

WYOMING COUNTY

Partners for Hope

A PREVENTION GUIDE

PRESCRIPTION OPIOID AND HEROIN AWARENESS TOOLKIT

CLIMBING MOUNTAINS TOGETHER

PROVIDED BY:

Partners for Hope

Wyoming County



The Greenbrier County Prescription Opioid & Heroin Awareness Toolkit - Prevention Guide was originally created by the Greenbrier County CARx 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 Coalition Toolkit Committee members include:

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Cover photo by Jim Cook

WHO WE ARE

Who we are

Wyoming County Partners for Hope is a consortium of organizations and volunteers around the county that want to make a difference.

Our mission

To promote hope and unity within Wyoming County in order to address its issues. We want to make our home a better place to **LIVE, WORK AND RAISE A FAMILY.**

We believe that Wyoming County is a GREAT place.

Located in the heart of West Virginia's coalfields, Wyoming County is rich with history, education and recreational activities that make the place we call "Almost Heaven."

We also know that there are mountains still to be moved.



"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**



Special thanks to Sen. Sue Cline

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





ADDICTION IS A MEDICAL CONDITION

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

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

ADDICTION IS A BRAIN DISEASE

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

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

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:

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

In 2018,
47 was the average age
of people who overdosed in
Wyoming County.

Source: STAT Ambulance Service

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



CRAIG'S STORY

My name is Craig Rhodes. I'm a 54-year-old man born in Baltimore City, Md., into a large family of eight. I started drinking at 14, and at the age of 16 I was fully engulfed in a life of heroin and cocaine. The next 20 years of my life was spent living mostly in prisons or homeless on the streets of Baltimore City in active addiction.

In 1998, I sought refuge in my dad's home in West Virginia. After arriving, my childhood visions of this state were shattered when my addiction was resurrected by the newly introduced miracle drug OxyContin. It consumed every inch of my being in less than six months. Within six months I was the newest member of the Department of Corrections.

The year 2014 came and my world was about to change. After three decades of chronic drug addiction and prison, I was finally asked by a judge, "Mr. Rhodes, would you like to go get help for your drug addiction?" I remember that moment like it was yesterday. I agreed and was soon off to Huntington to start my journey of recovery. I weighed only 130 pounds and I was completely broken as a grown man.

I arrived at Recovery Point of West Virginia. I was introduced to men who would impact my life beyond belief. We examined my life all the way back into my childhood and I found myself dealing with issues I had buried deep inside my soul.

They helped me develop my spirituality. They allowed me to find God as I understood and in my time. I studied the science behind addiction as well as the history of it. I took every class that was offered and every course available. I was determined to beat this and help others. Soon I was the instructor in a city of teachers. God had answered my prayers, but of course in his time, not mine.

In 2016, something seemed to be driving me back into a county that had consumed me earlier in my life. I thought, what good is all this knowledge I have if I don't share it with others?

Could I possibly be the person who could help deliver a county from an epidemic that's killing sons and daughters?



So I left the job in the city helping others and headed home to Wyoming County.



The stigma and the thought of a recovering addict helping others was met with great opposition. However, I was determined to find my purpose in this battle. I started out with small support groups throughout the county and launched my website, Recovery in Wyoming County. Today it has received more than two million views and it helps place men and women in rehab throughout the state. We now have more than 10 recovery coaches working throughout the county. I have personally developed a network of friends and resources that are key players in fighting this epidemic in Wyoming County. I am part of a team that's making a difference.

I'm so proud to say that I'm now a responsible and productive resident of Wyoming County and we are slowly rising above a once-doomed region.

I work hard at building partnerships throughout Wyoming County to help those suffering from addiction and to find solutions. If I could say one thing to a person suffering from alcohol and drugs, I would tell them, "You are not alone anymore. I understand your pain, and there is a solution to your problem. Take my hand and let's start your journey together."

Craig

ABOUT WYOMING COUNTY




POPULATION:
21,210

Wyoming County was established while the state of West Virginia was still part of Virginia in 1850 and a 502-square-mile western section of Logan County was carved away to create a new county.

Wyoming County is predominately rural, with approximately 21,210 residents. The median age is 43.1 years old, with the largest age group in the 55-64 range. The county has a large population of military personnel who served in Vietnam, 4.08 times greater than any other conflict.

People here are strong and value home and family traditions. The people in Wyoming County place great importance on compassion and caring. It's quite common for friends and strangers to come to the aid of individuals who suffer from illness or injury. A giving spirit is present here that makes Wyoming County a special place. This is Appalachia at its finest.



22.4%
WITHOUT HEALTH
INSURANCE

Yet along with these positive attributes, there are public health concerns in Wyoming County. All areas of the county have relied heavily on the coal-mining industry for employment, which has been the economic driver for many decades. Sadly, this industry has suffered from a variety of economic and policy actions, which has

presented great difficulties for our citizens. We rank 53rd and 52nd among West Virginia's counties in clinical care and social and economic factors, respectively. This seems to support the findings that we rank 53rd among West Virginians in both health outcomes and health behaviors.

Access to Care

Medical services are available in Wyoming County's three municipalities: Mullens, Pineville and Oceana. We have two federally qualified health centers, three rural community health centers, two private family physician offices, two dental offices, one community mental health center, two private psychologist offices and the Wyoming County Health Department. We no longer have a hospital within the county, so our residents must rely on hospitals in the bordering counties of McDowell, Raleigh, Mercer and Logan.

The 2017 U.S. Census estimates that 7.7 percent of individuals ages 18-64 in Wyoming County do not have health insurance. This figure represents a significant number of our residents who face barriers to basic health care. Our county has no public transit system, further complicating access to health care.

Your Health Department

The Wyoming County Health Department offers public health deliverables that encourage, strengthen and preserve healthy citizens within the county. We are committed to being a mission-ready agency dedicated to protecting our residents. The agency provides a wide variety of services focused on community disease prevention and health promotion, including immunizations for children and adults; family planning services; testing for HIV and other sexually transmitted infections; hepatitis C testing, diabetes, cancer and tobacco awareness activities; environmental health services including food and child care facility inspections; disease surveillance and investigation; all-hazards preparedness; and mobile harm-reduction services.

Dominant Need

In the most recent community health needs assessment conducted in May 2016 by the Wyoming County Health Department, substance abuse involving opioids was identified as the No. 1 public health need in Wyoming County.

In an August 2016 article, the Register-Herald, a Raleigh County

newspaper, reported that data examined by DrugAbuse.com shows that from 1999 to 2014, Wyoming County had a prescription drug overdose death rate of 54.6 per 100,000 people. As a result of these figures, Wyoming County was identified as the No. 1 county in the nation for prescription drug overdose deaths.

Addiction



The American Medical Association categorizes addiction as a disease. Changes in the brain impact motivation, judgment and memory. Sadly, addiction to often leads to overdose as well. (To what? Opioids?....needs author clarification)

From 2014 to 2016, 2,248 West Virginia residents died from overdoses. Eleven counties had overdose death rates significantly higher than the state average for that period, and all but one of those counties are in the southern portion of the state. Among the 55 counties in West Virginia during that period, the highest overdose rate (88.8 deaths per 100,000) was observed in Wyoming County (West Virginia Health Statistics Center, 2017).

The Wyoming County Health Department is working to stay informed regarding issues involving opioid and heroin abuse in the county. We are working with state and local partners to monitor current data and solicit trends among our clients.

As part of our work with local partners, we are seeing tremendous excitement and constructive efforts to combat this public health crisis. Many community groups and agencies have come together to form a broad collaborative that has come to be known as Wyoming County Partners for Hope. We have seen an increase in community awareness and a determination to confront the opioid crisis. For too long, the county has been without resources to fight this disease, but now positive changes are occurring. We can point to preventive efforts in the school system, the start of a medically assisted treatment program, a newly established recovery center for women, and a mobile harm reduction program, to name a few. We are developing stronger relationships with our state partners, from whom we hope to gain technical support and resources.

In an effort to work directly with clients who inject drugs, the Wyoming County Health Department is providing harm reduction services to that population. The primary purpose of the mobile harm reduction unit is to prevent morbidity and mortality related to injection drug use through:

- provision of safe injection supplies
- provision of health information and education
- naloxone distribution
- hepatitis C testing
- HIV testing
- hepatitis A and hepatitis B vaccines
- referrals to medical providers for appropriate treatment of hepatitis and HIV and for wound care
- family planning services
- referrals to substance abuse treatment and recovery programs
- proper disposal of used syringes



- Fred Cox, Director of Wyoming County Health Department

LINKING PROBLEMS TO FIND SOLUTIONS

One of the defining features of the opioid epidemic in Wyoming County (and everywhere else, for that matter) is a disconnect between the community and those who are suffering from the problem. There are three key players in the issue: opioid users, youth who are being influenced by negative behavior, and families that are being torn apart by drug abuse. The good news is that a positive and well-connected community can negate difficulties from each of these groups by having the means to provide each with suitable strategies to curb or prevent drug use. However, it is worth noting that neither a community nor its people can be successful in this if it defines itself by the problem.

As an eight-year youth drug prevention advocate, most of the programs I witnessed among young people were not specifically directed at “solving” the issue of drug use in schools. Rather, they focused on kids having fun with their friends at informative conferences, decorating their town or going on a field trip. It is important that opioid users occupy their time in a productive manner. Wyoming County Day Report Centers have been known to take clients out for volunteer service in the community. Similar programs would benefit Wyoming County by providing little-to-no-cost services for the area and giving users something to think about other than their drug of choice. As for the non-drug-using citizenry, it is important to keep a clear and open mind. This does not mean you have to be OK with your children hanging around drug users; in fact, you should not be. But when programs are started to combat the issue, even medical-assisted ones, it is important not to demonize something that just may work.

We all stand to benefit from the eradication of the drug epidemic, but we all must fight to be successful. A solution does not come from sitting at a table and discussing problems; it comes when those discussions lead to tangible change in the community.

- Jacob N. Snuffer



About the Writer

Jacob Snuffer is a student at Concord University studying political science, history and pre-law. Since middle school, he has been active in youth prevention programs such as the National Youth Leadership Initiative and Students Against Destructive Decisions and has helped lead more than 700 students county-wide to declare they are drug-free. In college he has shifted toward intervention and treatment efforts, assisting the Wyoming County Health Department with their needle exchange program and One Voice, which promotes treatment and intervention options for opioid users. Snuffer hopes to graduate from law school and return to southern West Virginia to aid what he loves most: his home state.



In 2018, **14.13%** of infants born in West Virginia were exposed to addictive substances during pregnancy and **4.99%** were diagnosed with **Neonatal Abstinence Syndrome (NAS)**.

Source: <https://www.wvdhhr.org/birthscore>



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.**



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.



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>)

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.





BABIES BORN ADDICTED

In West Virginia

In Wyoming, McDowell,
Mercer, Raleigh, Summers
and Monroe Counties



14.13% EXPOSED

to substances during pregnancy

4.99% DIAGNOSED

with Neonatal Abstinence Syndrome (NAS).



23.11% BORN

to mothers who smoked cigarettes during pregnancy.

*Source: Project WATCH
(West Virginia Birth Score Program)
2018 data*




14.06% EXPOSED

to substances during pregnancy



3.05% DIAGNOSED

with Neonatal Abstinence Syndrome (NAS).



*Source: Right From the Start Region One
2018 data
www.wvdhhr.org/birthscore/*

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

Wyoming County offers support programs to all pregnant women and newborn babies in the county.

The Right From the Start statewide program provides social workers, in-home case management, education and support. www.wvdhhr.org/rfts/

Mountain Heart Community Services, Inc. provides support, education, resources and a prenatal program. www.mthtwv.com/cs

For more information contact:
Danielle Marks
Maternal and Child Health Unit
(304) 777-6921
(800) 438-5795

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 (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



11% of addicted individuals in Wyoming County
need inpatient treatment and
100% need outpatient treatment.

Source: Calculating for an Adequate System Tool

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 934 overdose deaths as of April 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.

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

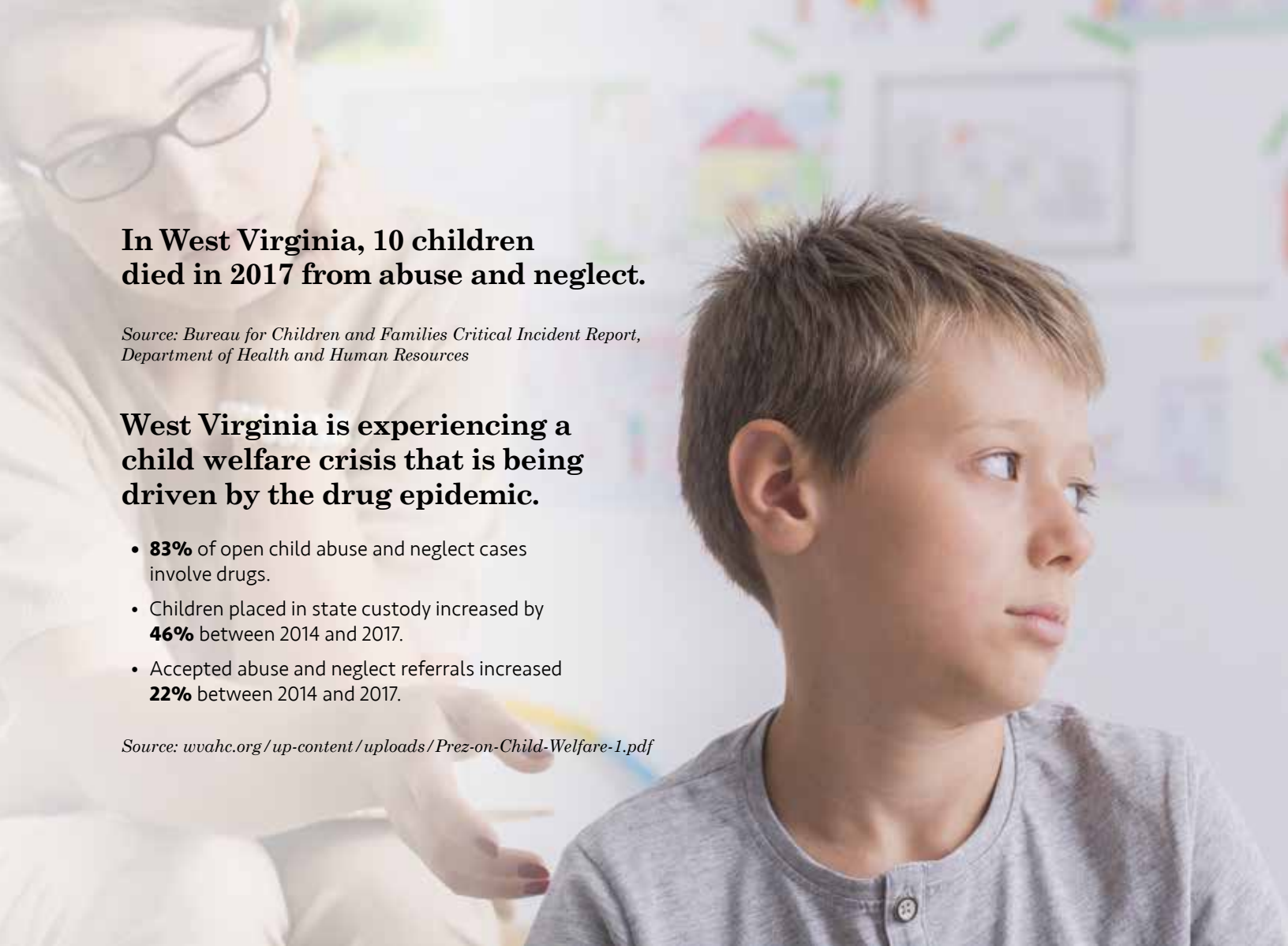
- Difficulty talking and listening
- Difficulty remembering a list of things
- Difficulty remembering what they were just told
- Often do not learn from mistakes or experiences



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

West Virginia is experiencing a child welfare crisis that is being driven by the drug epidemic.

- **83%** of open child abuse and neglect cases involve drugs.
- Children placed in state custody increased by **46%** between 2014 and 2017.
- Accepted abuse and neglect referrals increased **22%** between 2014 and 2017.

Source: wvahc.org/up-content/uploads/Prez-on-Child-Welfare-1.pdf

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.



34% of 375 Wyoming County high school students surveyed in 2017, admitted using drugs in the last 30 days.

Source: Wyoming County Board of Education



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

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



STUDENTS AGAINST DESTRUCTIVE DECISIONS

Students Against Destructive Decisions (SADD) is a nation-wide nonprofit organization that promotes healthy decisions for a better tomorrow.

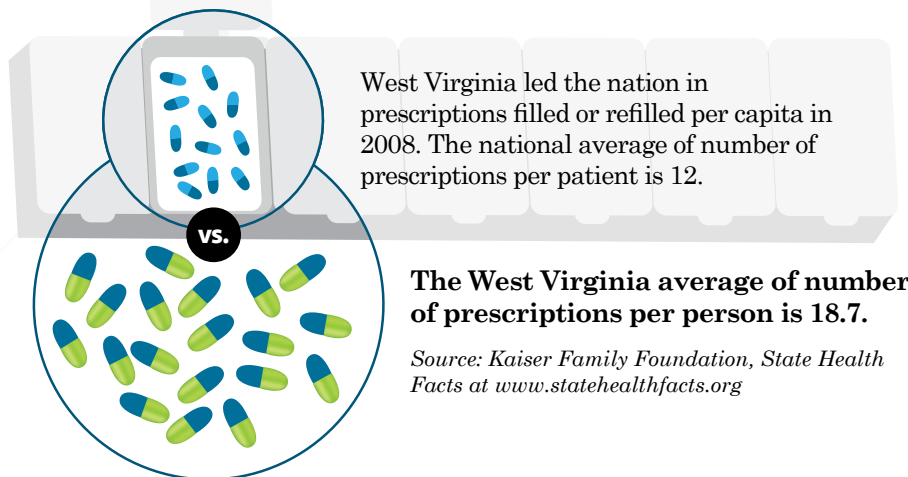
Wyoming County SADD was formed through the Wyoming County Prevention Coalition in 2011, when community leaders saw the need to give young people a voice in prevention methods. In the years since, SADD chapters have been created to promote additional youth prevention programs in schools, churches and communities. It is considered an evidence-based model with proven success. These young people have won 13 awards in seven years and were named the national SADD chapter champions out of 10,000 chapters in 2015.

In January 2018, Wyoming County SADD started a new campaign to reach every student in Wyoming County and their families with a project called Operation Anti-Drug. We are promoting the question "What's your Anti-Drug?" and offering young people alternative activities such as 5Ks, prevention-themed dances, outdoor movies, martial arts and ReFit classes hosted by our Power House Youth Center, located in Oceana.

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.



According to the Centers for Disease Control and Prevention (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.

For more information about Wyoming County SADD, please contact our Power House Youth Center at 304-682-3083 or email us at wyoingcountywvsadd@gmail.com

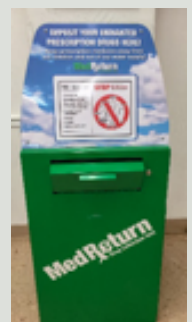


PROPERLY DISPOSING OF UNUSED MEDICATION CAN DECREASE THE CHANCE OF A CHILD GAINING ACCESS TO MEDICATION.

MEDICATION DISPOSAL INFORMATION

This public drop box is visible and always open.

Oceana City Hall
Route 10, Cook Parkway
Oceana, WV 24870
(304) 682-6231



1-844-HELP4WV
SUBSTANCE ABUSE AND BEHAVIORAL HEALTH HELPLINE

www.Help4WV.com

FACTORS THAT CAN INCREASE THE CHANCE OF ADDICTION

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

Source: NIH and NIDA

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

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

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



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?

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

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



FRESH TRACK MARKS

TRACK MARKS MORE
THAN 10 DAYS OLD

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



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 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

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.*

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



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
employees are:

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**

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
Wyoming County
Health Department
304-732-7941

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.

Deaths from overdoses increased by
57% in Kanawha County.

- Kanawha County Health Indicator Data Report

Reports of 50 doses of Naloxone were given in 2016 and 49 doses in 2017.

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

RESOURCE

www.samhsa.org



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

90 - 95% out of 316 individuals arrested, have been indicted for drug-related felonies in the Wyoming County court system since 2016.

Source: Michael Cochran, Wyoming County prosecuting attorney

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 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.

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.

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.

RESOURCES



ALCOHOLICS ANONYMOUS (AA)

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

APPALACHIAN TEEN CHALLENGE

(304) 384-3307

BEHAVIORAL HEALTH PAVILLION OF THE VIRGINIAS

(304) 325-4673

BRIAN'S SAFE HOUSE BECKLEY

368 Dearing Drive
Mount Hope, WV 25880
(304) 763-7655
Christian 12 month inpatient
program for men.

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.

COMMUNITY CONNECTIONS INC.

(304) 913-4956

CONTACT RAPE CRISIS CENTER

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

CROSSROADS RECOVERY HOME

(304) 664-3916
12 bed facility for women who are recovering
from substance abuse.

DAY REPORT CENTER - WYOMING

(304) 732-0028

SPARROW'S NEST BECKLEY

(681) 207-7258

FMRS HEALTH SYSTEMS

(304) 256-7144
Crisis Stabilization Unit LEARN mothers'
program.

GOVERNOR'S SUBSTANCE ABUSE

(304) 558-7899

ITMANN FOOD BANK

P.O. Box 713
Mullens, WV 25882
(304) 294-6061

JAN-CARE AMBULANCE SERVICES

Mullens (304) 294-6111
Oceana (304) 682-5111
Pineville (304) 732-6111

KVC HEALTH SYSTEMS

300 Kenton Drive
Suite 200
Charleston, WV 25311
(304) 347-9818
www.kvcwv.org

LEGENDS

(304) 425-9478

MERCER COUNTY FELLOWSHIP HOME

(304) 327-9876

MOUNTAINHEART COMMUNITY SERVICES

P.O. BOX 1509
Oceana, WV 24870
(304) 682-8271
www.mountainheartwv.org

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

Toll free: 800-273-8255

ONE VOICE INC.

P.O. Box 1945
 Oceana, WV 24874
 (304) 732-7701
www.onevoicewv.org

613 South Kanawha St.
 Beckley, WV 25801
 (681) 238-5724

Kanada St.
 Logan, WV 25601
 (304) 752-5880

One Voice is a nonprofit, 501c3 charitable organization that offers training workshops to educate the community on substance abuse. Services include crisis referral, certified recovery coached, individual and group support, community service providers, Blessing Box program, Garments of Praise and Food For Angels program.

POWER HOUSE YOUTH CENTER

1850 Cook Parkway
 Oceana, WV 24870
 (304) 682-3083

PRINCETON COMMUNITY HOSPITAL

(304) 487-7336

RECOVERY POINT CHARLESTON

501 Stockton St.
 Charleston, WV 25387
 (304) 523-4673
 A 92-bed program providing women with long-term residential recovery services.

RIGHT FROM THE START

3078 Federal St.
 Bluefield, WV 24701
 (304) 323-8315

SAFE

156 Main Ave.
 Pineville, WV 24874
 (304) 732-8176

SAMARITAN'S HEART FOOD PANTRY

P.O. Box 262
 Oceana, WV 24870
 (304) 682-4651

SENECA HEALTH SERVICES

(304) 645-3319

SOUND MINDS

196 Black Eagle Road
 Mullens, WV
 (304) 294-5005
 One-year womens' nonprofit faith-based sober living program that teaches life skills for successful sobriety. Services provided: Celebrate Recovery, individual and group counseling, coping tools, parenting classes, job interview techniques, resume building, financial planning and anger management.

SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER

(304) 294-0046

ST. VINCENT DEPAUL SOCIETY

Southern West Virginia Conference
 P.O. Box 1057
 Pineville, WV 24874
 (304) 732-6800

STAT AMBULANCE

Mullens (304) 294-8400
 Pineville (304) 732-9116

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.

THE WAY YOUTH CENTER

673 Mountaineer Highway
 Mullens, WV 25882
 (304) 294-9212

UPPER LAUREL AMBULANCE

Glen Fork (304) 294-8109
 Mullens (304) 294-4408
 Oceana (304) 682-5660
 Pineville (304) 732-6002
 Ravenscliff (304) 294-8109

WEST VIRGINIA HIV/AIDS AND STD HOTLINE

800-642-8244
 People who continue to inject drugs should periodically be tested for HIV. Call for information about testing.

WEST VIRGINIA PEER RECOVERY RESOURCES GUIDE

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

WEST VIRGINIA SADD

(304) 696-5545

WOMEN'S RESOURCE CENTER

P.O. Box 1476
 Beckley, WV 25802
 (304) 255-2559

WV DHHR COMPREHENSIVE HEALTH CENTERS DIRECTORY

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

WV PRESCRIPTION DRUG ABUSE QUITLINE

866-987-8488

WYOMING COUNTY HEALTH DEPARTMENT

P.O. Box 1679
 Pineville, WV 24874
 (304) 732-7941

WYOMING COUNTY FAMILY RESOURCE CENTER

P.O. Box 183
 Rock View, WV 24880
 (304) 923-9933

WYOMING COUNTY RECOVERY NETWORK

(207) 207-6781
 Provides services to individuals recovering from substance abuse. An organization whose goal is to be instrumental in creating positive change, cultivate growth and provide hope for communities.

YWCA RESOLVE FAMILY ABUSE PROGRAM

800-799-7233

1-844-HELP4WV
ONE Call. ONE Text. ONE Click.
INSTANT HELP.

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



Partners for Hope

Wyoming County

PARTNERS INCLUDE:

Board of Education
Community Connections
Day Report
Department of Health
and Human Services
Mountain Heart
One Voice

Region 1 Workforce
Recovery in Wyoming County
Rural Appalachian
Improvement League
Students Against
Destructive Decisions
Town of Oceana
Tru Beauty

Tug River Clinic
WADE Youth Center
West Virginia University
Research Center
Wyoming County Commission
Wyoming County
Prosecutor's Office
Wyoming County
Recovery Network

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