PRESCRIPTION OPIOID AND HEROIN AWARENESS TOOLKIT

A PREVENTION GUIDE

PROVIDED BY:

Boone Opioid Network

"Now that we have started the Boone County Opioid Network, I am convinced that with us working together on prevention and treatment we can tackle this crisis. I am pleased to see so many talented, caring, hard-working people engaged from all walks of life and different professions. By taking a multifaceted approach to addressing the opioid crisis we can also move southern West Virginia forward in growing our economy."

- Sen. Ron D. Stollings, M.D.

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GREENBRIER COUNTY CARxE COALITION

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

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SAMHSA Substance Abuse and Mental Health Services Administration

West Virginia Department of Health & Human Resources Bureau for Behavioral Health & Health Facilities

ABOUT THE BOONE OPIOID NETWORK

The Boone Opioid Network formed in February 2018. The network is a direct result of an Opioid Community Forum held at Sherman High School following the death to overdose of our beloved high school coach's son on Christmas Eve 2017. Our community came together to take action to combat the opioid epidemic in Boone County and to honor the memory of Wes Henderson and all of the sons, daughters, mothers, sisters, brothers and cousins we have lost to drug overdose.

We have developed a process of communication, collaboration and service to our communities. Our goal is to educate and inform our community members about opioids, other abused substances, and the resulting infectious diseases (HIV, Hepatitis A, B, and C, etc.). We plan to reach our goal through community awareness and education activities, community engagement events, the establishment of additional recovery support groups, and advocacy for funds to purchase or build a drug detox and treatment center in our county.

We want to reduce the stigma associated with substance use disorder to effectively help those in our community who need our support and our voice. We hope that once you read this prevention and awareness toolkit you will join the Boone Opioid Network, because together we can make a difference.

"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

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.

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

SOME SUGGESTED THINGS TO TELL YOUR LOVED ONE:

48 was the average age of the person who overdosed
in Boone County in 2017.

Source: Bryan Justice, director of the Boone County Ambulance Authority - Narcan Usage Report 2017

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

BEN'S STORY

"He is devoted to helping others," said Ben's mother, Inza. "He is a sweet soul. We did what we knew to do for each of our children. We knew nothing about the new move of drugs. He is now educating us all."

I knew I had a drug problem, but I wasn't sure how to deal with it.

I am 27 years old and finally getting my life together. I grew up in a good family. I look back on my childhood with happiness. My dad, mom, two siblings and I all got along well and still do. I've lived in Boone County all my life. I try to always be respectful of others and be a good, hard-working man.

While I was a student at Sherman High School, I was a standout baseball player. My dad coached me as a kid and my mom drove me all over the place to get me where I needed to be. They were involved and they cared about what I was doing. I would call my upbringing about as normal as any other kid. I had fun as a kid. I had good parents and I never had anything happen to me that would influence me to go down the wrong path.

My mother says she never would have predicted that I would become involved in drug use.

When I was 13, I started experimenting with alcohol and marijuana. I always hung out with either older or younger people for some reason. I never had much interest in being around people my own age. The older kids were smoking pot, so I started smoking too. I never had an interest in snuff or cigarettes because it seemed pointless. At least with marijuana, you get high every time. I drank on occasion but it was mostly pot back then.

By the time I was 17, I was using Adderall on a daily basis, which was pretty accessible at the time on the street. Adderall is a prescription stimulant used to treat narcolepsy and attention deficit hyperactivity disorder.

I went from Adderall to pain pills. It's funny looking back, I was so against using Oxycontin. It was like it was the devil in my mind. I went to pills from weed once I started working because I needed to beat the drug test at the time. Looking back, I wish I had known how addictive pain killers can be.

I reached the point where I didn't take Lortabs by mouth, I started crushing the pills and snorting them, allowing the narcotic to reach my bloodstream much faster for a more intense high. I tried to quit. I even went cold turkey in my early 20s, but it wasn't long before I was back at it again. I lost everything I had at that time. It was a really bad time in my life. I got to the point where I was selling my personal items to fund my drug habit. I bought large amounts of drugs and sold some of them.

I hit rock bottom when my youngest boy was born. That was when I was at my worst. I went through a Suboxone program to please everyone else, but I wasn't ready to quit. It did get to the point where I was sick of that life and I wanted to quit. I took it seriously.

Roxycontin was my drug of choice, because they are cheaper than Oxycontin and more easily available. Addicts were going to Florida to acquire the pills in bulk. At my worst, I was injecting drugs via needles. I could not believe that I was an injecting drug user. By this point, I was unemployed with no prospect of employment.

I started focusing on the Suboxone program. Slowly I weaned myself off the drugs over a two-year period. I got to where I wasn't taking anything at all. If you take it seriously and do it as it is supposed to be done, it can really help.

I think the notion of bringing addicts together in one place for treatment can lead to them making connections with other users, but that didn't apply in my case. I was going to a doctor privately every two weeks. I don't think that was going on at the doctors office. If it was, I did not see it.

The first thing I experienced when I became clean was the ability to taste food again. I put on a significant

amount of weight. I turned back to Adderall after using Adipex, an appetite suppressant. I felt that I had my addiction under control. I wasn't using opiates. I did not take the Adipex with the intention of getting back on drugs because in my mind I was clean. It escalated to where I figured out that meth was a lot easier to get and a lot cheaper. That went on for five months. With meth, there is no "release effect," it hits you all at once. Everyone knew what I was doing because I lost a lot of weight really fast.

My wife was urging me to get control and I was struggling. Maranda left me several different times for mostly that reason. She came back and I tried to quit again and again. I'd do well for two weeks and I'd run into the wrong person and I'd fall back into it again. I got twice as bad, and when she left again, I got really bad. I was using and selling. I got to the point that at work they knew I was going through a lot. I missed a lot of work and it was essentially quit or be fired – so I quit.

I drained my retirement account and went from buying smaller amounts to buying multiple ounces. I had lost all hope and some of the people around me lost hope in me. My parents checked on me a lot. I would start arguments and leave. They came over daily. They called and I would leave before they got there. At some point, Maranda and my mom got together to try to figure out what to do.

Legally, I was restricted from driving with my kids in the car. I could not be near my children without my parents present. That weighed on me. It had a profound effect on me.

I didn't face legal trouble or end up in the legal system. I was pulled over on multiple occasions where it could have gone in another direction had my car been searched. I think because I always kept a decent vehicle with an up-to-date license and insurance and I had a clean background, I didn't fit the stereotype of an addict. If I had been searched, I'd still be in jail. There are addicts walking around that have prescriptions for their drugs.

I am the father of three children. I always had a void in my life and I never knew what it was. I always wanted to be the best at anything I did. I'd work my way up to supervisory positions professionally, but my attitude hurt me as an addict. When I was living in the drug world, I wanted to be good at it.

I took the dope to fill a void and to be able to do more than I normally could. It was one singular event that inspired me to finally take control of my life and face my demons. I found out that my boy had requested prayer for me and he knew nothing about my situation and what I was going through. Any addict will tell you that they can only get help when they reach rock bottom. That was my rock bottom.

The request from my son happened at about the same time that Maranda and my mother were talking about what to do. I had planned on going to detox on a Thursday and I was out all night prior because every addict wants that last one. I ended up detoxing at the house for four days and it was rough. There were no detox centers anywhere that could take me. I was still reaching out to people for dope. I finally made it to the detox center at Highland. I was there because I was fed up. Others are forced to be there, so it's a mixed bag.

I spent seven days at Highland. I had lost all desire to use when I walked out of there. I found $500 worth of dope when I got home that I had hidden and forgotten about. I dumped it down the drain and that was that. I had friends that I had to separate myself from.

The day I got clean is more important to me than my birthday!

Local pastors Joseph Wells and Reggie Woodrum reached out to me and we have remained close. Both of them have changed their own lives of drug addiction and their main thing is Jesus. Nothing had changed other than I was not doing drugs. I finally said that I was done running and I got saved. It filled a void with God and I have searched for peace with man-made substances for years and I found what is real and God. I always believed, but I didn't apply my faith to my daily life. The more I study God's word, the more strength I get. Some people say that faith-based recovery is the only way. I believe that some people find success in other ways. I do believe that to stay clean, you need God.

After a decade of using hard drugs, I have found happiness. Nobody does anything with the goal of being a junkie. They are still a person. There is hope for them. You can't just throw people away. When people reached out to me later who I thought didn't care about me, it moved me.

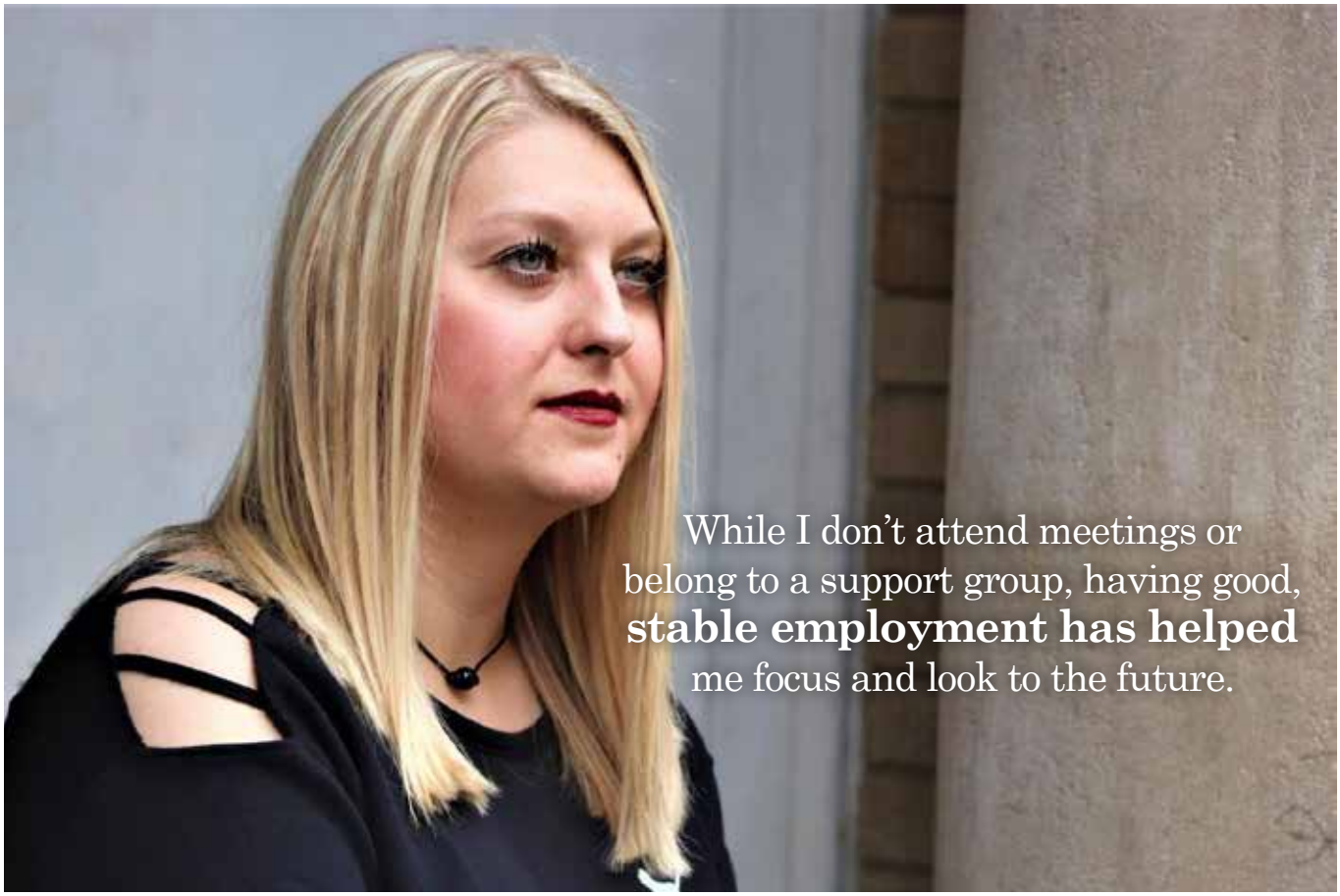
I worship at Hopkins Fork Community Church and Amazing Grace Fellowship church. I regularly attend support group meetings at Amazing Grace Fellowship.

My family holds me accountable. The support group holds me accountable, too. I need that and it helps me on a daily basis. Reggie and Joseph have been there from the beginning and I want to do that for others. I want to continue to reach out to addicts to offer a path to a better life.

I promise you with all my heart that you won't regret accepting help. Please don't make any more excuses and take control your life. You can find a better life for yourself and your family. It isn't easy, but I'm proof that there is hope out there.

Adapted from an original article written by Phil Perry, reporter for Coal Valley News/HD Media Papers in "Recovery Roads" series.

RACHEL'S STORY



Coming forward to tell my story of addiction and recovery was a tough decision. I'm 30 years old now, and I knew that I wanted to share my experience. I wanted to be sure that this honest reflection on my life would help someone else struggling with opioid addiction. I've been inspired to help others, and if my story can help one person gather the courage to face their addiction, I'd be so happy.

I don't blame anyone for my addiction and the decisions I have made. I grew up in Logan County and attended Man High School, but my mother has strong family ties to Boone County, where I moved as a teenager and graduated from Scott High School.

Growing up, I had everything I needed provided for me, and I was raised in church. I faced a lot of emotional and verbal abuse growing up. I never felt good enough and I still struggle with that.

I began partying as a teenager and looked at getting high as an escape of sorts. I started with drinking and smoking weed. In ninth grade a friend of mine had a pain pill and we went into the bathroom and snorted it. I did it here and there after that and my mom found pills in my jacket pocket when I was 15.

When I was 18 years old, I discovered Oxycontin. The opioid opened up a new world for me. I was trying everything at the time including cocaine, crack, meth and acid. My choice was opiates. By 19, I was an addict.

I started out buying them from friends but eventually traveled to Huntington to get them. I knew a person who was connected to the pill scene in Huntington at the time and eventually I would go by myself and meet new people. Through this, my network of potential dealers grew fast.

Once Oxycontin became available in the gel form, I decided to try other opioids including Roxycontin, Fentanyl and even heroin. It was through these experiences that I discovered Opana, which is a branded product no longer on the market.

They are pretty strong and this became my drug of choice. The first time I tried it I did only 5 mg and it was incredibly strong to me. I was snorting them. My mom wanted me to go to rehabilitation and I wasn't having it.

I was arrested in Boone County in 2011 and received a misdemeanor possession charge related to marijuana. I was taken to jail. I was a first-time offender.

I received probation, and I wanted to be clean when I went to my court date so I got clean in a month but I was still drinking. I was sick and it was really hard. I started using again and I failed a drug test related to my probation. I then went to day report, failed another drug test and went to jail.

I stole from my family and manipulated my parents into giving me cash for other things I needed, which I used for drugs.

I look back now and understand that my parents wanted to trust me, and I took advantage of the situation. I made up the most stupid lies. My dad has always been good about helping me financially. I ripped people off and I have so many regrets. It is very painful to think about.

When I went to jail, I was there for three weeks and did the time with someone I knew. At that point, I didn't have the right frame of mind and I didn't want help. I just wanted to satisfy the court so I could get out of there and get high. I asked for home confinement for the rest of my time, and they agreed. I got high again, failed another drug test, went back to jail and got high the very day I got out.

About a week before Christmas of 2011, I agreed with my mom to go and get help and enter a program. I went to a faith-based facility in Louisa, Ky., called "Karen's Place." I was there for six months. I did well. We went to churches and told our story, and I developed a good understanding of the Bible and became close to Christ at that time. I really leaned on my faith.

I was leading my own faith-based group in Boone County, and I became friends with a person who was coming to the group. We kept hanging out, and we started drinking together. She mentioned pills a few times and one day we went and got Opanas (brand-name for the drug oxymorphone). I remember feeling like God was telling me that I didn't have to do it and to just throw them away. I did it anyway.

It was obvious to my family that I was using again. I began taking Suboxone (used in treatment of opioid dependence) in an attempt to not get sick while I was trying to get clean. It was at this time that I moved in with my boyfriend, and we went down a dark road of addiction together. I started shooting up a lot (Opana) then and things got really bad. It was my focus every minute of every day. That is all I cared about.

In October 2014, I remember saying a prayer. I just asked God to please help me.

In November, I began running an uncontrollable fever. I was very sick and couldn't bounce back. Little did I know, I had very serious medical problems that were taking me over physically.

My boyfriend's mom called my mom and I went home with her. I was speaking incoherently and forgetting how to do very basic things that we all do every day. I couldn't even remember how to wash my hair. My mom took me to the hospital. I couldn't even remember how to shoot up and I did that every day.

Once I arrived at a hospital in Charleston, I found out that I had suffered from multiple mini-strokes and was suffering from endocarditis (an infection of the endocardium — inner lining of the heart chambers and heart valves) from my needle-based drug use. I was on a ventilator for a week in the Intensive Care Unit. I was in stage two of sepsis, I lost my gallbladder and my kidneys failed — I was on dialysis. Then I had to have open-heart surgery related to valve problems. I was in there for 45 days. I was very close to dying.

I went home on Christmas Eve and was given pain medication. I had severe back pain. When I ran out of Percocets I was sick again. I was told that if I went back to using again the way that I was that it was going to kill me.

I went to a doctor and started using Suboxone under a doctor's supervision in an attempt to get clean again.

Then I snorted an Opana one day. I was scared to do it. I got worse off than I was before. My mom told me that if I was going to use again that I couldn't live with her. The feeling of shooting up (Opana) is a euphoric sensation that can't be put into words. There was an initial feeling that lasted for about a minute. While I remained high afterward, it was that sensation that I continually chased.

Shooting up took my addiction to a whole other level because I felt like I had found the best feeling I had ever found.

There is a warm feeling that takes over your body. I could be dope sick and get some money and be on my way to get dope and I'd feel better already.

My efforts to get clean were continually failing. I felt lost. I remember in 2015, I went to detox five times that year. I sought help through multiple facilities including Prestera and Highland Hospital, among others.

The year 2015 was the worst year of my life. I was living wherever I could and my life had spun out of control. I was sleeping on people's couches

that I barely knew and I was living in my car. All of the things I said I would never do, I did. I've done stuff that I would normally never do. I was never a functioning addict. When I was sick, I couldn't function.

I met a person who I would share drugs with. We had an agreement that whoever scored first, would share with the other. That person asked me if I had good credit. I had not used my credit but because my mother had taught me how to build it, I had a healthy credit score, despite all I had been through. I assumed that because I didn't have a job, I couldn't use my credit. I filled out applications at various places, and I would acquire merchandise like XBoxes and I'd trade them for drugs. At the time, one single 40 mg Opana pill was $100 on the street, so my merchandise trades weren't very fruitful. A $3,000 worth of new merchandise would net a return of about $1,500 in dope. Eventually, I sold my car and found myself walking and catching rides wherever I could.

I entered a facility in Logan and had shot what I said would be the last time. I had $100 on me and met someone inside who was leaving the facility. I saw the person as a way to escape. I didn't know him but I begged him to take me with him because all I could think about was using Opana again. I finally just made myself stay.

In Charleston, I was able to get a shot of Vivitrol (brand name of naltrexone to stop euphoria and sedation to central nervous system caused by opioids). At the time, I knew the best place for me was at my mom's house. I took the shot for almost 18 months, and I had people tell me that I wasn't clean because I was on it so long, but I was under a doctor's care. I took the shot every 30 days and you also have to really want to follow the guidelines. I had a supportive family and I had my faith in God. For me, it was a combination of things that saved me.

I took my last Vivitrol shot in June 2017. While I don't attend meetings or belong to a support group, having good, stable employment has helped me focus and look to the future.

I consider Nov. 12, 2015, a very important date in my life. The previous day was the last time that I wasn't clean.

Today I'm employed by the U.S. Postal Service, and I continue to support my boyfriend in his recovery efforts. I am a car enthusiast and enjoy accessorizing my Mustang GT. I'm working toward advancing to a management position at my job. I enjoy my work and appreciate the opportunity that I have received. I feel something pulling at me and I have a need to pursue it. I want to go to college and I want my experience to help other people. I don't know what I'm going to study but I want to do something to help people who are struggling with addiction.

Adapted from an original article written by Phil Perry, reporter for Coal Valley News/HD Media Papers in "Recovery Roads" series.

MARY'S STORY

I never thought I would be facing the many challenges of opioid addiction. Honestly, I thought I was above it. I always looked at people who were battling addiction and wondered why they couldn't just stop. When it gets a hold of you, you realize that addiction is real.

I remember attending my first group support meeting in 2012 and how I felt when I looked around the room. I thought I didn't fit in and I felt that these people were beneath me. Little by little, I started hearing their stories. Some of them I could really relate to — especially when it came to what started their addiction process. I didn't grow up having this problem. I was in my 30s before I ever took a pain pill.

One particular man's story changed my perception about addiction. He said that his problem started after he wrecked. He said that he was in a car wreck many years ago. I thought he was someone who had always been homeless and I assumed he had always lived that lifestyle. He wrecked a motorcycle and broke multiple bones. He was on pain medication for quite some time. He went back to work and his pain medicine was cut off because his doctor recognized that he was using too much, too quickly. He had a good job with the state. I had judged him as someone who chose that lifestyle. He had a wife, two kids and his wife was a teacher. He had become a heroin addict and a needle junkie.

Like the man I met that day, my problem began in 2004 after a car accident in Bigson, near Van. I hit a coal truck head on, through no fault of my own, and found myself over an embankment. The company-owned car I was driving had crumpled and landed in the middle of someone's garage. I had slipped out of my seatbelt when the seat broke in half; the owner of the garage and the driver of the truck found my body crammed into the back window part of the car. They thought I had died until I coughed and blood came from my mouth.

At the hospital, I was told that I had punctured a lung, my brain suffered trauma and was swollen and I had broken my back in multiple places. My daughter was home sick at the time

or I would have been driving her to school.

At that point the doctors started me on pain medication. It took about a month before things started coming back to me mentally. I had to wear a brace, even when I slept. I was in tremendous pain.

I worked as a head floral designer, and my employer had offered to hold my job while I recovered. After a few months of slow recovery, I gave up my position. I served as PTA president at Wharton Grade School and as vice president of a local midget league. I was always civic minded and had my hand in everything because I wanted our children to have responsible adults to look up to that cared about our community. My daughter was in high school and my son in third grade when my accident happened.

My husband took time off of work in an area coal mine and helped manage the medication I was taking. He took care of me, he was wonderful. When he went back to work, it was the first time I gave myself my medicine. I had been prescribed Oxycontin. When I first realized what I had been taking and actually saw the bottle, I was furious. I was under the impression that those weren't good drugs to be on and I was appalled that I was on them. I dumped them down the toilet that night.

My doctor put me on weaker pain medication but told me that I needed to seek pain management, particularly for my back, which was just starting to heal. I was facing thoracic back surgery, but surgeons encouraged me to put off the surgery for as long as possible because it was going to limit my mobility. One year after the accident, I fell and broke my back again.

At that point, surgery was imminent. I went into pain management by the end of the year and it wasn't a good experience for me. One of my doctors was shut down, one passed away while I was in treatment and by that time it was my first taste of opiate withdrawal. It was my daughter that told me what was wrong with me. Then I started wondering if I was an addict. It made me scared because being physically dependent on anything is scary to me.

I was asking myself tough questions, like "Am I an addict leading the PTA?" I was aware of what was happening to me but fell deeper anyway. At that point, knowing how bad I felt without my pain medication, which was all opiates, I started taking more and more.

I wasn't seeking or even felt a high. I was seeking pain management and I was taking more and more to ease the pain. In 2010, I lost total control.

Before this time I was diagnosed with multiple sclerosis, and various types of disc problems and arthritis have followed in the years since my accident. I was a closet addict. My husband had no idea that I was getting medication outside of my prescriptions. I hid it very well. So many people were getting prescription pain meds at that time. I always tried to keep it out of the

town I lived in. You learned how to trade with others. If they got the bulk of theirs at the middle of the month and you got yours at the first of the month, you would take care of each other and then there was the point that I would end up owing out half of my prescription pills. It just got out of hand. These people who I dealt with were all older than me.

It was a contrast in comparison to what most people think of when they think of people who abuse drugs and opiates. I think that people don't like to think of a family member having a problem. When I realized that I had the same problem as the people that I called useless and without morals, I had to hide it.

There was only one reason for my road to recovery. The lie I was living was starting to unravel. The jig was up and my husband started questioning me. Our finances should have been better ... and my prescriptions were running out sooner and sooner. My world was falling apart.

I was prescribed 180 Oxycontin and 180 hydrocodone for one month. I was taking much more than that and it came down to availability. I was such a hypocrite that I would not get them in my community. I'd go outside the county.

I believe that my road to recovery was only possible through many means, but the most helpful has been the group support. I joined multiple social media based groups and still speak at group meetings today. I believe that sharing my story may help others who are trying to hide their addictions. Until you admit your problem to yourself, you can't begin to heal.

A Facebook post that I created and asked my husband to read helped me to come to terms with my addiction. I asked him to read it and give me his feedback. People commented on the post that I was different because I had been hurt and needed the pain medication. Just because I took a different route to addiction than what you think an addict does, doesn't make me any better. I was just lucky enough to have the family that I have and if I had kept on the path I was on, my family couldn't be together. I began healing when I stopped being a hypocrite and soaked up what was going on in group (therapy) and stopped pushing it away from me.

I decided to shed the disguise that I was living behind and begin going public with my story because I wanted to help others who may be scared of those same consequences. I believe the stigma of addiction is one of the biggest roadblocks. I would like to see more recovering addicts on steering committees where federal grant money is being put into play for what has become known as an opioid epidemic in West Virginia. I see the value of most every road to recovery whether it be faith based, medicated assisted treatment programs or others. I believe that there isn't a "one size fits all" answer to a complicated issue.

I learned something and I wanted to share it. Once you are addicted and once you start hearing the names popping up of others behind closed doors in my own community — I was so judgmental and ashamed of how judgmental I was toward those in the community that everyone knew were addicts. I wanted others to realize it's OK.

I was able to see the direction that I was headed and it scared me to my core. I took a lot of pills. I know with certainty that my next step was the needle. There was nowhere else to go but there. I was trapped and it was recovery or taking that next step.

When I think back to that day where I confronted my demons while in that group support meeting, I become very emotional. I apologized to them. I felt like I didn't deserve to be there. That is when I started opening up and allowing my recovery to take place. I fell in love with every one of them. Without me doing that, without me apologizing for how I'd judged them, I don't think I could have recovered. I want to help others find their way back. I want them to know, regardless of how far they've fallen, that they aren't alone.

LEARN MORE ABOUT BOONEHEARTS SUPPORT GROUP

To join Mary's online support group and to learn more about other groups that she has participated in during her recovery, search Facebook for "Boonehearts."

Adapted from an original article written by Phil Perry, reporter for Coal Valley News/HD Media Papers in "Recovery Roads" series.

"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)

RESOURCE

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

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)

RESOURCE

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

FAMILYCARE HEALTH CENTERS IN BOONE, KANAWHA AND PUTNAM COUNTIES

FamilyCare Health Centers provide weekly programs for women and adults with a dependence on opioids (including pain medication and heroin), as well as alcohol and tobacco. Working with the participant to find a plan that works best for their needs and goals, FamilyCare offers Medication-Free Therapy and Medication-Assisted Therapy for substance use. Every new patient receives a drug screen. Medication-Assisted Therapy includes counseling and Suboxone and Vivitrol medications for opioid dependence.

Pregnant women are eligible for OB-GYN services in-house and receive therapy and Subutex to help reduce symptoms of opioid dependence. While the Subutex program enables women to carry full-term, babies may experience a longer stay in the hospital at birth. Nevertheless, children born to mothers on Subutex average one week less in the hospital compared to those of mothers with no treatment. According to the FamilyCare website, counseling is confidential and in a relaxed setting. You will learn about your addiction and work toward your goals. Through the supportive group environment, you can experience growth from the inside out, share experiences with others like you and celebrate your sobriety.

The FamilyCare Health Centers' program for pregnant women with opioid dependence accepts Medicaid and a sliding fee scale based upon income. The program is currently available in Boone, Kanawha and Putnam counties.

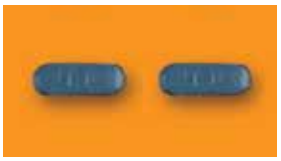
COMMONLY ABUSED PRESCRIPTION MEDICATIONS

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

STIMULANTS

Abused medications to treat ADHD/ADD include:

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

RESOURCE

Please visit these sites for detailed information about prescription medications:

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

COMMONLY ABUSED STREET DRUGS

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

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

2 | TAKE INVENTORY

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

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

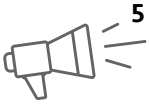
3 | EDUCATE YOURSELF AND YOUR CHILD

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

ONCE IS NOT ENOUGH!

4 | SET CLEAR RULES AND MONITOR BEHAVIOR

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



5 | PASS IT ON

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

6 | DISPOSE OF OLD AND UNUSED MEDICATIONS

BOONE COUNTY SHERIFF'S OFFICE *(no needles)*
8 a.m. - 4 p.m. • Monday - Friday
206 Court St. #101 • Madison, WV 25130
(304) 369-7340

WHITESVILLE POLICE DEPARTMENT
(Call ahead after business hours.)
8:30 a.m. - 3:30 p.m. • Monday - Friday
39140 Coal River Road • Whitesville, WV 25209
(304) 854-2658

MOUNTAINEER DRUG
(Drop off medications at the pharmacy counter.)
7 a.m. - 9 p.m. • Monday - Friday
9 a.m. - 4 p.m. • Saturday
76 Lewis Street • Whitesville, WV 25209
(304) 854-7990

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

In 2017, **7.24% of babies** born in Boone County, W.Va., had **one or more drugs in their system** and suffered from Neonatal Abstinence Syndrome (NAS). That is **more than 12 times the national average of 0.6%.**

Source: WV Bureau for Public Health (https://dhhr.wv.gov/bph/Documents/ODCP%20Reports%202017/NAS%20DATA%202017.pdf)

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 two to six 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

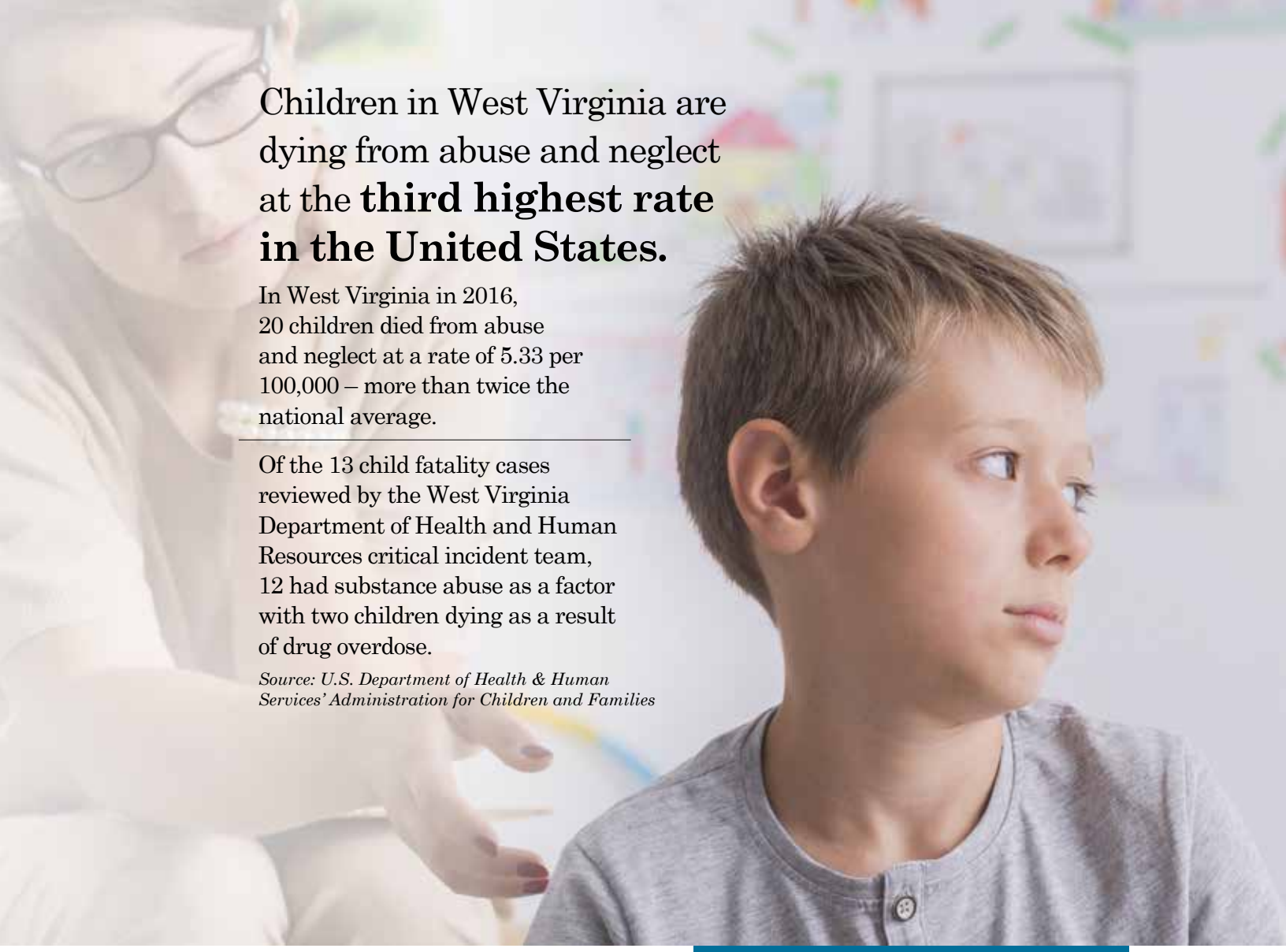
COGNITIVE

- 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

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

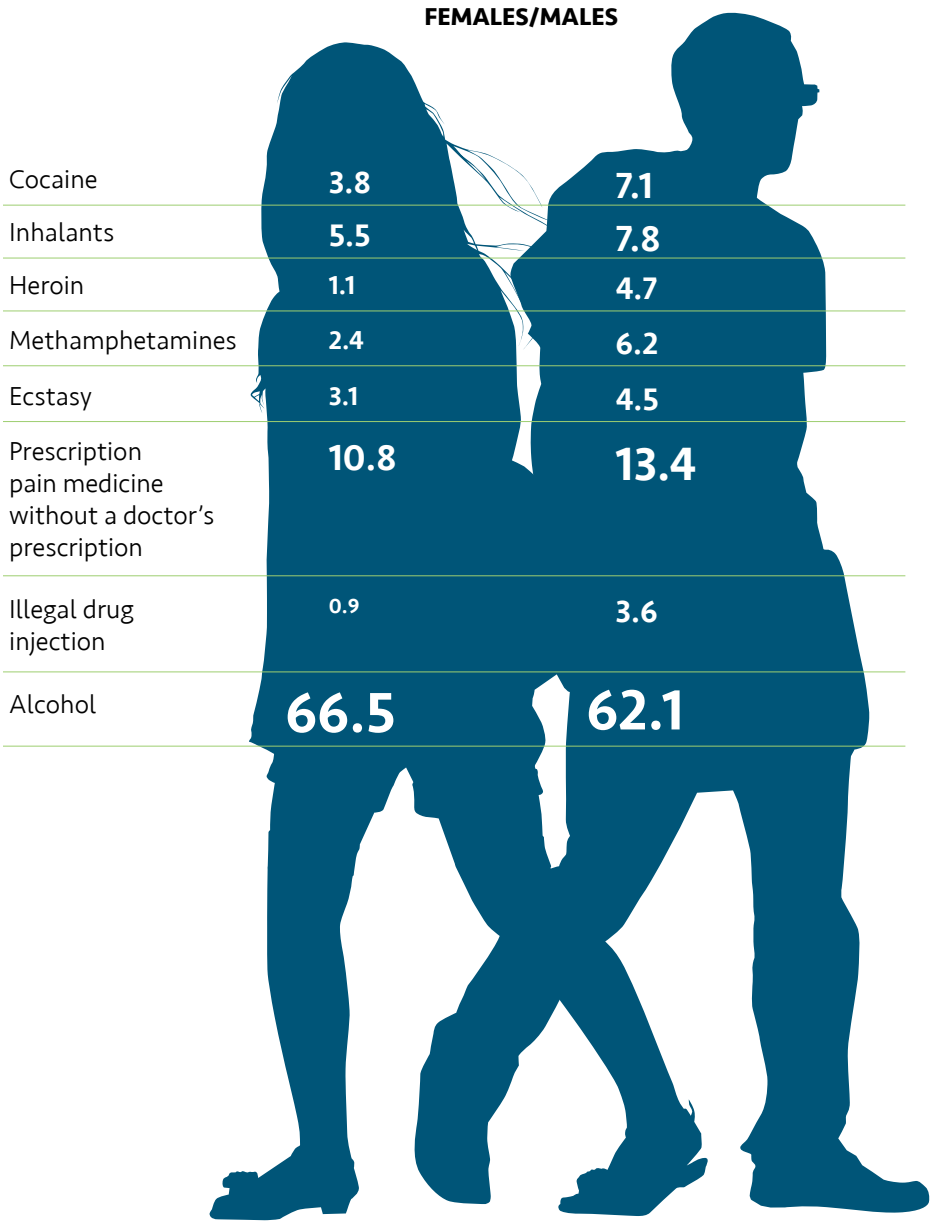
Source: https://nccd.cdc.gov/youthonline/app/Results.aspx?LID=WV

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.

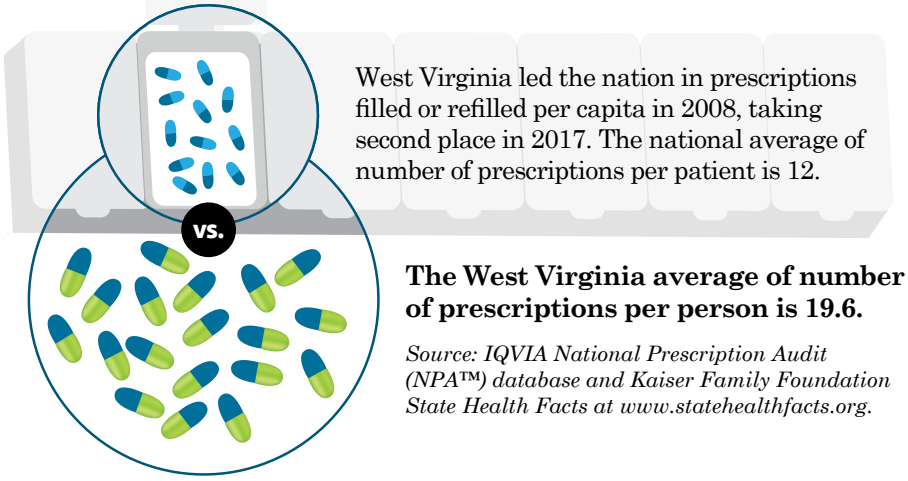
% OF W.VA. YOUTH WHO HAVE USED A SUBSTANCE ONE OR MORE TIMES



ACCESS TO MEDICATION AND MEDICATION MANAGEMENT

What are your kids being prescribed?

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



West Virginia led the nation in prescriptions filled or refilled per capita in 2008, taking second place in 2017. The national average of number of prescriptions per patient is 12.

The West Virginia average of number of prescriptions per person is 19.6.

Source: IQVIA National Prescription Audit (NPA™) database and Kaiser Family Foundation State Health Facts at www.statehealthfacts.org.

According to the Center for Disease Control (CDC), **enough painkillers will be prescribed this year to medicate every American adult around the clock for a month.**

BE PROACTIVE WHEN IT COMES TO YOUR CHILD'S MEDICATION

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

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

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

MEDICATION DISPOSAL INFORMATION

BOONE COUNTY SHERIFF'S OFFICE *(no needles)*
8 a.m. - 4 p.m. • Monday - Friday
206 Court St. #101 • Madison, WV 25130
(304) 369-7340

WHITESVILLE POLICE DEPARTMENT
(Call ahead after business hours.)
8:30 a.m. - 3:30 p.m. • Monday - Friday
39140 Coal River Road • Whitesville, WV 25209
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MOUNTAINEER DRUG
(Drop off medications at the pharmacy counter.)
7 a.m. - 9 p.m. • Monday - Friday
9 a.m. - 4 p.m. • Saturday
76 Lewis Street • Whitesville, WV 25209
(304) 854-7990

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

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

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

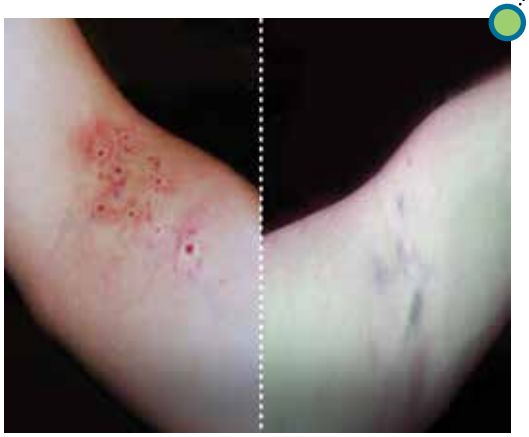
If you are interested in obtaining a home drug test, contact your local pharmacy.

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

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

SLANG

HEROIN:

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

USING HEROIN:

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

OXYCONTIN, PERCOCET, VICODIN AND OTHER PAINKILLERS:

Big Boys
Cotton
Kicker
Morph
Tuss
Vike
Watson-387

USING PRESCRIPTION DRUGS AND ABUSE:

Pharming
Pharm Parties
Recipe (mixing with alcohol)
Trail Mix

METH:

Chalk
Crank
Crystal
Fire
Geek
Glass
Go
Hitler's Drug
Ice
Jib
Motivation
Poor man's Coke
Redneck Coke
Shards
Speed
Tina
Tweek
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
Canade
Woola
Wookie
Woo-Woo

RESOURCE

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

DRUGS IN THE WORKPLACE

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

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

70%
of substance abusers hold jobs,
according to the American Council for Drug Education (ACDE)

Industries that tend to have a higher number of substance users include:

Construction

Trucking

Retail sales clerks

Assembly and manufacturing workers

Drug abuse costs employers
$81 billion annually
according to estimates by the National Council on Alcoholism and Drug Dependence, Inc.

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

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

The following statistics provided by 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

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

JOB PERFORMANCE

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

WORKPLACE BEHAVIOR

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

IF YOU SUSPECT AN OVERDOSE

Dos and don'ts in responding to opioid overdose

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

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

1 | All you have to say is: "Someone is not breathing."

2 | Be sure to give a clear address and/or description of your location.

NARCAN was administered for **201 suspected overdoses** between Jan. 1, 2017 - May 15, 2018.

In 2017, **men accounted for 57%** of drug overdoses in Boone County with an average age of 45 years old. The remaining **43% were women** with an average age of 51 years old. The youngest reported overdose was a **15 year old male**. The oldest was an **88 year old female**.

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.

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:

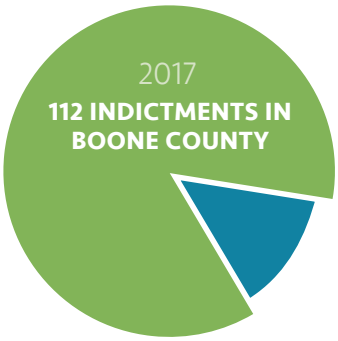
- Unusual sleepiness or drowsiness
- Mental confusion, slurred speech, intoxicated behavior
- Slow or shallow breathing
- Pinpoint pupils
- Slow heartbeat, low blood pressure
- Difficult waking the person from sleep

RESOURCE

www.samhsa.org

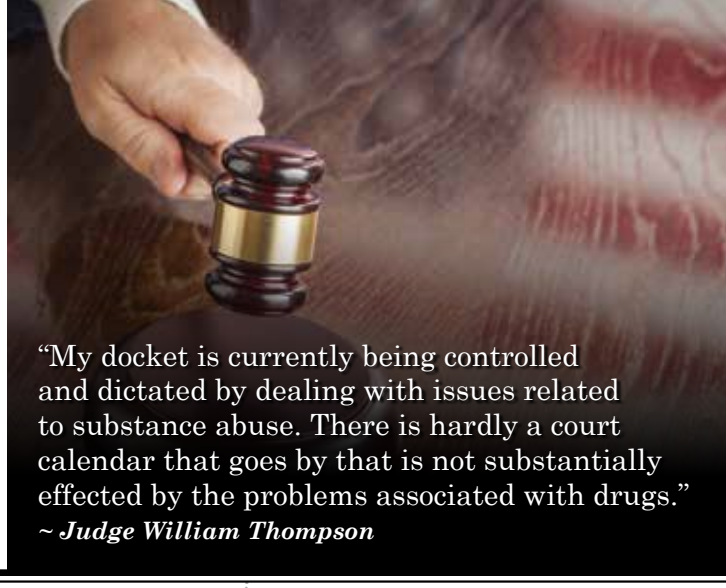
WEST VIRGINIA STATUTES

As of July 19, 2018



APPROXIMATELY 97 (87%) WERE RELATED TO SUBSTANCE ABUSE

Approximately 175 children were removed from their home by the Boone County Court, and 97% (170) of those removals were associated with parental and caregiver substance abuse.



"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

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.

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.

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.

RESOURCES

ACT UNIT VALLEY HEALTH

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

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

ALCOHOLICS ANONYMOUS (AA)

Toll free: 1-877-331-3394

Call to find a local meeting.

AMITY CENTER

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

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

APPALACHIAN TEEN CHALLENGE

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.

BOONE COUNTY COURTHOUSE/ DRUG COURT

Judge William S. Thompson
200 State St., Madison, WV
(304) 369-7350

BOONE COUNTY HEALTH DEPARTMENT

Julie Miller
213 Kenmore Drive, Danville, WV
(304) 369-7967 or Julie.z.miller@wv.gov

Provides services for HIV/AIDS, sexually transmitted diseases, family planning, community and provider education.

BOONE COUNTY STOP WATCH

Regional Family Resource Network
Fountain of Life Church
301 Daniel Boone Parkway, Foster, WV
(304) 414-4470
www.regionalfrn.org/boone.html
@regionalfrn.org
executivedirector@regionalfrn.org

Stop Watch meets at 2 p.m. on the second Tuesday of each month with the mission to reduce substance abuse and its impact and support families of Boone County.

BOONEHEARTS

Fountain of Life Church
301 Daniel Boone Parkway, Foster, WV
Mary Price (304) 247-6695
boonehearts@gmail.com

A task force of the Boone County Stopwatch Coalition aiming to improve communities and assist individuals and families coping with addiction with recovery, treatment and support resources.

CHARLESTON TREATMENT CENTER

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

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

CHESTNUT RIDGE

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

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

CLARKSBURG CLINIC

706 Oakmound Rd., Clarksburg, WV
(304) 622-7511

Medical facility for opiate-only detox providing counseling in conjunction with suboxone and methadone treatment. Men and women with substance use issues persisting one year or longer are welcome. Accepts Medicaid, private insurance and cash payment.

CORNERSTONE FAMILY INTERVENTIONS

Monica Ballad
331 State Street, Suite 300
Madison, WV 25130
(304) 369-5283

Provides resources, counseling and support for parents, children and families in Boone County at risk of harm.

FAMILYCARE HEALTH CENTERS

515 Main St., Madison, WV
(304) 369-0393

Provides substance use counseling and therapies for pregnant women and adults, as well as women's health and prenatal care, adult, adolescent and pediatric health care.

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).

GENERATIONS SAVED
Madison, WV

Tess Myers
(304) 784-3204
tessmyers57@gmail.com

Provides awareness and advocacy around Neonatal Abstinence Syndrome (NAS) and its reduction.

HERO HOUSE

Madison, WV
(304) 369-6933 or (304) 928-3183
@herohousesoberliving

Faith-based community group sponsoring fundraisers and fun activities around sober living. Also provides a recovery program for men (ages 18 and older). Admission requires review of any prescription medication, ID, interview and monthly rent for room and board.

LIGHTHOUSE RECOVERY GROUP

Amazing Grace Fellowship
12730 River Rd., Seth, WV
Director Joseph Wells: (304) 687-3916 or (304) 837-4040
Outreach, Ben Hapney: (304) 542-1625
lighthouserecoverygroup@gmail.com

Provides outreach, support groups and services for individuals in recovery and their families affected by addiction.

LILY'S PLACE

Huntington, WV
(304) 523-5459 or (304) 523-8341

By appointment only. Care for infants suffering from prenatal drug exposure and support, education and counseling services to families.

MID-OHIO VALLEY FELLOWSHIP HOME

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

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

NARCOTICS ANONYMOUS (NA)

Toll free: (888) 328-2518

Call to find a local meeting.

NATIONAL INSTITUTE ON DRUG ABUSE

www.drugabuse.gov

Provides various drug fact sheets and resources.

NEW BEGINNINGS WOMEN'S RESIDENTIAL TREATMENT

202 Columbia Street, Fairmont, WV
(866) 426-7444

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

NORTHWOOD HEALTH SYSTEM

Wheeling/Weirton, New Martinsville WV
(304) 845-3000

Medical detox program for men and women recovering from all forms of drug and alcohol dependence accepting Medicaid, Charity Care Plan, UniCare and Coventry. Admission requires medical information, ID and interview.

PARCWEST

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

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

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

PRESTERA CENTER

376 Kenmore Drive, Danville, WV
(304) 369-1930

Providing leading quality behavioral health care and addiction treatment programs for substance abuse to help individuals and their families return to the road to wellness. Prestera also offers medically monitored detoxification and transitional living programs.

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.

SOUND MIND INC.

451 Gwinn St, Lester, WV
(304) 712-0775

Faith-based rehab facility for adult males with a duration of 6-12 months. New patients admitted upon application and interview between 10 a.m. - 5 p.m., Monday through Thursday.

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.

STORM HAVEN TRANSITIONAL HOME

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

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

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

findtreatment.samhsa.gov

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

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

1-844-HELP4WV

Boone Opioid Network

PARTNERS INCLUDE:

- Amazing Grace Fellowship
  Pastor Matthew Epling
- Boone County Ambulance Authority
  Bryan Justice
- Boone County Board of Education
  Sherman High School and Principal Todd Barnett; Scott High School and Principal Jacob Messer
- Boone County Courthouse
  Judge William S. Thompson
- Boone County Health Department
  Julie Miller, administrator
- Boone County Stopwatch
- BooneHEARTS
  Mary Price
- Coal Valley News
  Phil Perry
- Del. Rodney Miller (D-Boone, 23)
- Dr. Rahul Gupta, Commissioner & State Health Officer
- Generations Saved
  Tess Myers
- Hero House
- Lighthouse Recovery Group
  Joseph Wells, Ben Hapney and Bill Dickens
- Madison Baptist Church
- Sen. Ron D. Stollings, M.D. (D-Boone, 7)
- Southeastern Area Health Education Center (SE-AHEC)
  Angela Alston, Janet Kowalsky, Rutmann Desauguste, Quoc Tran and Sydney Waugh
- WV Council of Churches
  Robin Weiner
- WVSOM Center for Rural and Community Health
  Dr. Drema Mace and Courtney Hereford
- West Virginia School of Osteopathic Medicine
- WVU School of Medicine
  Dr. Gordon Smith and Dr. Judith Feinberg

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