PRESCRIPTION OPIOID AND HEROIN AWARENESS TOOLKIT

A PREVENTION GUIDE

PROVIDED BY:

Great Rivers Regional System for Addiction Care

Kanawha County

GREENBRIER COUNTY CARxE COALITION

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:

Molly McMillion
Cheryl Jonese
Debbie Sizemore
Co-Chair Care Coalition, Kim Estep
Co-Chair Care Coalition, Lisa Snedegar
Toolkit Committee Chair, Haylee Heinsberg
Graphic Designer, Jennifer Spencer

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SAMHSA Substance Abuse and Mental Health Services Administration

West Virginia Department of Health & Human Resources BUREAU FOR BEHAVIORAL HEALTH & HEALTH FACILITIES

On behalf of the Great Rivers Regional System for Addiction Care, it is with great excitement that we present this toolkit to the citizens of Kanawha County. We give a big thank-you to the Greenbrier County CARxE Coalition for allowing the foundation to create this informational toolkit catered for our own community.

ABOUT GREAT RIVERS REGIONAL SYSTEM FOR ADDICTION CARE

The GRRSAC started as an informal monthly meeting at a Teays Valley restaurant in 2016. The meetings were initiated by the two health officers of the Kanawha-Charleston Health Department and the Cabell-Huntington Health Department, and were open to all who were involved and interested in understanding and combating the opioid epidemic. The group grew in number each month to the point that meeting at a restaurant was no longer feasible and a meeting room needed to be retained.

The purpose of the meetings was to share and discuss the impact the growing opioid epidemic was having on our communities and also to discuss the real and potential threat of the spread of infectious diseases Hepatitis B, Hepatitis C and HIV could have. The experience of Scott County, Indiana, had alerted both health departments about the possible negative impact it might have on both counties.

As the meetings continued, the group expanded. The needs of first responders became an identified need to be addressed. Soon, plans were in place to help first responders deal with the stress they faced on the job.

GRRSAC became the ground where new initiatives were born. Early on, the meetings gave momentum to the creation of the West Virginia Harm Reduction Coalition, and most recently to the Great Rivers Regional System for Addiction Care. Today, both initiatives have funding to carry out the initial notions of how communication, collaboration and the sharing of ideas can lead to a systemic approach to curbing the growth of infectious diseases, reduce overdoses and overdose fatalities, and assist people to enter treatment and recovery.

"The drug crisis has attacked our state with a vengeance, deteriorating the foundation of what makes West Virginia strong: our communities and our families. The West Virginia Department of Health and Human Resources has carefully and consistently worked to manage this crisis, but these efforts are much bigger than one agency. Partnerships with the legislative branch, judicial branch, federal agencies, other state agencies, local governments, community advocates, private sector partners and families across West Virginia are all vital to solving this epidemic. Together, we have implemented initiatives to arm first responders with life-saving naloxone, provided education and training to prescribers of opioids, and increased access to treatment and recovery services. This is a health crisis, an economic crisis and a social services crisis for our state. This is not a problem that can be fixed easily or quickly. However, West Virginians are resilient, and we will not be defeated. West Virginia will recover."

– Bill J. Crouch, Cabinet Secretary, WV DHHR

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REVIEWERS

CABELL-HUNTINGTON HEALTH DEPARTMENT

Elizabeth Adkins, MS -
Director of Health & Wellness/PIO

MARSHALL HEALTH

Tessa Castle -
Program Coordinator

MARSHALL UNIVERSITY JOAN C. EDWARDS SCHOOL OF MEDICINE

Sheanna Spence -
Director of External Affairs

WEST VIRGINIA LOCAL HEALTH INC.

Deb Koester –
Executive Director

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.

Source: www.drugabuse.gov

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

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 nonjudgmental.

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.

RESOURCE

1-844-HELP4WV
SUBSTANCE ABUSE AND BEHAVIORAL HEALTH HELPLINE

www.Help4WV.com

In 2016, 73% of ER visits within Kanawha, Putnam and Cabell counties came from the

18-24-year-old range.

This includes all overdoses and suicide attempts.

Source: High Intensity Drug Trafficking Area

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 who 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 or 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

RACHEL'S STORY

July 24, 2013, is the most important day of my life. This is the day I finally surrendered.

I had been suffering for years, putting myself, my child and my family through the vicious cycle of addiction over and over again.

From a very young age, I felt different. I was never comfortable in my own skin, and I was always looking outside of myself for a sense of ease. This need for validation drove me to excel in academics. It felt good to have that praise and the ability to please the people in my life. But fear kept me from experiencing many amazing things throughout my first 30 years of life. Looking back, I can see that had I had the confidence to try new things and take chances, my life might have taken a different turn.

The first time I tried alcohol, I did it because I wanted to fit in. What I learned that first time was that alcohol gave me the courage and confidence that I had been missing. I was 14 the first time I drank. Not long after that, I started smoking cigarettes and pot. The people I was hanging out with were doing it, and I desperately wanted to feel that sense of ease and comfort that those drugs induced. Although I spent most of my junior high and high school years partaking in experimental drug use and drinking regularly, I graduated with honors and headed to college. I attended WVU, and while I was there, I continued the trend from high school. Once again, though, I was able to successfully complete a master's program, and I graduated in 2007 with a master's in elementary education. My disease – and I firmly believe that I have a disease – was still manageable.

I returned home to Saint Albans, W.Va., in 2007, and started teaching as a substitute and eventually got a full-time job as a kindergarten teacher – my dream job. And this was the jumping-off point. This was when I started to lose my grasp on any semblance of control. I had tried pain pills a few times over the years but never had a problem – here and there at a party when a friend would bring them. But recently out of a bad relationship and partying more than I should, I started buying pain pills regularly. In my mind, I justified it because I wanted to numb the emotional pain I was going through.

If I'm being completely honest, I didn't think it was a big deal. I had no clue about tolerance and withdrawals and was completely oblivious to the fact that you could even get hooked. I knew the pills were expensive, and I learned over time about the need to have more and more to produce the same effect.

Over the next five years a lot of things happened. I met my husband, and we discovered that we both enjoyed pills. For the next five years that's exactly what we did. We progressed from Lortab to Percocet to Oxy30s to Oxy 80s to Opana and finally found heroin. Our tolerance grew and our need for stronger drugs became our only focus. We got married in 2009, and in 2011 we had a son. And this is when I found I couldn't manage my lifestyle anymore. I lost control, and it was a long road to recovery for me.

When my son was five months old I went to treatment for the first time. I spent 28 days in residential treatment and came out thinking I was cured. I was able to stay clean and sober for 87 days but hadn't changed anything or put any effort in my recovery, and I quickly picked up where I left off. Over the next two years I was in some form of treatment nine times. I tried inpatient, outpatient, short-term, long-term, recovery houses and

12-step fellowships. Each time I failed, my disease progressed. I found myself without a home, forced to resign from my career, car sold, money gone, child taken, family scorned, hopelessly hanging onto life by stealing and bumming as much as I could. In 2013, I got pregnant.

This was the turning point for me. I had been using heroin and meth and was at my lowest point, and the prospect of having a baby seemed like the scariest, most unfair thing in the world. I had hit a spiritual bottom.

If not for the baby in my stomach, I would have taken my own life. Not long after, my brother called me. He was a peer mentor at Recovery Point Huntington, (then it was called The Healing Place of Huntington), and he begged me to get help. I still put him off for several weeks because I didn't think there was any hope for me. I had tried and failed so many times that I couldn't logically think of a scenario in which I could be successful.

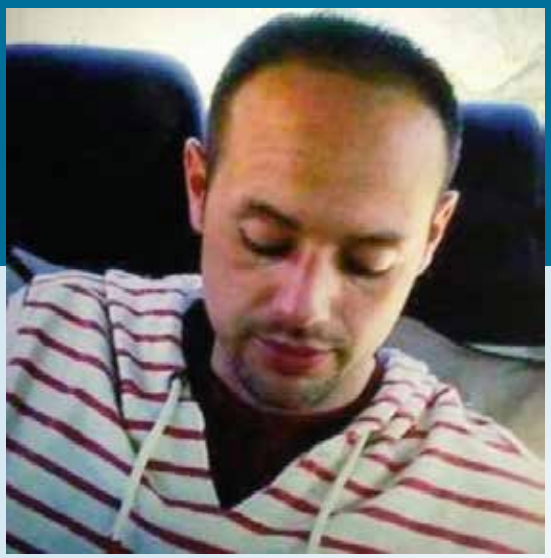
On July 23, 2013, I got the call to go to the Lifehouse in Huntington, W.Va. I was four months pregnant and there was not one other place that would even consider taking me in because of the risk of detox on my baby. I had gone to hospitals and was turned away when I refused to take Subutex (a form of Suboxone for pregnant women). A close friend of mine, who was a nurse, happened to be closely involved, and she and Rocky allowed me to come there under close supervision. I have not had a drink or a drug since that day, July 24, 2013. The most important day of my life.

If you ask me what I did that was most important to my successful long-term recovery, I'm not sure I could narrow it down. I had been given the gift of desperation with the gift of my daughter, and I became willing to do anything it took to change the course of my life. I followed direction, I formed a support group, and I focused on myself.

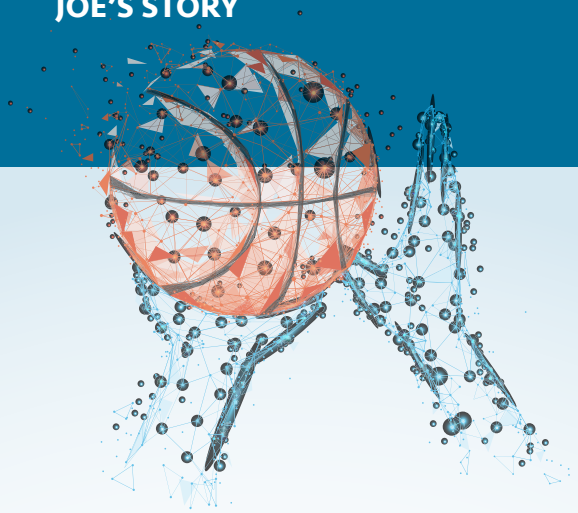
What's my life like now? Well, if I would have gotten only what I wished for in the beginning, I would have sold myself incredibly short. My son was three years old when I started this journey. He doesn't remember me being absent, and that is a blessing. I now have him and my daughter living in my home. I have a home! My family doesn't have to lose sleep worrying about me anymore. Instead, they get to celebrate in my successes and have seen me grow into the mother and daughter I was always supposed to be.

I am present in the moment now. I can be the soccer and dance mom, we do crafts, go on vacations, work on homework, and during all of this I can focus on what is actually important – making memories with my children and my family. I am a productive member of society. I haven't gone back to teaching, but over the years, with hard work and a passion for recovery, I've worked my way up to the director of development position for Recovery Point West Virginia, a recent promotion from program director of the Recovery Point Charleston women's program. It's my real dream job. Over the years my life has changed, and I have personally witnessed the lives of hundreds of others being transformed. Recovery is

Rachel



JOE'S STORY



My story starts at the age of 11 years old. I was diagnosed with T-cell leukemia. In a year and eight month regimen, I had 44 spinal taps and vomited 72 days straight, ranging from one to 12 times a day.

Broviac and portacath surgeries and reconstruction on my stomach was where I was introduced to morphine.

I was bedridden a lot so I had to undergo physical therapy for my legs, and my dad was a physical education teacher and a basketball coach, so he started training me to get in shape.

I fell in love with basketball and became a star athlete at my school by the age of 16 years old, breaking our school record in three-pointers, having 66 three-pointers in a single season and being looked at for college scholarships.

I ripped my anterior crucial ligament (ACL) going into my senior year and was given Oxycodone for the ligament tear and surgery. Within three months, after one of my parents was having an affair, my family fell apart. I was crushed with life and was kicked out of two different schools in a year's time. I had no coping skills.

By the age of 17 years old I moved out of the house and had started using street drugs, cocaine, crack, weed, pain medication and alcohol. I was arrested for the first time at the age of 17 as well.

By the age of 23, I ended up at a methadone clinic and was using cocaine, weed and nerve pills on a daily basis as well. This was when I admitted that I had a problem.

My family put a mental hygiene warrant on me, and I "dried out" at Bateman Hospital, cold turkey off of the methadone, and I went to my first 28-day program. When I got out of the program, the DEA showed up at my door to search my apartment, and they knew I had gone into treatment. I decided to reconnect with my childhood youth pastor in Greenville, S.C., and leave the state because I knew I would end up in some major trouble if I did not.

In South Carolina, I stayed somewhat clean. I started learning to live again without drugs and alcohol and to taste a clean life. I drank and smoked weed a handful of times in a three-year period. I started being mentored by two different pastors; I started going to church, lifting weights, got my GED, went to college for two years and worked as a physical therapy tech in a hospital. I also became certified in personal training.

My knee started acting up so I went back to a doctor in Greenville. The doctor said I had retorn my ACL and both meniscuses, and I needed a second surgery. With this surgery I was given a Dilaudid drip to start and back to an Oxycodone prescription.

I made the decision to move back to West Virginia knowing my problem was pain medication.

I thought I could resort to drinking because it was socially acceptable.

I ended up in more trouble than ever before due to the switching of addictive substance and my alcoholism. I spent about eight years working in restaurants and flip-flopping from pills to alcohol, getting arrested, having two severe car wrecks that should've taken my life and getting a DUI. Life started giving me consequences for my behavior.

I then moved to North Charleston with a friend of mine and was introduced to "the needle." I tasted the dragon for the first time, and heroin took over my life.

Once I had heroin run through my veins nothing else mattered.

I moved to the west side of Charleston, worked a job and walked the streets, living without purpose. I became so broken and even had thoughts of suicide. I remember crying out to God in desperation. He answered me and gave me the strength to change my life.

I made the decision to go to Recovery Point of Huntington (RPH) where I started dealing with my past and with the inner me. I also opened my heart back up to a relationship with God. I stayed at RPH for six months and made the decision to go back to Putnam County to The Rock Ministries, where I stayed for 14 months.

"I remember crying out to God in desperation. He answered me and gave me the strength to change my life."

I started chasing purpose and loving people on the streets of Charleston, where I came from.

I gained such a sensation of self worth by helping others make the same step I did and to let others know there is hope. That if they are willing, God can change their life too. Today I work with Help 4 WV as a recovery coach and peer support, am still on the board with the Rock Ministries and am involved with ministry on the streets. I am truly blessed and grateful.

Joe

DEMIAN'S STORY

My name is Demian Byrne. I was a participant at the Kanawha County Harm Reduction Program in Charleston in early 2016. It has almost been exactly two years since I first attended. I was an opiate addict for 17 years when I arrived that day.

I did not come looking for help; I just needed needles.

When I arrived, I was handed a clipboard. I was approached by another addict in recovery. I had known her from many years past from partying together while we both attended West Virginia University.

I was not happy to see her, or anyone I knew at this point in my life. But I listened to her tell me about her addiction struggles, and how in recovery her life was completely different and better since finding recovery. She gave me her card and a number if I should ever want help – no pressure.

At this point I had begun to suffer withdrawal symptoms and became very impatient. Luckily, I was called back by a nurse. In the only judgment-free environment I had ever experienced around health care professionals, I was given Hepatitis tests and asked to be honest about my abuse. The nurses there made it feel OK to be honest, which was still quite difficult based on the way I was living the rest of my life.

They explained many things I did not know about spread of diseases, such as Hepatitis and HIV. I had assumed that I had Hepatitis for years because many of my friends had positive test results in the past.

I did not stop getting high that day or even that week. I made a couple more visits the next few months, always being treated like a person. That is what I remember most looking back, is that nowhere else in my life was I treated as such during that period of my life.

On the night of Feb. 28, there was over a foot of snow in Charleston, and I was literally freezing to death in my car. I sent a message to my friend Rachel, who had told me to call if I was ready to try and quit for once and all.

Three days later she had me a bed at Recovery Point in Huntington. I completed the program in 10 long months. Upon completion of the program I decided to give back to it and became a peer mentor.

During that time I helped others through the program as well as the 12-step recovery I had been shown. I previously worked in Parkersburg as a staff member helping to open the brand new Recovery Point.

Currently, I work for Riverside Recovery in South Point, Ohio. My friend is now the director of the Charleston women's Recovery Point and can function and contribute to society in ways I never dared to dream of while in addiction.

I make sure when telling my story that everyone understands my journey of recovery may have never happened for me or those I may one day help without first attending the needle exchange/harm reduction program in Charleston.

Thank you for helping me before I could imagine life without or with IV drugs, and knowing where to ask for help when I was ready to ask for help.

In 2017, **3.94% of Kanawha County** infants were diagnosed with **Neonatal Abstinence Syndrome (NAS).**

West Virginia Birth Score in collaboration with the WV OMCFH https://www.wvdhhr.org/mcfh/files/NAS_Surveillance.PDF

RESOURCE

For all things NAS-related in West Virginia, contact Sarah Sanders, DHHR Office of Maternal Child and Family Health at Sarah.K.Sanders@wv.gov.

DRUG-FREE MOTHER/BABY PROGRAMS

FamilyCare Health Centers medication-assisted therapy:

FamilyCare offers medication-assisted treatment for pregnant women with addictions. The program includes comprehensive treatment on-site, which consists of the following: a certified nurse-midwife, for obstetric care and prescribing of Subutex; a primary care provider, for basic health care needs; a therapist, for weekly therapy, both group and individual; a psychiatrist, for treatment of general psychiatric conditions; and a social worker, for referrals and connections to community resources. We accept Medicaid and other forms of payment. We use a sliding fee scale based on income.

CAMC Women and Children's Hospital-Women's Health Addictions Program:

The Women's Health Addictions Program is dedicated to helping opiate-dependent women, especially those who are pregnant, overcome drug addiction. The program follows an office-based medication-assisted treatment model, which combines medication and counseling to provide patients with the tools they need to stay drug-free. Call 304-720-4466 or visit familycarewv.org for more information.

Provider Response Organization for Addiction Care and Treatment

About **PROACT**

Housed in an outpatient facility, PROACT brings together behavorial, social and medical resources from the cummunity to provide comprehensive care to those seeking treatment for substance use disorders.

OUR SERVICES

The PROACT model consolidates the process to ensure individuals see a physician and receive timely access to a treatment plan.

YOU DO NOT NEED A PHYSICIAN REFERRAL.

Self-referrals and walk-ins are welcome. If transportation is needed, please take TTA bus route 5 (Walnut Hills) or 8 (Hal Greer) to get to the facility.

For more information, call 304-529-RIDE. Non-emergency transport is also available through LogistiCare at 844.549.8353.

RESOURCE

Office Hours:
Monday - Friday, 8 a.m. - 4:30 p.m.
304.696.8700

Marshall Pharmacy hours:
Monday - Friday, 8:30 a.m. - 5 p.m.
304.696.8705

PROACT

800 20th St., Huntington, WV 25705

www.proactwv.org

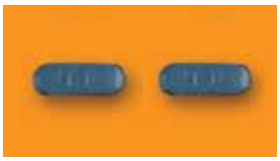
COMMONLY ABUSED PRESCRIPTION MEDICATIONS

PERCOCET 5 MG

PERCODAN 4.5 MG

OXYCONTIN 20 MG

OXYCONTIN 80 MG



OXYCONTIN 160 MG

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, in the case of heroin, inject. 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)

RESOURCE

Please visit these sites for detailed information about prescription medications:

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

COMMONLY ABUSED STREET DRUGS

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

Alprazolam and oxycodone were the two most frequent prescription drugs identified in decedents for 2015 in Kanawha County.

Source: WV Health Statistics Center

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.

1 | LOCK YOUR MEDS

Only 4.7 percent 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.

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.

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

In West Virginia there were 909 overdose deaths as of April 16, 2018.

Quick Response Team

In December 2017, the Huntington Quick Response Team (QRT) was developed in response to the ever-increasing number of overdose incidents and overdose fatalities the community was facing.

The team is a result of many agencies and groups coming together to implement a concept that successfully relies on collaboration and cooperation among community partners.

Since December 2017, the team, which comprises a police officer, an EMT and either a clinician or recovery coach, has followed up with people who have overdosed and called for an ambulance.

The resulting home visits have been well-received, with approximately 31 percent of the people reached asking for help getting into treatment.

In June 2018, thanks to funding provided through the Office of Drug Control Policy, the City of Charleston started a QRT. The early results of the team mirror the preliminary results of the Huntington experience.

More than 6.5 million people ages 12 and older report abusing prescription drugs.

Sources: NIH and NIDA

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 illegal to use someone else's prescription.

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

HEALTH CONSEQUENCES

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

RESOURCE

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 can lead to acquired immunodeficiency syndrome (AIDS). Unlike some other viruses, the human body can't get rid of HIV completely, even with treatment, 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 percent 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 scores 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 West Virginia Birth to Three), is essential.

RESOURCE

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 McMillion, special projects consultant

http://www.wvperinatal.org/about-us/our-people

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 or body has been affected because his/her parents used drugs or alcohol during pregnancy, or who is living in a home where drugs are abused 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 drug-related 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.

In West Virginia, 10 children died in 2017 from abuse and neglect.

Source: Bureau for Children and Families Critical Incident Report, Department of Health and Human Resources

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.

TOP REASONS TEENS ABUSE PRESCRIPTION DRUGS

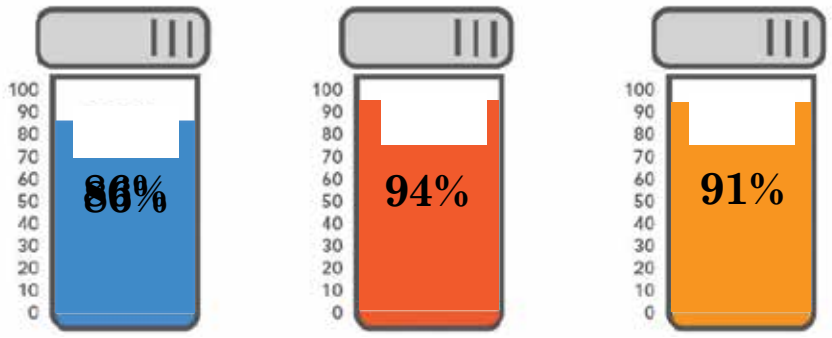
Kanawha County high school students were surveyed about prescription drug use during the fall of 2016. Results indicated that nearly one in five (18.98 percent) students had used prescription drugs in the past 30 days.

Source: 2017 School Climate Survey

Students who abuse prescription stimulants (e.g. ADHD medications 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

RX PERCEPTION OF RISK PERCENTAGES FOR KANAWHA COUNTY HIGH SCHOOLS

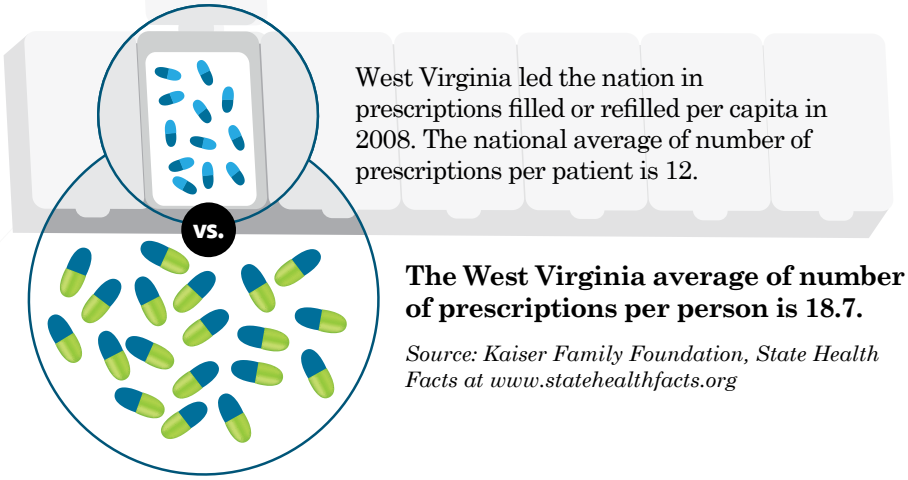


- Climate Data Results 2017

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 and Oxycontin, 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 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 Centers for Disease Control and Provention (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.

MEDICATION DISPOSAL INFORMATION

These public drop boxes are visible and always open.

NITRO POLICE DEPARTMENT
8:30 a.m. - 4 p.m. • Monday - Friday
2009 20th St.
Nitro, WV 24901
(304) 755-4997

KANAWHA COUNTY SHERIFF'S OFFICE
8 a.m. - 4 p.m. • Monday - Friday
B Building, 5 Goshorn St.
Charleston, WV 25301
(304) 357-0166

CHARLESTON POLICE DEPARTMENT
7:30 a.m. - 10:30 p.m.
501 Virginia St. (Records Division)
Charleston, WV 25301
(304) 348-6460

MARMET POLICE DEPARTMENT
9 a.m. - 2 p.m. • Monday - Friday
9407 McCorkle Ave.
Marmet, WV 25315
(304) 949-4388

ST. ALBANS POLICE DEPARTMENT
8 a.m. - 4 p.m. • Monday - Friday
51 Sixth Ave.
St. Albans, WV 25177
(304) 727-2251

SOUTH CHARLESTON POLICE DEPARTMENT
8 a.m. - 4:30 p.m. • Monday - Friday
235 Fourth Ave.
South Charleston, WV 25303
(304) 744-6903

DUNBAR POLICE DEPARTMENT
8:30 a.m. - 4:30 p.m. • Monday - Friday
1227 Leone Lane
Dunbar, WV 25064
(304) 766-0220

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

1-844-HELP4WV
SUBSTANCE ABUSE AND BEHAVIORAL HEALTH HELPLINE

www.Help4WV.com

The Help4WV hotline received **3,035 calls from Kanawha County residents** since 2015.

Source: Help4WV summary report Sept. 9, 2015, to 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

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 percent 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

WHY WOULD MY CHILD USE DRUGS?

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, stress-related 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

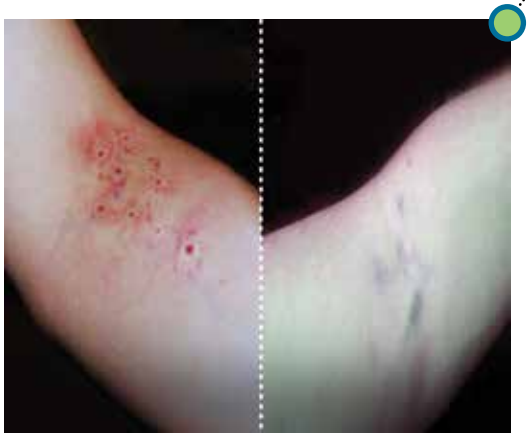
If you are interested in obtaining a home drug test, contact your local pharmacy.

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 who 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 nonmedical opioid use and mental health make identification of these comorbid 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 Institutes of Health. Drug Alcohol Depend. 2009, Sept. 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 or friends

THINGS TO KNOW

OPIOID/HEROIN PARAPHERNALIA CAN BE:

- Snorted, injected, swallowed or 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

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
H
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
H&C
Primo
Snowball

Heroin + Cold Medicine: Cheese

Heroin + Crack:
Chocolate Rock
Dragon Rock
Moonrock

Heroin + Ecstasy:
Chocolate Chip Cookies
H Bomb

Heroin + LSD:
Beast
LBJ

Heroin + Marijuana (THC):
Atom Bomb
Canade
Woola
Wookie
Woo-Woo

RESOURCE

www.caspalmera.com/nicknames-stree-names-and-slang-for-heroin/

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

Responsible for **40%**
of all industrial fatalities

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

10x more likely to miss work

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

33% less productive

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

JOB PERFORMANCE AND WORKPLACE BEHAVIORS MAY BE SIGNS THAT INDICATE POSSIBLE WORKPLACE 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 or 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.

Contact the Kanawha-Charleston Health Department for a schedule of Naloxone classes.
304-344-5243
www.kchdwv.org

From 2010 to 2015, **deaths from overdoses increased by 57% in Kanawha County.**

- Kanawha County Health Indicator Data Report

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

DO administer Naloxone.

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.

RESOURCE

www.samhsa.org

HAVE NALOXONE ON HAND

If you administer Naloxone, calling 911 will enact the "Good Samaritan" law. Naloxone 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 Naloxone.

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
- Difficulty waking the person from sleep

WEST VIRGINIA STATUTES

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 **2nd and subsequent offenses:** up to a year in jail and/or up to a $2,000 fine	§60-4-401(ii)	**1st offense:** 1-5 years in prison and/or up to a $15,000 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 **2nd and subsequent offenses:** up to a year in jail and/or up to a $2,000 fine	§60-4-401(ii)	**1st offense:** 1-5 years in prison and/or up to a $15,000 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 **2nd and subsequent offenses:** up to a year in jail and/or up to a $2,000 fine	§60-4-401(i)	**1st offense:** 1-5 years in prison and/or up to a $25,000 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 **2nd and subsequent offenses:** up to a year in jail and/or up to a $2,000 fine	§60-4-401(i)	**1st offense:** 1-5 years in prison and/or up to a $25,000 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 **2nd and subsequent offenses:** up to a year in jail and/or up to a $2,000 fine	§60-4-401(ii)	**1st offense:** 1-5 years in prison and/or up to a $15,000 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 **(2)** One gram or more but less than five grams, 3-15 years in prison **(3)** Five grams or more, 4-20 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 in prison **(3)** Five grams or more, 4-20 years in prison

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 29, 2018

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 include links to the final version of the bill, also called the enrolled bill.

DRUG CONTROL POLICY

Senate Bill 273, effective June 7, 2018, reduces the use of opioids and certain prescription drugs, requiring that physicians prescribe only the lowest dose of opioids to treat a patient's pain effectively. An initial opioid prescription is limited to a seven-day supply, and patients must complete a narcotics contract and consultation with their physicians beforehand. Physicians must document the need for a second prescription and consider referral to a pain specialist and/or alternative treatment upon a third prescription. This bill further provides for reporting, investigation and discipline of irregular prescribing practices and prevents retaliation against a provider for declining to prescribe a narcotic. This bill does not apply to patients with cancer, in hospice, or terminal care and provides exemption for medication-assisted treatment programs.

Senate Bill 272, effective June 5, 2018, permits the Office of Drug Control Policy to require overdose reporting from medical, law and emergency response providers across the state. This bill further establishes a comprehensive, community-based pilot program for "quick response teams," education and outreach to persons and areas experiencing recent drug overdose throughout West Virginia. Furthermore under this bill, governmental agencies require first responders to carry and receive training in Naloxone use (subject to funding and availability), and the state health officer may prescribe a statewide standing order for Naloxone.

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 an 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.

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

SENATE BILL 371 - 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 data-driven approach designed to improve public safety, reduce corrections spending and reinvest savings in strategies that can decrease crime and reduce recidivism. One branch of this bill focuses on substance abuse via establishing community-based medication-assisted treatment, partnerships, and resources and ensuring effective substance use treatment in state prisons.

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 West Virginia 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 the establishment of a criminal offense reduction program. It creates the criminal offense classification of a 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

WITHDRAWAL MANAGEMENT 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 the withdrawal management 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 or been a result of drug use. Counseling can also help identify any triggers and assist in preventing relapse.

TRANSITIONAL LIVING OR HALFWAY HOUSES

Transitional living or halfway 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 an effort to maintain sobriety.

SUPPORT GROUPS

Groups such as a 12-step Narcotics Anonymous and Celebrate Recovery are usually peer-driven meetings to offer social support 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 lifelong commitment to a drug and alcohol free lifestyle that may require medication for months or years or may be a part of lifelong 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 and 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 withdrawal management 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 under West Virginia Medicaid cover the cost of Vivitrol. If a patient does not have insurance, the manufacturer of Vivitrol has a copay savings program to assist with the cost of copays 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 a 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 health care provider about the risks and benefits to the mother and the fetus prior to treatment. This type of medication-assisted treatment typically reverts to use of another medication for MAT about six 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.
- 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.

RESOURCE

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.

ALCOHOLICS ANONYMOUS (AA)

Toll free: 1-877-331-3394
Call to find a local meeting.
www.aa.org

CELEBRATE RECOVERY

RIVER RIDGE CHURCH
2090 Greenbrier St.
Charleston, WV 25311
(304) 989-3229
Contact: J.D. Gandee and Karen Gandee
Meeting time: Mondays, 6:30 p.m.

RIVER RIDGE CHURCH
1 Saturn Way
Hurricane, WV 25526
(304) 397-6173
Contact: Shelley Coleman
Meeting time: Thursdays, 7 p.m.

Celebrate Recovery is a Christ-centered, Bible-based recovery program designed to help people address a variety of hurts, habits and hangups.

CHARLESTON TREATMENT CENTER

2157 Greenbrier St.
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.

CONTACT RAPE CRISIS CENTER

(304) 399-1111
24-hour hotline: 1-866-399-7273

COVENANT HOUSE

600 Shrewsbury St.
Charleston, WV 25301
(304) 344-8053 ext. 12

Covenant House has connections to services provided by local churches, food pantries, utility companies, homeless shelters, job readiness and employment agencies.

CROSSROADS MEN'S SHELTER

503 Sullivan Way
Charleston, WV 25301
(304) 343-4352

Crossroads Homeless Shelter provides service to the homeless and hurting every hour of the day, year round.

KANAWHA COMMUNITIES THAT CARE (CTC)

Kanawha County Substance Abuse Prevention Coalition
108 Lee St. E.
Charleston, WV 25301
(304) 437-3356

KANAWHA-CHARLESTON HEALTH DEPARTMENT

108 Lee St. E.
Charleston, WV 25301
(304) 344-5423

Protecting and educating our community through public health programs and partnerships.

LOVED ONES HURRICANE CHURCH OF CHRIST

600 Midland Trail
Hurricane, WV 25526
(304) 206-1285
Tuesdays at 7 p.m.

MEDICATION ASSISTED TREATMENT PROGRAMS

Cabin Creek Health Systems
(681) 205-2457

FamilyCare Charleston
(304) 720-4466

FamilyCare Teays Valley
(304) 757-6999

Thomas Memorial Hospital
(304) 766-3553

Highland Hospital
(304) 926-1600

Nazia Ahmed, M.D. (Winfield, W.Va.)
(304) 586-0111

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.

NATIONAL SUICIDE PREVENTION HOTLINE

Toll free: 1-800-273-8255

PRESTERA

(304) 341-0511

OUTPATIENT PROGRAMS
Outpatient services are provided in an office setting on a weekly, bimonthly or monthly basis.

RESIDENTIAL PROGRAMS FOR WOMEN AND CHILDREN
Long-term residential addiction treatment programs for women and their dependent children are offered in both Huntington and Charleston. Renaissance brings women and women with children together to support them in their life of recovery. Long-term residential addictions recovery services can last three months, six months, one year or longer.

RESIDENTIAL PROGRAMS FOR MEN
The residential programs are long-term (three to six months), based on progress and continuing need. Residential addiction treatment programs are designed to meet the needs of each individual.

DETOXIFICATION PROGRAMS
Detoxification services are available through the residential crisis stabilization programs. Nurses and physicians provide medications and support throughout the withdrawal period. Continuing treatment is recommended after detox to prevent relapse.

MEDICATION-ASSISTED TREATMENT PROGRAMS

Prestera Center provides Suboxone treatment to adults with physical dependence on pain killers and other opiates and opioids. Professional treatment services, regular drug tests and peer support are essential and required components of the program.
The program provides medication that helps adults beat their dependence on prescription pain killers. Suboxone keeps the opiate receptors in the brain occupied so there is no feeling of withdrawal or being "high." The medication can be given for six to 12 months.

PUTNAM WELLNESS COALITION

Putnam County Substance Abuse Prevention Coalition
PO Box 384
Poca, WV 25159
(304) 553-1186

RECOVERY POINT CHARLESTON

501 Stockton St.
Charleston, WV 25387
(304) 523-4673

A 92-bed program providing women with long-term residential recovery services.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

findtreatment.samhsa.gov
An 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.

UNION MISSION-SOUTH PARK

700 South Park Road
Charleston, WV 25387
(304) 925-0366
We are a long-term, 12-to-15 month, faith-based addiction recovery program where men and women learn how to live a life of complete victory over addiction through a combined approach of biblical counseling, teaching, work therapy and education.

WEST VIRGINIA HIV/AIDS AND STD HOTLINE

1-800-642-8244
Persons who continue to inject drugs should periodically be tested for HIV. Please call for information about testing.

WEST VIRGINIA PEER RECOVERY RESOURCES GUIDE

bit.ly.PeerRecoveryWV
Lists admission criteria for various state substance abuse programs.

WV DHHR COMPREHENSIVE

HEALTH CENTERS DIRECTORY
bit.ly/BehavioralHealthCenterDirectory
Lists behavioral health centers and their respective contact information.

WV PRESCRIPTION DRUG ABUSE QUITLINE

1-866-987-8488

YWCA RESOLVE FAMILY ABUSE PROGRAM

1-800-799-7233

Great Rivers Regional System for Addiction Care

Kanawha County

PARTNERS INCLUDE:

AETNA Better Health of WV

Appalachia HIDTA

Cabell County Emergency Medical Services

Cabell County Substance Abuse Prevention Partnership

Cabell-Huntington Health Department

City of Charleston Fire Department

City of Charleston Police Department

City of Huntington

DEA

First Choice Health Systems

Fruth Pharmacy

Jackson County Health Department

Kanawha-Charleston Health Department

Kanawha Communities That Care

Marshall Health

Marshall University

Marshall University School of Pharmacy

Prestera Center

Putnam Wellness Coalition

Quality Insights

UC School of Pharmacy

United Way of Central West Virginia

WV Department of Health and Human Services

- Bureau for Public Health

- Bureau for Behavioral Health and Health Facilities

WV Department of Military Affairs and Public Safety

Additional support provided by:

West Virginia School of Osteopathic Medicine

PROACT Provider Response Organization for Addiction Care & Treatment

WVSOM CRCH Center for Rural & Community Health

Charleston Area Medical Center

Kanawha-Charleston Health Department KCHD

Appalachia HIDTA

Cabin Creek Health Systems

Recovery Point Charleston

FamilyCare Health Centers

Cabell-Huntington Health Department

KCTC

Thomas Health

Putnam Wellness Coalition

Working Together for a Drug Free Community