WA State Overdose Death Trends

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Department of Psychiatry & Behavioral Sciences, School of Medicine

September 20, 2022
• Zoom webinar, not meeting.
  • Only hosts can share video and audio.
  • We can’t see or hear participants.

• Enter questions into Q & A.

• Chat in chat box.

• No need to enter your name and title.

• This webinar will be recorded and shared in the next few days.
• We acknowledge that we are meeting virtually on the traditional territories of hundreds of indigenous nations, with many areas covered by treaties that were signed by the United States and tribes before many states even existed.

• The employees of the State of Washington are guided by the Centennial Accord and State Law (43.376 RCW) – respecting and affirming tribal sovereignty and working with our tribal governments throughout the state in government-to-government partnership.
I have no conflicts of interest to report.

I do not accept funding from pharmaceutical companies.

Any trade/brand names for products mentioned are for identification purposes only.

Current funding includes

- WA Health Care Authority DBHR (WA State funds & US DHHS SAMHSA)
- NIH National Institute on Drug Abuse (PI’s Stekler; Whiteside)
- Pew Trust (evaluation contract Olympia Bupe Clinic)
- Paul G. Allen Family Foundation/Premera/WA HCA/Seattle foundation (PI Banta-Green)
Jason R. Williams PhD

Jason Williams has worked in the social sciences as an evaluator for many years at the University of Alaska, Anchorage, Casey Family Programs, and as an independent consultant. As a quantitative researcher, he works to inform public policy in areas such as poverty, obesity, child welfare, education, and now at ADAI, drug use epidemiology and intervention.

Dr. Williams designed the Washington State Opioid/Major Drug Interactive Data website, a data visualization resource that offers a series of interactive data charts and maps featuring Washington state data related to overdose deaths, treatment admissions, statewide opioid sales, and police evidence testing data for opioids, methamphetamine, and other drugs.

Dr. Williams contributes to knowledge about cannabis use by analyzing crime lab, survey, sales, and wastewater testing data. He compiled a comparison of survey methodologies that provided insights as to why different surveys produce different estimates of cannabis use.
Today’s presentation

• Current overdose death trends in Washington State.
• What substances are involved in overdose.
• Fentanyl basics and key points of community education.
• Preliminary xylazine trends.
• Washington State Opioid/Major Drug Interactive Data
• Patient/Client and Staff/Provider materials
  • StopOverdose.org
  • LearnAboutTreatment.org
• Community Surveys with People Who Use Drugs
• Transforming Our Communities Annual Gathering

https://adai.uw.edu/cedeer/
Washington State Opioid/Major Drug Interactive Data

This site offers a series of interactive data charts and maps featuring Washington state data related to overdose deaths, treatment admissions, statewide opioid sales, and police evidence testing data for opioids and other drugs.

Find data by:

- Geography
- Drug Type
- Indicator/Source

Acknowledgments

Funding from the Washington State Department of Social and Health Services, Division of Behavioral Health and Recovery. Marijuana indicators analysis was provided with support from the Washington State Dedicated Marijuana Fund for research at the University of Washington. All analysis and interpretation by ADAI.

We thank the following for data access:

- King County Medical Examiner
- Washington State Department of Social and Health Services, Division of Behavioral Health and Recovery
- Center for Health Statistics, Washington State Department of Health
- Washington State Patrol Forensic Laboratory Services Bureau
- US Drug Enforcement Agency ARCCOS database
- Washington State Office of Financial Management
- Washington State Department of Health Prescription Monitoring Program
- American Community Survey, US Census Bureau
- Looking Glass Analytics
- Washington State Liquor and Cannabis Board

ADAI thanks our geocoding partner, Texas A&M Geoservices.

We thank ColorBrewer for color palette assistance, used on many of our time-series plots.

Icons made by Gregor Cresnar, from www.flaticon.com, licensed by CC 3.0 BY.
Fatal overdoses

- Deaths due to acute intoxication with drugs
- WA State death certificate data, final through 2020, preliminary through 2021
Drug-caused death rates per 100,000 state residents

Analysis by UW ADAI. For data sources, see text or adai.uw.edu/WAdata
Drug overdose deaths disproportionally affect American Indian and Alaskan Native populations

Data likely substantially underestimate rates for AIAN people
Death rates per 100,000 state residents, all drug poisonings

- All other drug poisonings
- Methamphetamine & Cocaine
- Opioids & Cocaine
- Opioids & Methamphetamine
- Cocaine (no M or O)
- Methamphetamine (no C or O)
- Opioids & Cocaine & Methamphetamine
- Opioids (no C or M)

Analysis by UW ADAI. For data sources, see text or adai.uw.edu/WAdata
Methamphetamine involved

Death rates per 100,000 state residents, methamphetamine deaths detail

N=1,235

Analysis by UW ADAI. For data sources, see text or adai.uw.edu/WData
Deaths involving methamphetamine, per 100,000 residents, 2003-2004

State: 1.52

Deaths involving methamphetamine, per 100,000 residents, 2020-2021

State: 13.20

Methamphetamine OD Deaths
Changes 2003-2021

- Number up 89 to 1,235, 1.45-15.90/100,000
- Median age increased from 40 to 49
- Continues to be mostly men 73% in ’21
- Increasingly w/ opioids 36% to 56%
- Decreasing among Whites 91% to 76%
- Notable increases among Black and Hispanic populations
- Overrepresentation among American Indian/Alaska Native ~6% over time
Statewide opioid death rates

- Red: Any opioid
- Purple: Heroin
- Green: Commonly prescribed opioids
- Light green: Other synthetic opioids
- Gray: All Rx opioids doses pp
- Orange: Common opioid pain Rx doses pp

Analysis by UW ADAI. For data sources, see text or adai.uw.edu/WData
Deaths involving any opioid, per 100,000 residents, 2002-2004

State: 5.71

Deaths involving any opioid, per 100,000 residents, 2019-2021

State: 16.16

Data sources: Center for Health Statistics, Washington State Department of Health (deaths), Washington State Office of Financial Management (population)
ABB = Alcohol, barbiturates, or benzodiazepines. All sedatives.
• Median age of decedents (2020-2021)
  • Heroin 45 years (no fentanyl) n=545
  • Fentanyl 36 years (no heroin) n=1700
What is fentanyl

- Fentanyl is a synthetic opioid
- It acts on opioid receptors
- Very high potency,
  - 80 x stronger than morphine
  - therapeutic doses measured in micrograms (1/1000th of a mg)
- Used during surgery and for severe pain
- Fast effect and short acting
- Medical formulations prescribed for severe pain include patches and lollipops
What are non-Rx Fentanyl?

- Illicitly manufactured fentanyl
- Illicitly manufactured fentanyl related compounds
  - e.g. acetyl fentanyl or carfentanil, may be more or less powerful than fentanyl.
- Raw product in powder form
- May be tableted or put into other substances out of country or locally
- Not the quality control of a pharmaceutical product
Why non-pharmaceutical-fentanyls

• From production and distribution (supply) perspective it’s all about $\$

• More specifically:
  • **Profit** margin is very high
  • Easier to **manufacture** compared to growing poppies
    • Cheaper, more efficient, quicker, less detectable
  • Easier to **transport** smaller volume
  • Broader **market** with pills than heroin
Why non-pharmaceutical-fentanyl

From a use perspective (demand)

• For those seeking pills
  • Appears **safe**: pill = pharmaceutical = safe
  • Seeking **effects**: pain, sleep, euphoria
  • Avoiding **withdrawal** for those with opioid use disorder
  • May be **cheaper** and/or all that is **available**

• For those seeking heroin
  • Often don’t want fentanyl
  • Drug market is unpredictable now
• **Rapid** onset
• A **high** peak dose/effect
• A **short** duration of effect

**These** characteristics of a drug are strongly related to its:

• Addiction potential-reinforcing
• Overdose potential-hard to feel and control dose

The figure gives a sense of the differences in biological effect between drugs over time. However, the site of administration, lower spinal cord, means the times are longer than would be seen IV or smoked.

https://www.bjaed.org/article/S1743-1816(17)30415-8/fulltext
WA State fentanyl in the media

**Fentanyl drug bust at Valley part of long string of alleged criminal activity at Valley hotel**

*The Spokesman-Review*

**DEA takes 48,000 suspected fentanyl pills, 20 pounds of meth off Tri-Cities streets**

*Yaktri News.com*

**Fentanyl fueling increase in opioid-related deaths, Yakima County coroner says**

*Yakima Herald-Republic*

**Thousand of fentanyl pills, meth, heroin seized in Seattle**

*The Associated Press*

SEATTLE (AP) — Federal agents have made more arrests in a drug pipeline that stretches from Mexico to north of Seattle in Snohomish County.

The Seattle Times reports authorities seized what they believe to be 16,000 fentanyl pills, 20 pounds of methamphetamine and 6 pounds of heroin, according to the U.S. Department of Justice.
**Drug Product ID:** DEA-2022-738-220414-WA-98133-003-T1  
**Description:** Blue tablet with “M” and “30” markings.  
**TOTAL WEIGHT OF EXHIBIT:** 107.6mg tablet

**Image:**
- Front side of the tablet
- Back side of the tablet

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**Analytical Results:**

<table>
<thead>
<tr>
<th>Confirmed Drug</th>
<th>Percentage within Drug Product</th>
<th>Actual Amount within Drug Product</th>
<th>Total Weight of Exhibit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen</td>
<td>38.9% (389mg/g)</td>
<td>42mg</td>
<td>107.6mg</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>1.4% (14mg/g)</td>
<td>1.5mg</td>
<td></td>
</tr>
<tr>
<td>4-ANPP</td>
<td>0.39% (3.9mg/g)</td>
<td>0.42mg</td>
<td></td>
</tr>
<tr>
<td>Acetyl Fentanyl</td>
<td>0.0013% (0.013 mg/g)</td>
<td>0.0014mg</td>
<td></td>
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</tbody>
</table>
**Drug Product ID:** DEA-2022-741-220324-WA-98001-006-P1  
**Description:** Blue Powder  
**TOTAL WEIGHT OF EXHIBIT:** 303.1mg powder

### Analytical Results:

<table>
<thead>
<tr>
<th>Confirmed Drug</th>
<th>Percentage within Drug Product</th>
<th>Actual Amount within Drug Product</th>
<th>Total Weight of Exhibit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen</td>
<td>7.5% (75mg/g)</td>
<td>23mg</td>
<td>303.1mg</td>
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<tr>
<td>Fentanyl</td>
<td>4.3% (43mg/g)</td>
<td>13mg</td>
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<tr>
<td>Methamphetamine</td>
<td>1.9% (19mg/g)</td>
<td>5.8mg</td>
<td></td>
</tr>
<tr>
<td>4F-ABUTINACA*</td>
<td>0.37% (3.7mg/g)</td>
<td>1.1mg</td>
<td></td>
</tr>
<tr>
<td>Etizolam</td>
<td>0.17% (1.7mg/g)</td>
<td>0.52mg</td>
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</tr>
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<td>4-ANPP</td>
<td>0.069% (0.69mg/g)</td>
<td>0.21mg</td>
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<tr>
<td>para-Fluorofentanyl</td>
<td>0.066% (0.66mg/g)</td>
<td>0.20mg</td>
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<tr>
<td>Flubromazolam</td>
<td>0.024% (0.24mg/g)</td>
<td>0.073mg</td>
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<tr>
<td>Lidocaine</td>
<td>0.016% (0.16mg/g)</td>
<td>0.048mg</td>
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<tr>
<td>Tramadol</td>
<td>0.0076% (0.076mg/g)</td>
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<tr>
<td>Acetyl Fentanyl</td>
<td>0.0061% (0.061mg/g)</td>
<td>0.018mg</td>
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<tr>
<td>Cocaine</td>
<td>0.0038% (0.038mg/g)</td>
<td>0.012mg</td>
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<tr>
<td>Despropionyl-para-Fluorofentanyl</td>
<td>0.0007% (0.007mg/g)</td>
<td>0.002mg</td>
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</table>
Community Surveys with People Who Use Drugs

The team at ADAF's Center for Community-Engaged Drug Education, Epidemiology, and Research (CEDEER) regularly collects community-level data directly from people who use drugs to learn more about their needs to help shape relevant and impactful services and policies. The WA State Syringe Service Program Health Survey is conducted every two years, followed by qualitative interviews on opposite years with people who use drugs.

- Washington State Syringe Service Program Health Surveys

This survey is conducted in partnership with Public Health-Seattle & King County, WA State Department of Health, and syringe service programs (SSPs) across the state. The goal of the survey is to profile health behaviors and health care needs and preferences of SSP participants in WA State.

2021 WA State Syringe Service Program Health Survey

Number of participants: 955

Special topic questions

Fentanyl:
- The last time you used fentanyl, was it on purpose? What did that fentanyl look like?

Drug smoking:
- Would you like to get free, clean pipes or foil to smoke opioids, cocaine or meth? If you could get pipes or foil, do you think you would inject less often?
- How many people do you know right now who smoke opioids, cocaine or meth but don't inject them?
- What's the MAIN reason you've smoked opioids/stimulants rather than injecting?
• Large increase in % using fentanyl in 2021 compared to 2019
  • 42% used past 3 months
  • 14% used 5+ days in the past week
• Most often in pills, but increasingly powders
• 2019 data show most heroin users, 82%, want to stop/reduce use and most want treatment medications.
  • Many also want counseling, care navigation, mental health medications and other services.
“...was it on purpose?”  

“What did the fentanyl look like?”

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>266</td>
<td>131</td>
</tr>
<tr>
<td>Yes</td>
<td>67%</td>
<td>18%</td>
</tr>
<tr>
<td>No</td>
<td>23%</td>
<td>8%</td>
</tr>
<tr>
<td>2%</td>
<td>9%</td>
<td></td>
</tr>
</tbody>
</table>
Fentanyl use among treatment enrollees

• In our community based low barrier programs 38% report fentanyl as their primary drug (July ‘21-June ‘22)

• In a large opioid treatment program in Vancouver, WA 74% had indications of fentanyl use in Q2 2022, up from previous quarters even as heroin declined.

• Among State Opioid Response programs over >80% of people starting treatment medications are now using fentanyl per care navigators (Aug ‘22)
  • Compared to <50% in 2021.
• Populations consuming appear to be mostly:
  • Teens/Young adults without OUD
    • Important because we need prevention and harm reduction for youth
  • Teens/Young adults with rapid onset OUD
  • Adults with pre-existing OUD often involving injected heroin
• Absolute # and relative % unknown
Xylazine

What is Xylazine?
Xylazine is a veterinary anesthetic that's often used as a cut in street drugs. It's sometimes called tranq, tranq dope or sleep cut and people usually use xylazine unknowingly when their drugs are cut with it.

Uses
For humans there isn't a prescribed use because it's intended for use in animals.

Effects
Sedation, analgesia (pain killing like ibuprofen or advil but not opioids) and muscle relaxation. Strong sedative effects and excessive sleepiness without euphoria have been anecdotally reported to happen anywhere from 5 to 200mg.

Withdrawal
Withdrawal symptoms have been reported to be mild but because of the lack of human information about xylazine your results may vary.

Withdrawal Management
Research suggests that if withdrawal symptoms are present, low dose clonidine can be used to manage withdrawal symptoms.

Overdose Prevention
Treat xylazine like you would any other drug that can cause respiratory depression such as opioids, benzos or alcohol. If combining with other drugs, keep the doses low especially if they are other depressant drugs. There isn't an overdose reversal drug for xylazine so it's recommended to not to use alone and practice harm reduction if you decide to use xylazine.

https://nextdistro.org/resources-collection/xylazine-quick-guide
**Side Effects**
Xylazine isn’t intended for human use and long term use can cause skin lesions or ulcers. In high doses, respiratory depression, passing out or falling unconscious while still standing is common. Deaths are rare but have occurred in humans using anywhere from 40 to 2400mg of xylazine.

**Dose**
There isn’t an established human dose for xylazine use. For harm reduction purposes, use as little as possible if you think your drug contains xylazine. It’s recommended to start as low as possible and go slow if using xylazine.

**Routes of Administration**
Not much is known about the human use of xylazine but there have been reports of people eating, snorting, IVing, IMing, and using xylazine subcutaneously (injection in the skin or skin-popping).

For more drug-specific information & resources, visit [www.nextdistro.org/drugspecific](http://www.nextdistro.org/drugspecific)

**www.nextdistro.org**
SMS/Signal 646-389-0752
Reddit /u/nextdistro
Email info@nextdistro.org
Xylazine

• Crime lab/police evidence data show
  • 9 cases statewide in 2021, 9 cases through Q2 in 2022.
  • <<1% of cases

• King County Medical Examiner data show 4 deaths w/ xylazine from 1/1/21-8/17/22
  • All also had fentanyl present

During 2019, fewer than 2% of SUDORS overdose deaths from 38 states and DC were xylazine-positive. Xylazine contributed to death in approximately one half of deaths in which it was detected and was primarily co-involved with fentanyl.

Routine postmortem toxicology panels might not have included tests for xylazine, and current testing protocols for xylazine are not standard, which could result in missed detection (5).
• Opioid treatment program in Vancouver, WA
• Data courtesy of Dr. Kevin Fischer

<table>
<thead>
<tr>
<th></th>
<th>4th Quarter '21</th>
<th>1st Quarter '22</th>
<th>2nd Quarter '22</th>
</tr>
</thead>
<tbody>
<tr>
<td># Evidence of Use</td>
<td>695</td>
<td>888</td>
<td>956</td>
</tr>
<tr>
<td>Meth, % of using clients</td>
<td>59%</td>
<td>56%</td>
<td>60%</td>
</tr>
<tr>
<td>Cocaine, % of using clients</td>
<td>6%</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>Alcohol, % of using clients</td>
<td>17%</td>
<td>14%</td>
<td>15%</td>
</tr>
<tr>
<td>Novel Sedatives, % of using clients</td>
<td>4%</td>
<td>2.6%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Xylazine, % of using clients</td>
<td>1%</td>
<td>4.5%</td>
<td></td>
</tr>
<tr>
<td>Xylazine, % of FYL users</td>
<td>1.7%</td>
<td></td>
<td>6.1%</td>
</tr>
</tbody>
</table>

Key Takeaways:
• Meth use stable, but high
• Cocaine & alcohol use stable
• Novel sedative use fluctuating, but low
• Xylazine presence in FYL supply increased in 2nd quarter
Xylazine spreads across the US: A growing component of the increasingly synthetic and polysubstance overdose crisis

Joseph Friedman a,b,*, Fernando Montero c, Phillippe Bourgois a, Rafik Wahbi d, Daniel Dye e, David Goodman-Meza f, Chelsea Shover g

ABSTRACT

Background: Sharp exacerbations of the US overdose crisis are linked to polysubstance use of synthetic compounds. Xylazine is a veterinary tranquilizer, long noted in the street opioid supply of Puerto Rico, and more recently Philadelphia. Yet its national trends, geographic distribution, and health risks are poorly characterized. Methods: In this sequential mixed-methods study, xylazine was increasingly observed by ethnographers in Philadelphia among drug-sellers and people who inject drugs (PWID). Subsequently, we systematically searched for records describing xylazine-present overdose mortality across the US and assessed time trends and overlap with other drugs.

Results: In 10 jurisdictions – representing all four US Census Regions – xylazine was increasingly present in overdose deaths, rising from 0.36% of deaths in 015m 6.7% in 2020. The highest xylazine prevalence data was observed in Philadelphia, (25.8% of deaths), followed by Maryland (19.3%) and Connecticut (10.2%). Illicitly-manufactured-fentanyl was present in 98.4% of xylazine-present-overdose-deaths – suggesting a strong ecological link – as well as cocaine (45.4%), benzodiazepines (28.4%), heroin (23.3%), and alcohol (19.7%). PWID in Philadelphia described xylazine as a sought-after adulterant that lengthens the short duration of fentanyl injections. They also linked it to increased risk of soft tissue infection and naloxone-resistant overdose.

Conclusions: Xylazine is increasingly present in overdose deaths, linked to the proliferation of illicitly-manufactured-fentanyl. Ethnographic accounts associate it with profound risks for PWID. Nevertheless, many jurisdictions do not routinely test for xylazine, and it is not comprehensively tracked nationally. Further efforts are needed to provide PWID with services that can help minimize additional risks associated with a shifting drug supply.
Fig. 1. Xylazine-Present Overdose Deaths by Jurisdiction and Year. Xylazine-present deaths are show as counts and as a percent of all overdose deaths in text. Color indicates US census region. Values for 2021 represent estimates, should trends from the observed fraction of the year continue linearly.
Fig. 2. Geographic Distribution of Xylazine Positivity in Overdose Deaths. This figure summarizes the geographic distribution of xylazine positivity in overdose deaths in the full database of 14 locations. Point shape corresponds to type of jurisdiction. Color corresponds to the magnitude of xylazine positivity in the most recent year of data available for each location. Values for 2021 represent estimates, should trends from the observed fraction of the year continue linearly. The time period shown in each point can be seen in Supplemental Table 1.
• Xylazine is present in the local drug supply in WA State, apparently often/mostly with fentanyl.

• # & % are small, but may be increasing

• East coast suggests it may become common in the drug supply and OD’s

• Health consequences can be severe, wounds and overdoses
Minutes Count in an Opioid Overdose

Learn what to do, watch an opioid overdose training video, and download a brochure.

Read More
Fentanyl overdose info.

Fentanyl test strips

If used correctly, fentanyl test strips can detect the presence of the most common types of fentanyl in street drugs. These strips can be a useful harm reduction tool for people who drugs. Fentanyl test strips may not be able to detect all forms of illicit fentanyl and they cannot tell you how much fentanyl may be present. There can also be false positives (showing that fentanyl is present when it really isn’t). False positives are common when you test methamphetamine. The process of testing methamphetamine is different than testing opioids and uses more water.

Watch a video on How to use fentanyl test strips from Prevent Overdose-Rhode Island. To find out more about how to access fentanyl test strips in WA go here.
• Accidental skin contact with fentanyl is not an overdose risk
• Naloxone does work on fentanyl, it may take a larger dose
• Buprenorphine and methadone are effective treatment medications for fentanyl and other opioids
Educational materials

- **WARNING**
  - Fentanyl has been found in black tar
  - Recent overdose deaths involved fentanyl in black tar. This is new in King County.
  - Fentanyl continues to be most common in pills, primarily M30s. It can also be found in white powders.

- **Reduce overdose risk**
  - Avoid using alone. If you must use alone, have someone check on you or use a service like noneoneline.com.
  - Have naloxone (Narcan) ready to reverse an overdose. Find it near you at stopoverdose.org.

- **Poster**
  - Fentanyl is found in black tar

- **11” x 17” poster**
  - Don’t be faked out.
  - Knock-off pills sold on the street or online contain the deadly substance fentanyl.

- **11” x 17” poster**
  - Narcan saves lives
  - Naloxone, or “Narcan,” can be used to stop an overdose.

- **Look for these signs of an opioid overdose**
  - Abnormal breathing
  - Can’t be woken up
  - Skin changes

- **WARNING**
  - Fentanyl is killing King County residents
  - “Oxycodone” and “Percocet” pills sold on the street or online are FAKE and likely contain fentanyl.

- **Look for these signs of opioid overdose**
  - Fentanyl warning poster
  - Fentanyl warning postcards
  - Order printed copies of “Fentanyl is Killing King County”

- **Fentanyl warning infographic**

[https://kingcounty.gov/overdose](https://kingcounty.gov/overdose)
LEARN ABOUT TREATMENT

for you, your family member or friend, or your community

ABOUT US  GET STARTED

Treatment Options
This section provides information about the treatments for opioid use disorder and stimulant use disorder. Learn more about these options and what might work for you.

For Professionals
This section features resources, tools, and information for professionals who work with people who have opioid or stimulant use disorder.

For Family/Friends
This page provides information and tools to help you better understand opioid or stimulant use disorder and how you can support someone you care about.

www.LearnAboutTreatment.org