with a higher probability of dropping out of school.

NIDA also reports that several studies show that marijuana use more than doubles the risk of a driver of being in a vehicle accident. This is due to marijuana impairing the user's judgment and motor coordination.

DRUGS- RESOURCES

For more information about drugs, drug prevention and treatment you can go to the following web-sites:

Snohomish Regional Drug and Gang Task Force:

<http://www.srdtf.org/>

M-Files:

<http://www.mfiles.org/>

Substance Abuse and Mental Health Services Administration:

<http://www.samhsa.gov/>

DRUGS- IS YOUR TEEN USING?

According to www.theteenline.org, there are many reasons that teens might use drugs:

1. Stress- Teens worry about many things, grades, personal appearance, and may use drugs to escape.
2. More freedom- While teens spend more time away from parents, they can be exposed to drugs. This is why it is important to know where your teen is.
3. Curiosity- Trying new things is normal for teens. Sometimes that includes trying drugs or alcohol.
4. Peer pressure- The desire to “fit in” can cause your teen to succumb to peer pressure to try drugs or alcohol.
5. Transitions- Change, such as changing schools, a divorce or death in the family, breaking up with a girl friend or boyfriend can make a teen susceptible to taking drugs.
6. Environment- if the people around them, such as family members, use drugs or alcohol, a teen is more likely to use also.
7. Genetics- Teens who belong to families who have a history of alcoholism or drug dependency are more likely to use also.
8. Personality- Teens who are disruptive, hyperactive or depressed are more likely to use drugs.

Here are some indicators that your teen may be using drugs:

1. Emotional Changes- While teens

can be emotional, alcohol and drug abuse can enhance normal mood swings.

2. Physical Changes- The combination of a growing body along with the affects of drug abuse might lead your teen to seem like they are not getting enough sleep, lose their appetite, lose weight, have symptoms such as headaches, stomach aches, muscle or bone pain.
3. Intellectual Changes- Your teen might suddenly drop old interests or goals, grades might slip or plummet.
4. Other changes- You might see unusual or unexplained items in your teen’s room. For example, empty bottle of alcohol, a can of spray paint, paper for rolling cigarettes, a baggie with pills or a powdery substance.

If you discover that your child is using drugs, you will want help. Consider the resources that you can find at:

<http://findtreatment.samhsa.gov/>

For more information about drugs and your teen, go to:

<http://theteenline.org/>

CRIME PREVENTION COORDINATORS

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SHERIFF’S OFFICE CRIME PREVENTION WEB PAGE:

http://sheriff.snoco.org/Sheriff_Services/Crime_Prevention.htm

NEWSLETTER INFO

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If you have questions regarding this newsletter or any articles that appear in it, please contact the editor at neighborhoodwatch@snoco.org

TIP LINES



Snohomish County Sheriff’s Office: 425-388-3845

<http://www.snoco.org/app/ssh/anonymoustips/>

Crime Stoppers of Puget Sound: 1-800-222-8477