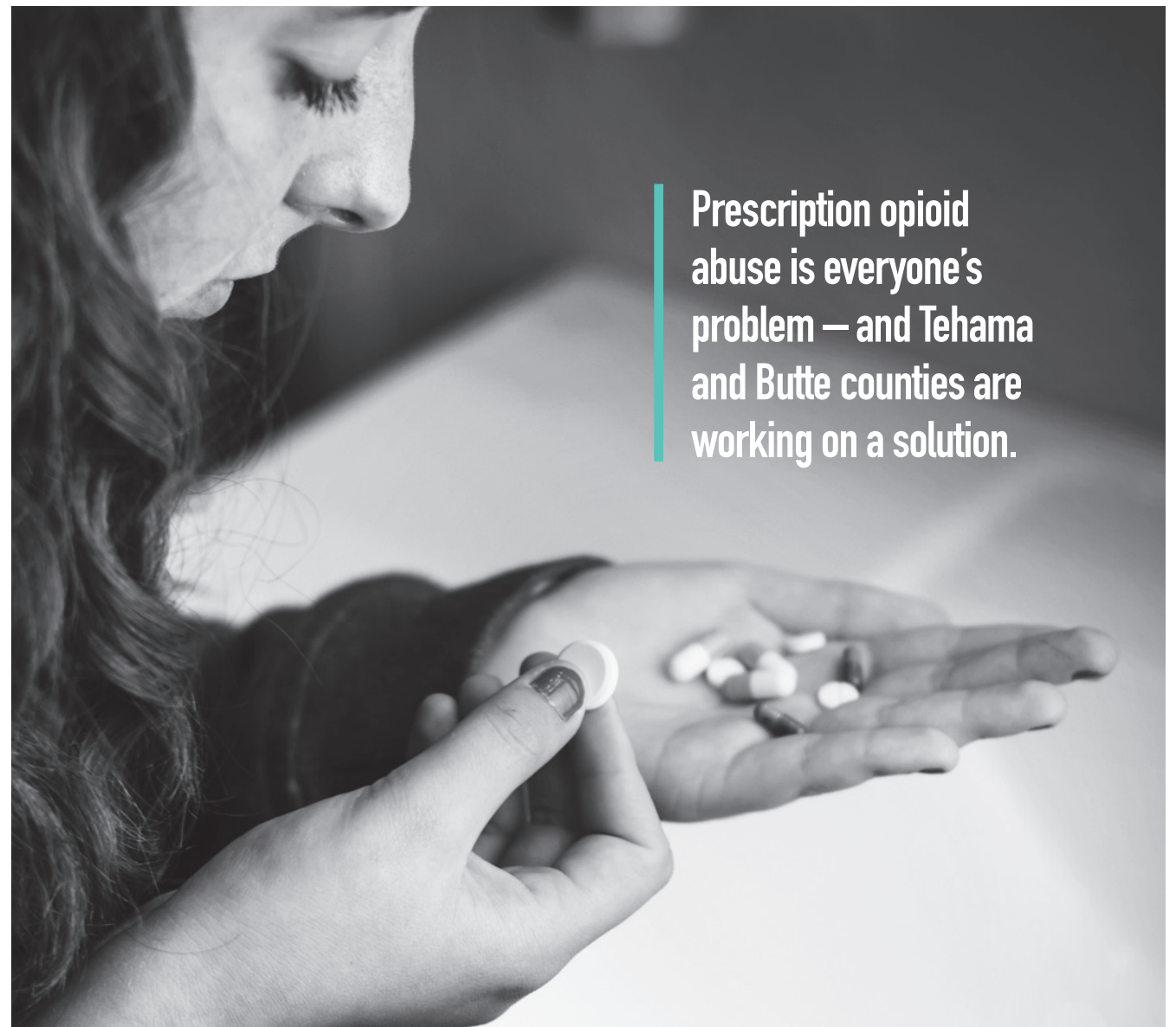


IT AFFECTS US ALL



Prescription opioid abuse is everyone's problem — and Tehama and Butte counties are working on a solution.



INSIDE

pg. 2
**Defining
the opioid
problem**

pg. 3
**An
addict's
story**

pg. 4
**Teens
at
risk**

pg. 7
**Actions you
can take
NOW**

A pain prescriptions
can't solve

**Drug-induced deaths
in California:**

Butte County:
5th
highest rate



Tehama County:
28th
highest rate¹

**Opioid-induced deaths
from 2012-2014**

Butte County:
126
people²



Tehama County:
9
people³

**There are more opioid prescriptions than
people in Butte and Tehama counties.**

Butte
County:
1,376
prescriptions
per every
1,000
residents



Tehama
County:
1,120
prescriptions
per every
1,000
residents

2.2x
the rate for
California



1.8x
the rate for
California⁴

1: California Department of Public Health (CDPH), age-adjusted death rate, 2012-2014 2: Butte County Coroner's Office 3: Tehama County Coroner's Office 4: Based on California rate of 619 opioid prescriptions per 1,000 residents, CDPH, 2015

PRESCRIPTION PROBLEM PERSISTS

Butte and Tehama counties
struggle with high levels of
opioid addiction

BY NATASHA VONKAENEL

One life lost to an opioid overdose is too many. But dozens of families in Butte and Tehama counties have found themselves mourning their loved ones — mothers, sons, cousins, brothers and husbands — as addiction to opioid medications and narcotics becomes more widespread.

Year after year, both counties have ranked high in drug-induced deaths in the state — Butte County is currently the fifth highest out of California's 58 counties. But that is only "the tip of the iceberg," explains Dr. Mark Lundberg, a physician with Butte County Behavioral Health, who points to a long list of byproducts from the opioid addiction crisis: a surge in emergency room visits, overdoses, hospitalizations, unintentional poisoning of children and seniors, overuse of prescription medications and demand for addiction treatment programs.

For rural populations with less access to medical treatment and higher levels of poverty, preventing the death and destruction in the wake of opioid addiction is even more of a challenge.

But it's a challenge both Butte and Tehama counties are dedicated to overcoming.

"Obviously we have a problem in Butte County, a very significant one," says Mike O'Brien, chief of Chico Police Department. "It's going to take the entire region, the entire community, to really have an impact."

A comprehensive, multi-agency effort is especially important in these counties, where so many residents have suffered from adverse childhood experiences (ACEs), including abuse, neglect or household dysfunction. Butte County leads the state, with 76 percent of residents having experienced one or more ACEs.

ACEs have been shown to substantially increase the number of prescription drugs someone uses and the likelihood of experiencing addiction or a lifetime of illicit drug use.

Working to provide more robust mental health and support programs will be an important part of the counties' multifaceted solution.

But the first step starts at home. Many of Lundberg's patients began using opiates in their adolescent years.

"And where do they get their opiates when they are in high school?" he asks. "They get them from medicine cabinets, from their family, their grandparents."

Keeping your medications out of the reach of children and becoming educated about the risks of opioid medications is crucial to stop-

ping this problem before it begins, he says.

And if it has begun, Dorian Kittrell, director of Butte County Behavioral Health, encourages residents to seek help.

"If anyone is seeking treatment for themselves or for someone else, they can always reach out to Behavioral Health services. Even if it is just for education, we are always available for that."

**"It's going to take the
entire region, the entire
community, to really
have an impact."**

Mike O'Brien
Chief of Chico Police Department



'OXYCONTIN WAS ALL THAT MATTERED TO ME'

Red Bluff man describes how his promising future was derailed by opioid addiction

BY THEA MARIE ROOD

Drug and alcohol counselor Adam Zuccato worries opioid addiction is not just on the rise — it's approaching a local trend.

"There has always been meth in this area," the Red Bluff resident says. "But with opioids — painkillers and heroin — it's almost becoming socially acceptable." He says as a result, "the face of addiction is really changing. *Anybody* can develop an addiction to opioids."

Zuccato has more than just a professional knowledge of the way these drugs can completely and unexpectedly derail your life. "I was a 'jock' in high school, a football player, went to a good college; everyone expected me to be a successful person," he says. "But I took my first painkiller at 22 after a snowboarding injury, and even though

I'd never been addicted to anything in my life, they just got a hold of me. For the next seven or eight years, that was really all that mattered to me. My life revolved around getting and using OxyContin."

At first, he was a "functional addict" — at least as much as anyone can function while chasing the next pill — and was able to hold down good jobs as a flight attendant, a waiter and a snowboard instructor. "But all that good income just went to feed the addiction," he says. "It was costing me \$100-\$300 a day."

Eventually, he lost his job and began to steal to support his habit. There were attempts to get clean — including a 30-day residential program in Santa Cruz that was "like a country club," paid for by his parents

— but he relapsed every time. Finally, on December 14, 2010, he found himself at the Good News Rescue Mission in Redding, cut off from everyone he knew. "I'd been kind of a spoiled rich kid," Zuccato says. "And here I was at a homeless shelter." But the mission offered an 18-month recovery program, and in retrospect, he says it was the best year-and-a-half of his life.

Happily married now and working as a drug and alcohol counselor, Zuccato feels his life has circled around. But he is also aware his addiction is always the shadow nipping at his heels. "I've been clean and sober for six years, but I'm still an addict," he says. "One bad decision tomorrow and I'd be right back where I was."

"The face of addiction is really changing. *Anybody* can develop an addiction to opioids."

Adam Zuccato
former opioid addict

Adam Zuccato was 22 years old when he suffered a snowboarding injury, was prescribed painkillers and succumbed to opioid addiction. It would consume his daily life for eight years.

PHOTO BY TREVOR RYAN



Addiction crisis is fueling crime

The prescription opioid addiction epidemic has had one serious side effect that impacts us all: an increase in crime.

"Statewide, violent crime is up 8.4 percent and property crimes are up 6.6 percent," says Butte County Sheriff and Coroner Kory Honea, suggesting the way heroin is distributed contributes to this increase. "There are Mexican cartels using gang members as distributors — and one of their tactics is violence."

Addicts will also steal property to support their habit — cash, valuables or Vicodin bottles straight out of a medicine cabinet or pharmacy.

One of the most striking things about opioid use, however, is you often don't see a stereotypical addict or criminal.

"This particular drug cuts across all socioeconomic boundaries, genders and all races," says Honea. "Opioid addiction doesn't discriminate."

WINNING — WITHOUT PILLS

BY NATASHA VONKAENEL

Young people, including student-athletes, pledge to be substance-free

Hannah Shepherd still remembers the shock she felt when she learned that drinking to intoxication one time can erase up to two weeks of training.

“I work out 1 hour a week, so that’s 30 hours of my workout just gone,” says Hannah, the swim captain at Pleasant Valley High School in Chico. “That really hits you hard — when you see what so little substance abuse can do.”

“I think awareness is number one in preventing substance abuse.”

Hannah Shepherd
Senior and swim captain at Pleasant Valley High School

Hannah learned this fact thanks to Athlete Committed, a program of the Butte County Behavioral Health Prevention Unit that asks student athletes to pledge to be substance-free and commit to athletic excellence. It’s one of the Prevention Unit programs aimed at reducing alcohol and drug abuse among county youth: Parent Committed asks parents to strengthen their role in their teen’s life as a protective factor against under-

age drinking, while Physician Committed asks doctors to screen teen patients for substance abuse during regular check-ups.

The problem is particularly prevalent among student-athletes, who are more likely to use illegal substances than their non-athlete peers. For some high school athletes, substance abuse starts with an injury, when they are prescribed opioid medication to help them heal.

“We have so many athletes that want to play at a higher level,” says Damon Whittaker, assistant principal at Pleasant Valley High School. “This program has educated them about the proper way to train, not just physically, but mentally,” particularly, by emphasizing how seriously athletes are impacted by drugs and alcohol.

Hannah has been a member of Athlete Committed since joining the swim team her freshman year. Before the beginning of each sports season, all athletes and their parent/guardian attend the Athlete Committed Code Night presentation at their school, where they learn how nutrition, sleeping patterns, training/recovery, stress, and substance use can negatively impact their athletic performance.

“I think awareness is number one in preventing substance abuse,” Hannah says.

Data from the Athlete Committed program seem to support her sentiment. In 2015 only 9 percent of student-athletes at Pleasant Valley High School reported that many or most of student-athletes use alcohol and/or drugs during the sport



Hannah Shepherd, swim captain at Pleasant Valley High School, is committed to a substance-free life.
PHOTO BY TREVOR RYAN

season, down from 26 percent in 2011. And when student-athletes did use alcohol or drugs, 89 percent agreed that there were negative effects on team morale.

For Hannah, participating in Athlete Committed has been “amazing” and the change it has made at her school feels tangible. Armed with the knowledge of the program, she says she strives to be a supportive, positive leader for her “Viking family.”

“If you make others feel appreciated and show they are needed, they are going to want to be the best they can, and to be the best they can is to not abuse substances or self-medicate with prescription medications,” she says.

Worried?

Signs your teen may be abusing prescription drugs

- » Sudden mood or behavior changes
- » Acting withdrawn or secretive
- » Loss of interest in school, appearance, sports or social activities
- » Missing cash, valuables or medications
- » Change of friend group

Slang to watch out for

Teens often use slang when referring to prescription medications, shortening the often long medical or brand names to one letter or a few syllables. For example:

- » ‘Hydro’ for hydrocodone
- » ‘O’ or ‘oxy’ for oxycodone
- » ‘Perks’ for Percocet
- » ‘Vikes,’ ‘Vic’ or ‘vicos’ for Vicodin

PARENT
COMMITTED
TO STOPPING UNDERAGE DRINKING

It takes a community to stop underage drinking and substance abuse. Join Parent Committed and pledge to make a difference by planning fun, substance-free activities for your children and their friends. By keeping your eyes open for warning signs, setting a positive

example of healthy behavior and encouraging your children to come to you if someone they know is engaging in dangerous behavior, you can make a difference for the entire community. **Visit butteyouthnow.org/parent-committed/ for more information.**



PREVENTION IS THE BEST MEDICINE

Medical community working to reduce opioid prescriptions and encourage alternative treatments for pain

BY THEA MARIE ROOD

The upswing in opioid-related deaths is creating backlogs in morgues and coroners' offices across the U.S., and the story is no different in Butte and Tehama counties.

"I've personally seen lots of people who are using opioids," says Dr. Phillip Filbrandt, who specializes in the treatment of chronic pain and is also the Butte-Glenn Medical Society liaison for the Butte County Drug Abuse Task Force. "And I've seen more than a few who've had very serious consequences to opioid use."

The crisis has over-burdened local emergency rooms, which have been "inundated by more and more people seeking this medication," says Filbrandt. As a result, hospitals such as Enloe Medical Center have adopted safe pain medicine prescribing guidelines.

"Medications are prescribed more judiciously, which has decreased the volume of — and discouraged — people seeking opioids in the ER," he says.

When opioids are prescribed, "they are short-term, in limited supply and not long-acting medications." Patients must also pass background checks through CURES, a statewide database of patients who are prescribed opioids.

But Filbrandt suggests there is a bigger issue at play: Reducing opioid

"Medications are prescribed more judiciously, which has decreased the volume of — and discouraged — people seeking opioids in the ER."

Dr. Phillip Filbrandt
Butte-Glenn Medical Society liaison for the Butte County Drug Abuse Task Force

use means medical professionals must begin thinking about pain management in a completely different way.

"With acute pain, we need to ask, 'What else can be done?'" he says. "Everyone needs a strong medication from time to time, but opioids are not the only treatment."

He says Tylenol or ibuprofen work just as well — without the threat of addiction or abuse — and "excellent" topical applications exist, such as lidocaine or Bengay patches and Tiger Balm ointment.

With chronic pain, his treatment specialty, a more "comprehensive, holistic" approach is required.

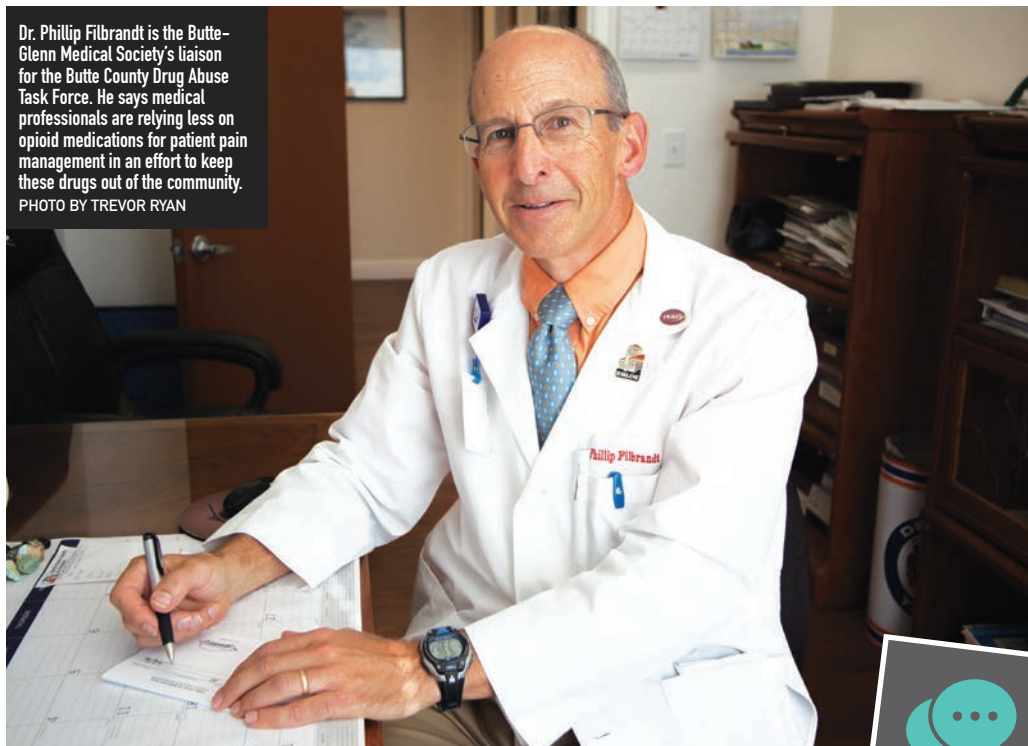
"This includes physical therapy, home exercise, regular walking, yoga, tai chi, acupuncture — these are all part of the prescription," he says. "Patients also need to stop smoking, reduce

stress, improve sleep, eat a better diet. It's sometimes difficult to convince people of that, but those who follow these suggestions regularly report they really do feel better."

Long-term opioid use, on the other hand, commonly causes sleep problems, diminished breathing, emotional depression and digestive problems, he says. Opioids can even, ironically, increase pain sensitivity over time (paradoxical hyperalgesia).

But he cautiously warns the drugs *can* be useful with a select patient group, who might be pushed to the black market — and heroin, an even more dangerous drug — if medical professionals refuse to prescribe opioids completely: "We don't want to abandon these patients in our effort to stem this epidemic."

Dr. Phillip Filbrandt is the Butte-Glenn Medical Society's liaison for the Butte County Drug Abuse Task Force. He says medical professionals are relying less on opioid medications for patient pain management in an effort to keep these drugs out of the community. PHOTO BY TREVOR RYAN



PHYSICIAN
COMMITTED

TO SCREENING AND EARLY IDENTIFICATION OF HEALTH ISSUES

Most kids see a primary care practitioner on a regular basis — every year or so — which is more often than they see any other health professional. So it makes sense to involve these physicians in the fight against teen substance abuse and mental health issues.

That's why Butte County Behavioral Health Prevention Unit created a new program, Physician Committed, which offers a simple "toolkit" for doctors to use when seeing young patients. Research shows that young people are often extremely forthcoming when asked about their behavior and emotions. Two questions — "Do you have friends who drink?" and "Have you ever had more than a few sips of alcohol?" — can reveal early substance abuse risks. There is also a guide for physicians to assess the answers they receive, and a comprehensive list of physical symptoms that can signal concerns.

Physicians can visit butteyouknow.org/physician-committed/ to start accessing these tools and make the commitment today!

WHAT IS BEING DONE TO COMBAT THIS PROBLEM?

There are several initiatives that are addressing the opioid addiction crisis in Butte County, Tehama County and across the state. Here are a sampling of some of those efforts:

BY THEA MARIE ROOD

SAFE PRESCRIBING INITIATIVE FOR EMERGENCY ROOMS



As a result of the heavy toll opioid-seeking patients place on ERs throughout the state, Dr. Roneet Lev, chief of the emergency department at Scripps Mercy Hospital in San Diego, and her colleagues developed the Safe Prescribing Initiative, which has been adopted by the American Hospital Association, the American College of Emergency Physicians and most county medical associations.

“We wanted a transparent, uniform method of dealing with patients,” she says, and a major component is “if you have a chronic pain condition, you have one doctor and one pharmacy — for your own safety.” Emergency rooms will **not** prescribe long-acting opioids (such as OxyContin), large quantities of narcotic pain meds, give injections for chronic pain, or refill a prescription that has been lost or stolen.

CURES



The Controlled Substance Utilization Review and Evaluation System (CURES) tracks opioid prescriptions across the state under both patients’ and providers’ names. Providers include physicians, dentists, nurse practitioners, physician assistants, midwives, podiatrists and even veterinarians. CURES automatically alerts providers when a patient has reached a “therapy threshold” — excessive amounts or dosages of opioids from one or multiple prescribers. Reaching this threshold could result in accidental overdose and death.

NALOXONE USE—OVERDOSE ANTIDOTE



In an opioid overdose, a person’s breathing may slow or stop completely. Naloxone is a drug, available as an injection or nasal spray, that can instantly reverse these effects. It is inexpensive, doesn’t require special training to use, and can now be obtained without a prescription in California. In fact, local pharmacies recommend patients who use heroin or opioids carry naloxone — or have friends or family members with access to it — at all times.

DRUG DISPOSAL ORDINANCES



The California Product Stewardship Council (CPSC) is a powerful network of local governments, non-government organizations, businesses and individuals that supports manufacturers sharing in the responsibility for managing their products at end of life.

CPSC is leading the effort to get pharmaceutical manufacturers to be responsible for the safe disposal of their products in the U.S., like they do in Europe, Canada and Mexico. CPSC has supported California counties including Alameda, Marin and San Francisco in passing ordinances that require manufacturers to pay for collection and disposal, instead of having the cost burden placed on local taxpayers. CPSC is currently working on similar ordinances in Los Angeles and Sonoma counties.

“To get the pharmaceutical industry to the table to find a statewide solution, counties must keep up the pressure by passing local rules, which is similar to what has happened with plastic bag bans,” says Heidi Sanborn, Executive Director of the California Product Stewardship Council. “130 local governments passed bans before the state did.”

EXPANDED ADDICTION TREATMENT SERVICES



Butte County Sheriff’s Office, in conjunction with Butte County Behavioral Health, recently started a new pilot program where inmates in the county jail suffering from opioid addiction are given access to addiction counseling, treatment and therapy upon release. Treatment includes a monthly injection of the non-addictive drug Vivitrol, which blocks the effect of all opioid substances.

This program has had proven success in Barnstable County, Mass., where during a three-year period roughly 40 percent of participating inmates stayed sober, compared to 15 percent without medication, and 83 percent stayed out of jail.

Tehama County was recently awarded a Drug Court enhancement grant for October 2016 through September 2019. The funds will be used to implement Medication Assisted Treatment to support those recovering from heroin addiction. Additionally, the funds will be used to add trauma treatment services, a family support group and Recovery Support Services to the Tehama County Drug Court program, which has had 4 graduates since October 2013.

The Tehama County Family Treatment and Recovery Court is currently serving 15 families in addiction treatment and works to reunify individuals in a treatment plan with their children.

Tehama County has a unique re-entry team program where various agencies (Tehama County Sheriff’s Department, Tehama County Health Services Agency, Tehama County Department of Social Services and several community partners, including Faith Works) work together to plan treatment and social services for inmates being released from the county jail.

PREVENT PRESCRIPTION ABUSE:

Steps YOU can take along the life of a pill

BY NATASHA VONKAENEL



1. PRESCRIPTION

- ✓ Talk to your doctor about alternatives to opioids (acupuncture, chiropractic care, physical therapy and stress-reduction).
- ✓ Only fill prescriptions you plan on using.
- ✓ Fill half of your prescription and return for the rest if needed.
- ✓ Ask your doctor about your medication's risk for dependency.
- ✓ Talk to your doctor about signs of dependency.

Why it's important:

By reducing the number of unnecessary prescription opioids in the community, we can reduce the likelihood that they will be abused, consumed accidentally or improperly disposed.



2. PROPER USE

- ✓ Only use opiate medications as prescribed.
- ✓ Do not mix medications with alcohol or other medications, as this could cause fatal overdose.
- ✓ Only use opioid medications for short-term relief of pain, to reduce the chance of becoming dependent.

Why it's important: Opioids work by suppressing the neurological system, which can affect the perception of pain but can also cause drowsiness, mental confusion and difficulty breathing. Interactions with other medications and alcohol/illicit drugs can compound these effects. Patients can also develop a tolerance to opioids over time, leading to a desire for increased dosages and greater risk of overdose.



3. SAFE STORAGE

- ✓ Keep your medications locked up or out of the reach of children.
- ✓ Keep track of all medications in your home, including number of pills.
- ✓ Educate your family members and loved ones about the importance of safe storage of medications with high risk of abuse.

Why it's important: In a recent study, 64 percent of parents reported that prescription medications in their home were easily accessible by their children. This is a dangerous fact when coupled with a recent survey of high school seniors that found 70 percent obtained prescription medications from their friends or family.



4. PROPER DISPOSAL

- ✓ Don't flush your prescription medications down the toilet or put them in the trash!
- ✓ Remove all prescription pills from their original containers and place in a clear, plastic bag.
- ✓ Prescription liquids, creams and gels can all stay in their original packaging.
- ✓ Take pills and/or medical needles (sharps) to the nearest drop-off site (see backpage).

Why it's important: Chemicals from prescription medications can get into our soil and waterways if placed in the trash or flushed down the toilet. Some are harmful to aquatic wildlife — one recent study showed that estrogen in the water can cause male fish to develop eggs.



Who funds safe disposal programs? You do.

Safe disposal of unwanted medications is necessary to prevent them from being stockpiled in homes, where they can be abused, or improperly discarded in toilets or the trash, where they can contaminate the environment.

Currently, most local governments operate safe disposal programs or "drug take-back" events, which are paid for with taxpayer dollars.

But there is a growing movement to have pharmaceutical companies be responsible for the

safe disposal of their products. In recent years, Mexico, Canada and counties across California have passed safe drug disposal ordinances, which require pharmaceutical companies to manage and pay for the collection and disposal of unwanted medications. These new ordinances make it easier for residents to properly dispose of their prescription medications at convenient locations in the community.

Safe drug disposal ordinances have already been passed in the following California counties with great success:

Alameda
Marin
San Francisco
San Mateo

Santa Barbara
Santa Clara
Santa Cruz

WE CAN ALL TAKE ACTION

GET INVOLVED

Prevention is the best approach to reversing the opioid abuse trend. Learn more and help spread the word by joining one of these efforts.

Athlete Committed

For coaches, parents and students to maintain healthy sports teams and players. Whether it's discouraging partying, doping or dangerous pain management, kids are encouraged "to never compromise their values." butteyouthnow.org/athlete-committed

Parent Committed

Offers support and guidance to families with teens, urging parents to continue their involvement with their kids throughout young adulthood, as studies show involved parents can deter this behavior. butteyouthnow.org/parent-committed

Butte County Drug Abuse Task Force

The Butte-Glenn Medical Society, Butte County Behavioral Health and other concerned residents have joined together to reduce the use of opioids in pain treatment and the dramatic consequences of addiction. bgmsed@gmail.com

Tehama County Drug and Alcohol Advisory Board

The Tehama County Drug and Alcohol Advisory Board is a group of local committees, groups, concerned residents and local public employees that advise the Tehama County Health Services Agency Executive Director and Tehama County Board of Supervisors on drug and alcohol issues, programs, and services affecting the health of the community.

SUBSTANCE USE TREATMENT

Awakening Solutions Counseling

www.awakeningsolutionscounseling.com
530-419-6665

Butte County Behavioral Health Adult Services

Chico: 530-879-3950
Oroville: 530-538-7705
Paradise: 530-877-5845

Butte County Behavioral Health Youth Services

Chico: 530-891-2945
Oroville: 530-538-2158
Gridley: 530-846-7305

New Start Recovery Solutions

530-228-8764
Skyway House Treatment Center
www.skywayhousetreatmentcenter.com
530-898-9424

Tehama County Drug & Alcohol Division

Red Bluff: 530-527-7893
Corning: 530-824-4890

Therapeutic Solutions

www.therapeuticsolutionspc.com
530-899-3150

MEDICATION DISPOSAL

CHICO

Butte Regional Household Hazardous Waste Facility
1101 Marauder St
Friday, 9 a.m.-1 p.m.;
Saturday 9 a.m.-4 p.m.
Walgreens—Med Safe
860 East Ave., 24/7
(Back in the pharmacy area)

CORNING

Coming Soon!
Corning Police Department
774 3rd St.
(Inside lobby)

GRIDLEY

Orchard Hospital
240 Spruce St., 24/7
(Main lobby)

OROVILLE

Oroville Police Department
2055 Lincoln St., 24/7

PARADISE

Feather River Health Center—Med Safe
5125 Skyway,
Monday-Friday
8 a.m.-8 p.m.

Northern Recycling & Waste Household Hazardous Waste Facility
920 American Way
Alternating Wednesdays and Saturdays,
9 a.m.-1 p.m.

RED BLUFF

Tehama County Sheriff's Office
22840 Antelope Blvd.
8 a.m.-5 p.m., Monday-Friday

SHARPS DISPOSAL

CHICO

Butte County Public Health Clinic
655 Oleander Ave.
(Inside lobby)
Butte Regional Household Hazardous Waste Facility
1101 Marauder St
Friday, 9 a.m.-1 p.m.;
Saturday 9 a.m.-4 p.m.

North Valley Indian Health Clinic
845 East Ave.,
(Inside lobby)
Torres Shelter
101 Silver Dollar Way
(Left side of driveway)

CORNING

Corning Fire Department
814 5th St. (Inside)
8 a.m.-5 p.m., Monday-Friday

Corning HHW Facility at Corning Disposal
3281 Highway 99W
8 a.m.-5 p.m., Monday-Friday

COTTONWOOD

Bowman Road Fire Station
18355 Bowman Road, 24/7

GRIDLEY

Orchard Hospital
240 Spruce St., 24/7
(Main lobby)

LOS MOLINOS

Latimer's Pharmacy
7885 Highway 99E (Inside)
9 a.m.-5:30 p.m., Monday-Friday

OROVILLE

Butte County Public Health Clinic
78 Table Mountain Blvd.
(Inside lobby)
Feather River Senior Center
1335 Meyers St.
(Inside, regular hours only)

Kelly Ridge Fire Station

22 Walnut St., (In back,
Saturdays 9 a.m.-1 p.m.)

Recology of Butte Colusa Counties

2720 S. Fifth Ave. (Outside in front of household hazardous waste office)

PARADISE

Feather River Health Center—Med Safe
5125 Skyway, Monday-Friday
8 a.m.-8 p.m.

Neal Road Recycling & Waste Facility

1023 Neal Road (inside electronic waste area)

Northern Recycling & Waste Household Hazardous Waste Facility

920 American Way
Alternating Wednesdays and Saturdays, 9 a.m.-1 p.m.

Paradise Police Department

5595 Black Olive Drive

RANCHO TEHAMA

Rancho Tehama Transfer Station
17715 Rancho Tehama Road
8 a.m.-4 p.m., Monday-Sunday
(Closed daily for lunch, Rancho Tehama residents only)

RED BLUFF

St. Elizabeth Community Hospital Campus, Coyne Center
2550 Sister Mary Columba Drive, 24/7

Tehama County Health Services Agency

1850 Walnut St., Monday-Friday, 8 a.m.-5 p.m.

Tehama County Solid Waste Management Agency

20000 Plymire Road
8 a.m.-4:30 p.m. Monday-Friday; 8 a.m.-2:30 p.m. Saturday-Sunday

Contributors



Aegis Treatment Center



Butte County Behavioral Health



Butte County Public Works Department



Butte County Office of Education



Butte County Sheriff's Office



Butte-Glenn Medical Society



Butte Youth Now Coalition



Chico City Water Pollution



Enloe Hospital



Green Waste of Tehama



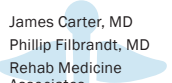
Rabobank



Recology Butte Colusa Counties



Tehama County Solid Waste Management Agency



James Carter, MD
Phillip Filbrandt, MD
Rehab Medicine Associates

Joanne Reid, MD
Monroe Sprague, MD
James Westcott, MD
CAFP