PRESCRIPTION OPIOID AND HEROIN AWARENESS TOOLKIT

A PREVENTION GUIDE





The Greenbrier County Prescription Opioid & Heroin Awareness Toolkit - Prevention Guide was originally created by the Greenbrier County CARxE Coalition, a substance abuse prevention coalition under the county's Family Resource Network. Planning, oversight and design development were supported by the West Virginia School of Osteopathic Medicine (WVSOM) and facilitated through the WVSOM Center for Rural and Community Health. The CARxE Coalition Toolkit Committee members include:

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ABOUT GREENBRIER COUNTY CAR_XE COALITION

The CARxE Substance Abuse Coalition began in August 2012 at a meeting with representatives from Greenbrier Valley Medical Center, Family Resource Network of Greenbrier County, United Way of the Greenbrier Valley and Seneca Health Services. The discussion centered on the negative effect the drug epidemic has on the Greenbrier County area and what might be done with it. We decided to host "Community Conversations" with identified individuals. Our first meeting was open to the general public and more than 65 individuals attended. The outcome of this meeting was to form a steering committee that included all of the above plus our local sheriff, Fritz's Pharmacy, Greenbrier County Board of Education, Greenbrier Valley Chamber of Commerce and Robert C. Bvrd Clinic.

We began hosting "Community Conversations" with identified groups such as local law enforcement officials and representatives from our faithbased community. We were also a part of helping the local Greenbrier County Health Department with their needs assessment. Substance abuse was identified as a top priority issue, which led the health department to also join the steering committee.

The steering committee then held a facilitated discussion to develop the following mission statement: "Greenbrier County CARxE Coalition strives to reduce the effect that prescription drugs have on our communities." This meeting also included development of a list of "what we have learned, what we felt was needed and objectives were also written." At that time in 2012, one of the biggest identified needs was to work with the WV legislature to facilitate changes in the WV code to reduce the availability of drugs and to increase treatment options.

Currently, we continue to meet with a lot of new faces. We were presented with a copy of a "Heroin Toolkit" from our local United Way who had received it from another state. Those involved decided that we should adopt this format and provide local information where everything from a listing of local resources, local stories from survivors of addiction, signs of substance abuse, etc. would be found in one place.

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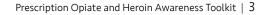
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It's important to remember that when people start taking drugs, **they don't plan to become addicted.**



ADDICTION IS A MEDICAL CONDITION

Addiction is a brain disease that affects a person's priorities, physiology and thought process.

Narcotic drugs, also known as opioids, work by binding to opioid receptors in the brain, reducing the intensity of pain signals that reach the brain. However, frequent use of opioids can physically change the brain to the point where it needs opioids to function normally. When a drug user can't stop taking a drug even if he or she wants to, it's called addiction. The urge is too strong to control, even if they know the drug is causing harm. When people start taking drugs, they don't plan to become addicted. They like how the drug makes them feel. They believe they can control how much and how often they take the drug. However, drugs change the brain. Drug users start to need the drug just to feel normal. That is addiction, and it can quickly take over a person's life.

ADDICTION IS A BRAIN DISEASE

- Addictive drugs change how the brain works.
- These brain changes can last for a long time.
- They can cause problems like mood swings, memory loss, even trouble thinking and making decisions.

Addiction is a disease, just as diabetes and cancer are diseases. Addiction is not simply a weakness. People from all backgrounds, rich or poor, can get an addiction. Addiction can happen at any age, but it usually starts when a person is young.

WHAT'S RELAPSE?

Sometimes people quit their drug use for a while, but start using again no matter how hard they try not to. This return to drug use is called a relapse. People recovering from addiction often have one or more relapses along the way.

Drug addiction is a chronic (long-lasting) disease. That means it stays with the person for a long time, sometimes for life. It doesn't go away like a cold. A person with an addiction can get treatment and stop using drugs. But if he or she started using again, they would:

- Feel a strong need to keep taking the drug
- Want to take more and more of it
- Need to get back into treatment as soon as possible
- Be just as hooked on the drug and out of control as before

Recovery from addiction means you have to stop using drugs AND learn new ways of thinking, feeling and dealing with problems. Drug addiction makes it hard to function in daily life. It affects how you act with your family, at work and in the community. It is hard to change so many things at once and not fall back into old habits. Recovery from addiction is a lifelong effort.

Source: www.drugabuse.gov

Source: www.drugabuse.gov

IF YOU SUSPECT YOUR LOVED ONE MAY BE ABUSING

While it may be necessary at some point, harsh confrontation, accusing, and/or searching their room or personal belongings can be disastrous. The first step is an honest conversation.

5 TIPS FOR TALKING WITH KIDS ABOUT DRUGS AND ALCOHOL:

- 1 Be open.
- 2 | Be non-judgmental.
- **3** | Treat them as individuals.
- 4 | Don't make assumptions.
- 5 Don't move too fast.

SOME SUGGESTED THINGS TO TELL YOUR LOVED ONE:

Research shows that the earlier a person begins to use drugs, the more likely they are to progress to more serious abuse.



38 was the average age

of the patient who visited Greenbrier Valley Medical Center in 2015 **for overdosing.**

I LOVE you and I'm worried you might be using drugs or alcohol.

I KNOW that drugs may seem like the thing to do, but doing drugs can have serious consequences.

I am here to LISTEN to you.

It makes me FEEL worried and concerned about you when you do drugs. I WILL (fill in how you can assist) to help you.

I WANT you to be a part of the solution.

6 | Greenbrier County Care Coalitio

WHEN SOMEONE YOU LOVE IS ADDICTED

1 | EDUCATE YOURSELF ABOUT ADDICTION

Search credible online resources such as government, university, medical and research-based sites for the most updated information on addiction. Look to local resources for information and steps to take to stay involved.

2 | BE AWARE OF "DOCTOR SHOPPING"

Doctor shopping is the practice of requesting care from multiple physicians or medical practitioners at the same time without coordinating care between the practitioners for the purpose of obtaining narcotic prescription medications from more than one practitioner at the same time.



3 | ATTEND FAMILY SUPPORT GROUPS

Alcoholics Anonymous (Al-Anon), Alateen and Narcotics Anonymous (Nar-Anon) provide support for you and help you find ideas and resources from other individuals that are facing similar challenges. Attend an Al-Anon meeting if you cannot locate or attend a Nar-Anon meeting.

4 | SET BOUNDARIES AND LIMITS

It's a fine line between enabling and support. Do not provide money, access to money or other valuables. Consider providing food and other life necessities as an alternative. Do not accept unacceptable behavior such as violence or abuse, drugs in your home and drugs around children. Call local law enforcement if needed.

5 | FOCUS CONVERSATIONS TOWARD RECOVERY, NOT BLAME

Do not threaten or shame your loved one. Reinforce that the addiction is an illness and that you are there to assist in the recovery process.

6 | OFFER TO ATTEND THERAPY AND BE PART OF THE RECOVERY PROCESS

Clinicians and treatment providers cannot legally talk to you unless your loved one asks them to and then signs a written consent form allowing you to communicate with the treatment provider. Ask that your loved one take care of this.

7 | TAKE CARE OF YOURSELF!

Loving someone with an addiction can take a major toll on your physical and mental well being. You need to take care of yourself to continue to be the best support that you can. Take care of basic needs such as sleep, healthy eating and exercise. Engage in pleasurable activities regularly and seek support for yourself.

LOCAL STORIES OF OVERCOMING ADDICTION



DR. PAT BROWNING'S STORY

I am Pat Browning, a retired doctor, and I have lived in Pocahontas County for thirty-one years. I appreciate this opportunity to talk with you about the tragic drug epidemic that is killing our children.

I have lost two of my three children to this unimaginable nightmare. I ask myself, "How could this have happened? Where did I fail my two beautiful daughters?"

I'll take you back to 1985 when my husband and I moved to Pocahontas County with our three adorable, brown eyed children. We moved to a charming white house on tree lined Second Avenue in Marlinton. Life held much promise. My oldest child, Ariana, attended first grade just a few blocks away. The town was small, but had all we needed. I truly thought, "This is Camelot." Then the flood of 1985 hit and although it was devastating to our house, the hospital, and the office, we survived and life was still full of hope and promise.

Ariana was seven years old when her teacher noted she was bright, but inattentive. Another teacher reported there was something different about her, but couldn't say what it was. She had trouble sleeping, anxiety, moodiness, and defiance. Once when she was thirteen, a neighbor told me she smelled marijuana coming from our porch. She dated an older boy, but we thought we had it under control. To build her self-confidence we had her work in our office copying various forms. Unfortunately

she was exposed to the sample medicine closet where some nerve pills were kept. She took several Xanax and ended up at Chestnut Ridge Psychiatric Hospital. She was prescribed an antidepressant, ADHD medicine, and counseling. She was eventually homebound schooled and then spent her senior year at a private school in Arizona. She was diagnosed with bipolar disorder. She often complained her mind was racing. Looking back she may have found drugs helped quiet those thoughts better than her prescribed medicine.

The combination of bipolar disorder and drug abuse is often deadly. She died of a drug overdose at the age of twenty-three.

Much of our focus was on Ariana during that time and our other two children were living in turmoil and stress. Billy was busy with school, basketball, guitar, and snowboarding. He later told me that he was exposed to pills in high school, but didn't mess with them. Izzi, however, fell into the same pattern as Ariana. She had anxiety, trouble in school, and exposure to drugs and alcohol. We learned of her pain pill addiction at age twenty-two. She went to rehab in Columbus. I moved there for a year so she could attend outpatient treatment and medical assistance school. She was placed on Suboxone to block her cravings. I believe it saved her life for a while, but it didn't protect against other drugs like cocaine and methamphetamine. She seemed to be doing well as a medical assistant, but no matter where she went she apparently met drug abusers and tried other drugs. She agreed to go to rehab last summer in Naples, Florida at the Hazelden-Betty Ford Center where she was clean for 100 days. She was so beautiful and serene when we visited in early October 2015. Unfortunately she "slipped up" and overdosed on October 30, 2015 at the age of thirty-one. We are devastated. Our daughters' lives were so full of turmoil, sadness, lies, and pain. Our son has lost his two sisters, people who should be there for him when we are gone. His 8-year-old son was inconsolable when he heard his Aunt Izzi died.

So I stand before you today hoping my story will be helpful to you and your children. This epidemic, like the contagious diseases of the previous centuries does not pick a particular type of social group. It can hit anyone. And once drug abuse moves to addiction and the train has left the tracks it is extremely difficult to get it back on the tracks. Rehabilitation takes a long time and often fails. So the key is prevention.

Evidence based research shows that there are definite risk factors that can contribute to drug experimentation, abuse, and ultimately addiction. They include early aggressive behavior or difficult temperament, ineffective parental supervision and discipline, substance abuse in the family or peers, drug availability, and poverty. Protective factors include good self-control, parental monitoring with clear limits and enforcement of discipline and monitoring of early signs of experimentation, academic competence and success, and anti-drug use messages and policies in the family and community.

Studies show that some children are already abusing drugs at age 12 or 13. Early abuse often includes tobacco, alcohol, inhalants, marijuana, and prescription drugs such as sleeping pills, anxiety pills, pain pills, and ADHD medicines. There is evidence that some kids progress to addiction due to a genetic cause. It's like Russian roulette since we don't know who has the genetic vulnerability.

<<< LOOKING BACK...

I can see many risk factors in our family. We have a family history of alcohol abuse, mental health issues, bipolar disorder, depression, and suicide. I was uninformed about the drug abuse in the community and failed to educate my children about it. We talked about smoking a lot since my mother died of lung cancer. I went to medical school when my children were going through major transitions such as moving from elementary school to middle school and from middle school to high school. During these times adolescents face many social, emotional, and educational challenges.

Early signs of experimentation and abuse include bloodshot eyes, change in appetite or sleep patterns, sudden weight loss or gain, poor grooming, unusual smells on breath or clothing, tremors, slurred speech, impaired coordination, and dropping grades.

From my own experience these are some of the things I learned too late:

- 1. Listen to rumors about your child. They may be true.
- 2. Check your child's room frequently.
- 3. Perform urine drugs screens if suspicious.
- 4. Properly discard old medicines.
- 5. Lock current medicines.
- 6. Have clear family rules written and clear consequences if broken. Reinforce rules at family meetings.
- 7. Know your child's peers and only allow supervised parties with parents you trust.
- 8. Try to avoid major family changes. I went to medical school at a critical time in my children's lives. I feel much guilt for that.
- 9. Have self confidence in your own gut feeling that your child may be in trouble and immediately seek help. Children are good liars, so trust your instincts.

Thank you for your attention. Please feel free to ask questions now or call me if you want. I will help you as best I can.

Dr. Pat Browning

Reference Preventing Drug Abuse. U.S Department of Health and Human Services National Institutes of Health. Bethepdschflor Official and Heroin Awareness Toolkit | 9

CASEY'S STORY

I didn't set out to get addicted and I don't think anyone does.

I'm Casey. I struggle with alcohol and opioid addiction. I have struggled with being an addict for 18 years. Here is my long but very real story about how I became an addict and how I became clean.

I AM A SON

When I was 7 years old I thought I grew up in a normal household. My dad worked all the time and my mom stayed home and took care of my older sister and younger brother. My mom and grandma showed me love and compassion. There was always a home cooked meal and clothes on our backs.

My Dad was hardly ever around. When he and I went hunting and fishing together he would complain about how much noise I made or how I wouldn't leave my line in the water long enough. One time he hit me over the head with a gun barrel because he was mad at me.

Looking back it's no wonder I have so many hang-ups now. One thing he expected of me was to show no feelings. He would say "only girls cry." It is still hard for me to show feelings to this day. He showed me a strong work ethic, but this can be controlling too. My dad is a workaholic. He puts work above everything else, including family. It has been this way for as long as I can remember. My dad is also an alcoholic.

A BROTHER

When my brother was 4 years old he had a stroke. He died twice and the doctors were able to save him but he was in a coma for seven days. On the eighth day my brother woke up and he changed our lives forever. When he woke up he said "I want to go back to that pretty place." I believe my brother was talking about heaven. This is when my family started going to a church that preached hell-fire and damnation. At seven years old, this scared me so I decided to get saved.

The leader of the church was not who he claimed to be. He took advantage of the weak

members of the church especially the women. He told my Mom if she would sleep with him my brother would be healed from his seizures. My dad ended up leaving. I blamed him for their marriage break-up since he was never there and always working. Then I turned my hatred from my dad to God wondering why God would let something like this happen.

This is when I started using alcohol at the age of eleven. I think it was just to feel like I belonged to a group. I was a popular kid in school played all of the sports baseball, football, and basketball and excelled in all of them. At the same time my mom was struggling and attempted suicide more times than I can count. One time my grandma woke me up to ambulance personnel and cops in the house and there were messages written in blood on the walls and refrigerator. It was a scene straight out of a horror film. This left some emotional scars that I deal with today.

Overall, my mom and I got along very well. One of my fondest memories of my mom was when I broke my leg she would take me hunting and carry my gun and I would hop along on crutches by her. She never complained, not once. Even though we were struggling to get through life with my broken leg, my little brother's seizures, and the recent divorce with my dad, being in the woods helped us to escape all that.

We started drinking together when I was around 15 years old. I thought I had the coolest mom in the world. I could have all of my friends over and she would buy us alcohol and party with us. I thought life was grand, having the cool mom in town. Our addiction to alcohol and drugs would take its toll on this relationship. I started stealing from her to get my fix. Eventually there was no limit on my path of my destruction. My mom would tell me that I would steal the coins off a dead

AN ATHLETE

A TEENAGER

man's eyes if I knew it would give me my fix. We had a love-hate relationship for years.

Breaking my leg introduced me to pain pills before anyone really knew anything about them. Growing up I heard of alcoholics but not addicts or junkies. Alcoholism runs on both sides of my family but drug addiction does not.

I always wanted acceptance from my dad and grandpa but no matter what I was doing it was never good enough. I have worked with my dad a few times in the past and he was always a lot harder on me than anyone else. I was never good enough for dad or my grandpa. It didn't matter what it was, it was never up to their standards of approval. I never really felt loved or accepted my whole childhood and into my adult life. This fed my addiction when I was using drugs and alcohol. I felt accepted and didn't need anyone's approval.

A STUDENT

My dad hurt me deeply inside but I showed no feelings. I covered up my feelings with a bottle of liquor and pain pills and it made everything go away. I partied and drank my whole junior high away. When I made it to high school I was drinking a bottle of liquor every morning before school. The teachers knew I was drinking but said nothing. My science teacher said once that my liver was working overtime to heal itself, but that didn't stop me. I still acted like I had it all together. When I was actually falling apart on the inside. I was trying to fill the empty void inside of me that seemed to keep getting bigger and bigger no matter what I did to fill it. I hated life and wanted to die every day. I continued this onslaught of destruction throughout high school.

A HUSBAND

I met my wonderful wife right after high school in the summer of 2002. We were young and thought we had it all. I had a good paying job and hardly any bills to pay.

I remember one of our first dates I asked her where she wanted to go and she said, "to the moon."

The following week there was a full moon and I drove us to the tallest mountain I could find and said to her, "this as close as I can get." I'm pretty sure this was when we fell in love. We now say, "I love you to the moon and back." I was enjoying every moment of life, but we were both addicted.

Our drug addiction was getting worse by the

day. One day I received a phone call from my grandma telling me that my mom had attempted suicide again. I thought for sure she was gone this time. But she survived. About three or four days after this I got drunk and was going to commit suicide. I loaded the gun and shot a hole in the floor. I remember thinking "what on earth am I doing"?

I hid the gun in one place and the clip in another place. Eventually Krista walked out the door leaving me alone. I decided this was it nothing left so I went and grabbed the gun but could not find the clip. Krista returned and calmed me down to finally go to sleep. woke up the next morning to fear and regret, wondering if Krista was still going to leave me. Then I realized the gun was laying there in our room with the clip in it and I still don't ever remember finding it. Looking back, this is one of the many times when God had his hand on my life. I also have a smart, wife who is a lot stronger than me. Both times we found out she was pregnant she quit drugs and alcohol cold turkey. I was selfish and used right in front of her never giving it a thought about what kind of struggle that I was putting her through. I was happy about her not using but not for the right reason though. It always meant more drugs for me and I didn't have to share. I didn't know how much hurt and anger I brought to our relationship and those around us.

Through all my years of addiction and chaotic lifestyle, my wife Krista was loyal and never left my side through the heartache and hurt I did to her and our family. She knew deep down inside there was a good person in there that drugs and alcohol had covered up. Krista was a believer in God, and I could care less about God. I wanted to destroy God and all Christians just like Saul in the bible. I thought that if God does exist he was nothing but a big bully. I would pray to this God to just kill me

but it would never happen. THEA

A FATHER

We were together for five years when our little girl was born. When Krista was in the hospital getting ready to have our baby. I had to stop and buy some drugs so I wouldn't be sick and there was a reason to celebrate. I just looked for any reason to get high. I was in full addiction. When our little girl was born I thought it would help me get sober but I just got worse. Even then, I still didn't think I was that bad; at least I wasn't sticking a needle in my arm or out robbing someone. This went on for a couple more years. Then we had little boy. I was still using everyday getting worse by the minute. I was a full-fledged addict and didn't know any other life.

I thought, "As long as there was food on the table and clothes on my kids' backs, everything was okay." I was in denial that my drug use wasn't affecting them. I kept this lifestyle for five more years getting worse and eventually using the needle to get high.

> My wife was still a believer and was praying and going to church. I would insult her for believing in God and tried to keep her and the kids from going. I remember them getting ready to go to church one morning and our little girl asked "how come daddy don't go?" Krista told her that I was angry at God and I would eventually get over it.

Her prayers were answered in an unusual way on August 23, 2013. I came home in a drunken rage. My sister called the law and Krista and I were both lead out in handcuffs. We both spent forty days in jail. The courts thought it would scare me into getting sober but there were just as many drugs in jail as out in the streets. Me and some other inmates would make jokes about the inmates who were going to church. I was not getting any jail-house religion. When we bonded out of jail we had to report to the Daily Report Office to take drug screen tests and classes. I was still using every day and passing the drug screens by the skin of my teeth. I wanted to die more now than ever. My kids were in Child Protective Services (CPS) and I thought I would never see them again. One day I failed a drug screen test and they

offered me rehab. They held my kids over my head and this was my only chance of getting them back.

This is where God intervened. The only thing I knew about the place was I would be there ninety days and I had to go to church every Sunday. I told Krista I was going to tell them I was an atheist and was not going to church. The morning I was leaving to go I saw Krista putting a Life Recovery Bible in my bag. I cussed at her and threw a fit like a five year-old kid having a temper tantrum. I was dreading going to rehab because I wouldn't see my wife or my kids for ninety days and would have no contact for 45 days. When I arrived I told them I was an atheist and wasn't going to church. They told me if I didn't go to church I would be kicked out of rehab and I would have no hope of getting my kids back.

When I walked into a church they took us to it was like walking into my worst enemy's house. I felt like it would collapse on top of me but it never did. The one Sunday that changed my life was at a Baptist church and the pastor asked us,

"If you had one day left, how would you spend it?" I realized right there I didn't want to spend it high or drunk anymore.

I was still hesitant to take that step to the alter and turn my life over to the care of God. God whispered to me and said "If you go, others will follow." When I stepped out to walk up front six guys followed me to the alter and gave their lives to Jesus on that glorious day. That is when God placed it on my heart to help lead others to him who battled addiction or whatever their hurt, habit, or hang up might be.

It was finally time to come home from rehab and I was ready to start this new life with God, ready to show everyone what God had done for me but eight days out of rehab my mom passed away very unexpectedly. She was my best friend. I was a momma's boy through and through. We were addicts together and got sober around the same time. The last conversation I had with her was the night before she died and she told me she was proud of me and she loved me. NOW I HAVE A NEW PERSPECTIVE It is still hard not having her here with me but I can live with the last words we spoke to each other.

Through working the 12 principles of Celebrate Recovery I have dealt with my demons from the past and it helped me get over the loss of my mom. I am now evaluating all of my relationships. Principle six says to offer forgiveness to those who have hurt me and make amends for the harm I've done to others, except when to do so would harm them or others. The first people on my amends list were my wife Krista and kids. I kind of knew that they would forgive me. But when it came time to offer forgiveness to others who hurt me it was a little bit harder. The first one was my sister Amanda because she was the one that called the police and had my children removed into the custody of CPS. When I was in jail I thought about burning her house down every day. But looking back, her phone call sent the ball rolling to a changed life. I just didn't see it until I worked through the principles in Celebrate Recovery. Another person I resented was Laura the director of Day Report in Greenbrier County. It was her decision to send me to rehab.

Since getting right with God and others He has opened up doors for me that I thought would never be opened. Jeremiah 29:11, "For I know the plans I have for you, says the Lord. They are plans for good and not for disaster, to give you a future and a hope."

I have two and half years sober now. I have my kids back and life has never been better. I was getting caught up in doing two jobs at one time. Working my forty an hour a week job and doing God's work too. I told God one day that I can't do both and it wasn't a week later and I received a message from Greenbrier County Drug Court they were going to hire a Peer Recovery Coach. I got the job. I still can't believe the plans God had for me. I lead two Celebrate Recovery Meetings a week around twenty guys that are dealing with Hurts, Habits, and Hang ups.

My wife and I give Life Recovery Bibles to anyone that is struggling. Someone gave her one in jail and then she gave it to me and it changed my life forever and it can do the same for anyone if they just read it. I owe my recovery to my wonderful wife Krista that has stuck with me thru thick and thin and never gave up on me when everyone else had and to God for changing my cold heart and seeing past all of my flaws and forgiving me for everything I did to him.

God has given me great hope for the future when all I saw was disaster. I want to share a Bible verse with you that really touched my heart and that I later found out was my Mom's favorite verse too. It is Psalms 40:1-3, "I waited patiently for the Lord to help me, and he turned to me and heard my cry. He lifted me out of the pit of despair, out the mud and miry clay. He set my feet on a Rock and steadied me as I walked along. He has given me a new song to sing, a hymn of praise to our God. Many will see what he has done and be amazed. They will put their trust in the Lord."

Hebrews 13:5 says, "I will never leave you nor forsake you". I know that is true. It can be true for you.

Casey Butler A firm believer in Iesus Christ



NOW



DAKOTA'S STORY

I am West Virginia born and bred. It's home sweet home but it's also polluted with addicts, thieves, and drunks. I live in a small town, White Sulphur Springs, and I've lived here my whole life, other than here and there when I was in active addiction. Then I lived just wherever I could afford (which isn't much when you have an addiction). I was pregnant the first time when I was 20, 21 when my firstborn arrived into this cruel world (girl), 23 when I had my first son, and 26 when I had my third baby(boy). My addiction started after I had my first baby. It didn't get too out of hand until I was about 24ish. Man did that take me some places I hope to God I never return to. I started out playing around with the pain pills, weed, you know, the "not so harsh crap". When they became harder and harder to find. I went to heroine, meth, whatever was available. It wasn't until I was 24-25 I started taking anything I could get my hands on. Lost custody of my 2 kids because I couldn't kick the habit. Not for a while anyway.

When I got pregnant with my third baby, things started to change. Back when I had my oldest two, they didn't check the cord blood unless they had a reason to, and I'm so I took every piece of advice, took notes, really worked hard on myself and really, I was my own biggest critic.

grateful they started to test the cord blood every time. I walked into my prenatal appointment not knowing what in the world to expect. It was my second appointment, a lady I'd never met before came and got me and we sat in her office discussing treatment options and all the while,

being anything but clean. One of my options was a three-month treatment but I did NOT want to go down that road. I'd tried the whole detox thing, several times. Nope, didn't work. I kept screening dirty because I was as hooked as you could get, rock bottom if you will. A couple months went by and an extensive treatment was pretty much my only option (other than taking my

chances to lose my baby, lose custody of him). I was absolutely not giving them that option to take my baby boy after I'd already lost custody of two others. Nope. So, after several attempts and several scary conversations later, I finally broke down, had to quit my job, and go to rehab.

The program was great. The people running it, the girls I was in there with, were all a blessing. It was normally a three-month program but for me it was four months (I missed a screening simply because I forgot to look at the paper that had our names each day to let us know who screened that day). I'm not going to sit here and tell you it was all perfect because it definitely sure wasn't. There were far more bad days than good, but I took it seriously. It was either that, or fake my way through and come home, and waste all that time I spent getting my head on straight. I took every piece of advice, took notes, really worked hard on myself and really, I was my own biggest critic. And man was I hard on myself. Whoa. I've been clean now for almost two years!! I can't again, sit here and say I'll never go back to that life, but I know I'm gonna bust my butt daily to stay on the straight and narrow. I've got three mini-me kids looking up to me. I can't disappoint them, or myself or my family. It's not easy, not one bit- but is it worth every single second? Absolutely!

In 2011, **19% of babies born** at Greenbrier Valley Medical Center had one or more **drugs in their system.**

Learn more about what organizations in Greenbrier County are doing to address the issue.

> At 27 years young, I've been through way more than some people could ever think about and I pray to God every day to give me the strength to be strong. One day at a time, take it second by second if you have to. I'm alive and well to write this story, millions weren't this lucky because of this nasty addiction. I choose life, you should too.

Dakota Butts



The Drug Free Mother/Baby Program began when the Greenbrier Valley Medical Center nursery identified that nearly 19% of babies had been born with one or more drugs in their system. During the past three years, GVMC has seen the number of illicit positive newborns reduced to 6%.

RESOURCE

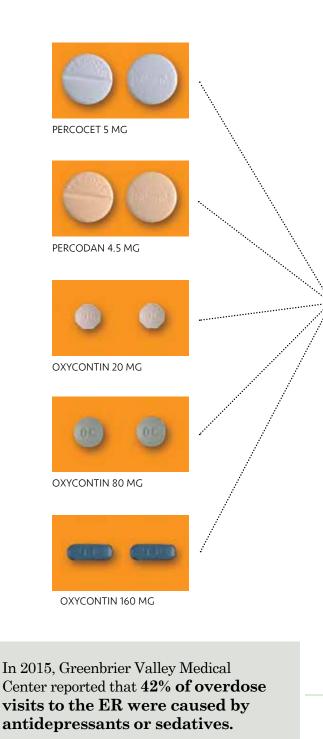
For further information, call: Tameran Asbury, MA, LSW, SAP at 304-647-1161 or 304-646-9618.

DRUG FREE MOTHER/BABY PROGRAM IN GREENBRIER COUNTY

Pregnancy is a wonderful time in any woman's life, but can be overwhelming even in the best of circumstances. It can be especially hard to make good decisions under the influence.

The Drug Free Mother/Baby Program is a comprehensive outpatient treatment program that works with mothers by providing prevention, intervention, support, and treatment for women who are pregnant or post partum. Services are tailored to meet each mother's individual needs. Motivational incentives are offered to participants to support their decision to modify their behaviors and pursue recovery.

The primary goals of the program are to help moms achieve their optimal goals for a healthy life and to lessen the effects of exposure at delivery. People make choices and we cannot take that away from them. What we CAN do is help them make the choices that are right for them.



RESOURCE

Please visit these sites for detailed information about prescription medications:

www.theantidrug.com www.drugfree.org www.nida.nih.gov

COMMONLY ABUSED PRESCRIPTION MEDICATIONS

PAIN MEDICATIONS

Pain medication is a class of the most abused prescription medications among adults and teens. Opioids can be ingested in various ways. Prescription opioids are typically taken in pill form and sometimes with alcohol to intensify the effects. They can be crushed to sniff, snort or injected as well, such as heroin. Some commonly abused medications include:

- Codeine (Promethazine Syrup with Codeine; Tylenol with Codeine)
- Hydrocodone (Vicodin, Lorcet, Lortab, Norco)
- Hydromorphone (Dilaudid)
- Meperidine (Demerol)
- Methadone
- Morphine (MS Contin)
- Oxycodone (Oxycontin, Roxicodone, Percocet, Endocet, Percodan)
- Buprenorphine (Suboxone/Subutex)
- Fentanyl (Sublimaze)
- Oxymorphone (Opana)

SEDATIVES

Sedatives are most commonly referred to as anti-anxiety medications and the most abused include:

- Alprazolam (Xanax)
- Clonazepam (Klonapin)
- Lorazepam (Ativan)
- Temazepam (Restoril)
- Zolpidem (Ambien)
- Temazepam (Restoril)
- Diazepam (Valium)

STIMULANTS

Abused medications to treat ADHD/ADD include:

- Amphetamine (Adderall)
- Methylphenidate (Ritalin, Concerta)
- Steroids are prescribed and also abused: Anabolic steroids (Anadrol, Duraboliin, Depo-Testosterone)

COMMONLY ABUSED STREET DRUGS

- Marijuana
- Methamphetamine
- Cocaine
- Solvents/Aerosols
- Bath salts
- Heroin
- LSD





STEPS WE CAN TAKE TO PREVENT PRESCRIPTION DRUG ABUSE

What's in your medicine cabinet? On your nightstand? On the kitchen counter? In your purse?

Naturally, you keep prescription medicines and cold and cough remedies handy for you to take when needed. They are also handy for everyone else to take without you knowing it.



The U.S. makes up only 4.6% of the world's population but consumes 80% of its opioids and 99% of the world's hydrocodone, the opioid that is in Vicodin.

ABC News and the National Drug Court Institute Fact Sheet Volume XI, No.2.

In West Virginia in 2015, there were 643 overdose deaths.



1 | LOCK YOUR MEDS

Only 4.7% of individuals who abuse prescription drugs, say they get the medication from a stranger, drug dealer, or the Internet. Prevent your children from abusing your medications by securing them in places they cannot access. Lock them up or take them out of your house.

www.walmart.com/ip/ sentrysafeelectronic- security-box



2 | TAKE INVENTORY

Use a home medication inventory card to record the name and amount of medications you currently have. Check regularly to make sure none are missing. For a printable home medication inventory card, visit

www.trumbullmhrb.org/pdfs/ Inventory-Card.pdf



3 | EDUCATE YOURSELF AND YOUR CHILD

Learn about the most commonly abused types of medications (pain relievers, sedatives, stimulants and tranquilizers). Then communicate the dangers of abusing these medications to your child regularly –

ONCE IS NOT ENOUGH!



4 | SET CLEAR RULES AND MONITOR BEHAVIOR

Do not allow your child to take prescription drugs without a prescription. Monitor your child's behaviors to ensure that rules are being followed. Lead by example!



5 | PASS IT ON

Share your knowledge, experiences and support with the parents of your child's friends. Work together to ensure that your children are safe and healthy.

6 | DISPOSE OF OLD AND UNUSED MEDICATIONS

These public drop boxes are visible and always open.

GREENBRIER COUNTY COURTHOUSE 912 Court St. N. Lewisburg, WV 24901 (304) 647-6694

RUPERT SHERIFF'S OFFICE 530 Nicholas St. Rupert, WV 25984 (304) 392-6320

More than 6.2 million people age 12 and older report abusing prescription drugs.

Many teens believe prescription drugs are a safe way to get high due to the fact that they improve health when used as prescribed.

It is <u>illegal</u> to use someone else's prescription.

Drugs **alter** a person's thinking and **judgment**

HEALTH CONSEQUENCES

Prescription medication abuse and intravenous drug use has an adverse effect on your health.



Drug use and abuse weakens the immune system. Learn more at www.drugabuse.gov.

The potential for physical and psychological addiction is real. Drug use and abuse, including the illegal use of prescription medication, is associated with strong cravings for the drug, making it difficult to stop using. Most drugs alter a person's thinking and judgment, which can increase the risk of injury or death from drugged driving or infectious diseases.

ALTERED JUDGMENT AND THINKING DUE TO PRESCRIPTION MEDICATION ABUSE CAN LEAD TO:

- Depression
- Seizures
- Hallucination
- Unsafe sex or needle sharing, which can lead to...
 - HIV/AIDS
 - Hepatitis B and C
 - Chlamydia
 - Gonorrhea
 - High risk HPV
 - Genital warts
 - Herpes and Syphilis
 - Unintended pregnancy/NAS (Neonatal Abstinence Syndrome) is a condition in which a baby can suffer from dependence and withdrawal symptoms after birth.

STERILE NEEDLES/EQUIPMENT TO PREVENT HEPATITIS C AND HIV

The use of unclean needles and injection equipment is dangerous. Sharing needles, syringes, and other injection equipment is a direct route of HIV and/or Hepatitis C transmission. HIV stands for human immunodeficiency virus. If untreated, the virus that can lead to acquired immunodeficiency syndrome (AIDS). Unlike some other viruses, the human body can't get rid of HIV completely, even with treatment. So once you get HIV, you have it for life. Hepatitis C is a serious liver disease caused by a virus that can range in severity from a mild illness lasting a few weeks to a serious, lifelong illness. The risk for getting HIV or Hepatitis C is high if a person uses injection equipment that someone with HIV or Hepatitis C has used. This high risk is because the drug materials may have blood in them, and blood can carry HIV and/or Hepatitis C. Bleaching, boiling, burning, or using common cleaning fluids, alcohol, or peroxide will not kill the Hepatitis C virus. The Hepatitis C virus is difficult to kill. So although cleaning equipment may reduce the amount of virus, it does not eliminate it.

Sources: CDC 2016 (https://www.cdc.gov/hiv/ pdf/risk/cdc-hiv-idu-fact-sheet.pdf) and CDC 2015 (https://www.cdc.gov/hepatitis/HCV/PDFs/ FactSheet-PWID.pdf)



EFFECTS DURING PREGNANCY

Neonatal Abstinence Syndrome (newborn withdrawal) is a group of signs and symptoms that a baby can have when a mother takes certain medications or other drugs during her pregnancy. These substances may include methadone, subutex/suboxone, heroin and other prescription medications such as Oxycontin and Vicodin. Babies exposed to these drugs any time in pregnancy have an 80% chance of developing withdrawal symptoms.

SYMPTOMS OF WITHDRAWAL INCLUDE:

- High-pitched crying or difficult to console
- Poor feeding, spitting up, vomiting, diarrhea
- Difficulty sleeping
- Overly vigorous suck or uncoordinated suck
- Tremors, jitteriness
- Occasionally seizures can occur
- Frequent hiccups and/or sneezing
- Mild fever
- Sweating

Infants with known exposure to drugs during pregnancy are observed in the hospital for a minimum of 72 hours after birth. A segment of the infant's umbilical cord is sent away for testing at birth. During that time, symptoms are monitored for severity by staff and "scored" every four hours using a tool like the Modified Finnegan Neonatal Abstinence Score sheet.

Caregivers and parents are taught to use "Therapeutic Handling" techniques to help keep scores down, and the environment is kept as minimally stimulating as possible. Infants with consistently high schores are usually started on medication to control their symptoms and prevent seizures. Medications like methadone, morphine and phenobarbital are carefully prescribed and administered to control symptoms. The exact length of time it takes to wean these substances differs from baby to baby. It is not unusual for babies to be in the hospital for 2-6 weeks. Once they are weaned from medication and scores are consistently low, the baby will be discharged from the hospital. Per federal law, umbilical cord tissue results that are positive for drugs – whether prescribed or not – must be reported to Child Protective Services, who will then make a determination of safety for the infant. It is particularly important that infants who are stable for discharge – whether they have been treated for withdrawal or not – must still be kept in low stimulation environments, with gradual introduction of stimuli so as to avoid relapse at home. Consistent visits to the pediatrician, along with developmental follow up (such as Birth to Three), is essential.

RESOURCE

URCE For more information about Neonatal Abstinence Syndrome or efforts in the state of West Virginia, go to www.wvperinatal.org, the website of the WV Perinatal Partnership or contact:

Molly Scarborough McMillion (304) 667 - 4362 mmcmillion@osteo.wvsom.edu

THE EFFECTS OF DRUGS ON OUR CHILDREN

Behaviors you see might be the only way children can express their feelings

DRUG-EXPOSED CHILDREN: WHAT CAREGIVERS AND EDUCATORS SHOULD KNOW

What is a drug exposed child?

A drug exposed child can be identified as any child whose brain and/or body has been affected because his/her parents used drugs or alcohol during pregnancy, and/or who is living in a home where drugs are abused and/or illegally made, traded or given away.



EMOTIONAL

- Seems sad or does not enjoy activities
- Takes on a lot of guilt and blames themselves for what goes wrong
- Feels their life will always be bad
- May attach to strangers too easily, but have difficulty trusting caregivers



COGNITIVE

- Difficulty talking and listening
- Difficulty remembering a list of things
- Difficulty remembering what they were just told
- Often do not learn from mistakes or experiences



BEHAVIORAL

- Likes to be alone
- Finds change difficult
- Doesn't get along well with other people
- Doesn't seem to care about what happens to them
- More interested in sex and drugs or may know more about sex and drugrelated topics than most children their age
- Tells detailed stories involving drug use, drug deals or other indications of illegal activity, such as suspicious adult behavior. (Mom sometimes takes medicine and sleeps all day)
- Has a strong distrust of authority figures and the police

Remember, not every behavior indicates a specific concern.

Children are dying from abuse and neglect at a higher rate in West Virginia than in any other state.

In West Virginia, 16 children died in 2016 from abuse and neglect at a rate of 4.16 children per 100,000.

Source: National Child Abuse and Neglect Data Systems.

HELPING A DRUG ENDANGERED CHILD

Prenatal drug exposure can cause damage to the developing brain. What you think is "odd" or difficult behavior might be something the child cannot control. Try to understand that the "behaviors" you see might be the only way that a child can express his/her feelings. You can help by:

- Be repetitive. Do things the same way, every time, over and over again.
- Keep things quiet and calm.
- Be realistic about what you expect, and understand that drug-exposed children may not act their age.
- Give support and encouragement.
- Help them feel safe.
- Help them separate the parent from the substance abuse.
- Allow them periods of grief.
- Teach them empathy by showing understanding, sympathy and compassion.



Show them you care by being understanding, sympathetic and compassionate.

STUDENT CONCERNS

In September 2016 the West Virginia State Board of Education approved a new policy that will allow schools across the state to stock intranasal naloxone or Narcan to help deal with overdoses. School boards can now enact policy changes that will allow them to carry the drugs in their schools. As part of the new policy only school nurses with a RN or LPN license can administer the life-saving drug that reverses the effect of opioids in an overdose situation. Greenbrier County Schools Board of Education is creating policy to be in line with the West Virginia Department of Education.

Two hundred and twentythree students in Greenbrier County high schools and middle schools were surveyed about prescription drug use during the fall of 2016. Students ranged in age from 11-19. Respondents were fairly evenly split in terms of gender with 47% of respondents being male and 50% being female (3% did not disclose their gender).



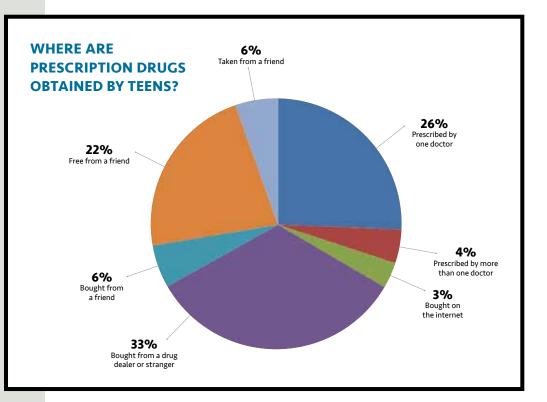
Results indicated that nearly one in three students

(29.2%) who participated in the survey had used prescription drugs in the past 30 days.

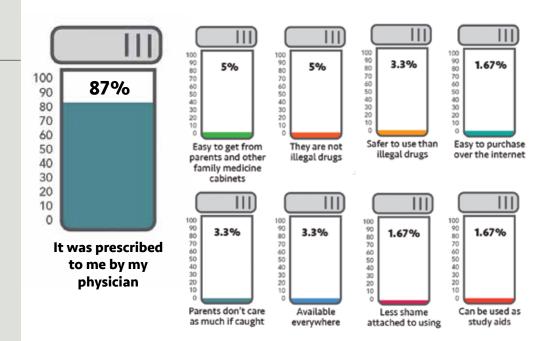


Students who abuse prescription stimulants (e.g. ADHD medication Adderall and Ritalin) reported higher levels of: cigarette smoking, heavy drinking, risky driving, abuse of marijuana, abuse of MDMA (Ecstasy) and abuse of cocaine.

Source: Harvard School of Public Health, College Health Study, 2001 Survey



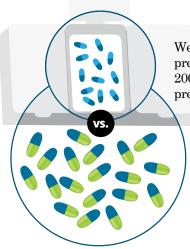
TOP REASONS GREENBRIER COUNTY TEENS USE PRESCRIPTION DRUGS



ACCESS TO MEDICATION AND MEDICATION MANAGEMENT

What are your kids being prescribed?

Think before you fill and give a pain prescription to your child. Do they really need such a strong medication or will something else do? Pain medications, like Vicodin, Oxycontin, and other versions are strong. We live in a high prescribing region of the state. Youth are not an exception. They are being prescribed large quantities of strong medications for things such as simple sports injuries and dental procedures. Be an advocate while you can and look into all options. Pain is no fun, but it's better than starting an addiction in your child.



West Virginia led the nation in prescriptions filled or refilled per capita in 2008. The national average of number of prescriptions per patient is 12.

The West Virginia average of number of prescriptions per person is 18.7.

Source: Kaiser Family Foundation, State Health Facts at www.statehealthfacts.org According to the Center for Disease Control (CDC), enough painkillers will be prescribed this year to medicate every American adult around the clock for a month.



BE PROACTIVE WHEN IT COMES TO YOUR CHILD'S MEDICATION

Consider asking the physician or a pharmacist the following questions before filling a prescription:

- What are some alternatives for pain management?
- Can you prescribe a non-opioid pain medication?
- If my child must take opioids for pain relief, how can I minimize risks of dependency?
- If you must prescribe an opioid, limit the quantities.

PROPERLY DISPOSING UNUSED MEDICATION CAN DECREASE THE CHANCE OF A CHILD GAINING ACCESS TO MEDICATION.

MEDICATION DISPOSAL INFORMATION

These public drop boxes are visible and always open.

GREENBRIER COUNTY COURTHOUSE 912 Court St. N. Lewisburg, WV 24901 304.647.6694







1-844-HELPOWV

www.Help4WV.com

The Help4WV hotline received 61 calls from Greenbrier County residents alone during an approximate 17 month time period.

Source: Help4WV summary report Sept. 9, 2015 through Dec. 18, 2016.

FACTORS THAT CAN INCREASE THE CHANCE OF ADDICTION



As with any other disease, the capacity to become addicted differs from person to person. In general, the more risk factors a person has, the greater the chance that taking drugs will lead to abuse and addiction.

(Excerpted from Drugs, Brains, and Behavior: The Science of Addiction by NIDA)

RESOURCE

archives.drugabuse.gov/NIDA_Notes/ NN05index.html

24 | Greenbrier County Care Coalition

1 | HOME AND FAMILY

- Influence during childhood is an important factor
- Parents or older family members who abuse drugs or engage in criminal behavior can increase children's risks of developing their own drug problems

2 | PEERS AND SCHOOL

- Drug-using peers can sway even those without risk factors to try drugs
- Academic failure
- Poor social skills can put a child at further risk for using drugs

3 | BIOLOGICAL FACTORS

- Genetic factors account for 40-60% of a person's vulnerability to addiction
- Environmental factors affect the function and expression of a person's genes
- A person's stage of development and other medical conditions
- Adolescents and people with mental disorders are at greater risk of drug abuse and addiction than the general population

4 | METHOD OF ADMINISTRATION

- Smoking a drug or injecting it into a vein increases its addictive potential
- Both smoked and injected drugs enter the brain within seconds
- This intense "high" can fade within a few minutes, taking the abuser down to lower, more normal levels

5 | EARLY USE

- Research shows that the earlier a person begins to use drugs, the more likely he or she is to develop serious problems
- This reflects the harmful effect that drugs can have on the developing brain
- It is a strong indicator of problems ahead, including addiction

Know that you will have this discussion many times. **Talking to your child** about drugs and alcohol **is not a one-time event.**

WHY WOULD MY CHILD USE DRUGS?

In general, people begin taking drugs for a variety of reasons.

TO FEEL GOOD

Most abused drugs produce intense feelings of pleasure. This initial sensation of euphoria is followed by other effects, which differ with the type of drug used. For example, with stimulants such as cocaine, the "high" is followed by feelings of power, self-confidence and increased energy. In contrast, the euphoria caused by opioids such as heroin, is followed by feelings of relaxation and satisfaction.

TO FEEL BETTER

Some people who suffer from social anxiety, stressrelated disorders and depression begin abusing drugs in an attempt to lessen feelings of distress. Stress can play a major role in beginning drug use, continuing drug abuse or relapse in patients recovering from addiction. To do better, some people feel pressure to chemically enhance or improve their cognitive or athletic performance, which can play a role in initial experimentation and continued abuse of drugs such as prescription stimulants or anabolic/androgenic steroids.

CURIOSITY AND "BECAUSE OTHERS ARE DOING IT"

In this respect, adolescents are particularly vulnerable because of the strong influence of peer pressure. Teens are more likely than adults to engage in risky or daring behaviors to impress their friends and express their independence from parental and social rules.

(Excerpted from Drugs, Brains, and Behavior: The Science of Addiction by NIDA)

RESOURCE

If you are interested in obtaining a home drug test, contact your local pharmacy.

SIGNS TO LOOK FOR

The duration of a dose of heroin can last three to six hours and be detected up to two days. Physical and behavioral signs and symptoms of opioid intoxication include:

DILATED PUPILS

CONSTRICTED PUPILS



FRESH TRACK MARKS

TRACK MARKS MORE THAN 10 DAYS OLD

PHYSICAL

-• Constricted/pinpoint pupils
 - Sweating
 - Lower body temperature
 - Flushed skin
 - Decreased heart rate
 - Decreased blood pressure
 - Asthma attacks in asthmatic individuals that inhale the drug
 - Depressed breathing
 - Track marks

COGNITIVE

- Clouded mental function
- Impaired coordination
- Slurred speech
- Slowed reflexes

BEHAVIORAL

- Euphoria or euphoria followed by drowsiness
- Decreased appetite
- Dry mouth/thirsty
- Itching/scratching
- Suppressed pain
- Mood swings
- Apathy
- Depression
- Feeling of heavy limbs

THE OVERLAP BETWEEN OPIOID ADDICTION AND BEHAVIOR

Opioid addiction is a distressing problem that often includes mental health concerns. The overlapping issues of non-medical opioid use and mental health make identification of these co-morbid problems both complex and necessary for appropriate clinical care. Cognitive and behavioral symptoms that may occur with opioid use include confusion, poor judgment, depression, anxiety, paranoia, hallucinations, delusions, anger, and suicidal ideations.

Source: Opioid Use Behaviors, Mental Health and Pain Development of a Typology of Chronic Pain Patients. National Institute of Health. Drug Alcohol Depend. 2009, September 1; 104 (1-2): 34-42).

LIFESTYLE CHANGES THAT CAN BE RELATED TO OPIOID ADDICTION

- A change in peer group
- Missing classes, skipping school or work
- Loss of interest in favorite activities
- Trouble in school or with the law
- Changes in appetite or sleep patterns
- Losing touch with family members and friends
- Money loss, asking for monetary loans or missing items from family/friends



THINGS TO KNOW

OPIOID/HEROIN PARAPHERNALIA CAN BE:

- Snorted, injected, swallowed and inhaled
- Crushed pills are snorted and inhaled using short straws, rolled dollar bills and other small tubing
- Mirrors, razor blades or credit cards might be used in preparing the drug
- Syringes, rubber tubes, syringe caps, droppers and spoons are used when preparing or injecting the drug
- To inhale the drug, pipes or pieces of rectangular aluminum foil (3x17cm) are used
- Empty packaging such as corner ties and tin foil squares

66 SLANG

HEROIN: Black Black Eagle Black Pearl Black Stuff Boy Brown Brown Crystal Brown Rhine **Brown Sugar Brown Tape** Chiba China China White

Chiva Dope Dragon Н Junk Mexican Brown Mexican Horse Mexican Mud Number 3 Number 4 Number 8 Sack Scat

Skag Smack Snow Snowball White White Boy White Girl White Horse White Lady White Nurse White Stuff

USING HEROIN:

Channel swimmer Chasing the Dragon Daytime (being high) Dip and Dab Do up Evening (Coming off the high) Firing the Ack Ack Gun **Give Wings** Jolly Pop Paper Boy

OXYCONTIN, PERCOCET, VICODIN AND OTHER PAINKILLERS:

Big Boys Cotton Kicker Morph Tuss Vike Watson-387

USING PRESCRIPTION DRUGS AND ABUSE:

Pharming **Pharm Parties** Recipe (mixing with alcohol) Trail Mix

USING HEROIN + OTHER DRUGS:

Heroin + Alprazolam (Xanax): Bars Heroin + Cocaine: Belushi Boy-Girl He-She Dynamite Goofball	Heroin + Crack: Chocolate Rock Dragon Rock Moonrock Heroin + Ecstasy: Chocolate Chip Cookies H Bomb	Heroin + Marijuana (THC): Atom Bomb Canade Woola Wookie Woo-Woo	
H&C Primo Snowball	Heroin + LSD: Beast LBJ		
Heroin + Cold Medicine: Cheese			



DRUGS IN THE WORKPLACE



An estimated **10-12%** of employees use alcohol or illegal drugs while at work.

(SAMHSA) This number doesn't include people who abuse opioid drugs, under a physician's prescription, at work.

70% of substance abusers hold jobs,

according to the American Council for Drug Education (ACDE) Industries that tend to have a higher number of substance users include:

Construction

Trucking

Retail sales clerks

Assembly and manufacturing workers



Drug abuse costs employers \$81 billion annually

according to estimates by the National Council on Alcoholism and Drug Dependence, Inc.



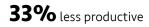
3.6X more likely to be involved in on-the-job accidents



The following statistics provided by ACDE show how drug abuse affects employees and employers because using employees are:

10X more likely to miss work

5X more likely to file a worker's compensation claim



Responsible for health care costs nearly 3x that of their non-using peers

JOB PERFORMANCE AND WORKPLACE BEHAVIORS MAY BE SIGNS THAT INDICATE POSSIBLE WORK PLACE DRUG PROBLEMS:

JOB PERFORMANCE

- Inconsistent work quality
- Poor concentration and lack of focus
- Lowered productivity or erratic work patterns
- Increased absenteeism or on the job "presenteeism"
- Unexplained disappearances from the job site
- Carelessness, mistakes, or errors in judgment
- Needless risk taking
- Disregard for safety of self and others on the job and off the job accidents
- Extended lunch periods and early departures

WORKPLACE BEHAVIOR

- Frequent financial problems
- Avoidance of friends and colleagues
- Blaming others for own problems and shortcomings
- Complaints about problems at home
- Deterioration in personal appearance or personal hygiene
- Complaints, excuses and time off for vaguely defined illnesses or family problems

IF YOU SUSPECT AN OVERDOSE

Dos and don'ts in responding to opioid overdose

An opioid overdose requires immediate medical attention. An essential first step is to get help from someone with medical expertise as soon as possible.

CALL FOR HELP. DIAL 911 TO ACTIVATE EMERGENCY SERVICES. AN OPIOID OVERDOSE NEEDS IMMEDIATE MEDICAL ATTENTION.

- 1 All you have to say is: "Someone is not breathing."
- 2 Be sure to give a clear address and/or description of your location.

DO support the person's breathing by administering oxygen or performing rescue breathing.

DO administer naloxone (NARCAN).

DO stay with the person and keep him/her warm.

DON'T slap or try to forcefully stimulate the person — it will only cause further

injury. If you are unable to wake the person

by shouting, rubbing your knuckles on the sternum, or light pinching, he or she may be unconscious.

DON'T put the person in a cold bath or shower. This increases the risk of falling, drowning or going into shock.

DON'T inject the person with any substance (salt water, milk, "speed," heroin, etc). The only safe and appropriate treatment is naloxone.

DON'T try to make the person vomit drugs that he or she may have swallowed. Choking or inhaling vomit into the lungs can cause a fatal injury.





In 2015, Greenbrier Valley Medical Center reported 52% of overdose visits in the ER were a result of opioids and heroin abuse and 71% of all overdoses in the ER were female.

52%

RESULTED

GVMC ER FROM OPIOIDS OVERDOSE AND HEROIN VISITS IN 2015

71% OF ALL OVERDOSES WERE FEMALE

HAVE NARCAN ON HAND

If you administer Narcan, calling 911 will enact the "Good Samaritan" law. Narcan can be given by intramuscular injection into the muscle of the arm, thigh or buttocks or with a nasal spray device (into the nose). Don't wait for help if you are with someone who is overdosing. With basic training, friends and family members can recognize when an overdose is occurring and give Narcan.

SIGNS OF AN OVERDOSE,

which is a life-threatening emergency, include:

- Face is extremely pale and/or clammy to the touch
- Body is limp
- Fingernails or lips have a blue or purple cast
- The individual is vomiting or making gurgling noises
- He/she cannot be awakened from sleep or is unable to speak
- Breathing is very slow or stopped
- Heartbeat is very slow or stopped

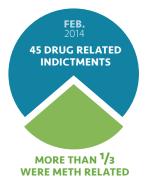
SIGNS OF OVER MEDICATION,

which may progress to overdose, include:

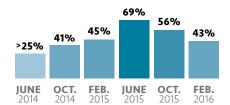
- Unusual sleepiness or drowsiness
- Mental confusion, slurred speech, intoxicated behavior
- Slow or shallow breathing
- Pinpoint pupils
- Slow heartbeat, low blood pressure
- Difficult waking the person from sleep

WEST VIRGINIA STATUTES

As of May 26, 2017



DIRECTLY DRUG RELATED INDICTMENTS IN GREENBRIER CO.



Since 2013, the Greenbrier Valley Drug and Violent Crime Task Force has indicted an additional 26 individuals in U.S. Federal Court involving opioid and heroin cases.**

DRUG NAME	POSSESSION STATUTE	POSSESSION PENALTIES*	MANUFACTURE, DISTRIBUTION OR POSSESSION WITH INTENT TO DELIVER STATUTE	MANUFACTURE, DISTRIBUTION OR POSSESSION WITH INTENT TO DELIVER PENALTIES
MARIJUANA	\$60-4-401(c)	1st offense: 90 days to 6 months and/or a fine of up to \$1,000	\$60-4-401(ii)	1st offense: 1-5 years in prison and/or up to a \$15,000 fine
		2nd and subsequent offenses: up to a year in jail and/or up to a \$2,000 fine		2nd offense: 2-10 years in prison and/or up to a \$30,000 fine (1-15 years depending on the schedule)
PRESCRIPTION NARCOTIC DRUG	\$60-4-401(c)	1st offense: 90 days to 6 months and/or a fine of up to \$1,000	§60-4-401(ii)	1st offense: 1-5 years in prison and/or up to a \$15,000 fine
		2nd and subsequent offenses: up to a year in jail and/or up to a \$2,000 fine		2nd offense: 2-10 years in prison and/or up to a \$30,000 fine
HEROIN	§60-4-401(c)	1st offense: 90 days to 6 months and/or a fine of up to \$1,000	\$60-4-401(i)	1st offense: 1-5 years in prison and/or up to a \$25,000 fine
		2nd and subsequent offenses: up to a year in jail and/or up to a \$2,000 fine		2nd and subsequent offenses: 2-30 years in prison and/or up to a \$50,000 fine
COCAINE	§60-4-401(c)	1st offense: 90 days to 6 months and/or a fine of up to \$1,000	\$60-4-401(i)	1st offense: 1-5 years in prison and/or up to a \$25,000 fine
		2nd and subsequent offenses: up to a year in jail and/or up to a \$2,000 fine		2nd and subsequent offenses: 2-30 years in prison and/or up to a \$50,000 fine
METHAMPHETAMINE	\$60-4-401(c)	1st offense: 90 days to 6 months and/or a fine of up to \$1,000	§60-4-401(ii)	1st offense: 1-5 years in prison and/or up to a \$15,000 fine
		2nd and subsequent offenses: up to a year in jail and/or up to a \$2,000 fine		2nd offense: 2-10 years in prison and/or up to a \$30,000 fine
FENTANYL	\$60A-4-414(b)	(1) Less than one gram, 2-10 years in prison	\$60A-4-414(b)	(1) Less than one gram, 2-10 years in prison
		(2) One gram or more but less than five grams, 3-15 years		(2) One gram or more but less than five grams, 3-15 years in prison
		in prison (3) Five grams or more, 4-20 years in prison		(3) Five grams or more, 4-20 years in prison

* Note: Conditional discharge is available for first offense of possession by ordering the accused to a period of probation before trial. The court proceedings are deferred during this period. If probation is successfully completed, the charges may be dismissed.

HARM REDUCTION: THE LEGAL ASPECT

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. *As of May 26, 2017*

JUSTICE REINVESTMENT BILL

Senate Bill 371, the West Virginia Justice Re-Investment Act, was signed into law during the 2013 regular legislative session. The bill implements policy changes developed through "justice reinvestment," a datadriven approach designed to improve public safety, reduce corrections spending, and reinvest savings in strategies that can decrease crime and reduce recidivism. One branch of the bill focused on the issue of substance abuse via investment in communitybased treatment for people on supervision with substance use treatment needs; establishment of partnerships and resources across systems; and ensuring effective substance abuse treatment within state prisons.

OVERDOSE NALOXONE (NARCAN)

Senate Bill 335, the Creating Access to Opioid Antagonists Act, was signed into law during the 2015 regular session. This bill allows licensed health care providers to prescribe opioid antidote to initial responders and to a person considered by the licensed health care provider to be at risk of experiencing an opioid-related overdose, or to a relative, friend, caregiver or person in a position to assist a person at risk of experiencing an opioid-related overdose. The bill also provides for limited liability for initial responders, licensed health care providers who prescribe opioid antagonist in accordance with this article, and for anyone who possesses and administers an opioid antidote.

Senate Bill 431, authorizing pharmacists and pharmacy interns to dispense Naloxone, was signed into law during the 2016 regular session. This bill authorizes pharmacists or pharmacy interns to dispense, pursuant to a protocol, Naloxone without a prescription.

CALL 911 WITHOUT RISK

Senate Bill 523, the Creating Alcohol and Drug Overdose Prevention and Clemency Act, was signed into law during the 2015 regular session. The bill provides immunity from prosecution in limited circumstances for persons who call for emergency medical assistance on behalf of people who reasonably appear to be experiencing a drug or alcohol overdose.

THANK YOU,

Elliott Birckhead, Director

Office of Consumer Affairs and Community Outreach, Bureau for Behavioral Health and Health Facilities,

FOR YOUR ADVISEMENT AND CONTRIBUTIONS.

HERE IS A SOURCE FOR LEARNING MORE ABOUT ANY GIVEN BILL. LINK TO THE BILL STATUS PAGE ON THE LEGISLATIVE WEBSITE:

www.legis.state.wv.us/Bill_Status/bill_status.cfm

Enter the bill number and it will pull the bill history and includes links to the final version of the bill, also called the enrolled bill.

HOUSE BILL 2195 - Requires comprehensive drug awareness and prevention program in all public schools and requires county boards to implement no later than 2018-2019 school year.

SENATE BILL 386 - The West Virginia Medical Cannabis Act; Details the efforts to establish a medical cannabis program; placing the medical cannabis program within the Department of Health and Human Resources and under the direction of the Bureau for Public Health; establishing lawful use and forms of medical cannabis.

HOUSE BILL 2329 - Prohibits the production, manufacture or possession of fentanyl.

HOUSE BILL 2579 - Relates to the offense of transporting illegal substances into the state generally; increasing penalties for illegal transportation of controlled substances into the state.

HOUSE BILL 2585 - Relates to laundering of proceeds from specified criminal activities generally.

SENATE BILL 220 - Creates a felony offense of delivering controlled substances or counterfeit controlled substances for an illicit purpose resulting in the death of another person and provides criminal penalties accordingly.

SENATE BILL 76 - Creating WV Second Chance for Employment Act. Allows people who have completed serving felony offenses for drug crimes to file to have their felonies reduced to misdemeanors. This bill relates to establishment of a criminal offense reduction program. It creates the criminal offense classification of reduced misdemeanor, which allows persons convicted of certain criminal felony offenses to petition under specified circumstances for reduction of the felony to misdemeanor status.

TREATMENT OPTIONS



DETOX OR DETOXIFICATION IS THE FIRST STEP TOWARD RECOVERY

This is when an individual will stop using heroin and begin to overcome physical dependence on the drug. Often individuals will return to use to stop the pain and adverse effects of the heroin withdrawal. The effects of withdrawal will vary from person to person depending on various factors including the frequency and dose of use as well as the length of time using. Individuals can seek assistance with the withdrawal from a local emergency room, a primary care physician or on a behavioral health unit.

INPATIENT

Inpatient refers to a behavioral health unit or a psychiatric hospital with a length of stay from a couple of days to a couple of weeks. Inpatient care involves that detox process, as well as limited individual and group therapy.



RESIDENTIAL TREATMENT

Residential treatment is a 28 -90 day program in which an individual resides in a facility specific to substance abuse treatment. Individuals are immersed in treatment throughout their day.

PARTIAL HOSPITALIZATION AND DAY TREATMENT

Partial hospitalization and day treatment involve attending a treatment facility daily while staying home at night.

INTENSIVE OUTPATIENT

Intensive outpatient is a group therapy that is conducted two to four times per week for more than an hour at a time.

OUTPATIENT COUNSELING/THERAPY

Outpatient counseling and therapy is individual counseling that is conducted one to two hours per week to address any previous trauma or pain that may have led to and been a result of their drug use. Counseling can also help identify any triggers and assist in preventing relapse.

TRANSITIONAL LIVING OR HALF-WAY HOUSES

Transitional living or half-way houses are sober group living environments. There are no substance abuse treatments in the home. Rather, it is a group of individuals living in a structured environment in efforts to maintain sobriety.

SUPPORT GROUPS

Groups such as a 12-step Narcotics Anonymous and Celebrate Recovery are usually peer-driven meetings to offer social supports and connections.

MEDICATION-ASSISTED TREATMENT

Medication-assisted treatment (MAT) uses behavioral health treatment combined with medications such as buprenorphine, naltrexone, or methadone to manage the withdrawal symptoms and cravings for heroin, other opioids, or alcohol while fostering recovery from the brain disease of addiction. This type of treatment is typically done in an outpatient setting. Physicians are required to undergo specific addiction and pharmacology training prior to prescribing these medications and obtain a special DEA number that is necessary on all prescriptions. Medication-assisted treatment is the beginning of a life-long commitment to a drug and alcohol free lifestyle that may require medication for months or years or may be a part of life-long recovery.



MEDICATIONS USED IN MEDICATION-ASSISTED TREATMENT

NALTREXONE (VIVITROL)

- Naltrexone is an opioid receptor blocker that prevents the euphoric effects and impacts sedative effects of drugs such as heroin, morphine or codeine.
- Naltrexone is typically given as a monthly injection for treatment of alcohol or opioid dependence, or it may be used to prevent relapse following detox from opioids.
- After receiving Naltrexone, using opioids in large enough amounts to counter the "blocking effects of the medication" can result in overdose, respiratory arrest, or death.
- Studies have shown statistically significant reduction in opioid cravings following the use of Naltrexone.
- Currently, most private pay insurances and all managed care organizations (MCOs) under WV Medicaid cover the cost of Vivitrol. If a patient does not have insurance, the manufacturer of Vivitrol has a co-pay savings program to assist with the cost of co-pays and provide assistance to help cover the cost of the medication.
- Best practices with Naltrexone include counseling as well as 12-step support groups as an integral part of this form of medication-assisted treatment for chance of a successful recovery.
- In addition, studies have shown that problem drinkers have significantly fewer drinking days and increased abstinence when treated with Naltrexone for alcohol dependency.

BUPRENORPHINE (SUBOXONE)

 Medication-assisted treatment of opioid dependence can also use buprenorphine combined with naloxone (best known by the brand name Suboxone) as part of a complete treatment plan including counseling, 12-step support groups and other psychosocial support therapy. Buprenorphine combined with naloxone is typically administered via either a sublingual strip or pill and taken orally.

 As with all forms of medication-assisted treatment, dosage varies between patients. The goal of the medication is to manage the withdrawal symptoms and cravings for heroin and other opioids while fostering recovery from the brain disease of addiction.

BUPRENORPHINE (BUPRENEX)

 Medication-assisted treatment of opioid dependence can also use buprenorphine without naloxone. This medication is relatively safe to use in the treatment of pregnant women. Talk with the healthcare provider about the risks and benefits to the mother and the fetus prior to treatment. This type of medicationassisted treatment typically reverts to use of another medication for MAT about 6 weeks postpartum. As with all other medication used with this model of treatment, counseling and 12-step support groups are an integral part of this type of medication-assisted treatment.

METHADONE

- Methadone is a medication used in medication-assisted treatment to help people reduce or completely stop use of heroin or other opioids and has been used for MAT longer than any other medication.
- As with all MAT medications, methadone helps reduce cravings and withdrawal symptoms from opioids for 24-48 hours. This medication is long acting, meaning it stays in the body and is effective for a long period.
- Methadone is a full agonist, meaning that it acts on the brain in the same way as other opioids. The long-action of this medication, combined with counseling and 12-step support groups, fosters recovery by eliminating the highs and lows of drug use as well as eliminating the withdrawal symptoms and cravings for other opioids.

ANTIDOTE MEDICATION

NALOXONE (NARCAN)

- This medication is used, along with emergency medical treatment, to reverse suspected opioid overdose by reversing the effects of the opioid taken to excess.
- Naloxone is given by injection, either IV (into the vein) or into muscle or fat, or, in a nasal mist.
- Naloxone reverses effects of opioids (narcotics, heroin, etc.).
- Since this medication reverses the effects of opioids, the person who overdosed will experience sudden withdrawal symptoms following the administration of naloxone.
- Naloxone is available by prescription and may be available over the counter in some locations.

Sources: Seneca Health Services, Inc./ Crosswinds and Mary Aldred-Crouch, MSW, MPH, LICSW, MAC, AADC, Clinical Consultant.



Contact your

insurance company to find out what providers and treatments are available to you. If you do not have insurance or have questions about treatment services,contact the Substance Abuse and Behavioral Health Helpline at 1-844-HELP4WV.



ACT UNIT VALLEY HEALTH

100 Crosswinds Drive, Fairmont, WV (304) 363-2228

Substance abuse treatment center that focuses on detoxification. Residential program that lasts up to 30 days (sometimes 45, depending on circumstances). Offers services for both adolescents and adults.

ALCOHOLICS ANONYMOUS (AA)

Toll free: 1-877-331-3394

Call to find a local meeting.

AMITY CENTER

1011 Mission Drive, Parkersburg, WV (304) 465-1781

Residential drug and alcohol treatment center for adult men and women. Services include but are not limited to: Addiction Counseling, Crisis Stabilization Program, Court-Directed Treatment, Drug/Urine Screens, AA, NA, and Al-Anon.

APPALACHIAN TEEN CHALLENGE

(304) 384-9074 or (304) 384-3307 1651 Unity Road, Princeton, WV atci@frontiernet.net

Christian residential program for men 18 and older. Provides spiritual counseling with residents who have substance abuse or anger management issues. Contact the center for fees.

CELEBRATE RECOVERY

A Christian-centered recovery program Rhema Christian Center 3584 Davis Stuart Road, Lewisburg WV (304) 645-6999 This program is where men and women can find support in overcoming behaviors or habits that are potentially life-controlling including addiction, co-dependency, grief and other issues. Open meetings and small group share are Thursdays at 6 p.m.

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CHARLESTON TREATMENT CENTER

2157 Greenbrier Street, Charleston, WV (304) 344-5924

The Charleston Treatment Center provides medically supervised methadone maintenance and Suboxone (buprenorphine) detox treatment to individuals who are attempting to overcome an addiction to or dependence upon heroin or other opioids.

CHESTNUT RIDGE

930 Chestnut Ridge Road, Morgantown, WV (304) 598-6364

Services include inpatient hospitalization and detoxification, partial hospitalization, intensive outpatient, outpatient individual and group therapy, and an opioid specific treatment program.

CROSSWINDS CENTER

Seneca Health Services, Inc. 414 Industrial Park Road, Maxwelton, WV www.shsinc.org (304) 497-2850

Inpatient services including 5-10 day detoxification services and crisis stabilization are provided at Crosswinds. Detox services for pregnant woman and referrals for after-care and rehab are also available.

FMRS HEALTH SYSTEMS, INC. (MAIN OFFICE)

101 South Eisenhower Drive Beckley, WV 25801 (304) 256-7100

FMRS CRISIS STABILIZATION PROGRAM

101 South Eisenhower Drive Beckley, WV 25801 (304) 256-7100 or 1-888-523-6437

Offers opioid, alcohol and benzodiazepine detoxification, intensive group and individual therapy, supportive group and individual counseling, as well as linkage and referrals for after care when appropriate. The average length of stay is five to seven days for psychiatric symptoms and six days for detoxification admissions. Must be 18 or older with mental health or substance abuse diagnosis. Pregnant women will not be admitted.

FMRS LEARN PROGRAM

(304) 256-7144 or (304) 256-7100

Twelve week residential treatment program for men ages 18 and older with substance abuse issues. The program provides a structured environment, individual and group counseling daily. The program includes a complete assessment, detox if needed and treatment for any co-occurring physical or mental health disorders. When a wait list is in place, preference is given to men who are injecting drugs of abuse.

FMRS MOTHER PROGRAM

(304) 256-7146 or (304) 256-7100

A six-month residential treatment program is available for women age 18 and older with substance abuse issues. The program provides a structured environment with individual and group counseling daily. The program includes a complete assessment, detox if needed and treatment for any co-occurring physical or mental health disorders. Often women referred to the MOTHER Program have children who may need to accompany them to the residential program. When a wait list for admission is in place, preference is given to women who are injecting drugs of abuse.

FMRS TURNING POINT PROGRAM

(304) 252-6783

This program offers a 90 day residential program for women 18 and older who are pregnant or postpartum (have a baby a year old or less) who have substance use disorders. Women may either slowly taper off opioids if that is the drug of choice, or to use Medication Assisted Treatment (Subutex).

FRUITS OF LABOR, INC.

(304) 438-7425 fruitsoflaborinc@hotmail.com www.fruitsoflaborinc.com

Fruits of Labor is a Culinary and Agriculture Educational Center that provides a unique American Culinary Federation (ACF) Quality Farm-to-Table Training Program. This statewide opportunity provides various national and state certificates as well as continuing education hours through the ACF while working with strengthening and uplifting the whole person. Fruits of Labor's Seeds of Recovery Program is for those in recovery from addiction with preference to those enrolled in WV Drug Court/Court Systems.

GREENBRIER CARE FAMILY PRACTICE

167 Kate's Mountain Road White Sulphur Springs, WV 24986 (304) 536-8018

Psychological services are offered.

MID-OHIO VALLEY FELLOWSHIP HOME

1030 George Street, Parkersburg, WV (304) 485-3341

Sponsor to assist through 12 step program. AA/NA meetings. 18 and older.

NARCOTICS ANONYMOUS (NA)

Toll free: 1-888-328-2518

Call to find a local meeting.

NATIONAL INSTITUTE ON DRUG ABUSE

www.drugabuse.gov

Provides various drug fact sheets and resources.

NEW BEGINNINGS WOMEN'S RESIDENTIAL TREATMENT

202 Columbia Street, Fairmont, WV 1-866-426-7444

Long-term residential treatment program (30 days or more) that offers substance abuse services to women. Accepts Medicaid, private insurance and self-pay.

OAKHURST OUTREACH, INC.

(304) 536-1981

Oakhurst Outreach provides WV women a safe, clean and secure home as they explore, learn and create a new, substance free and satisfactory lifestyle.

PARCWEST

1420 Washington Avenue, Huntington, WV Main number (304) 697-1277 Intake 1: (304) 525-1522, ext. 2546 Intake 2: (304) 525-7851, ext. 1193

Hotline 1: (800) 642-3434 Hotline 2: (304) 525-7851, ext. 1193.

Short-term residential treatment program (30 days or less) that provides services to persons with co-occurring mental health and substance abuse disorders. Payment assistance available (check with facility) and program accepts Medicaid, private insurance, and self-pay. Sliding fee scale available.

PYRAMID COUNSELING, LLC

pyramidcounselingllc.com (304) 645-5558 Toll free: (877) 588-0200 Valley Medical Building 3738 Davis Stuart Road, Lewisburg, WV

Services available for addiction, mental health, outpatient, intensive outpatient and support group.

RENAISSANCE PLACE

1853 8th Avenue Huntington, WV 25703 (304) 525-7851, ext. 4503

Drug and alcohol rehabilitation center with a primary focus on substance abuse treatment. Facility provides outpatient care and buprenorphine services to the public. There are special groups and programs for persons with co-occurring mental and substance abuse disorders, pregnant and postpartum women, and criminal justice groups. Special language services provided include assistance for hearing impaired. Payments via Medicaid, Medicare, private insurance, and military insurance are accepted. Payment assistance is offered by way of sliding fee scale and case-bycase basis (check with facility for specifics)

SENECA HEALTH SERVICES, INC.

804 Industrial Park Road, Maxwelton, WV (304) 497-0500

Outpatient substance abuse counseling, psychiatric evaluation, and medication management. Accepts insurance, Medicaid, Medicare, and income based self-pay.

SOUTHERN WV FELLOWSHIP HOME

201 Woodlawn Avenue, Beckley, WV (304) 253-1411

Treatment facility in Beckley that specializes in substance abuse and mental health services. They provide residential shortterm treatment, residential long-term treatment, and hospital inpatient options for those who enroll.

STORM HAVEN TRANSITIONAL HOME

P.O. Box 130, Raleigh, WV (304) 253-4879

Structured, sober living environment designed to help those who are serious about recovery from addiction.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

findtreatment.samhsa.gov

Organization whose goal is to reduce the impact of substance abuse and mental illness on America's communities. By using the link, one can find a treatment facility anywhere in the U.S.

WVDHHR COMPREHENSIVE BEHAVIORAL HEALTH CENTERS DIRECTORY

bit.ly/BehavioralHealthCenterDirectory

Lists behavioral health centers and their respective contact information.

WV PEER RECOVERY RESOURCES GUIDE

bit.ly/PeerRecoveryWV

Lists admission criterion for various state substance abuse programs.

WV PRESCRIPTION DRUG ABUSE QUITLINE

1-866-987-8488

1-844-HELP4WV

ONE Call. ONE Text. ONE Click. INSTANT HELP.

Get connected with substance abuse treatment and behavioral health services near you.



CARE GREENBRIER COUNTY CARE COALITION

Committee under the Greenbrier County Family Resource Network

PARTNERS INCLUDE:

Alternative Solutions, PLLC Burlington United Methodist Family Services, Inc. Celebrate Recovery Children's Home Society City of Lewisburg Communities in Schools of Greenbrier County Crosswinds Center Day Report Center Drug Free Mother Baby Program Family Refuge Center Fritz's Pharmacy Greenbrier County Chamber of Commerce Greenbrier County Committee on Aging Greenbrier County Elder Abuse Awareness Committee Greenbrier County Family Resource Network Greenbrier County Community Greenbrier County Health Department Greenbrier County Homeland Security and Emergency Management Greenbrier County Probation Greenbrier County Prosecuting Attorney Office Greenbrier County Schools Greenbrier County Sheriff's Office Greenbrier Medical Arts Pharmacy Home Care Plus Lewisburg Police Department Mountain Health Trust/Maximus Oakhurst Outreach, Inc. Rainelle Medical Center Rhema Christian Center Robert C. Byrd Clinic Town of Rainelle Visability WV Military Family Assistance Center WVU Extension Young Life Greenbrier County

Additional support provided by:



Get connected with substance abuse treatment and behavioral health services near you.

Corrections







United Way of the Greenbrier Valley