PRESCRIPTION OPIOID AND HEROIN AWARENESS TOOLKIT

A PREVENTION GUIDE

PROVIDED BY:

Great Rivers Regional System for Addiction Care

Cabell County

GREENBRIER COUNTY CARxE COALITION

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

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SAMHSA Substance Abuse and Mental Health Services Administration

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

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

ABOUT GREAT RIVERS REGIONAL SYSTEM FOR ADDICTION CARE

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

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

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

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

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

– Bill J. Crouch, Cabinet Secretary, WV DHHR

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It's important to remember that when people start taking drugs,

they don't plan to become addicted.

ADDICTION IS A MEDICAL CONDITION

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

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

ADDICTION IS A BRAIN DISEASE

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

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

Source: www.drugabuse.gov

WHAT'S RELAPSE?

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

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

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

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

Source: www.drugabuse.gov

IF YOU SUSPECT YOUR LOVED ONE MAY BE ABUSING

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

5 TIPS FOR TALKING WITH KIDS ABOUT DRUGS AND ALCOHOL:

1 | Be open.

2 | Be nonjudgmental.

3 | Treat them as individuals.

4 | Don't make assumptions.

5 | Don't move too fast.

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:

33 was the average age of a patient who visited an ER in Cabell County in 2016 for overdosing, according to the City of Huntington.

WHEN SOMEONE YOU LOVE IS ADDICTED

1 | EDUCATE YOURSELF ABOUT ADDICTION

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

2 | BE AWARE OF "DOCTOR SHOPPING"

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

3 | ATTEND FAMILY SUPPORT GROUPS

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

4 | SET BOUNDARIES AND LIMITS

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

5 | FOCUS CONVERSATIONS TOWARD RECOVERY, NOT BLAME

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

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

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

7 | TAKE CARE OF YOURSELF!

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

LOCAL STORIES OF OVERCOMING ADDICTION

ADDIE'S STORY

My name is Addie, and I've been in recovery for a little over seven years. I work part time, and in my spare time I sponsor and mentor others in recovery. I love the life I live today, but a few short years ago, I was a hopeless alcoholic/addict existing day to day in a dark place. I was hoping to die.

I am a daughter of two wonderful yet dysfunctional parents. I grew up an only child, and to my friends it looked like a great life. I always felt different, though, like a square peg trying to fit into a round hole. My father was a functional alcoholic and the mayor of our small town. My mom was a hard-working hairdresser until she came down with emphysema. She was also a prescription pill addict. I didn't realize that at the time, but today I see it very clearly. I did well in school and my dad programmed in me from an early age the need to work hard and to get my education. They both had big dreams for me, as all parents do, and for a while I succeeded.

In high school and college, I sometimes drank but stayed away from drugs. After college, I went to work in Charleston and got married for the first time. That marriage ended in divorce and I remarried a couple of years later. I was drinking more, mostly after work and on weekends, then I started drinking on the way from work and continuing through the night. I started going in late in the morning and missing whole days of work. My husband and I had been in a car wreck early in the marriage, and I had a neck injury that doctors were prescribing me pain pills for. When I could get them, that was great, but I always had my best friend — alcohol.

After my mother passed away, my drinking progressed rapidly. My husband always warned me that someday my luck would run out and I would get a DUI. I always told myself that if I ever got one I would quit drinking, because to me, that would be the end of the world. Well, be careful what you tell yourself, because by 2002 I had three DUIs, two of which I hadn't been to court for sentencing yet. I quit my state government job before I was terminated and went to Charlottesville, Va., to enter five-week intensive outpatient treatment. I came back home, went to court and was sentenced to six months of home confinement. I began working again and started attending 12-step meetings. I was doing OK, but my doctor was still prescribing

"I didn't realize that at the time, **but today I see it very clearly."**

"In that moment, I felt different. **I had hope."**

me opiate pain pills for my "neck pain." I told myself I was sober because I was taking them as prescribed, and I was, for a while.

My father passed away and left me with a mess of an estate to settle and a business to run. I was able to run his business, but all the while my addiction to pain pills was getting worse. My marriage ended, and that would be the beginning of a five-year downward spiral for me. I was eating pain pills like candy, and my doctor ended up prescribing me Xanax because of the stress of divorce. What a lethal combination! I laugh today and say Xanax should come with a warning label that says, "may cause shoplifting," but at that time there was nothing to joke about. I was eating opiates and benzos, still telling myself, "I'm doing OK because I'm not drinking." I also told myself that I would never buy drugs on the black market, and that I was OK as long as a doctor was prescribing them. I had become both of my parents and was too blind to see it.

I firmly believe that God puts people in our lives exactly when we need them the most, and for me, that person was my boyfriend. He and my friends helped me through the separation and we became a couple a few months later. I was still working, but I lost that job shortly after. I was in withdrawal one Monday morning and I finally told my boyfriend the truth about my pill addiction (he already knew, of course). He and another friend took me to a local facility to detox for a few days. When I got home, I did OK, attended meetings, and began working again.

I stayed clean for a while, then started going to a new doctor because my old one was on to me for pill-seeking. I overdosed in 2007 and spent three days on life support. I came home, did OK for a while, and then found another doctor. This cycle continued for four more years. It seemed nothing, not even overdosing, could keep me from seeking pills any way I could get them. I began drinking again, as well. I can't even remember the doctors I tried to get pills from or the number of outpatient programs I tried. Nothing seemed to work.

I was putting my boyfriend through absolute hell. Anyone else would have sent me packing. His friends and family were telling him to do just that, and I can't blame them. I was lying, stealing and pawning things to feed my addiction. I told myself that I was meant to drink and use until I died. I hoped death would come quickly. I told myself that I wasn't worthy of love; not my boyfriend's, and certainly not God's.

One Saturday morning, my boyfriend told me to pack a bag. He said I had two choices: either go into a treatment facility that day or go to the city mission (homeless shelter). He couldn't live with me anymore. Later that day I was admitted to Prestera Center. I went into detox kicking and screaming.

I came home five weeks later a different person, all by the grace of God. On the third day of detox, the doctor told me to look at myself in the mirror, to look at what drugs and alcohol had done to me. I was upset at first, but later that day I did just that. As I stood in that bathroom and looked in the mirror, all the hopes and dreams my parents had for me growing up came flooding back to me. I stood there and thought, "OMG, Addie, what have you done to your life?" At that moment, something changed. I don't know if you would call it a spiritual experience, but something changed. Even though I was still sick from the withdrawal, I felt for the first time like I wasn't alone anymore. For years, even though I had a host of friends and family who loved me, I always felt alone. In that moment, I felt different. I had hope.

What came after has been nothing short of a miracle. After detoxing, I spent 28 days in treatment, and I absorbed every minute of it like a sponge. My boyfriend would visit and tell me he could see the light back in my eyes and he could actually see the hope in me as well. When I came home, I did 90 days of intensive outpatient treatment, then I went back to school and took a couple of classes. I did anything I could to stay busy and have to be somewhere every day to be held accountable. I got involved in 12-step meetings again, and the service work that comes with them.

My boyfriend and I have repaired our relationship as well. You see, he loved me until I could learn to love myself again. Without him, I know without a doubt I would be dead. I have worked the 12 steps, and I embrace the power greater than myself that I choose to call God today. I won't say my recovery journey has been perfect, but it has been one of love, hope and self-reflection. All it takes is a seed of hope, which is all I had when I looked in the mirror that day. Anything is possible.

Addie

STEVEN'S STORY

"God took my greatest weaknesses and turned them into a source of strength and hope for others."

My name is Steven, and I've been in recovery for almost 10 years. I've been married to my wife, Sara, for almost 12 years. I am a father of two, pastor of City Church Huntington, the Huntington-Area Recovery Coordinator for AmeriCorps VISTA, and a passionate Jesus follower. There's so much about life that I love. It hasn't always been this way. I was once a hopeless addict who longed for death.

I AM A SON

I grew up in small-town Appalachia to a single mom. I was a straight-A student, an athlete and all-around popular kid. My grandparents raised me to have solid values, a strong work ethic, and to always do and be your best. Life was good, but there was this nagging, empty feeling I could never fill no matter how good things were. By the time I got to high school, I started having flashbacks of an earlier time when I was abused by one of my mother's boyfriends. It eventually led me to get involved with a crowd that introduced me to drugs and alcohol. It was sufficient to numb the pain and fill the void for a short time. As they say in the 12-step rooms regarding time spent in the madness, "What started off as magical turned to maintenance, and then misery."

A STUDENT

On the outside, I kept up the facade that I had everything together. No one knew that on the inside I had a void filled with chaos and despair. I moved away from Appalachia to the big city, went to college and got a job. In time, I found like-minded people who also knew how to live a double life. They also used drugs and alcohol to deal with the void. These new "friends" introduced me to harder drugs, which took me deeper into hopelessness. Living the double life was draining.

After some frustrations with poor performance at school and work, I decided to have a weekend binge, secretly hoping to die, but to no avail. I woke up the next morning in a car in an abandoned field, covered in blood and vomit. I had no idea where I was or how I had wound up there. I was at the end of my rope as I hit my first rock bottom.

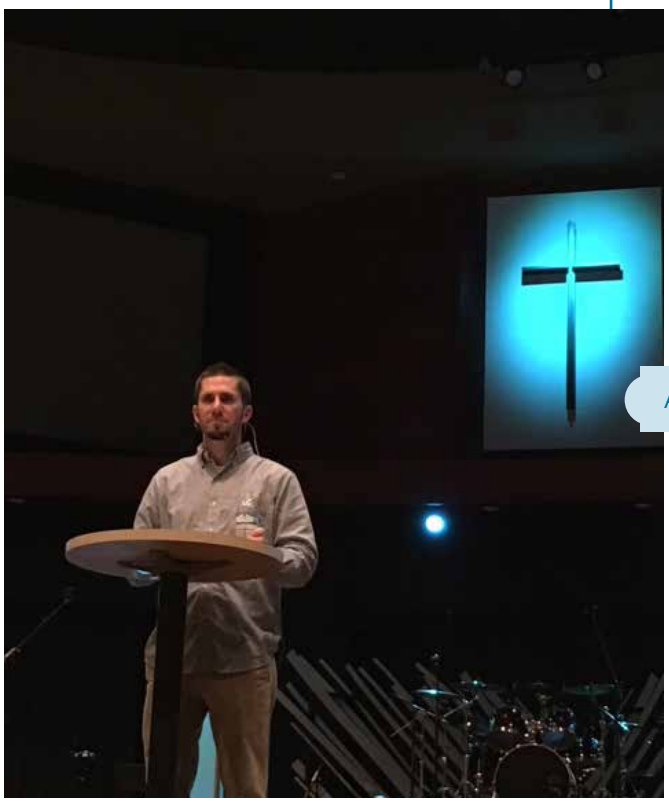
I was hopeless and came clean to my mother. I told her of my miserable escapades, and to my surprise, she told me she already knew. I checked into treatment, expecting it to be a waste of time, but nonetheless kept an open mind. One week later, I came out with a different attitude. A clinician had told me, "Things can be better; you don't have to stay stuck in this." This was the first time I'd ever considered the possibility. I caught a glimpse of hope that "maybe things could be better." Upon my discharge, I was committed to treatment, meetings and a new way of life.

A BOYFRIEND

I was fresh out of rehab when I met Sara at college. We hit it off right away. I was dependent, and she was a nurturer/fixer type. We started dating, got engaged, got a townhouse and got a dog. Things were starting to look up for me. I was getting promoted at work, we were making money, and before long, we were married and built a house. Things were going so well, actually, that I thought I was good and didn't need recovery meetings anymore. After three years, I left my recovery behind with bigger and better things in mind. It turned out that for the next two years, I was what those in Alcoholics Anonymous call a "dry drunk." I was sober, but not recovering. Not only was I miserable again, I was making everybody else around me miserable, too. It wasn't long until the old me was in full swing.

A HUSBAND

One particular night, while my wife was in the first month of pregnancy, I decided that I needed a night on the town to de-stress with some old "friends." While out, I met a girl who showed some interest in me. She became my adulteress and dealer. In no time, my addiction picked up right where it left off. Within a month of relapsing, I developed a $1,000-a-week habit that lasted for eight months. In the ninth month of my wife's pregnancy, she found out, and my double life came crashing down. The American dream that I thought we had built was nothing but dust and ashes in the wake of my addiction. That hopeless inner void was bigger than ever.



A FATHER

To top it off, we filed for divorce, and I was so mentally unhealthy. After my wife had moved back in with her parents, I ended up moving the other

girl into our new house. We were one week away from finalizing the divorce when one night, after I came home late from work, I found that the girl had left the house and stolen everything. The house I came home to was cold, dark, empty and hopeless. I realized for the first time that our house was actually a physical picture of the spiritual condition of my heart: cold, dark, empty and hopeless. I had hit rock bottom again. Falling under that weight, I hit my knees for the first time and cried out in the darkness, "God, if you're real, I need you to save me. No, I need you to save us!" Through the tears, God heard my cries and I surrendered everything.

A BELIEVER

God went to work right away. Sara and I decided to try to work it out before the divorce was final. It was a slow process to regain trust, but I was ready to do whatever it took. We began marital and individual counseling, I resumed therapy, which included medically assisted treatment, returned to my recovery meetings and began working the 12 steps with a sponsor. By the grace of God, I began to see glimmers of hope. After Sara and our son moved back home, she told me, "If we're going to do this the right way, we're going to need something bigger than ourselves." So we started attending church, became members, got baptized, and soon my addiction to drugs turned into an addiction to the Word of God.

"If we're going to do this the right way, we're going to need **something bigger than ourselves."**

A PREACHER

Our church was quick to welcome us with open arms and accept us without judgment. It was the perfect place for imperfect people like us. It was there that we found God loved us in spite of ourselves. For the first time, the void I had for so long was being filled. We became regulars in Sunday school class, where we unashamedly shared our stories for the first time. I began leading Bible studies and discipling men. A few years later, I was preaching and teaching weekly, and ministering to other broken people just like me. What happened was by God's grace. He took a beat-down, dope-dealing adulterer and made him a minister of the gospel of Jesus Christ.

I'm here to tell everyone that there is hope, recovery is possible, things can be better, and that God knows and cares. He loves you just as you are, but too much to leave you the way you are. For me, God took my greatest weaknesses and turned them into a source of strength and hope for others. He used the 12 steps, his people, and his church to demonstrate the redeeming power of the gospel, finally filling that void once and for all. Today, he continues to look for broken people like you and me through which he can transform this region one person at a time, from a place of cold, dark, empty hopelessness into a place filled with faith, hope and love.

Steven

"I was blessed and given unthinkable, undeserving grace by the Lord."

ZINYA'S STORY

Hello. My name is Zinya, but I'm commonly known as "Z." I was formerly known as "pebz" or "pebbles." My story doesn't end here, but is steadily presenting new opportunities for growth and change. This all happened because of a single choice. My story begins at a point of denial and deception. Becoming a single parent wasn't a career move. After I allowed myself to become dependent on a man, I decided to become my own boss. I wanted to become the boss. I have had a front-row seat to seeing how "dope boys" operate. These boys made money extremely fast while making it seem easy. I felt like I was justified to do anything to help my daughter. I was a single parent, and it was not easy. I found out that the dope game was everything I assumed it to be — money, power and respect. I had actually figured out a method to the dope-boy madness, and my trademark of being friendly finally paid off. That meant that customers were easy to find.

I soon found out that I had become increasingly similar to my customers. I had developed excessive slang and a habit for myself. Cocaine and Hennessy (liquor) were my self-made remedies to keep me numb to the outrageous and savage persona I developed. I claimed this persona in order to fulfill the role of a street pharmacist. Within this environment, I drowned in a sea of

In August 2016, **26 overdoses were reported within a five-hour period** in Cabell County.

Source: DHHR-Outbreak Report

self-destruction. The fear of overdose was a paranoia for me.

It was a huge wakeup call, and I left the area I was in after the overdoses happened. I felt that I had been blessed with an opportunity to change. Change for me really meant putting down the dope and picking up the hope. Meanwhile, I had decided to give my momma temporary custody of my daughter, and that was initially supposed to be short-lived. I'd love to say everything got better overnight, but trying to escape the reputation of being one of the best dope dealers wasn't easy.

Something beautiful happened, and I was able to relate to those who were struggling with addiction. I no longer viewed these people struggling with the poison that I presented to them as customers. I began to view them as friends. I would sit and listen to their stories of how they ended up sick in front of me. I realized that this wasn't fun, that the joy of what I thought they experienced was only a temporary fix. I started to trade my heroin for Suboxone and served that with an order of a pep talk. It led me to look into my own hurt, shame and pain. I would help my friends, and in return it would help me.

I found myself hating my occupation and the situation I was in. I was an alcoholic and cokehead. I left Marcum Terrace and ended up staying where I could. I cried out to the Lord, literally. I was on a walk that I thought was only for clearing my mind. As soon as I got away from the distractions, the sound from my own heart poured out. I yelled out into the open air, "Lord, I believe who you say you are. I don't want to sell dope, I don't want to live a life of partying. I want to live a life that matters. But I need options. I need you to give me a friend who will love me unconditionally, at least one who would understand me." About a week later, I met a girl who would soon be my best friend. She had come to visit a friend at the apartments behind Rebuild. She had complimented me on my dress and I picked up on her genuine, caring nature. After a couple of weeks, she said she thought I looked unhappy. We also shared the gift of singing, and we made up songs that spoke to us and decided to live differently and to allow the Lord to take what was left of our lives. Together we have held each other accountable. The Lord heard my prayer that day. He gave me another option. Before leaving, I had the opportunity to go to Rebuild, an outreach project in downtown Huntington and a place the community is allowed to call home.

I attended Rebuild when there was a group discussion called "Kick Back N Chat." I continued to go even after I left the apartment building. With that encouragement and accountability, I've been able to since surrender to the Lord. I am now a full-time volunteer at Rebuild, giving back what had been poured into me. The Lord brought me into the lives of my friends, Mrs. Renee and Mr. Paul. That, my friend, is love and hope. I have an intimate relationship with the Lord. He has been faithful to see me through.

I'm incredibly thankful to be an advocate in Huntington as a person of hope, love and an overcomer of addiction, as I've had the unique viewpoint as the dope girl and addict, and now I get to be an advocate for sober living. I genuinely care about people and want to see others overcome their struggles. Each person I meet with an addiction is my priority, my responsibility and my friend. I was blessed and given unthinkable, undeserving grace by the Lord. To be given a heart that could be moved to have compassion is groundbreaking. I finally learned who I am. I was able to learn who I was while struggling with my own addictions and through the friendships I made.

My story doesn't end here, and I am progressing forward each and every day. I have seen the world, other people and myself differently. I'm happy to say that I'm completely set free from drugs and alcohol.

Zinya

Healthy Connections is a result of discussions between community members and medical providers that brought to light the gap in services within our community for women with substance use disorders who also have children, so that they can receive appropriate, comprehensive care.

RESOURCE

For further information, call:
Dedra Beckett, MSW
Marshall Health
304-429-3882

HEALTHY CONNECTIONS IN CABELL COUNTY

Healthy Connections is a collaborative community response to the treatment of mothers struggling with addiction and the well-being of their families. Partners include Valley Health Systems Inc., Marshall University's Department of Psychology and Department of Social Work, Marshall Health, Marshall University Joan C. Edwards School of Medicine, Cabell-Huntington Hospital, St. Mary's Hospital, Lily's Place, Quality Insights and the City of Huntington, among others.

The vision of Healthy Connections is to represent a collaborative treatment approach that encourages functional partnerships in recovery, educates families and the community about best practices and resources, and works to improve the quality of family relationships. A major component of this effort is the implementation of family navigators. These family navigators work with a small caseload of women to create a unique plan for each client and child, to help guide them through the entire spectrum of available services and resources. One of the foremost initiatives of Healthy Connections, alongside the family navigators, is a monthly kids' clinic, which assesses the physical and behavioral development of children with prenatal exposure.

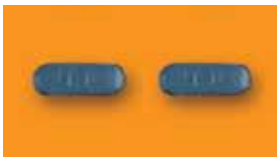
COMMONLY ABUSED PRESCRIPTION MEDICATIONS

PERCOCET 5 MG

PERCODAN 4.5 MG

OXYCONTIN 20 MG

OXYCONTIN 80 MG



OXYCONTIN 160 MG

PAIN MEDICATIONS

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

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

SEDATIVES

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

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

STIMULANTS

Abused medications to treat ADHD/ADD include:

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

COMMONLY ABUSED STREET DRUGS

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

In 2017, Cabell County Emergency Medical Services received **1,831 suspected overdose calls.**

Source: Cabell County EMS

RESOURCE

Please visit these sites for detailed information about prescription medications:

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

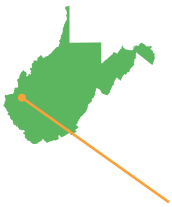
STEPS WE CAN TAKE TO PREVENT PRESCRIPTION DRUG ABUSE

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 at least 845 overdose deaths in West Virginia in 2016.

There were at least 132 overdose deaths in Cabell County in 2016.

Source: City of Huntington

1 | LOCK YOUR MEDS

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

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

2 | TAKE INVENTORY

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

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

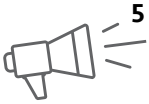
3 | EDUCATE YOURSELF AND YOUR CHILD

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

ONCE IS NOT ENOUGH!

4 | SET CLEAR RULES AND MONITOR BEHAVIOR

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



5 | PASS IT ON

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

In December 2017, the Huntington Quick Response Team (QRT) was developed in response to the ever-increasing number of overdose incidents and overdose fatalities the community was facing. The team is a result of many agencies and groups coming together to implement a concept that successfully relies on collaboration and cooperation among community partners.

Since December 2017, the team, which comprises of a police officer, an EMT and either a clinician or recovery coach, has followed up with people who have overdosed and called for an ambulance. The resulting home visits have been well-received, with approximately 31 percent of the people reached asking for help getting into treatment.

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

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

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.

Source: NIH, NIDA

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

HEALTH CONSEQUENCES

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

RESOURCE

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

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

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

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

STERILE NEEDLES/EQUIPMENT TO PREVENT HEPATITIS C AND HIV

The use of unclean needles and injection equipment is dangerous. Sharing needles, syringes and other injection equipment is a direct route of HIV and/or Hepatitis C transmission. HIV stands for human immunodeficiency virus. If untreated, the virus can lead to acquired immunodeficiency syndrome (AIDS). Unlike some other viruses, the human body can't get rid of HIV completely, even with treatment, 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 percent chance of developing withdrawal symptoms.

SYMPTOMS OF WITHDRAWAL INCLUDE:

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

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

Caregivers and parents are taught to use "Therapeutic Handling" techniques to help keep scores down, and the environment is kept as minimally stimulating as possible. Infants with consistently high scores are usually started on medication to control their symptoms and prevent seizures. Medications like methadone, morphine and phenobarbital are carefully prescribed and administered to control symptoms. The exact length of time it takes to wean these substances differs from baby to baby. It is not unusual for babies to be in the hospital for 2-6 weeks. Once they are weaned from medication and scores are consistently low, the baby will be discharged from the hospital.

Per federal law, umbilical cord tissue results that are positive for drugs – whether prescribed or not – must be reported to Child Protective Services, who will then make a determination of safety for the infant. It is particularly important that infants who are stable for discharge – whether they have been treated for withdrawal or not – must still be kept in low stimulation environments, with gradual introduction of stimuli so as to avoid relapse at home. Consistent visits to the pediatrician, along with developmental follow-up (such as West Virginia Birth to Three), is essential.

RESOURCE

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

Molly McMillion, Special Projects Consultant
http://www.wvperinatal.org/about-us/our-people

Cabell County Area

Lyn O'Connell, Co-chair
Marshall Health
(304) 691-1197

Rebecca Crowder, Co-chair
Lily's Place
(304) 523-5459

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

DRUG-EXPOSED CHILDREN: WHAT CAREGIVERS AND EDUCATORS SHOULD KNOW

What is a drug-exposed child?

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

EMOTIONAL

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

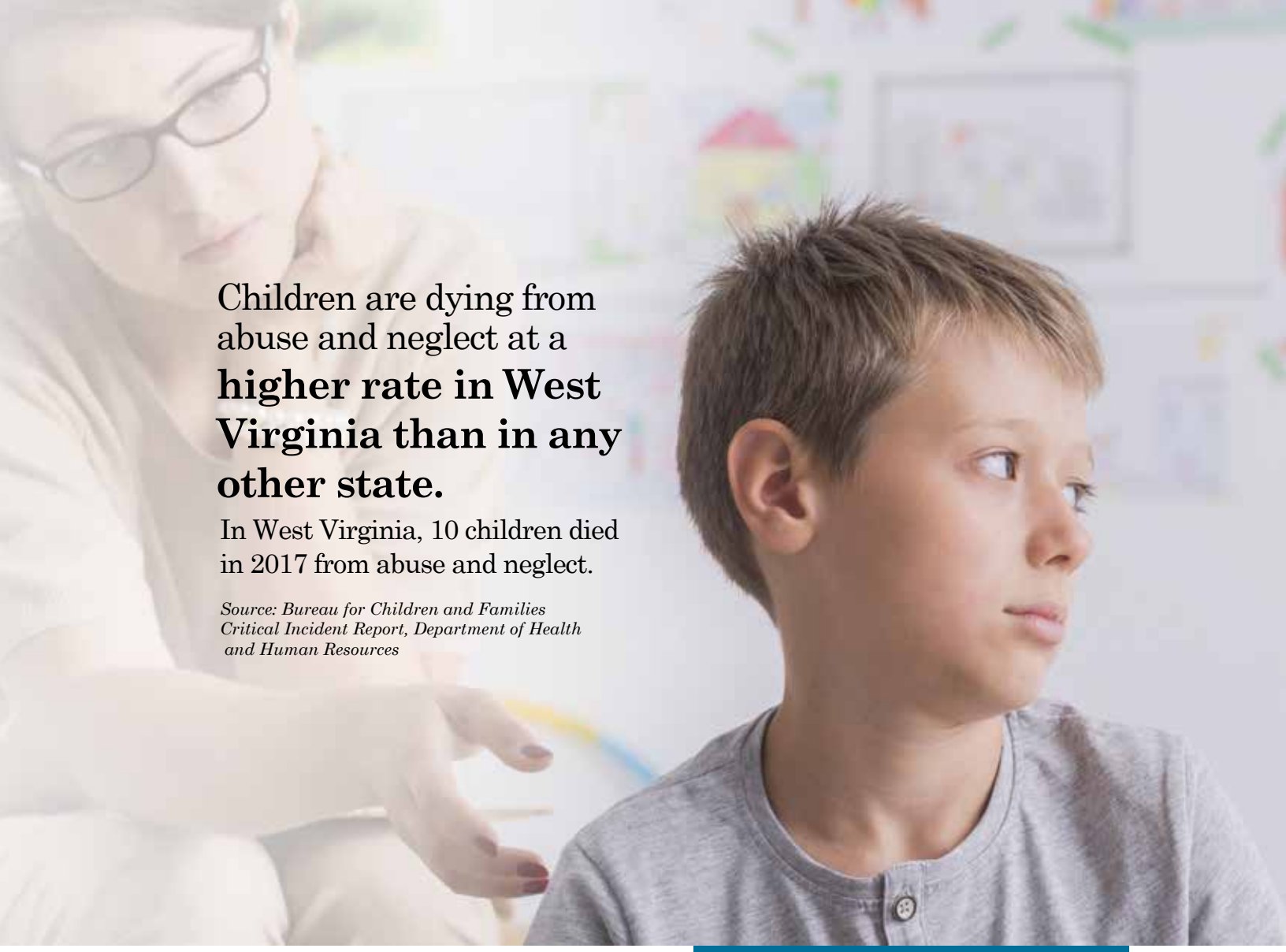
COGNITIVE

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

BEHAVIORAL

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

Remember, not every behavior indicates a specific concern.



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

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

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

HELPING A DRUG-ENDANGERED CHILD

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

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

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

STUDENT CONCERNS

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

In spring 2016, the PRIDE survey ranked 2,292 Cabell County high school and middle school students about prescription drug use. Students ranged in age from 11-18. Respondents were almost evenly split in terms of gender, with 48 percent of respondents being male and 52 percent being female.

Results indicated that only 4 percent of students who participated in the survey had used prescription drugs in the past 30 days.

Source: PRIDE Survey Data of 2016

Centers for Disease Control and Prevention conducted a Youth Risk Behavior Survey in 2017 to examine health behaviors and experiences among approximately 15,000 adolescents. Here are some of their findings about teens and substance use:

14% USED

In 2017, 14 percent of high school students had ever used prescription pain medicine, such as codeine, Vicodin, Oxycontin, hydrocodone or Percocet, without a prescription or differently than indicated by a doctor.

8.6% DECREASE

The percentage of students who had ever used select illicit drugs decreased significantly from 2007 (22.6 percent) to 2017 (14 percent).

In 2017, 1.5 percent of students had ever injected illegal drugs.

MORE MALES

A significantly higher percentage of male students (2 percent) than female students (0.8 percent) had ever injected illegal drugs.

TOP REASONS CABELL COUNTY TEENS USE PRESCRIPTION DRUGS

To Fit In

The use of drugs becomes a reality for teens because they fear not being accepted by people for abstaining from drug use.

To Experiment

Adolescents are naturally curious and seek experiences that are thrilling and exciting.

Boredom

Teens can be restless and can get into anything if they're bored enough.

Peer Pressure

A very powerful force in adolescence. Kids want to fit in and are afraid of being laughed at or teased by their friends for saying no.

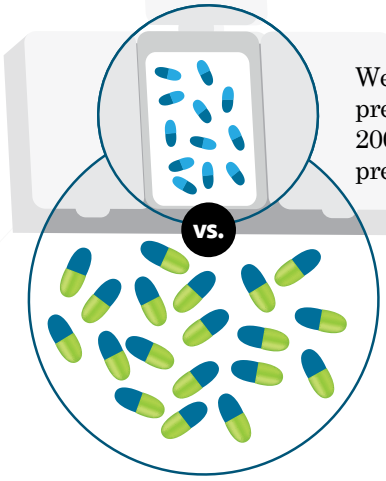
To Cope With Life

Teens are under a lot of stress and anxiety early in life. They don't understand how to effectively cope with their problems and instead turn to drugs for help.

ACCESS TO MEDICATION AND MEDICATION MANAGEMENT

What are your kids being prescribed?

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



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

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

Source: Kaiser Family Foundation, State Health Facts at www.statehealthfacts.org

According to the Centers for Disease Control and Prevention, **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 OF UNUSED MEDICATION CAN DECREASE THE CHANCE OF A CHILD GAINING ACCESS TO MEDICATION.

MEDICATION DISPOSAL INFORMATION

HUNTINGTON POLICE DEPARTMENT
675 10th St.
Huntington, WV 25702
(304) 696-4470

MILTON POLICE DEPARTMENT
1139 Smith St.
Milton, WV 25541
(304) 743-9211

1-844-HELP4WV
SUBSTANCE ABUSE AND BEHAVIORAL HEALTH HELPLINE

www.Help4WV.com

The Help4WV hotline received **1,056 calls from Cabell County residents** from Sept. 9, 2015, to June 17, 2016.

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

FACTORS THAT CAN INCREASE THE CHANCE OF ADDICTION

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

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

RESOURCE

archives.drugabuse.gov/NIDA_Notes/NN05index.html

1 | HOME AND FAMILY

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

2 | PEERS AND SCHOOL

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

3 | BIOLOGICAL FACTORS

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

4 | METHOD OF ADMINISTRATION

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

5 | EARLY USE

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

WHY WOULD MY CHILD USE DRUGS?

People begin taking drugs for a variety of reasons.

TO FEEL GOOD

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

TO FEEL BETTER

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

CURIOSITY AND "BECAUSE OTHERS ARE DOING IT"

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

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

RESOURCE

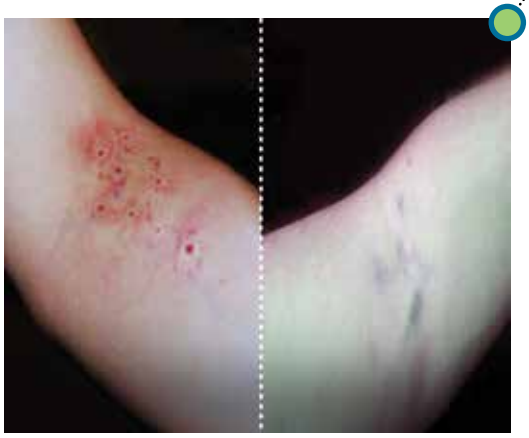
If you are interested in obtaining a home drug test, contact your local pharmacy.

SIGNS TO LOOK FOR

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

DILATED PUPILS

CONSTRICTED PUPILS



FRESH TRACK MARKS

TRACK MARKS MORE THAN 10 DAYS OLD

PHYSICAL

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

COGNITIVE

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

BEHAVIORAL

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

THE OVERLAP BETWEEN OPIOID ADDICTION AND BEHAVIOR

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

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

LIFESTYLE CHANGES THAT CAN BE RELATED TO OPIOID ADDICTION

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

THINGS TO KNOW

OPIOID/HEROIN PARAPHERNALIA CAN BE:

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

SLANG

HEROIN:

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

USING HEROIN:

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

OXYCONTIN, PERCOCET, VICODIN AND OTHER PAINKILLERS:

Big Boys
Cotton
Kicker
Morph
Tuss
Vike
Watson-387

USING PRESCRIPTION DRUGS AND ABUSE:

Pharming
Pharm Parties
Recipe (mixing with alcohol)
Trail Mix

USING HEROIN + OTHER DRUGS:

Heroin + Alprazolam (Xanax): Bars

Heroin + Cocaine:
Belushi
Boy-Girl
He-She
Dynamite
Goofball
H&C
Primo
Snowball

Heroin + Cold Medicine: Cheese

Heroin + Crack:
Chocolate Rock
Dragon Rock
Moonrock

Heroin + Ecstasy:
Chocolate Chip Cookies
H Bomb

Heroin + LSD:
Beast
LBJ

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

RESOURCE

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

DRUGS IN THE WORKPLACE

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

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

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

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

Construction

Trucking

Retail sales clerks

Assembly and manufacturing workers

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

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

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

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

10x more likely to miss work

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

33% less productive

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

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

JOB PERFORMANCE

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

WORKPLACE BEHAVIOR

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

IF YOU SUSPECT AN OVERDOSE

Dos and don'ts in responding to opioid overdose

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

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

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

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

Contact the Cabell-Huntington Health Department for a schedule of Naloxone classes.
304-523-6483
www.cabellhealth.org

90.8% of all Cabell County overdoses involved an opioid. 65.2% of overdoses in Cabell County in 2016 were by males and 34.8% were by females.
Source: City of Huntington

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

DO administer Naloxone.

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

DON'T slap or try to forcefully stimulate the person — it will only cause further injury. If you are unable to wake the person by shouting, rubbing your knuckles on the sternum or light pinching, he or she may be unconscious.

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

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

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

RESOURCE

www.samhsa.org

HAVE NALOXONE ON HAND

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

SIGNS OF AN OVERDOSE, which is a life-threatening emergency, include:

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

SIGNS OF OVER MEDICATION, which may progress to overdose, include:

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

CABELL COUNTY HPD STATISTICS

In 2017, 66 people were indicted on drug charges by the Huntington Police Department Special Investigations Unit.*

"In Cabell County, W.Va., we are in the midst of an opioid crisis. With this crisis comes many new challenges to our medical providers, law enforcement, court and prison systems, as well as the general public. We have tried to implement new programs in the area to alleviate this problem. I realize that we cannot arrest our way out of the problem. We have placed more offenders on home incarceration and day report programs, and also given them a chance to seek treatment options. Addiction treatment is a key to reducing recidivism, and in Cabell County we are dedicated to this task."

– C.N. Zerkle, Jr., Cabell County Sheriff

WEST VIRGINIA STATUTES

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

**Source: Huntington Police Department*

HARM REDUCTION: THE LEGAL ASPECT

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

As of May 29, 2018

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

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

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

DRUG CONTROL POLICY

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

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

OVERDOSE NALOXONE (NARCAN)

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

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

CALL 911 WITHOUT RISK

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

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

SENATE BILL 371 - Senate Bill 371, the West Virginia Justice Re-Investment Act, was signed into law during the 2013 regular legislative session. The bill implements policy changes developed through "justice reinvestment," a data-driven approach designed to improve public safety, reduce corrections spending and reinvest savings in strategies that can decrease crime and reduce recidivism. One branch of this bill focuses on substance abuse via establishing community-based medication-assisted treatment, partnerships, and resources and ensuring effective substance use treatment in state prisons.

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

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

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

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

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

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

TREATMENT OPTIONS

WITHDRAWAL MANAGEMENT IS THE FIRST STEP TOWARD RECOVERY

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

INPATIENT

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

RESIDENTIAL TREATMENT

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

PARTIAL HOSPITALIZATION AND DAY TREATMENT

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

INTENSIVE OUTPATIENT

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

OUTPATIENT COUNSELING/THERAPY

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

TRANSITIONAL LIVING OR HALFWAY HOUSES

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

SUPPORT GROUPS

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

MEDICATION-ASSISTED TREATMENT

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

MEDICATIONS USED IN MEDICATION-ASSISTED TREATMENT

NALTREXONE (VIVITROL)

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

BUPRENORPHINE (SUBOXONE)

- Medication-assisted treatment of opioid dependence can also use buprenorphine combined with naloxone (best known by the brand name Suboxone) as part of a complete treatment plan including counseling, 12-step support groups and other psychosocial support therapy. Buprenorphine combined with naloxone is typically administered via either a sublingual strip or pill and taken orally.
- As with all forms of medication-assisted treatment, dosage varies between patients. The goal of the medication is to manage the withdrawal symptoms and cravings for heroin and other opioids while fostering recovery from the brain disease of addiction.

BUPRENORPHINE (BUPRENEX)

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

METHADONE

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

ANTIDOTE MEDICATION

NALOXONE (NARCAN)

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

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

RESOURCE

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

ALCOHOLICS ANONYMOUS (AA)

Toll free: (877) 331-3394

Call to find a local meeting or visit www.aa.org

BRANCHES DOMESTIC VIOLENCE CENTER

(800) 799-7233

CABELL COUNTY SUBSTANCE ABUSE PREVENTION PARTNERSHIP (CCSAP)

http://unitedwayrivercities.org/our-work/health

A coalition of various agencies, organizations and individuals working together to reduce local substance abuse with strong collaborative partnerships and community ownership, using awareness, education and community-wide solutions.

CABELL-HUNTINGTON HEALTH DEPARTMENT

703 7th Ave., Huntington, WV
(304) 523-6483
https://www.cabellhealth.org

Harm reduction programs as well as other clinical services are offered.

CELEBRATE RECOVERY

STEELE MEMORIAL UNITED METHODIST CHURCH

733 Shaw St., Barboursville, WV
(304) 736-4583
steelememorial.com

Tuesday at 6:30 p.m. Christ-centered 12-step recovery program for anyone struggling with hurt, pain or addiction of any kind.

MADISON AVENUE CHURCH OF GOD

1201 Madison Ave., Huntington, WV
(304) 529-4757

Tuesday at 6:30 p.m.

FELLOWSHIP BAPTIST CHURCH

3661 US-60, Barboursville, WV
(304) 736-8006
fellowshipbarboursville.com

Monday at 6 p.m.

Devoted to those with hurts, habits and hangups.

CONTACT RAPE CRISIS CENTER

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

FAITH COMMUNITY UNITED

CENTRAL CHRISTIAN CHURCH

1202 Fifth Ave., Huntington, WV
Contact Terry Collison for more information:
terry.collison@harmonyhousewv.com

They meet the third Tuesday of each month from 6 - 8 p.m.

GRASP (GRIEF RECOVERY AFTER A SUBSTANCE PASSING) SUPPORT GROUP

Contact Ann Niday to pre-register:
(304) 633-4220
http://grasphelp.org

They meet the fourth Monday of each month from 6:30 - 8 p.m.

HARMONY HOUSE

627 4th Ave., Huntington, WV
(304) 523-2764

Provides basic resources and housing to the homeless of the Huntington area.

HELP 4 WV

(844) 435-7498
https://www.help4wv.com

HER PLACE (RECOVERY POINT WV)

2711 8th Ave., Huntington, WV
(304) 525-7394

Their drop-in center is open Monday-Thursday 9 a.m. - 5 p.m., Friday 9 a.m. - 4 p.m.

A nonprofit place where women, children and families can find a safe and nurturing environment with access to free peer support services and educational programs.

HUNTINGTON CITY MISSION

624 10th St., Huntington, WV
(304) 523-0293

A non-profit, non-denominational Christian organization established to help meet the physical, emotional and spiritual needs of those who are homeless, or at risk of being homeless, in our community.

HUNTINGTON COMPREHENSIVE TREATMENT CENTER

135 4th Ave., Huntington, WV
(304) 932-0106

An outpatient program that specifically works to help those addicted to heroin, morphine and prescription pain pills. Our medication assisted treatment program offers the implementation of Subutex, Vivitrol, Methadone and Suboxone.

LIFE HOUSE

537 Washington Ave., Huntington, WV
(304) 429-5433

A long-term, faith-based recovery program for men and women who are recovering from substance abuse and alcoholism.

LILY'S PLACE

1320 7th Ave., Huntington, WV
(304) 523-5459

Lily's Place provides observational, therapeutic and pharmacological care to infants suffering from prenatal drug exposure.

MATERNAL ADDICTION RECOVERY CENTER (MARC)

(304) 691-8730
www.marshallhealth.org/obgyn

Provides comprehensive obstetrical care, outpatient addiction care and counseling for expectant mothers with opiate addiction.

MATERNAL OPIOID MEDICATION SUPPORT (MOMS) PROGRAM

(304) 691-8730

Provides addiction treatment services to postpartum women not currently in a treatment program while their babies are recovering from neonatal abstinence syndrome (NAS).

NARCOTICS ANONYMOUS (NA)

Toll free: (888) 328-2518
https://www.na.org

Call to find a local meeting.

NATIONAL INSTITUTE ON DRUG ABUSE

www.drugabuse.gov

Nurses and physicians provide various drug fact sheets and resources.

PRESTERA

Prestera, a comprehensive mental health center, is a leader in providing quality professional services to persons with mental health and substance use needs. Prestera offers services to everyone, regardless of their ability to pay.

PINECREST
5600 US-60, Huntington, WV
(304) 399-7776

PRESTERA CENTER
3375 US-60 E, Huntington, WV
(304) 525-7851

MARGARETTE R. LEACH CENTER FOR YOUTH AND FAMILIES
1 Prestera Way, Huntington, WV
(304) 399-1970

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

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

Residential programs for men
The residential programs are long-term (three to six months), based on progress and continuing need. Residential addictions treatment programs are designed to meet the needs of each individual.

Withdrawal management programs
Withdrawal management services are available through the residential crisis stabilization programs. Nurses and physicians provide medications and support throughout the withdrawal period. Continuing treatment is recommended afterward to prevent relapse.

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

NATIONAL SUICIDE PREVENTION HOTLINE

(800) 273-8255

PROACT

800 20th St.
Huntington, WV 25701
Phone: (304) 696-8700
Fax: (304) 696-8701

The Provider Response Organization for Addiction Care and Treatment (PROACT) is a coordinated effort of the West Virginia medical community that provides comprehensive assessment, education, intervention and treatment solutions for substance use disorders in a single accessible service hub. Services include clinical assessments, medication-assisted treatment (MAT), peer recovery supports, individual and group therapy, support groups, intensive outpatient services, spiritual support, job placement and job readiness training.

RECOVERY CENTER AT CABELL HUNTINGTON HOSPITAL

(304) 399-1630

Offers comprehensive treatment for patients with opiate addiction and includes individual counseling, group therapy, pharmacological management, psychological testing and pain specialists to treat underlying pain.

RECOVERY POINT WV

2425 9th Ave., Huntington, WV
(304) 523-4673
https://www.recoverypointwv.org

A nonprofit organization offering recovery services at no cost to clients across the state.

VALLEY HEALTH SYSTEMS

MAIN OFFICE

3377 US-60, Huntington, WV
(304) 525-3334

10th St., Huntington, WV
(304) 399-3366

Vivitrol program for opioid dependence

HIGHLAWN

2585 3rd Ave., Huntington, WV

Offers standard medication-assisted treatment and maternal care program (MAT for pregnant and postpartum individuals)

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

Findtreatment.samhsa.gov

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

WV DHHR COMPREHENSIVE BEHAVIORAL HEALTH CENTERS DIRECTORY

bit.ly/BehavioralHealthCenterDirectory

Lists behavioral health centers and their contact information.

WEST VIRGINIA HIV/AIDS & STD HOTLINE

(800) 642-8244

Persons who continue to inject drugs should periodically be tested for HIV. Please call for information about testing.

WV PEER RECOVERY RESOURCES GUIDE

bit.ly.PeerRecoveryWV

Lists admission criteria for various state substance abuse programs.

WV PRESCRIPTION DRUG ABUSE QUITLINE

(866) 987-8488

1-844-HELP4WV

Great Rivers Regional System for Addiction Care

Cabell County

PARTNERS INCLUDE:

AETNA Better Health of WV

Appalachia HIDTA

Cabell County Emergency Medical Services

Cabell County Substance Abuse Prevention Partnership

Cabell-Huntington Health Department

City of Charleston Fire Department

City of Charleston Police Department

City of Huntington

DEA

First Choice Health Systems

Fruth Pharmacy

Jackson County Health Department

Kanawha-Charleston Health Department

Kanawha Communities That Care

Marshall Health

Marshall University

Marshall University School of Pharmacy

Prestera Center

Putnam Wellness Coalition

Quality Insights

UC School of Pharmacy

United Way of River Cities

WV Department of Health and Human Services

- Bureau for Public Health

- Bureau for Behavioral Health and Health Facilities

WV Department of Military Affairs and Public Safety

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