



MERCER COUNTY, WEST VIRGINIA

Prescription Opioid and Heroin
AWARENESS
TOOLKIT





The Greenbrier County Prescription Opioid & Heroin Awareness Toolkit - Prevention Guide was originally created by the Greenbrier County CARx E 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 CARx E 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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On behalf of the Mercer County Board of Health and the staff of the Mercer County Health Department, it is an honor to present to the citizens of Mercer County this prevention guide and toolkit. Our utmost thanks to the Greenbrier County Care Coalition for allowing us to adapt their brainchild.



“The substance use disorder crisis is one of the greatest challenges we have experienced in public health during our lifetime. A West Virginian is dying almost every eight hours because of a drug overdose. We have been working tirelessly to reverse these trends by conducting a social autopsy on all

resident overdose deaths in West Virginia. We’ve used that information to develop the state’s Overdose Response Plan. Gov. Jim Justice has already signed legislation acting on several of those recommendations, including first responders carrying naloxone and reporting administrations, initial opioid prescribing restrictions, and by reducing onerous regulations for medication assisted therapy to combat substance use disorder. This crisis has been devastating to our state and our workforce, but as we work to balance the legitimate needs of individuals with chronic pain while preventing deaths, we must be reminded that West Virginians are resilient people and we will recover.”

– *Dr. Rahul Gupta, Commissioner of WV Bureau for Public Health and State Health Officer*

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ABOUT MERCER COUNTY



POPULATION:
61,891

Laced in strong family bonds and long-standing cultural customs, Mercer County, WV, is home to an array of attributes that make rural Appalachia an astounding asset to our country.

Traditions - paralleled with deep, resounding hope - sets precedence for concern over Public Health - including all those who live, work, and play in Mercer County.

Mercer County was established on March 17, 1837, using territory taken from Giles and Tazewell counties.

Mercer County is predominantly rural with a total area of 421 square miles. The population is 61,891.

The median age is 42.3 years old, with the largest age group in the 55-64 range and the smallest, age 15-24.

The population of veterans is 11.2%, compared WV's 10.6%.

ACCESS TO CARE

In addition to the Mercer County Health Department, Mercer County is served by two local hospitals, federally-qualified health centers and additional private care institutions.

22.4% of individuals living in the county (ages 18-64) do not have health insurance, thus limiting them to provided services.

Considering the number of providers per population, Mercer County ranks worse than WV in the number of primary care physicians and dentists, but better in mental health providers.

YOUR HEALTH DEPARTMENT

The Mercer County Health Department serves a county population of approximately 60,000 residents to protect health and environmental issues.

Approximately 1400 inspections are conducted each year to make sure food establishments, child cares, schools, institutions, lodging facilities, recreational facilities, camps, parks, fairs and festivals, and body piercing/tattoo establishments meet State Code and provide safe and sanitary facilities to the public.

In addition, serious investigations are conducted into communicable diseases: sexually transmitted diseases, HIV, hepatitis, and rabies.

Over the past two years the Health Department has investigated an average of 300 Hepatitis C cases. Upon investigation, the majority of these were found to be caused by "injection drug use" of opioids and heroin.

DOMINANT NEED

The priority to be addressed in Mercer County is opioid abuse and misuse. The county ranks sixth for opioid overdoses with 47.5 deaths per 100,000, up drastically from 9.2/100,000 in 2001.

In 2016, 119.3 opioids were prescribed in Mercer County for every 100 people, averaging more than one per person.



SAFETY
INSPECTIONS:
1,400



300

HEPATITIS C CASES

The majority of these were found to be caused by

"injection drug use"

of opioids and heroin



22.4%
WITHOUT HEALTH
INSURANCE



71.6%
obtained the
medication from a
friend or relative
illegally

effects on the brain



ADDICTION

Mercer County along with 10 other southeastern counties collectively form Region 6 of the Governor's Substance Abuse Task Force. In this region, 3.8% admit to nonmedical use of pain relievers and 71.6% obtained the medication from a friend or relative illegally.

Additional consequences of drug abuse are increased rates of Hepatitis and HIV due to needle usage, increased crime rates, poor judgement, decreased academic and work performance.

Addiction modifies areas of the brain: motivation, judgement, memory and is caused by an amalgamation of biological, environmental and behavioral factors. Thus, addiction is categorized as a disease by the American Medical Association.

As with all Public Health concerns, situations have the potential for change on a regular basis. The Mercer County Health Department must stay abreast of and monitor all current data (local, state, and national) to analyze opioid use, overdose rates, and mortality trends. Care must be taken to include data related to risk factors and protective factors.

Often noted as the best prevention tool possible, education is a critical component to the intervention plan. When individuals become educated, they can then best relate their life experiences, thus being more apt to alleviate the risky behavior.

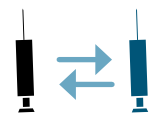
As prevention is necessary to avert potential behaviors, interventions are required to target current behaviors and to alleviate the risk of harm to self and to the community.

The Mercer County Health Department is involved in Harm Reduction: education, Hepatitis/HIV testing, naloxone distribution, and an upcoming needle exchange program.

- **EDUCATION:** The department educates communicable disease contacts on safe needle and drug paraphernalia use.
- **HEPATITIS/HIV TESTING:** This testing is available to the public and anonymity is assured.
- **NALOXONE DISTRIBUTION:** The department has provided 50 naloxone kits to the public in the last year and is working to train local First Responders to administer naloxone.
- **NEEDLE EXCHANGE PROGRAM:** The department is currently working with three adjacent counties on a mobile Harm Reduction Program. Funding will determine how soon Mercer County can be up and running. The program will exchange needles and provide additional items for safe use, in addition to HIV testing and disease education.



Educate



NEEDLE

Exchange

Excerpts from the 2017 Mercer County Health Department Community Assessment

Our thanks to Travis T. Helmondollar, M.S. for it's composition, design, and enormous effort to collect timely data and statistics.

As a public health proponent, the Mercer County Health Department values the citizens of Mercer County and will maintain its dedication and service to one and all. We feel honored to have your continued trust and confidence in our sustained efforts to improve the health and quality of life for all those who live, work, and play in Mercer County, West Virginia.

P. Susan Radar, administration

*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 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:

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.

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

Mercer County had 700 hospitalizations
in 2014. This number is increasing rapidly.

Source: DHHR Agency for Healthcare Research and Quality

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

BRANDON'S STORY

My name is Brandon Lafferty, and I am a person in long-term recovery.

During my childhood, I lived what some would consider a "double life".

I was happy at school and loved sports, but at home I was abused verbally, physically, emotionally and mentally by my step-father. Not only was I the victim to the abuse, but I also witnessed him abuse my mother and sister. I never spoke to anybody about the things that went on at home because I did not want people to know that my home life was abnormal. I always tried to perceive my life as being just like anybody else's. I had the fear that somebody would judge me or look at me different because of the way that I was treated at home. This went on for many years, until my mother finally separated from my step-father. Once she made the decision to leave him, she knew she was taking on the burden of raising four kids on her own, with no help. We didn't have everything that we wanted, but we never went without anything that we needed. My mother did everything that she could and raised four kids as a server.

My relationship with my father became rocky after he and my mother separated. My step-father would say things to my mother like, "If you were a real mother, you would tell Brandon who his real father is." So eventually she did,

and I resented the man that had been a dad to me from the time I was born and let that relationship dwindle. After I graduated high school, I tried to rebuild that relationship and moved in with my father. At the age of 19, I woke up one morning and found my father lying in the floor - blue. I knew as soon as I saw him that he had passed away. I cried as I attempted CPR and called 911. There was a foot of snow outside, and it took the ambulance 45 minutes to arrive, and all I could do was lay there and hold him.

I had drunk alcohol and smoked weed during high school, but it was never really a problem. The day my dad passed away, all the hurt from all those years flooded me. I was an emotional wreck. I called a friend to go smoke, but it just wasn't making the pain go away, so I left. I called another "friend," probably the only person that I knew that did any kind of pain pills. This guy told me to come to his house, that he had something that would make me feel better. That day was the first time I had ever tried a pain pill and it was an oxy 80. All my pain was gone. All the hurt I had ever felt disappeared immediately. I had found the cure to all my problems.

From that point on, day after day, I would get high to avoid dealing with any part of life. My happy drug had become my feel normal pill, and I would do whatever I had to do to get it.

I would sell everything I owned, rob my friends and family, rip off my dealer or rob random houses to get the money to buy pain pills. I went from a happy, athletic, outgoing person to a “dope head” looking for my next fix.

One day I got caught breaking into a house and that was probably the best thing that ever happened to me. I went to jail facing felony charges. I got out on bond while my case was ongoing, but even with prison hanging over my head, I could not stop getting high. Finally, I was sentenced and went to the Anthony Center. After 10 months of being there I was released. I was scheduled to see the judge the following day and did not even wait to get high. I was released and got high as soon as I got back to Princeton. I was placed on probation by the Judge for completing the Anthony Center and failed my first screen when I saw the probation officer – back to jail I go. Went back in front of the Judge and was placed on home-confinement. Two weeks later, I failed another screen and was in jail once again. This time the judge revoked my probation and sentenced me to 2 to 20 years in the state prison. Eight months after sentencing me, I was brought back for a reconsideration for treatment at Legends. At this point I had made up my mind that I wanted to change my life. I was going to do whatever it took to be a better person. I completed treatment and really felt like I had what it took to stay clean and sober. Well, I was wrong. Another stressful situation came along, and I dealt with it the same way that I had dealt with everything since my dad died, I got high. Once I got high I couldn't stop.

Little did I know God had placed people in my life, while at Legends, that truly believed in me and could

see that I seriously wanted to stop, and I just did not know how. A couple of weeks later, I was back in front of the judge, and he was not happy. I knew he wasn't going to give me another chance – there was no way. A couple of days prior to me going to court, a seed was planted by the recovery coach and other staff from Legends, that I would be a good candidate for Recovery Point Four Seasons in Bluefield. The community engagement specialist, at the time, showed up at my hearing, and the judge released me and made it clear that this was my last chance – he better never see me again. I went to this 9- to 12-month program with the mindset that I was not going to fail again. I did what was asked and took a good, hard look at my life – past, present and future.



Somewhere during my stay there, I found what I had been missing the whole time and that was a personal relationship with God. I had been trying to deal with everything myself my whole life instead of trusting Him. It took me 12 months to figure out who Brandon Lafferty really is and what makes me happy.

Now with over two and a half years sober, all I can say is that God has truly blessed me and gave me a life that I can be proud of. I have serenity, joy, peace, happiness, trust, love, laughter, passion, and most importantly, I have a relationship with God who helps me daily. I am married, and my wife is eight months pregnant.

I have a three-year-old son that I get to be a real Dad to. I get to be a son to my mother.

I have true friends that are always there for me. I have a job with Recovery Point, the place that saved my life. I get to work with alcoholics and addicts, just like me, daily and try to give them hope for a better life.

"In finding God, he found himself"

~ Big Book of Alcoholics Anonymous

Brandon Lafferty



A DAY IN THE LIFE OF A NURSE/PARAMEDIC

SEAN'S STORY

The region in southern West Virginia has been hit hard by the opiate epidemic.

Over the last 20 years I have watched the population go from hard working people, into non-productive members of society, all the while being hooked on prescription pain killers.

Many of these persons have been to the doctor or hospital for surgery, wounds or other musculoskeletal ailments just to end up on schedule III or II narcotics. Knowing how the body becomes accustomed to the narcotic pain relief, more and more meds need to be taken, for the pain relief and for the psychological dependence that a person feels for the expected pain relief.

As a field and hospital provider, I have come across families shattered by this epidemic. All too often the user had a family, home and vehicles which had to be sold or lost due to non-payment.

I have had young women on these opiates lose their children to Child Protective Services and adoption. I have seen mothers, that have just

delivered, call their suppliers for a "fix," and they came to the hospital to make the delivery, at which time the dealer was caught by the police. I have had fathers of these newborns overdose in the bathrooms of the mom's hospital room.

These children born to the addicted mothers suffer withdrawal, sometimes as soon as they are born. Other times, it may be after a few hours that the baby starts the shaking, high pitched cry, and the child become rigid. These babies have several weeks of detox with morphine before they can be discharged to family or to foster care.

I have had patients who have injected themselves with drugs and passed out behind the wheel of a vehicle, behind abandoned buildings and in beautiful residences.

This drug abuse is not only for low socio-economic groups. I have seen doctors, nurses, paramedics and other allied health care professionals get consumed with these drugs that ruin their careers.

Now, with the liberal NARCAN® availability, the drug users think that they can take higher doses or more potent opiates and have a way out if they get in trouble.

Since the federal government and the states have cracked down on the prescribers and trafficking of the opiates, we have seen an increase of heroin related overdoses and deaths.

We, as responders, have been through training to protect ourselves from drugs, such as Carfentanil, which is easily absorbed through the skin and could cause us harm or death.



Every unresponsive adult between 18 to 40, that we respond to, has us thinking "drug use?" Many times we do give NARCAN to these persons and they "wake up" stating they don't "use drugs."

Everyday, we first responders and hospital workers are faced with the challenges of the drug epidemic. There is no good answer for the combating of this crisis, but the efforts of law enforcement and the proper prescribing practices of providers will ultimately save lives and incarcerate the criminal element.

Sean S. Wyatt, RN, BSN, MCCN





“West Virginia is one of a few states that collects NAS [Neonatal Abstinence Syndrome] surveillance data and is serving as a model for other states across the nation.”

– *Dr. Rahul Gupta, Commissioner of WV Bureau for Public Health and State Health Officer*

Source: West Virginia Department of Health & Human Resources. (<https://dhhr.wv.gov/News/2018/Pages/DHHR-Releases-Neonatal-Abstinence-Syndrome-Data-for-2017.aspx>)

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.

In West Virginia in 2016, 1 in 20 babies were born drug-dependent and 1 in 6 mothers were exposed to a drug while pregnant.

Source: United States Government Accountability Office. Newborn health: federal action needed to address Neonatal Abstinence Syndrome, October 2017, GAO-18-32. (<https://www.gao.gov/assets/690/687580.pdf>)

RESOURCES

There are currently no drug-free mother/baby programs available in Mercer County. Therefore, resources in neighboring counties is provided.

For further information, call:
FamilyCare of Madison (304) 369-0393

For FamilyCare Suboxone, Subutex and Vivitrol programs nearby, please contact:

Barboursville (304) 736-9662

Patrick Street (304) 720-4466

St. Albans (304) 201-1130

Teays Valley (304) 757-6999

You can now find the WV Birth Score and NAS data online at the WV Bureau for Public Health:
www.dhhr.wv.gov/bph.

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 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 (Klonopin)
- 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, Durabolin, 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



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.



There were 934 overdose deaths in West Virginia in 2017.



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



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.



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



6 | DISPOSE OF OLD AND UNUSED MEDICATIONS

MERCER COUNTY COURTHOUSE
8:30 a.m. - 4:30 p.m. • Monday - Friday
1501 W. Main St., Princeton, WV
(304) 487-8308

CVS PHARMACY
8 a.m. - 8 p.m. • Monday - Friday
1846 Coal Heritage Rd., Bluefield, WV
(304) 324-0021

CVS PHARMACY
8 a.m. - 8 p.m. • Monday - Friday
1298 Stafford Dr., Princeton, WV
(304) 487-2445



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!

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 illegal 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.



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. 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 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 Birth to Three), is essential.

RESOURCE

For more information about Neonatal Abstinence Syndrome

or efforts in the state of West Virginia, visit www.wvperinatal.org, the website for the WV Perinatal Partnership, or contact:

Janine Breyel, Project Manager
Substance Abuse During Pregnancy
Main: (304) 558-0530
Direct: (304) 216-3437
jbreyel@hsc.wvu.edu

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 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.



Children in West Virginia are dying from abuse and neglect at the **third highest rate in the United States.**

In West Virginia in 2016, 20 children died from abuse and neglect at a rate of 5.33 per 100,000 – more than twice the national average.

Of the 13 child fatality cases reviewed by the West Virginia Department of Health and Human Resources critical incident team, 12 had substance abuse as a factor with two children dying as a result of drug overdose.

Source: U.S. Department of Health & Human Services' Administration for Children and Families

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.



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

% OF YOUTH WHO HAVE USED A SUBSTANCE ONE OR MORE TIMES



SUBSTANCE	U.S.%	W.VA.%
Cocaine	4.8	< 6.0
Inhalants	6.2	< 7.0
Heroin	1.7	< 3.4
Methamphetamines	2.5	< 4.6
Ecstasy	4.0	< 4.3
Prescription pain medicine without a doctor's prescription	14.0	> 12.5
Illegal drug injection	1.5	< 2.5
Alcohol	60.4	< 64.4

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. In June 2017, Senate Bill 36 came into effect to permit school nurses, certified teachers and staff to possess and administer opioid antagonists in school facilities.

The Youth Risk Behavior Survey (YRBS) is conducted biennially by the Centers for Disease Control and Prevention (CDC) to examine the health risk and protective behaviors of American adolescents. In 2017, the YRBS surveyed approximately 15,000 high school students nationally on current and past use of tobacco, alcohol and drugs, as well as diet, physical activity, and sexual behaviors. Of those students surveyed, approximately 1,600 were students in grades 9th through 12th in West Virginia.

% OF W.VA. YOUTH WHO HAVE USED A SUBSTANCE ONE OR MORE TIMES

FEMALES/MALES



1/4 of W.Va. high school students...

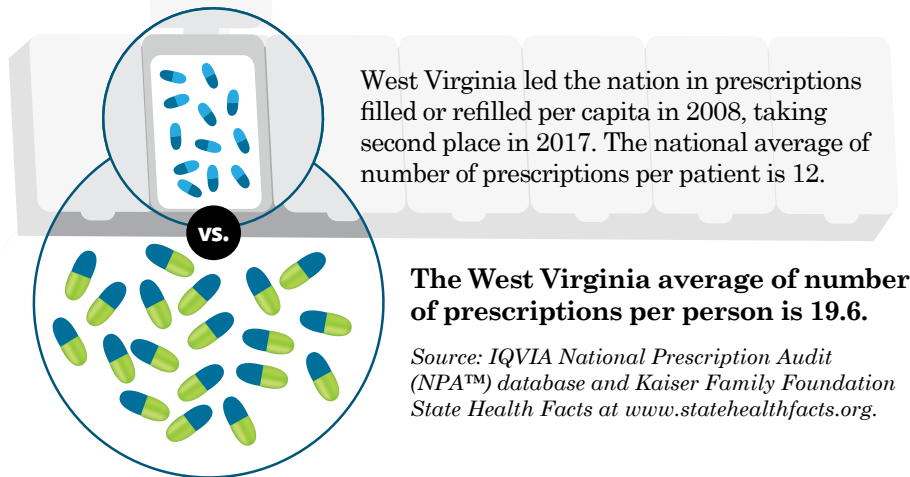
were offered, sold, or given an illegal drug on school property in the last year.

Source: <https://nccd.cdc.gov/youthonline/app/Results.aspx?LID=WV>

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.



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.

MEDICATION DISPOSAL INFORMATION

MERCER COUNTY COURTHOUSE
8:30 a.m. - 4:30 p.m. • Monday - Friday
1501 W. Main St., Princeton, WV
(304) 487-8308

CVS PHARMACY
8 a.m. - 8 p.m. • Monday - Friday
1846 Coal Heritage Rd., Bluefield, WV
(304) 324-0021

CVS PHARMACY
8 a.m. - 8 p.m. • Monday - Friday
1298 Stafford Dr., Princeton, WV
(304) 487-2445

PROPERLY DISPOSING 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 has answered **21,000 calls throughout West Virginia since it launched in 2015.**

Source: Facebook @help4wv

FACTORS THAT CAN INCREASE THE CHANCE OF ADDICTION



40-60%
of a person's vulnerability to
addiction stems from
genetic factors.

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% 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, 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 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



SLANG

HEROIN:

Black	Chiva	Skag
Black Eagle	Dope	Smack
Black Pearl	Dragon	Snow
Black Stuff	H	Snowball
Boy	Junk	White
Brown	Mexican Brown	White Boy
Brown Crystal	Mexican Horse	White Girl
Brown Rhine	Mexican Mud	White Horse
Brown Sugar	Number 3	White Lady
Brown Tape	Number 4	White Nurse
Chiba	Number 8	White Stuff
China	Sack	
China White	Scat	

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

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

METH:

Chalk	Jib
Crank	Motivation
Crystal	Poor man's Coke
Fire	Redneck Coke
Geek	Shards
Glass	Speed
Go	Tina
Hitler's Drug	Tweek
Ice	Uppers

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
Canada
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.*

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



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

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

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
workers' compensation claim

33% less productive

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

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.

NARCAN was administered for 201 suspected overdoses in Boone County between Jan. 1, 2017 and Jan. 15, 2018.

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.

The CDC reports 46 people die everyday in the U.S. from overdoses involving prescription opioids.

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

RESOURCE

www.samhsa.org

WEST VIRGINIA STATUTES

As of July 19, 2018

The Southern Regional Drug
and Violent Task Force averages
**300 drug related
cases each year.**

"My docket is currently being controlled
and dictated by dealing with issues related
to substance abuse. There is hardly a court
calendar that goes by that is not substantially
effected by the problems associated with drugs."
~ Judge William Thompson

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	§60A-4-401(c)	90 days to 6 months and/or a fine of up to \$1,000	§60A-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	§60A-4-401(c)	90 days to 6 months and/or a fine of up to \$1,000	§60A-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)
HEROIN	§60A-4-401(c)	90 days to 6 months and/or a fine of up to \$1,000	§60A-4-401(i)	1st offense: 1-15 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	§60A-4-401(c)	90 days to 6 months and/or a fine of up to \$1,000	§60A-4-401(i)	1st offense: 1-15 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	§60A-4-401(c)	90 days to 6 months and/or a fine of up to \$1,000	§60A-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

Source: Tonya Hoover, Greenbrier County Probation Office. *Note: Pretrial Diversion programs may be available for non-violent offenders. During the diversion period, court proceedings are deferred to afford the individual an opportunity for community supervision. Successful completion of the probationary period could result in the charges being reduced or even 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 29, 2018

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 would not apply to patients with cancer, in hospice, or terminal care and provides exemption for medication-assisted treatment (MAT) 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 will 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 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 program 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.

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.

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 in 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 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 West Virginia 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 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.
- 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.

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.

APPALACHIAN TEEN CHALLENGE

1651 Unity Road, Princeton, WV
(304) 384-9074 or (304) 384-3307
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.

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.

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 (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).

FOUR SEASONS RECOVERY

321 Preston Street
Bluefield, WV
(304) 323-1041

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.

MERCER COUNTY FELLOWSHIP HOME

421 Scott Street
Bluefield, WV
(304) 327-9876

MERCER COUNTY HEALTH DEPARTMENT

P. Susan Radar
978 Blue Prince Road
Bluefield, WV
(304) 324-8367

NARCOTICS ANONYMOUS (NA)

Toll free: (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

(800) 273-TALK

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-by-case basis (check with facility for specifics).

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 short-term treatment, residential long-term treatment and hospital inpatient options for those who enroll.

SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER

200 12th Street Extension
Princeton, WV
(304) 425-9541
8 a.m. - 5 p.m. • Monday - Friday

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 BEHAVIORAL HEALTH HOTLINE

(844) HELP4WV

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.

WEST VIRGINIA COUNCIL OF CHURCHES

2207 Washington St. East, Charleston, WV
(304) 344-3141
<https://wvcc.org>
Engages in cooperative service for all West Virginians including a Substance Use Disorder Initiative offering resources and trainings including Screening, Brief Intervention, Referral and Treatment (SBIRT) and Motivational Interviewing for people, communities and professionals interested in learning about substance abuse, communication and social service skills, and treatment resources.

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



Mercer County Health Department

PARTNERS INCLUDE:

AmeriCorps
 Bureau for Behavioral Health & Health Facilities
 Four Seasons Recovery Point
 Mercer County Board of Health
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 Terri Baker

1-844-HELP4WV

There is HOPE.
 There is HELP.
 Here at HOME.



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

Get connected with community-based substance abuse treatment programs and behavioral health services near you.

HELP4WV.com



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