



Help & Hope WV

Resource Guide



West Virginia families and communities along with the rest of the nation continue to face the public health crisis of substance use disorder.

Together we can help our fellow West Virginians and restore our families and communities.

**There is Help
and there is Hope...**

This Resource Guide is funded by the West Virginia Department of Health and Human Resources, Bureau for Behavioral Health via funding received from the Substance Abuse and Mental Health Services Administration (SAMHSA), which enables the state to develop the prevention infrastructure as well as the Help and Hope WV and Stigma Free WV websites.

WV Office of Drug Control Policy

As established in the 2017 West Virginia Drug Control Policy Act, the Office of Drug Control Policy (ODCP) is created within the West Virginia Department of Health and Human Resources (DHHR) under the general direction of the Cabinet Secretary. The ODCP Director serves as an advisor to the DHHR Cabinet Secretary and State Health Officer and is charged with leading development of West Virginia drug control policy, which includes all programs and services related to the prevention, treatment and reduction of substance use disorder, in coordination with Department Bureaus and other state agencies.

Prevention First Network

Funded by the West Virginia Department of Health and Human Resources (DHHR), Bureau for Behavioral Health, six regional Prevention Lead Organizations comprise the Prevention First Network. The goal is to prevent the onset of mental, emotional, behavioral, and substance use related problems. Service types include information dissemination, education, alternatives, problem ID and referral, community-based processes, and environmental strategies. The Prevention First Network provides a statewide, consistent, and strong message to community members, lawmakers, and other key stakeholders that “prevention” is an integral part of the continuum of care. Prevention is a critical component of any thriving community.

Two websites have been developed to promote the resources, services, events, and trainings in our state related to substance misuse prevention. Help & Hope WV connects people to information, tools, directory of services, calendar of trainings, and events across the state. The StigmaFree WV site provides information about the types of stigma experienced by individuals with substance use disorder, stories of recovery, and how people can get involved.

For more information, visit our websites:



HelpandHopeWV.org



StigmaFreeWV.org



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Introduction

Of all of West Virginia's resources, our people are most important. While most West Virginians do not misuse drugs or alcohol, substance use disorders are having an adverse effect on our people and communities. Our children are being placed in foster care at alarming rates due to substance use by family members in the home. Healthcare costs and workforce productivity have also been affected.

In order to combat these negative impacts, we need to understand the science of addiction, best practices in prevention and treatment, and various paths to recovery. Each of us play a role in improving the health, safety, and well-being of our fellow West Virginians.

SCIENCE OF ADDICTION

Located in the brain is the reward center which includes structures that control and regulate our ability to feel pleasure. When we eat food, listen to music, exercise, fall in love, or experience other pleasurable activities, the reward center is activated. Our brain remembers things associated with this experience and motivates us to repeat these behaviors.

However, drugs are able to hijack this process. When a person takes certain drugs, the reward center is overwhelmed and the brain attempts to regulate this surge. As a result, after the initial rush, the brain's reward center returns to a level even lower than before. With repeated drug use, the person needs more and more of the drug just to feel good [tolerance]. Over time, if drug use continues, other pleasurable activities become less pleasurable, and the person has to take the drug to feel "normal." Eventually, the person needs the drug just to avoid feeling sick, anxious, or depressed.

So why do people start using drugs? There are a variety of reasons. Many people began with a legitimate prescription

for pain. Research shows that opioids are highly addictive and people can become addicted after just a few days. Other people may take drugs to alleviate anxiety, stress, or depression. Still others may try drugs out of curiosity or social pressure.

Regardless of why people start using drugs, with continued use, a person's ability to exert self-control can become seriously impaired. Brain imaging studies from people addicted to drugs show physical changes in areas of the brain that are critical for judgment, decision-making, learning, memory, and behavior control. Scientists believe these changes alter the way the brain works and may help explain the compulsive and destructive behaviors of a person who becomes addicted. Long-term use alters brain chemistry and function.

Addiction (severe substance use disorder) is defined as a chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences. It is considered a brain disorder because it involves functional changes to the brain circuits involved in reward, stress, and self-control and those changes may last a long time after a person has stopped taking drugs.

Source:
National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services. (2018, July 20). *Drugs, Brains, and Behavior: The Science of Addiction*. <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction>

RISK AND PROTECTIVE FACTORS

Similar to other chronic disorders, factors can affect whether we are more susceptible to the disease of addiction. Certain biological and environmental factors can increase our vulnerability.

RISK AND PROTECTIVE FACTORS

RISK FACTORS

- Adverse childhood experiences
- Aggressive behavior in childhood
- Lack of parental supervision
- Poor social skills
- Drug experimentation
- Availability of drugs at school
- Community poverty

PROTECTIVE FACTORS

- Safe and nurturing relationships and environments
- Strong social and emotional skills
- Parental monitoring and support
- Positive relationships
- Bonding to school
- School anti-drug policies
- Neighborhood resources

PREVENTION WORKS

Prevention programs boost protective factors and eliminate or reduce risk factors. There is strong scientific evidence that supports the effectiveness of prevention programs.

Evidence-based prevention interventions can:

- prevent use or delay early use
- stop the progression from first use to misuse to substance use disorder (including addiction)

Prevention is cost-effective. Evidence-based prevention interventions can decrease costs related to substance use related crime, lost work productivity, and related healthcare costs.

For more information about effective prevention including what works and what doesn't, please review our Prevention Guide at HelpandHopeWV.org.

TREATMENT IS EFFECTIVE

Substance use disorder is a treatable, chronic disorder that can be managed successfully. Research shows combining behavioral therapy with medications is the best way to ensure success for most people. The combination of behavioral interventions and medications to treat a substance use disorder is known as **Treatment with Medication** (also known as Medication Assisted Treatment or MAT). Treatment approaches must be tailored to address substance use patterns and related medical, psychiatric, environmental, and social problems. Just like any other chronic disorder, such as asthma or hypertension, addiction is difficult to treat without the help of a healthcare provider.

PEOPLE DO RECOVER

There are many paths to recovery. Successful recovery often involves changing your lifestyle to create a supportive environment that avoids substance use triggers. Recovery can involve changing jobs or housing, finding supportive friends, and engaging in activities that do not involve substance use. Recovery support services can aid in this process. These services include mutual aid groups, peer support specialists, recovery coaches, and recovery services that can provide continuing emotional and practical support for recovery.

Sources:

National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services. (2018, July 20). *Drugs, Brains, and Behavior: The Science of Addiction*. <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction>

U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC: HHS, November 2016. <https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>

U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, *Facing Addiction in America: The Surgeon General's Spotlight on Opioids*. Washington, DC: HHS, September 2018. https://addiction.surgeongeneral.gov/sites/default/files/OC_SpotlightOnOpioids.pdf

WHAT CAN YOU DO?

Parents and Caregivers:

- Learn ways to help your child make healthy decisions about drugs and alcohol.
- Many teens who misuse prescription drugs get them from family and friends. Lock up your medications. Get rid of expired, unwanted, or unused medicines. (Drug Drop Box locations are available in the back of this resource guide).
- Learn the signs of overmedication and overdose and how to administer naloxone.

Healthcare Professionals and Prescribers:

- Attend conferences and trainings to become more educated about preventing, screening, and treating substance use disorders.
- Screen for substance misuse and substance use disorders.
- Address substance use related health issues with the same sensitivity and care as any other chronic health condition.
- Intervene early to prevent escalation of misuse to a substance use disorder.
- Facilitate engagement with appropriate treatment as needed.
- Support high-quality care for substance use disorders.
- Follow the Centers for Disease Control and Prevention (CDC) Guidelines for Prescribing Opioids for Chronic Pain.
- When opioids are prescribed, assess for behavioral risk factors to help inform treatment decisions, and collaborate with mental health providers. Consider prescribing Naloxone with the opioid prescription.
- Check the prescription drug monitoring program (PDMP) before prescribing opioids.
- Become qualified to prescribe buprenorphine or naltrexone for the treatment of opioid use disorder.
- Provide long-term monitoring and follow-up.
- Link patients to recovery support services.

Communities:

- Become active in local prevention coalitions. If your community does not have one, contact your regional prevention lead organization. (Located in the back of this resource guide.)
- Build public awareness that substance use disorder is a chronic but treatable (and preventable) brain disease. Avoid stigmatizing language and include information about the effectiveness of medication assisted treatment and multiple paths to recovery when communicating with the public.
- Invest in evidence-based prevention, intervention, and treatment programs, and recovery supports.
- Develop ordinances and places for safe drug disposal.
- Implement harm reduction strategies
 - Distribute naloxone and encourage training for first responders to administer naloxone to reduce opioid overdoses.
 - Implement needle/syringe exchange programs to reduce the spread of HIV and hepatitis C without increasing injection use.

- Support, encourage and promote West Virginia’s Good Samaritan laws that protect citizens who intervene and save a life.
- Build awareness and encourage usage of West Virginia’s prescription drug monitoring program (also referred to as a controlled substance monitoring program) as a way to reduce “doctor shopping” and prevent opioid overdoses.
- Improve coordination across sectors to address the social and environmental factors that contribute to the risk for substance use disorders.

Schools and Educators:

- School leaders, teachers, and staff can create safe environments and positive cultures for students (increase bonding to schools by students).
- Schools can educate personnel and families about substance use disorders and how to prevent substance misuse and addiction.
- Many evidence-based prevention programs can be delivered in a school setting.
- Schools can help to mitigate risk factors that can make students vulnerable to engaging in dangerous behavior.
- They can also boost protective factors and increase student engagement.
- Schools can make access to counseling services and mental health treatment more accessible by students.
- Schools can offer staff training on naloxone and be prepared if an opioid overdose occurs on school grounds.
- Schools and school districts can support students in recovery and students whose family members are suffering from addiction.

Sources:

- U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, *Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health*. Washington, DC: HHS, November 2016. <https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>
- U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, *Facing Addiction in America: The Surgeon General’s Spotlight on Opioids*. Washington, DC: HHS, September 2018.
- SAMHSA’s Center for the Application of Prevention Technologies. *Prescription Opioid Misuse in West Virginia*. Reference #HHSS283201200024/HHSS28342002T. <http://www.samhsa.gov/capt/>
- Home U.S. Department of Education. *Combating the Opioid Crisis: Schools, Students, Families*. <https://www.ed.gov/opioids/>

STIGMA

Stigma can be defined as negative attitudes, beliefs, behaviors, and even discriminatory practices against people with substance use disorders or other behavioral health issues. Many people with substance use disorder do not seek treatment because of the stigma they experience from loved ones, their communities, and even their healthcare providers.

Examples of Stigma:

- Hurtful words and labels, such as “junkie,” “addict,” and “alcoholic”
- Perception that addiction is a personal choice (rather than a chronic disease)

“...Stigma has prevented many sufferers and their families from speaking about their struggles and from seeking help. The way we as a society view and address opioid use disorder must change – individual lives and the health of our nation depend on it.”

- Jerome M. Adams, M.D., M.P.H.
Vice Admiral, U.S. Public Health Service
Surgeon General

- Receiving lower quality of care in the healthcare system
- Being profiled by law enforcement
- Believing that people with substance use disorder aren’t worth saving

There are many actions we can take to help combat stigma in our state and support those who want to seek help.

- Listen with respect to individuals with behavioral health issues. Listen without judgment. Treat all people with dignity, respect, and compassion.
- Avoid using hurtful labels. Challenge your own assumptions and stereotypes. We all have them.
- Counter misinformation with evidence-based facts. Learn and share information about substance use disorders with friends, family, and coworkers. Addiction is a treatable disease. Prevention Works, Treatment Is Effective, PEOPLE DO RECOVER.
- Speak out against stigma. Speak out online and in person. Consider sharing your story.
- Promote anti-stigma programs and policies in the workplace and community.
- Support harm reduction strategies in your community – such as needle exchange programs, naloxone training and distribution, and medication assisted therapy.

Sources:

- National Academies of Sciences, Engineering, and Medicine. 2016. *Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/23442>. <https://www.nap.edu/catalog/23442/ending-discrimination-against-people-with-mental-and-substance-use-disorders>
- SAMHSA’s Center for the Application of Prevention Technologies. *Words Matter: How Language Choice Can Reduce Stigma*. Developed under the Substance Abuse and Mental Health Services Administration’s Center for the Application of Prevention Technologies task order. Reference #HHSS283201200024/HHSS28342002T. <http://www.samhsa.gov/capt/>

Commonly Used Terms

Addiction: The most severe form of substance use disorder, associated with compulsive or uncontrolled use of one or more substances. Addiction is a chronic brain disease that has the potential for both recurrence (relapse) and recovery.

Adverse Childhood Experiences (ACES): ACEs are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan, including those associated with substance misuse. ACEs include: physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, intimate partner violence, mother treated violently, substance misuse within household, household mental illness, parental separation or divorce, incarcerated household member.

Behavioral Health: Behavioral health is the promotion of mental health, resilience and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities. (SAMHSA)

Continuity of Care: Continuity of care is concerned with quality of care over time. It is the process by which the patient and his/her physician-led care team are cooperatively involved in ongoing healthcare management toward the shared goal of high quality, cost-effective medical care.

Continuum of Care: The Behavioral Health Continuum of Care Model recognizes multiple opportunities for addressing behavioral health problems and disorders, and includes the following components: Promotion – strategies designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services. Prevention – delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem, such as underage alcohol use, prescription drug misuse, and illicit drug use. Treatment – services for people diagnosed with a substance use or other behavioral health disorder. Recovery – services that support individuals' abilities to live productive lives in the community and can often help with abstinence.

Co-Occurring Disorders: The coexistence of both a mental health and a substance use disorder is referred to as co-occurring disorders. Co-occurring disorders were previously referred to as dual diagnoses.

Drug Court: Court programs that target criminal defendants and offenders, juvenile offenders, and parents with pending child welfare cases who have alcohol and other drug dependency problems. Although drug courts vary in target populations and resources, programs are generally managed by a multi-disciplinary team including judges, prosecutors, defense attorneys, community corrections officers, social workers, and treatment service professionals. Drug court diverts non-violent, substance misuse offenders from prison and jail into treatment. By increasing direct supervision of offenders, coordinating public resources, and expediting case processing, drug court can help break the cycle of criminal behavior, alcohol and drug use, and incarceration. Support from stakeholders representing law enforcement, the family, and the community is encouraged through participation in hearings, programming, and events such as graduation.

Fentanyl: Pharmaceutical fentanyl is a synthetic opioid pain medication, approved for treating severe pain, typically advanced cancer pain. It is 50 to 100 times more potent than morphine. However, illegally made fentanyl is sold through illegal drug markets for its heroin-like effect, and it is often mixed with heroin and/or cocaine as a combination product.

Harm Reduction Strategies: Harm reduction includes policies, programs, and practices that aim to keep people safe and minimize death, disease, and injury from high risk behavior, especially psychoactive substance use. Some examples include: needle distribution/recovery programs; take home naloxone program to reverse an overdose thereby preventing brain injury, due to depressed breathing, and death; supervised consumption facilities that help prevent overdose deaths and other harms by providing a safer, supervised environment for people using substances; and outreach and education services that make contact with people who use substances to encourage safer behavior.

Heroin: An illegal, highly addictive opioid drug processed from morphine.

Illicit Drugs: A variety of drugs that are prohibited by law for non-medical use. These drugs can include: amphetamine- type stimulants, marijuana/cannabis, cocaine, heroin and other opioids, synthetic drugs, and MDMA (ecstasy).

Naloxone: A prescription drug that can reverse the effects of opioid overdose and can be life-saving if administered in time. The drug is sold under the brand name Narcan or Evzio.

National Institute on Drug Abuse (NIDA): NIDA is a federal scientific research institute under the National Institutes of Health, U.S. Department of Health and Human Services. NIDA is the largest supporter of the world's research on drug use and addiction. NIDA-funded scientific research addresses the most fundamental and essential questions about drug use, including tracking emerging drug use trends, understanding how drugs work in the brain and body, developing and testing new drug treatment and prevention approaches, and disseminating findings to the general public, researchers, policymakers, and others.

National Survey on Drug Use and Health (NSDUH): NSDUH provides national- and state-level data on prevalence, patterns, and consequences of alcohol, tobacco, and illegal drug use in the general United States civilian non-institutionalized population, age 12 and older. NSDUH measures: use of illegal drugs, prescription drugs, alcohol, and tobacco; mental disorders, treatment; and co-occurring substance use and mental disorders. The data provides estimates of substance use and mental illness at the national, state, and sub-state levels. NSDUH data also help to identify the extent of substance use and mental illness among different sub-groups, estimate trends over time, and determine the need for treatment services.

Neonatal Abstinence Syndrome (NAS): Term used to represent the pattern of effects that are associated with opioid withdrawal in newborns (when the mother used opioids during pregnancy). The range and severity of the symptoms experienced by the infant depends on a variety of factors, including the type of opioid the infant was exposed to and whether the infant was exposed to multiple substances.

Non-Pharmacological Treatment: Treatments that do not involve medications, including physical treatments (e.g., exercise therapy, weight loss) and behavioral treatments (e.g., cognitive behavioral therapy).

Opioid: Natural or synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain, and reduce the intensity of pain signals and feelings of pain. This class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain medications available legally by prescription,

such as oxycodone, hydrocodone, codeine, morphine, and many others.

Opioid Use Disorder: A problematic pattern of opioid use that causes significant impairment or distress. A diagnosis is based on specific criteria such as unsuccessful efforts to cut down or control use, or use resulting in social problems and a failure to fulfill obligations at work, school, or home, among other criteria. Opioid use disorder has also been referred to as “opioid abuse or dependence” or “opioid addiction.”

Overdose: Injury to the body (poisoning) that happens when a drug is taken in excessive amounts. An overdose can be fatal or nonfatal.

Prescriber Education: Strategy for preventing overprescribing and ensuring the safe use of prescription opioid pain relievers. In the context of prescription drug misuse, prescriber education seeks to accomplish one or more of the following, interrelated goals: increase prescriber and patient understanding of the benefits and risks of opioids; raise prescriber awareness of unsafe opioid use and strategies to address it; expand patient use of alternative treatment options instead of opioid treatment when appropriate; and improve patient access to opioid overdose antidotes and treatment for substance use disorders.

Prescription Drug Monitoring Program (PDMP): State-run electronic databases that track controlled substance prescriptions. PDMPs help providers identify patients at risk of opioid misuse and/or overdose due to overlapping prescriptions, high dosages, or co-prescribing of opioids with benzodiazepines.

Protective Factors: Factors that directly decrease the likelihood of substance use and behavioral health problems or reduce the impact of risk factors on behavioral health problems.

Recovery: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Even individuals with severe and chronic substance use disorders can, with help, overcome their substance use disorder and regain health and social function. This is called remission. When those positive changes and values become part of a voluntarily adopted lifestyle, that is called “being in recovery.” Although abstinence from all substance misuse is a cardinal feature of a recovery lifestyle, it is not the only healthy, pro-social feature.

Relapse: The return to alcohol or drug use after a significant period of abstinence.

Risk Factors: Factors that increase the likelihood of beginning substance use, of regular and harmful use, and of other behavioral health problems associated with use.

Strategic Prevention Framework (SPF): A dynamic, data-driven planning process that prevention practitioners can use to understand and more effectively address the substance misuse and related mental health problems facing their communities.

Screening, Brief Intervention, Referral to Treatment (SBIRT): SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur. Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment. Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change. Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

Stigma: Stigma is defined as a mark of disgrace or infamy, a stain or reproach, as on one's reputation. Substance use disorders carry a high burden of stigma; fear of judgment means that people with substance use disorders are less likely to seek help, and more likely to drop out of treatment programs in which they do enroll.

Substance Abuse and Mental Health Services Administration (SAMHSA): Agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance misuse and mental illness on America's communities.

Substance Use Disorder: Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.

Tolerance: Alteration of the body's responsiveness to alcohol or a drug such that higher doses are required to produce the same effect achieved during initial use.

Treatment with Medication: Treatment for opioid use disorder combining the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies. (This is now known as treatment with medication. It is now listed on the stigma alert because no other diagnosis uses medication to assist treatment.)

Withdrawal: A set of symptoms that are experienced when discontinuing use of a substance to which a person has become dependent or addicted, which can include negative emotions such as stress, anxiety, or depression, as well as physical effects such as nausea, vomiting, muscle aches, and cramping, among others. Withdrawal symptoms often lead a person to use the substance again.

Sources:

- Centers for Disease Control and Prevention (<http://www.cdc.gov/>), National Center for Injury Prevention and Control <http://www.cdc.gov/injury/>, Division of Unintentional Injury Prevention
- Office of National Drug Control Policy <http://www.whitehousedrugpolicy.org/enforce/drugcourt.html>
- National Institute of Justice <https://www.nij.gov/topics/courts/drug-courts/Pages/welcome.aspx>
- SAMHSA - National Survey on Drug Use and Health - <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health>
- SAMHSA - Words Matter: How Language Choice Can Reduce Stigma - <https://www.samhsa.gov/capt/tools-learning-resources/sud-stigma-tool>
- SAMHSA - <https://www.samhsa.gov/about-us>
- SAMHSA - <https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>
- National Institute on Drug Abuse - <https://www.drugabuse.gov/>
- American Academy of Family Physicians - <https://www.aafp.org/about/policies/all/definition-care.html>
- SAMHSA. *A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders*. HHS Publication No. (SMA) 16-4978. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2016. <http://store.samhsa.gov/>
- SAMHSA Prevention Collaboration in Action: Opioid Overdose and the Role of Prescriber Education - <https://captcollaboration.edc.org/sites/captcollaboration.edc.org/files/attachments/>

Get Help

GET HELP





If you or a loved one are struggling with substance use or mental health issues, there is Help and there is Hope.

If you need immediate help, call 911.

1-844-HELP4WV



HELP4WV offers a 24/7 call, chat, and text line that provides immediate help for any West Virginian struggling with an addiction or mental health issue.
<https://www.help4wv.com/>

Search Help4WV List of WV Resources
<https://www.help4wv.com/resources>

Find a Treatment Location

Substance Abuse and Mental Health Services Administration (SAMHSA)



FindTreatment.gov
 Find treatment options, learn about the cost of treatment and payment options, and information about addiction and mental health. 1-800-662-HELP (4357)
<https://findtreatment.gov/>

Buprenorphine Physician & Treatment Program Locator

Find information on locating physicians and treatment programs authorized to treat opioids, such as heroin or prescription pain relievers.
<https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator>

Opioid Treatment Program Directory

Find treatment programs in your state that treat addiction and dependence on opioids, such as heroin or prescription pain relievers.
<http://dpt2.samhsa.gov/treatment/>

Find a Narcotics Anonymous Meeting Near You

<https://www.na.org/meetingsearch/>
<https://www.nar-anon.org/find-a-meeting>

Find an Alcoholics Anonymous Meeting Near You

<http://www.aa.org/>
<https://al-anon.org/al-anon-meetings/find-an-al-anon-meeting/>

Standing Order for Naloxone

Naloxone is a medication used to reverse an opioid overdose. This standing order is intended to ensure that residents of the State of West Virginia who are at risk of experiencing an opioid-related overdose, or who are family members, friends or other persons who are in a position to assist a person at risk of experiencing an opioid-related overdose, are able to obtain Naloxone.

To download the Standing Order Naloxone Prescription for Overdose Prevention visit
<https://helpandhopewv.org/get-help.html>

Other Resources



National Suicide Prevention Lifeline - 1-800-273-8255 This lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.



<http://wvpoisoncenter.org>



Prevent Suicide WV
<https://preventsuicidewv.org>



For 24/7 help with a gambling problem, contact:
<https://www.1800gambler.net/>



Find Your Local Health Department:
<http://dhhr.wv.gov/localhealth/Pages/Map.aspx>



Search community services in West Virginia
<http://mycommunitypt.com/wv211/>



West Virginia's Emotional Strengthline
 HELP304 provides social, emotional, and supportive counseling via call, text, and chat.
<http://help304.com/>



WVDHHR Office of Drug Control Policy
 Treatment and Recovery Programs for Substance Use Disorder
<https://dhhr.wv.gov/office-of-drug-control-policy/help/Pages/default.aspx>

ATLAS®: Addiction Treatment Locator, Assessment, and Standards Platform - created by Shatterproof
<https://dhhr.wv.gov/office-of-drug-control-policy/datadashboard/Pages/default.aspx>

Connections for Recovery Smartphone App
<https://helpandhopewv.org/connections-for-recovery-individual.html>

THREE STEPS TO ACCESSING CARE

1. If you have insurance: Contact your insurer. Ask about your coverage and whether they have a network of preferred providers for you to use.

If you don't have insurance: Each state has funding to provide treatment for people without insurance coverage. Find where to call for information about payment for services at: [samhsa.gov/sites/default/files/ssa-directory.pdf](https://www.samhsa.gov/sites/default/files/ssa-directory.pdf)

2 Review the websites of the providers and see if they have the [five signs of quality treatment](#) detailed below.

3 Call for an appointment. If they can't see you or your family member [within 48 hours](#), find another provider. One indicator of quality is the ability to get an appointment quickly. Many programs offer walk-in services. Look for programs that can get you or a family member into treatment quickly.

FIVE SIGNS OF QUALITY TREATMENT

You can use these questions to help decide about the quality of a treatment provider and the types of services offered. Quality programs should offer a full range of services accepted as effective in treatment and recovery from substance use disorders and should be matched to a person's needs.

- 1. Accreditation:** Has the program been licensed or certified by the state? Is the program currently in good standing in the state? Are the staff qualified? Good quality programs will have a good inspection record and both the program and the staff should have received training in treatment of substance use and mental disorders and be licensed or registered in the state. Does the program conduct satisfaction surveys? Can they show you how people using their services have rated them?
- 2. Medication:** Does the program offer FDA approved medication for recovery from alcohol and opioid use disorders? At this point in time, there are no FDA approved medications to help to prevent relapse from other problem substances.
- 3. Evidence-Based Practices:** Does the program offer treatments that have been proven to be effective in treating substance use disorders including medication management therapies, such as motivational therapy, cognitive behavioral therapy, drug and alcohol counseling, education about the risks of drug and alcohol use, and peer support? Does the program either provide or help to obtain medical care for physical health issues?
- 4. Families:** Does the program include family members in the treatment process? Family members have an important role in understanding the impact of addiction on families and providing support.
- 5. Supports:** Does the program provide ongoing treatment and supports beyond just treating the substance issues? For many people addiction is a chronic condition and requires ongoing medication and supports. Quality programs provide treatment for the long term which may include ongoing counseling or recovery coaching and support, and helps in meeting other basic needs like sober housing, employment supports, and continued family involvement.

TREATMENT LOCATORS

Substance Use and Mental Health Treatment Locator:

findtreatment.samhsa.gov/
1-800-662-HELP (4357)
1-800-487-4899 (TTY)

Alcohol Treatment Navigator:

alcoholtreatment.niaaa.nih.gov/

FOR A DRUG OR ALCOHOL USE EMERGENCY, CALL 911 OR GO TO THE NEAREST EMERGENCY ROOM

What Can You Do? Teens and Families



What Can You Do? Teens & Families

Parents and Caregivers

Parents and caregivers - you can influence whether your child uses alcohol or drugs. It is crucial that you start talking with your children about alcohol and drugs well before the teen years. The earlier a person starts using drugs or alcohol, the more likely they are to develop substance use disorders.

1. Learn ways to help your child make good decisions about drugs and alcohol.
2. Many teens who misuse prescription drugs get them from family and friends. Lock up your medications. Get rid of expired, unwanted, or unused medicines. (*Drug Drop Box locations are available in the back of this toolkit*).
3. Learn the signs of overmedication and overdose and how to administer naloxone.

Ways to help your child make good decisions about drugs and alcohol:

1. Establish and maintain good communication with your child.
2. Get involved in your child's life.
3. Make clear rules and enforce them consistently.
4. Be a positive role model.
5. Monitor your child's activities.
6. Teach your child to choose friends wisely.



Source: *Keeping Youth Drug Free*. HHS Publication No. (SMA) 17-3772. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2017.
<https://store.samhsa.gov/product/Keeping-Youth-Drug-Free/SMA17-3772>



Download parent resources from Partnership for Drug-Free Kids:

<https://drugfree.org/resources/>



Partnership for Drug-Free Kids: Help & Hope By Text

If your son or daughter is struggling with heroin or other opioids - sign up to get support and information by text.

<https://drugfree.org/landing-page/helpandhope/>



Download the "Talk. They Hear You" App

The app features an interactive simulation that helps you learn the do's and don'ts of talking to kids about underage drinking. Using avatars, you will:

- Practice bringing up the topic of alcohol
- Learn the questions to ask
- Get ideas for keeping the conversation going

https://www.samhsa.gov/underage-drinking/mobile-application?WT.ac=OSAS_20150827_TTHY_LandingPage



WV Regional Youth Services Centers

Regional Youth Service Centers coordinate services for families and youth. The goal is to improve youth's functioning in the home, school, and community. Six regional youth service centers are located throughout the state. They provide early detection, treatment, and recovery support services for substance use disorders, mental health and co-occurring disorders for youth ages 12-25.

Teens and Young Adults



WV Students Against Destructive Decisions

Encourage your teen to participate in a local WV Students Against Destructive Decisions (WVSADD) Chapter. SADD promotes positive mental health, leadership development, and good decision-making. West Virginia leads the nation in SADD chapter development with nearly 300 chapters established statewide, including school based, local community based, and college base chapters.



National Institute on Drug Abuse for Teens: Get the latest on how drugs affect the brain and body. Featuring videos, games, blog posts and more! <https://teens.drugabuse.gov>



The West Virginia Collegiate Initiative to Address High Risk Alcohol Use is an organization that proactively addresses alcohol, other drug and associated violence issues at the college level. <http://wvcia.com>

Grandfamilies

“Grandfamilies,” or kinship families, are those in which children live with and are being raised by grandparents, relatives or other adult extended family members. Grandparents play an important role in providing safe and stable homes to children who cannot remain in the care of their parents. **WV Relatives as Parents Program (RAPP)** offers information and resources including: A Guide to Navigating Resources and Benefits for Relative/Kinship Caregivers in West Virginia. <https://www.missionwv.org/rapp>



Healthy Grandfamilies
West Virginia State University

Healthy Grandfamilies is a free initiative led by West Virginia State University to provide information and resources to grandparents who are raising one or more grandchildren. The program is funded by the United States Department of Agriculture’s National Institute of Food and Agriculture. Designed as a series of nine discussion sessions and follow-up services, Healthy Grandfamilies is taught by an education professional with more than 40 years of experience who also happens to be the product of a grandfamily. Learn more at <http://healthygrandfamilies.com/>

Warning Signs

Below are warning signs that your child or loved one may exhibit if they are using drugs or alcohol. However, some of the symptoms may be related to mental health issues, or just typical teen behavior. Have a conversation with your child or loved one if you have concerns.

If your child or a loved one exhibits some of the following warning signs, call your child’s doctor, or call 1-844-HELP4WV.

Problems At School

- Frequently forgetting homework.
- Missing classes or skipping school.
- Disinterest in school or school activities.
- A drop in grades.

Physical Signs

- Lack of energy and motivation.
- Red eyes and cheeks or difficulty focusing – alcohol use.
- Red eyes and constricted pupils – marijuana use.
- A strange burn on your child’s mouth or fingers – smoking something (possibly heroin) through a metal or glass pipe.
- Chronic nosebleeds – cocaine use.

Neglected Appearance

- Lack of interest in clothing, grooming, or appearance is not normal. Teenagers are usually very concerned about how they look.

Changes in Behavior

- Teenagers enjoy privacy, but be aware of excessive attempts to be alone.
- Exaggerated efforts not to allow family members into their rooms.
- Not letting you know where they go with friends, or whom they go with.
- Breaking curfew without a good excuse.
- Changes in relationships with family.

Changes in Friends

- No longer is friends with childhood friends.
- Seems interested in hanging out with older kids.
- Acts secretive about spending time with new friends.

Money Issues

- Sudden requests for money without a good reason.
- Money stolen from your wallet or from safe places at home.
- Items gone from your home. (May be sold to buy drugs.)

Specific Smells

- Odor of marijuana, cigarettes, or alcohol on teen's breath, on clothing, in the bedroom, or in the car.

Drug Paraphernalia

- Finding items in your child's room, backpack, or car related to drug use. (Read the guide to drug paraphernalia here.)

Source: *Get Smart About Drugs: A DEA Resource for Parents, Educators & Caregivers*
<https://www.getsmartaboutdrugs.gov/family/signs-of-drug-use>





Help & Hope WV

What You Can Do
To Help Address
Substance Use Disorder



Proper Disposal of Medications

Why Is Proper Disposal Important?

- Young children are naturally curious and are especially at risk for accidental poisonings from medications.
- Many people who misuse medications get them from home or from family or friends.
- Expired or shared medications can have harmful effects.

Lock up medications until you can properly dispose of them.

How to properly dispose of medications*:



Drop off unused, unwanted, or expired medications at a Drop Box in your area. Visit www.HelpandHopeWV.org/disposal for locations.



Participate in Take Back Events. Sites are setup in communities for people to return prescription drugs for safe disposal. Learn more - <https://takebackday.dea.gov/>



Use a home medication disposal pouch. These environmentally friendly pouches neutralize pills, liquids, and patches and can then be disposed of in the trash. Follow directions on the pouch.

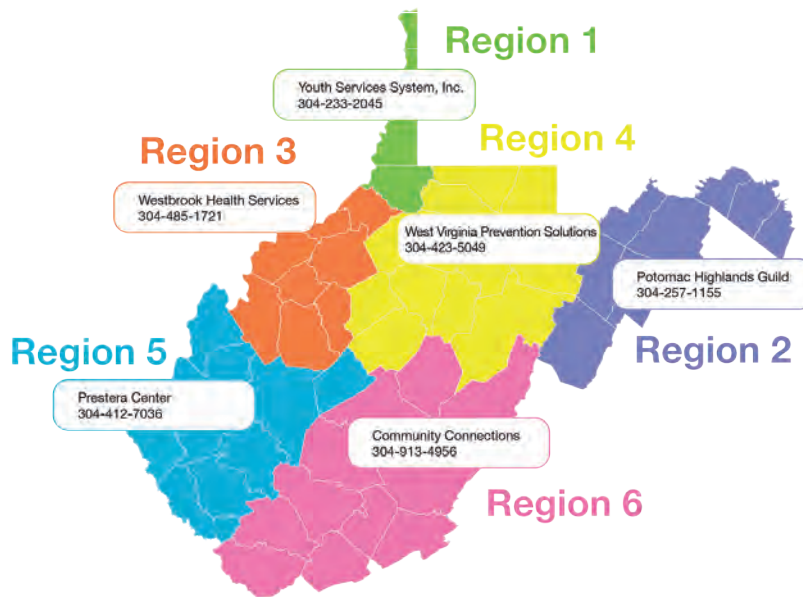
* Follow specific disposal instructions on the medication label, if available.
For other disposal methods visit: www.fda.gov/drugs/ensuring-safe-use-medicine/safe-disposal-medicines



FOR MORE INFORMATION

about how to dispose of your medications or to participate in a Prescription Drug Take Back Day, contact the Prevention Lead Organization in your region.

Prevention Lead Organizations



Help & Hope WV

1-844-HELP4WV
SUBSTANCE ABUSE AND BEHAVIORAL HEALTH HELPLINE



Stigma Free WV



This project is funded with Federal Strategic Prevention Framework for Prescription Drugs Funds administered through the West Virginia Department of Health and Human Resources Bureau for Behavioral Health.

- Sources:
- U.S. Drug Enforcement Administration - <https://takebackday.dea.gov/>
 - Partnership for Drug-Free Kids - Safe Drug Disposal: A Guide for Committees Seeking Solutions - <https://drugfree.org/downloads/safe-drug-disposal/>
 - U.S. Food & Drug Administration - Disposal of Unused Medicines: What You Should Know - <https://www.fda.gov/drugs/ensuring-safe-use-medicine/safe-disposal-medicines>

www.HelpandHopeWV.org

REGIONAL YOUTH SERVICE CENTERS

it's the place to grow



A Regional Youth Service Center (RYSC) coordinates community-based mental health and substance use services for youths and young adults aged 12-25 and partners with families and youths. These supports aim to help youths thrive in their homes, schools and communities.

The six RYSCs provide substance use treatment services, including early detection and recovery support services, and other kinds of mental health treatment recovery and wellbeing services. RYSCs also connect families and caregivers with supports and services.

Families & caregivers can receive the following services at RYSCs:

First Episode Psychosis (FEP) or Early Serious Mental Illness (ESMI) Also called "Quiet Minds" for youths and young adults aged 15-25 with emerging psychotic disorders, using a coordinated specialty care (CSC) model.

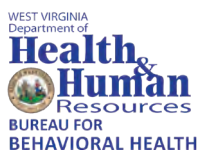
Read more at <https://quietmindswv.com/>

Outreach
The RYSC provides information and extends services or assistance to youth, young adults and families where they live or spend time.

Youth Peer Support
Each RYSC has a Youth Recovery Specialist with lived experience to support youths and young adults involved with the RYSC.

Youth Suicide Intervention
Each RYSC has a Youth Suicide Intervention Specialist to provide suicide prevention screening, assessment, referral, safety-planning and follow-up with youths and young adults at risk of suicide.

Family Coordinators
Each RYSC has Family Coordinators to engage family members of youths and young adults involved with the RYSC and other families in need of support and connection to services.



FIND YOUR REGIONAL YOUTH SERVICE CENTER

REGION 1

Brooke, Hancock, Marshall, Ohio & Wetzell Counties

Youth Services System Inc.
87 15th St. Wheeling, WV 26003
304-233-9627

REGION 2

Berkeley, Grant, Hampshire, Hardy, Jefferson, Mineral, Morgan & Pendleton Counties

Potomac Highlands Mental Health Guild, Inc.
79 Robert C. Byrd Industrial Park Rd.
Moorefield, WV 26836
304-538-2302

REGION 3

Calhoun, Jackson, Pleasants, Ritchie, Roane, Tyler, Wirt & Wood Counties

Westbrook Health Services
2121 East Seventh Street
Parkersburg, WV 26101
304-485-1721

REGION 4

Barbour, Braxton, Doddridge, Gilmer, Harrison, Lewis, Marion, Monongalia, Preston, Randolph, Taylor, Tucker & Upshur Counties

United Summit Center
6 Hospital Plaza
Clarksburg, WV 26301
304-623-5661

REGION 5

Boone, Cabell, Clay, Kanawha, Lincoln, Logan, Mason, Mingo, Putnam & Wayne Counties

Pretera Center for Mental Health Services
114 West Washington St., Suite 201
Charleston, WV 25302
304-525-7851 x1681

REGION 6

Fayette, Greenbrier, Mercer, McDowell, Monroe, Nicholas, Pocahontas, Raleigh, Summers, Webster & Wyoming Counties

FMRS Health Systems, Inc.
101 South Eisenhower Drive
Beckley, WV 25801
304-256-7139

What Can You Do? Healthcare Providers and Prescribers



Providers &
Prescribers

What Can You Do? Providers & Prescribers

All healthcare professionals—including physicians, physician assistants, nurses, nurse practitioners, dentists, social workers, therapists, and pharmacists play a role in addressing substance use disorders.

Organizations making up healthcare systems also play a role. Primary care, substance use disorder treatment, mental healthcare, health departments, infectious disease clinics, school clinics, community health centers, hospitals, emergency departments, and others can promote prevention strategies and better integrate care for substance use disorders into general healthcare and other treatment settings.

Substance use disorders are medical conditions and their treatment has impacts on and is impacted by other mental and physical health conditions. Integration can help address health disparities, reduce healthcare costs for both patients and family members, and improve general health outcomes.

While some individuals with substance disorders do not seek treatment, they do often access the healthcare system for other health problems, injuries, overdose and other chronic health conditions such as HIV/AIDS, heart disease, or depression. This is an opportunity for healthcare responders to screen for substance misuse and substance use disorders as a first step to identifying problems and engaging patients in the appropriate level of care.

Healthcare Professionals and Professional Associations:

- Attend conferences and trainings and become more educated about preventing, screening, and treating substance use disorders.
- Screen for substance misuse and substance use disorders.
- Address substance-use related health issues with the same sensitivity and care as any other chronic health condition.
- Intervene early to prevent escalation of a substance use disorder.
- Facilitate engagement with appropriate treatment as needed.
- Support high-quality care for substance use disorders.
- Follow the CDC Guidelines for Prescribing Opioids for Chronic Pain. (See page 21)
- When opioids are prescribed, assess for behavioral risk factors to help inform treatment decisions, and collaborate with mental health providers.
- Check the PDMP before prescribing opioids.
- Become qualified to prescribe buprenorphine for the treatment of opioid use disorder.
- Provide long-term monitoring and follow-up.
- Link patients to recovery support services.

Healthcare Systems:

- Promote universal, selective, and indicated prevention.
- Promote use of evidence-based treatments.
- Promote effective integration of prevention, treatment, and recovery support services.
- Work with payers to develop and implement comprehensive billing models.
- Coordinate care across both healthcare systems and social services systems including criminal justice, housing and employment support, and child welfare.

Source: U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC: HHS, November 2016.

Healthcare Providers and STIGMA

Many healthcare providers treat patients with substance use disorders differently and have lower expectations for health outcomes for those patients. People with substance use disorders who experience stigma are less likely to seek out treatment services. Healthcare providers play an important role to reduce the burden of stigma. Using language that supports pro-health activities, even if a person is actively using substances, can help decrease stigmas.

Source: *Words Matter: How Language Choice Can Reduce Stigma*

West Virginia Medical Professionals Health Program

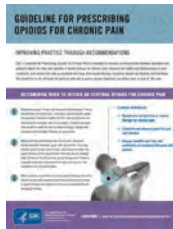
The West Virginia Medical Professionals Health Program is a confidential program for licensees of the West Virginia Medical and Osteopathic Boards of licensure with substance use and/or mental health disorders.

Prescribers

Prescribers play a crucial role in identifying patients at risk for substance use disorder or overdose. What can prescribers do?

1

Review and adhere to the CDC Guidelines for Prescribing Opioids.



Factsheet: CDC Guidelines for Prescribing Opioids for Chronic Pain: Recommendation - https://www.cdc.gov/drugoverdose/pdf/Guidelines_Factsheet-a.pdf

CDC Guidelines for Prescribing Opioids for Chronic Pain - United States, 2016
<https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>



WV Safe & Effective Management of Pain (SEMP) Guidelines
<http://sempguidelines.org/guidelines/>

2

Register and access the Prescription Drug Monitoring Program before prescribing controlled substances.

A Prescription Drug Monitoring Program, or PDMP, is an electronic database that tracks prescriptions for controlled substances. The PDMP can help identify patients who may be misusing prescription drugs and who may be at risk for overdose. In West Virginia, the PDMP is called CSMP or Controlled Substance Monitoring Program.



PDMP Fact Sheet
https://www.cdc.gov/drugoverdose/pdf/PDMP_Factsheet-a.pdf



West Virginia PDMP: WV Board of Pharmacy Controlled Substance Monitoring Program
<https://www.csappwv.com>

3

Screen patients for prescription medication misuse and any tobacco, alcohol, or illicit drug use.

Address at-risk use with brief intervention and referral for further assessment and treatment, if appropriate.



NIDA Drug Screening Tool - Clinician's Screening Tool for Drug Use in General Medical Settings
<https://www.drugabuse.gov/nmassist/>

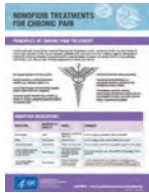


Download the Clinician's Pocket Guide for Drugs, Alcohol, and Tobacco Screening, Brief Intervention, Referral & Treatment
http://www.wvmp.org/WV_MPH_Pocket_Guide_for_WEB.pdf

4

Talk with patients about the dangers and risks of prescription opioids.

When appropriate, offer alternatives to prescription opioids.



Nonopioid Treatments for Chronic Pain
https://www.cdc.gov/drugoverdose/pdf/nonopioid_treatments-a.pdf



Talking to Your Patients About Opioids
<https://store.samhsa.gov/system/files/sma17-5053-9.pdf>



Prescribing Opioids: Reduce the Risk
<https://store.samhsa.gov/system/files/sma17-5053-7.pdf>

5

Tell patients to lock up their medications (because pills are often diverted out of home medicine cabinets) and dispose of unused medications at either local pharmacy, drug take-back location, or law enforcement organization.

For a list of prescription drop box locations in your area, see page 46.

6

Consider prescribing naloxone with patient's opioid prescription.

The rescue medication naloxone can help patients survive an overdose. Visit Prescribe to Prevent for more information. <https://prescribetoprevent.org/>

7

Provide or refer patients to treatment with medication as necessary.

Treatment with medication (also known as Medication Assisted Treatment or MAT) is the use of medications, in combination with counseling and behavioral therapies, to treat substance use disorders. Research shows that a combination of medication and therapy can successfully treat these disorders, and can help sustain recovery.



SAMHSA Pocket Guide: Medication Assisted Treatment of Opioid Use Disorder
<https://store.samhsa.gov/system/files/sma16-4892pg.pdf>



MATx is a free mobile app that empowers healthcare practitioners to provide effective, evidence-based care for people with opioid use disorder. The app supports practitioners who currently provide medication-assisted treatment (MAT), as well as those who plan to do so in the future.

Links to additional articles and resources can be found online at Help & Hope WV
<https://helpandhopewv.org/prescribers.html>

GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

IMPROVING PRACTICE THROUGH RECOMMENDATIONS

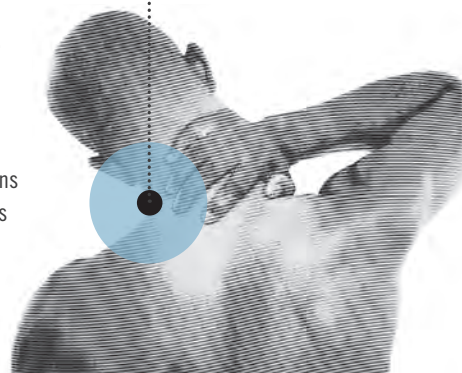
CDC's *Guideline for Prescribing Opioids for Chronic Pain* is intended to improve communication between providers and patients about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain treatment, and reduce the risks associated with long-term opioid therapy, including opioid use disorder and overdose. The Guideline is not intended for patients who are in active cancer treatment, palliative care, or end-of-life care.

DETERMINING WHEN TO INITIATE OR CONTINUE OPIOIDS FOR CHRONIC PAIN

- 1** Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate.
- 2** Before starting opioid therapy for chronic pain, clinicians should establish treatment goals with all patients, including realistic goals for pain and function, and should consider how opioid therapy will be discontinued if benefits do not outweigh risks. Clinicians should continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.
- 3** Before starting and periodically during opioid therapy, clinicians should discuss with patients known risks and realistic benefits of opioid therapy and patient and clinician responsibilities for managing therapy.

CLINICAL REMINDERS

- Opioids are not first-line or routine therapy for chronic pain
- Establish and measure goals for pain and function
- Discuss benefits and risks and availability of nonopioid therapies with patient



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html

OPIOID SELECTION, DOSAGE, DURATION, FOLLOW-UP, AND DISCONTINUATION

CLINICAL REMINDERS

- Use immediate-release opioids when starting
- Start low and go slow
- When opioids are needed for acute pain, prescribe no more than needed
- Do not prescribe ER/LA opioids for acute pain
- Follow-up and re-evaluate risk of harm; reduce dose or taper and discontinue if needed



- 4 When starting opioid therapy for chronic pain, clinicians should prescribe immediate-release opioids instead of extended-release/long-acting (ER/LA) opioids.
- 5 When opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to ≥ 50 morphine milligram equivalents (MME)/day, and should avoid increasing dosage to ≥ 90 MME/day or carefully justify a decision to titrate dosage to ≥ 90 MME/day.
- 6 Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed.
- 7 Clinicians should evaluate benefits and harms with patients within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalation. Clinicians should evaluate benefits and harms of continued therapy with patients every 3 months or more frequently. If benefits do not outweigh harms of continued opioid therapy, clinicians should optimize other therapies and work with patients to taper opioids to lower dosages or to taper and discontinue opioids.

ASSESSING RISK AND ADDRESSING HARMS OF OPIOID USE

- 8 Before starting and periodically during continuation of opioid therapy, clinicians should evaluate risk factors for opioid-related harms. Clinicians should incorporate into the management plan strategies to mitigate risk, including considering offering naloxone when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages (≥ 50 MME/day), or concurrent benzodiazepine use, are present.
- 9 Clinicians should review the patient's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose. Clinicians should review PDMP data when starting opioid therapy for chronic pain and periodically during opioid therapy for chronic pain, ranging from every prescription to every 3 months.
- 10 When prescribing opioids for chronic pain, clinicians should use urine drug testing before starting opioid therapy and consider urine drug testing at least annually to assess for prescribed medications as well as other controlled prescription drugs and illicit drugs.
- 11 Clinicians should avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.
- 12 Clinicians should offer or arrange evidence-based treatment (usually medication-assisted treatment with buprenorphine or methadone in combination with behavioral therapies) for patients with opioid use disorder.

CLINICAL REMINDERS

- Evaluate risk factors for opioid-related harms
- Check PDMP for high dosages and prescriptions from other providers
- Use urine drug testing to identify prescribed substances and undisclosed use
- Avoid concurrent benzodiazepine and opioid prescribing
- Arrange treatment for opioid use disorder if needed

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html



PRESCRIBING OPIOIDS FOR CHRONIC PAIN

ADAPTED FROM CDC GUIDELINE

Opioids can provide short-term benefits for moderate to severe pain. Scientific evidence is lacking for the benefits to treat chronic pain.

IN GENERAL, DO NOT PRESCRIBE OPIOIDS AS THE FIRST-LINE TREATMENT FOR CHRONIC PAIN (for adults 18+ with chronic pain > 3 months excluding active cancer, palliative, or end-of-life care).

BEFORE PRESCRIBING

1

ASSESS PAIN & FUNCTION

Use a validated pain scale. Example: PEG scale where the score = average 3 individual question scores (30% improvement from baseline is clinically meaningful).

Q1: What number from 0 – 10 best describes your PAIN in the past week?
(0 = “no pain”, 10 = “worst you can imagine”)

Q2: What number from 0 – 10 describes how, during the past week, pain has interfered with your ENJOYMENT OF LIFE? (0 = “not at all”, 10 = “complete interference”)

Q3: What number from 0 – 10 describes how, during the past week, pain has interfered with your GENERAL ACTIVITY? (0 = “not at all”, 10 = “complete interference”)

2

CONSIDER IF NON-OPIOID THERAPIES ARE APPROPRIATE

Such as: NSAIDs, TCAs, SNRIs, anti-convulsants, exercise or physical therapy, cognitive behavioral therapy.

3

TALK TO PATIENTS ABOUT TREATMENT PLAN

- Set realistic goals for pain and function based on diagnosis.
- Discuss benefits, side effects, and risks (e.g., addiction, overdose).
- Set criteria for stopping or continuing opioid. Set criteria for regular progress assessment.
- Check patient understanding about treatment plan.

4

EVALUATE RISK OF HARM OR MISUSE. CHECK:

- Known risk factors: illegal drug use; prescription drug use for nonmedical reasons; history of substance use disorder or overdose; mental health conditions; sleep-disordered breathing.
- Prescription drug monitoring program data (if available) for opioids or benzodiazepines from other sources.
- Urine drug screen to confirm presence of prescribed substances and for undisclosed prescription drug or illicit substance use.
- Medication interactions. **AVOID CONCURRENT OPIOID AND BENZODIAZEPINE USE WHENEVER POSSIBLE.**

WHEN YOU PRESCRIBE

START LOW AND GO SLOW. IN GENERAL:

- Start with immediate-release (IR) opioids at the lowest dose for the shortest therapeutic duration. IR opioids are recommended over ER/LA products when starting opioids.
- Avoid ≥ 90 MME/day; consider specialist to support management of higher doses.
- If prescribing ≥ 50 MME/day, increase follow-up frequency; consider offering naloxone for overdose risk.
- For acute pain: prescribe < 3 day supply; more than 7 days will rarely be required.
- Counsel patients about safe storage and disposal of unused opioids.

See below for MME comparisons. For MME conversion factors and calculator, go to TurnTheTideRx.org/treatment.

50 MORPHINE MILLIGRAM EQUIVALENTS (MME)/DAY:

- 50 mg of hydrocodone (10 tablets of hydrocodone/acetaminophen 5/300)
- 33 mg of oxycodone (~2 tablets of oxycodone sustained-release 15mg)

90 MORPHINE MILLIGRAM EQUIVALENTS (MME)/DAY:

- 90 mg of hydrocodone (18 tablets of hydrocodone/acetaminophen 5/300)
- 60 mg of oxycodone (4 tablets of oxycodone sustained-release 15mg)

AFTER INITIATION OF OPIOID THERAPY

ASSESS, TAILOR & TAPER

- Reassess benefits/risks within 1-4 weeks after initial assessment.
- Assess pain and function and compare results to baseline. Schedule reassessment at regular intervals (≤ 3 months).
- Continue opioids only after confirming clinically meaningful improvements in pain and function without significant risks or harm.
- If over-sedation or overdose risk, then taper. Example taper plan: 10% decrease in original dose per week or month. Consider psychosocial support.
- Tailor taper rates individually to patients and monitor for withdrawal symptoms.

TREATING OVERDOSE & ADDICTION

- Screen for opioid use disorder (e.g., difficulty controlling use; see DSM-5 criteria). If yes, treat with medication-assisted treatment (MAT). MAT combines behavioral therapy with medications like methadone, buprenorphine, and naltrexone. Refer to findtreatment.samhsa.gov. Additional resources at TurnTheTideRx.org/treatment and www.hhs.gov/opioids.
- Learn about medication-assisted treatment (MAT) and apply to be a MAT provider at www.samhsa.gov/medication-assisted-treatment.
- Consider offering naloxone if high risk for overdose: history of overdose or substance use disorder, higher opioid dosage (≥ 50 MME/day), concurrent benzodiazepine use.

ADDITIONAL RESOURCES

CDC GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN:
www.cdc.gov/drugoverdose/prescribing/guideline.html

SAMHSA POCKET GUIDE FOR MEDICATION-ASSISTED TREATMENT (MAT):
store.samhsa.gov/MATguide

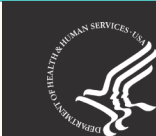
NIDAMED: www.drugabuse.gov/nidamed-medical-health-professionals

ENROLL IN MEDICARE: go.cms.gov/pecos

Most prescribers will be required to enroll or validly opt out of Medicare for their prescriptions for Medicare patients to be covered. Delay may prevent patient access to medications.

JOIN THE MOVEMENT

of health care practitioners committed to ending the opioid crisis at TurnTheTideRx.org.



The Office of the Surgeon General



CDC OPIOID PRESCRIBING GUIDELINE MOBILE APP

Safer Opioid Prescribing at Your Fingertips

THE OPIOID GUIDE APP

Opioids can have serious risks and side effects, and CDC developed the CDC Guideline for Prescribing Opioids for Chronic Pain to encourage safer, more effective chronic pain management. CDC's new Opioid Guide App makes it easier to apply the recommendations into clinical practice by putting the entire guideline, tools, and resources in the palm of your hand.



Since 1999, the amount of prescription opioids sold in the U.S. has nearly quadrupled.



FEATURES INCLUDE:



MME Calculator

Patients prescribed higher opioid dosages are at higher risk of overdose death. Use the app to quickly calculate the total daily opioid dose (MME) to identify patients who may need closer monitoring, tapering, or other measures to reduce risk.



Prescribing Guidance

Access summaries of key recommendations or link to the full Guideline to make informed clinical decisions and protect your patients.



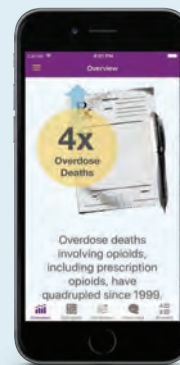
Motivational Interviewing (MI)

To provide safer, more effective pain management, talk to your patients about the risks and benefits of opioids and work together towards treatment goals. Use the interactive MI feature to practice effective communication skills and prescribe with confidence.

MANAGING CHRONIC PAIN IS COMPLEX, BUT ACCESSING PRESCRIBING GUIDANCE HAS NEVER BEEN EASIER.

Download the free Opioid Guide App today!

www.cdc.gov/drugoverdose/prescribing/app.html



This App, including the calculator, is not intended to replace clinical judgment. Always consider the individual clinical circumstances of each patient.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html

PRESCRIPTION DRUG MONITORING PROGRAMS (PDMPs)

Checking the PDMP: An Important Step to Improving Opioid Prescribing Practices

WHAT IS A PDMP?

A PDMP is a statewide electronic database that tracks all controlled substance prescriptions. Authorized users can access prescription data such as medications dispensed and doses.

PDMPs improve patient safety by allowing clinicians to:

- Identify patients who are obtaining opioids from multiple providers.
- Calculate the total amount of opioids prescribed per day (in MME/day).
- Identify patients who are being prescribed other substances that may increase risk of opioids—such as benzodiazepines.

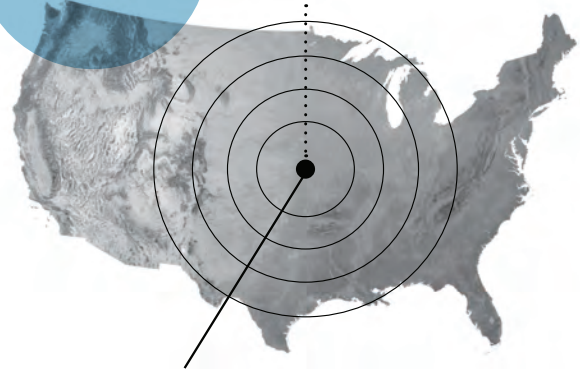
Improving the way opioids are prescribed will ensure patients have access to safer, more effective chronic pain treatment while reducing opioid misuse, abuse, and overdose. Checking your state's PDMP is an important step in safer prescribing of these drugs.



R_x

249M

prescriptions for opioids were written by healthcare providers in 2013



enough prescriptions for every American adult to have a bottle of pills

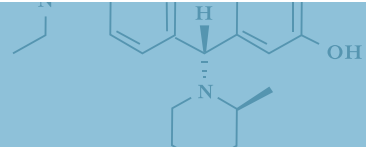
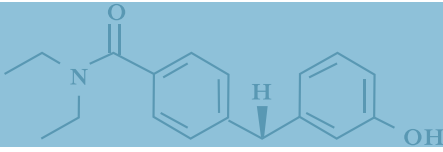
WHEN SHOULD I CHECK THE PDMP?

State requirements vary, but CDC recommends checking at least once every **3 months** and consider checking prior to every opioid prescription.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html

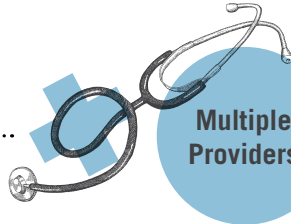


WHAT SHOULD I CONSIDER WHEN PRESCRIBING OPIOIDS?



High Dosage

Talk to your patient about the risks for respiratory depression and overdose. Consider offering to taper opioids as well as prescribing naloxone for patients taking 50 MME/day or more.



Multiple Providers

Counsel your patient and coordinate care with their other prescribers to improve safety and discuss the need to obtain opioids from a single provider. Check the PDMP regularly and consider tapering or discontinuation of opioids if pattern continues.



Drug Interactions

Whenever possible, avoid prescribing opioids and benzodiazepines concurrently. Communicate with other prescribers to prioritize patient goals and weigh risks of concurrent opioid and benzodiazepine use.

WHAT SHOULD I DO IF I FIND INFORMATION ABOUT A PATIENT IN THE PDMP THAT CONCERNS ME?

Patients should not be dismissed from care based on PDMP information. Use the opportunity to provide potentially life-saving information and interventions.

- 1 Confirm that the information in the PDMP is correct.**
Check for potential data entry errors, use of a nickname or maiden name, or possible identity theft to obtain prescriptions.
- 2 Assess for possible misuse or abuse.**
Offer or arrange evidence-based treatment (usually medication-assisted treatment with buprenorphine or methadone in combination with behavioral therapies) for patients who meet criteria for opioid use disorder. If you suspect diversion, urine drug testing can assist in determining whether opioids can be discontinued without causing withdrawal.
- 3 Discuss any areas of concern with your patient and emphasize your interest in their safety.**

HOW CAN I REGISTER AND USE THE PDMP IN MY STATE?

Processes for registering and using PDMPs vary from state to state.

For information on your state's requirements, check The National Alliance for Model State Drug Laws online: ●

www.namsdl.org/prescription-monitoring-programs.cfm



LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html

NONOPIOID TREATMENTS FOR CHRONIC PAIN

PRINCIPLES OF CHRONIC PAIN TREATMENT

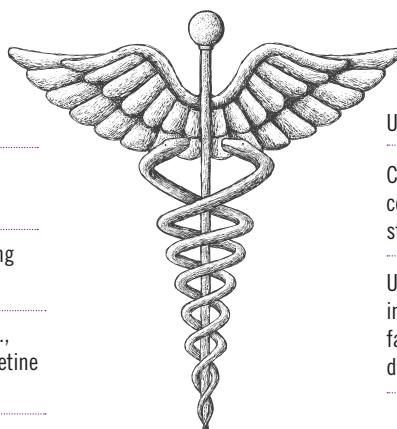
Patients with pain should receive treatment that provides the greatest benefit. Opioids are not the first-line therapy for chronic pain outside of active cancer treatment, palliative care, and end-of-life care. Evidence suggests that nonopioid treatments, including nonopioid medications and nonpharmacological therapies can provide relief to those suffering from chronic pain, and are safer. Effective approaches to chronic pain should:

Use nonopioid therapies to the extent possible

Identify and address co-existing mental health conditions (e.g., depression, anxiety, PTSD)

Focus on functional goals and improvement, engaging patients actively in their pain management

Use disease-specific treatments when available (e.g., triptans for migraines, gabapentin/pregabalin/duloxetine for neuropathic pain)



Use first-line medication options preferentially

Consider interventional therapies (e.g., corticosteroid injections) in patients who fail standard non-invasive therapies

Use multimodal approaches, including interdisciplinary rehabilitation for patients who have failed standard treatments, have severe functional deficits, or psychosocial risk factors

NONOPIOID MEDICATIONS

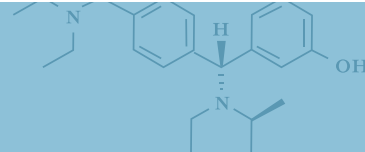
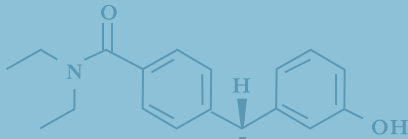
MEDICATION	MAGNITUDE OF BENEFITS	HARMS	COMMENTS
Acetaminophen	Small	Hepatotoxic, particularly at higher doses	First-line analgesic, probably less effective than NSAIDs
NSAIDs	Small-moderate	Cardiac, GI, renal	First-line analgesic, COX-2 selective NSAIDs less GI toxicity
Gabapentin/pregabalin	Small-moderate	Sedation, dizziness, ataxia	First-line agent for neuropathic pain; pregabalin approved for fibromyalgia
Tricyclic antidepressants and serotonin/norepinephrine reuptake inhibitors	Small-moderate	TCAs have anticholinergic and cardiac toxicities; SNRIs safer and better tolerated	First-line for neuropathic pain; TCAs and SNRIs for fibromyalgia, TCAs for headaches
Topical agents (lidocaine, capsaicin, NSAIDs)	Small-moderate	Capsaicin initial flare/burning, irritation of mucus membranes	Consider as alternative first-line, thought to be safer than systemic medications. Lidocaine for neuropathic pain, topical NSAIDs for localized osteoarthritis, topical capsaicin for musculoskeletal and neuropathic pain



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html

CS263451 April 27, 2016



RECOMMENDED TREATMENTS FOR COMMON CHRONIC PAIN CONDITIONS

Low back pain

Self-care and education in all patients; advise patients to remain active and limit bedrest

Nonpharmacological treatments: Exercise, cognitive behavioral therapy, interdisciplinary rehabilitation

Medications

- First-line: acetaminophen, non-steroidal anti inflammatory drugs (NSAIDs)
- Second-line: Serotonin and norepinephrine reuptake inhibitors (SNRIs)/tricyclic antidepressants (TCAs)

Migraine

Preventive treatments

- Beta-blockers
- TCAs
- Antiseizure medications
- Calcium channel blockers
- Non-pharmacological treatments (Cognitive behavioral therapy, relaxation, biofeedback, exercise therapy)
- Avoid migraine triggers

Acute treatments

- Aspirin, acetaminophen, NSAIDs (may be combined with caffeine)
- Antinausea medication
- Triptans-migraine-specific

Neuropathic pain

Medications: TCAs, SNRIs, gabapentin/pregabalin, topical lidocaine

Osteoarthritis

Nonpharmacological treatments: Exercise, weight loss, patient education

Medications

- First-line: Acetaminophen, oral NSAIDs, topical NSAIDs
- Second-line: Intra-articular hyaluronic acid, capsaicin (limited number of intra-articular glucocorticoid injections if acetaminophen and NSAIDs insufficient)

Fibromyalgia

Patient education: Address diagnosis, treatment, and the patient's role in treatment

Nonpharmacological treatments: Low-impact aerobic exercise (e.g., brisk walking, swimming, water aerobics, or bicycling), cognitive behavioral therapy, biofeedback, interdisciplinary rehabilitation

Medications

- FDA-approved: Pregabalin, duloxetine, milnacipran
- Other options: TCAs, gabapentin



LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html



Rx Pain Medications

KNOW THE OPTIONS • GET THE FACTS

Talking to Your Patients About Opioids

Discussing pain medication with your patients is critical to ensure they understand the range of options to manage their pain. Whether your patient is concerned about side effects, has a past history of substance use disorders, or may be at risk for misuse or overdose, it is important to provide clear and consistent guidance.

Pain treatment should be team-based, personalized, multi-disciplinary, and patient-centered, and health care providers should consider sharing nonpharmacologic options for pain management with their patients as appropriate. According to the National Center for Complementary and Integrative Health,¹ research suggests that acupuncture can help manage certain pain conditions. In addition, some pain may be relieved through the moderate use of ibuprofen or incorporating yoga into a daily exercise routine or a prescription/referral for physical therapy.

Consider the following points during conversations with your patients:

- Patients should not take medications more often than prescribed or outside of the recommended prescribed dosage.
- Patients need to be aware of potential interactions with other substances. They should never stop or change a dosing regimen without first discussing it with a health care provider, and they should never use another person's prescription.
- Patients should be reminded not to share or sell their personal opioid medications. They should dispose of unused medications properly and avoid keeping opioid medications around "just in case." For more information, they should refer to the FDA guidelines.²
- If you, the health care provider, subscribe to your state's PDMP, you may also wish to inform your patients that their controlled substance prescriptions will be monitored automatically in this exchange program to ensure optimal care.
- Patients should practice safe medication storage, putting medications out of sight and out of reach from children and guests.

More Information

- Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain: <http://www.cdc.gov/drugoverdose/prescribing/guideline.html>
- Teens and young adults: <https://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm>
- Adults: <http://www.drugabuse.gov/related-topics/treatment-research/how-to-find-help-drug-abuse-problem>
- Health care providers: <https://www.drugabuse.gov/nidamed-medical-health-professionals/tool-resources-your-practice/opioid-prescribing-resources>

NEED HELP?

Call **1-800-662-HELP (4357)** for 24-hour free and confidential treatment referral and information about mental and/or substance use disorders, prevention, and recovery in English and Spanish, or visit www.samhsa.gov/find-help.



¹ National Center for Complementary and Integrative Health. (2014). Acupuncture: What you need to know. Retrieved from <https://nccih.nih.gov/health/acupuncture/introduction>

² U.S. Food and Drug Administration. (2016). Disposal of unused medicines: What you should know. Retrieved from <https://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm>



Rx Pain Medications

KNOW THE OPTIONS • GET THE FACTS

Prescribing Opioids: Reduce the Risk

The Facts

- In 2014, more than 240 million prescriptions were written for prescription opioids, which is more than enough to give every American adult their own bottle of pills.¹
- Drug overdose is the leading cause of accidental death in the United States, with 52,404 lethal drug overdoses in 2015. Opioid addiction is driving this epidemic, with 20,101 overdose deaths related to prescription opioids and 12,990 overdose deaths related to heroin in 2015.²
- The cost of opioid overdoses that occurred in 2009 was estimated to be more than \$20 billion in direct medical costs and indirect work loss costs.³
- Of the 20.5 million Americans 12 or older who had a substance use disorder in 2015, 2 million had a substance use disorder involving prescription opioids and 591,000 had a substance use disorder involving heroin.⁴

Reducing Use, Misuse, and Overdose

- Talk with patients about the risks of taking prescription opioids, including dependence, opioid use disorders, overdose, and even death.
- Discuss with patients a variety of pain treatment options, including non-opioid or nonpharmacologic therapies.
- Prescribe the lowest effective dose and quantity and monitor treatment progress regularly.
- Review patient expectations for their prescriptions.
- Make a plan with your patient on how to stop opioids when his or her treatment is done or no longer effective.
- Teach patients how to safely use, store, and dispose of prescription drugs.
- Check your state's prescription drug monitoring program (PDMP).

Additional Resources

- Centers for Disease Control and Prevention (CDC) Opioid Overdose Home Page:
<http://www.cdc.gov/drugoverdose>
- U.S. Food and Drug Administration (FDA) Drug Safety and Availability: Opioid Medications:
<http://www.fda.gov/drugs/drugsafety/informationbydrugclass/ucm337066.htm>
- National Institute on Drug Abuse (NIDA) Opioid and Pain Management CMEs/CEs:
<https://www.drugabuse.gov/opioid-pain-management-cmesces>
- Providers' Clinical Support System for Medication Assisted Treatment:
<http://www.asam.org/education/pcss-mat>
- Providers' Clinical Support System for Opioid Therapies: <http://pcss-o.org>
- SAMHSA's Efforts to Fight Prescription Drug Misuse and Abuse:
<http://www.samhsa.gov/prescription-drug-misuse-abuse/samhsas-efforts>

NEED HELP?

If a patient is misusing opioids or has other substance misuse issues, refer them to an opioid treatment program or office-based opioid treatment provider in your area or the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Helpline.

Call **1-800-662-HELP (4357)** for 24-hour free and confidential treatment referral and information about mental and/or substance use disorders, prevention, and recovery in English and Spanish, or visit www.samhsa.gov/find-help.



¹ U.S. Department of Health and Human Services. (2016). The opioid epidemic: By the numbers. Retrieved from <https://www.hhs.gov/sites/default/files/Factsheet-opioids-061516.pdf>

² American Society of Addiction Medicine. (2016). Opioid addiction 2016 facts and figures. Retrieved from <https://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf>

³ Inocencio, T., Carroll, N., Read, E., & Holdford, D. (2013). The economic burden of opioid-related poisoning in the United States. *Pain Medicine*, 14(10), 1534–1547.

⁴ American Society of Addiction Medicine. (2016). Opioid addiction 2016 facts and figures. Retrieved from <http://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf>

What Can You Do? Communities and First Responders



Communities &
First Responders

What Can You Do? Communities & First Responders

Communities, including civic and advocacy groups, faith-based and community-based organizations, and state and local leadership and governments play a role in changing the conversation about substance use disorder and improving the health, safety, and well-being of our citizens.

Community coalitions work together across sectors to address substance use disorder. Prevention Lead Organizations (listed below) can connect you to existing prevention efforts in your region. Coalition members can include employers, social service agencies, family members, faith leaders, school and public health personnel, law enforcement, prescribers, government officials, and people in the recovery community, among others.

Communities can:

- Become active in local prevention coalitions. If your community does not have one, contact your regional Prevention Lead Organization. (A list of regional PLOs is located in the back of this resource guide.)
- Build public awareness that substance use disorder is a chronic but treatable (and preventable) brain disease. Avoid stigmatizing language and include information about the effectiveness of medication assisted treatment and multiple paths to recovery when communicating with the public.
- Invest in evidence-based prevention, intervention, and treatment programs, and recovery supports.
- Develop ordinances and places for safe drug disposal.
- Implement harm reduction strategies
 - Distribute naloxone and encourage training for first responders to administer naloxone to reduce opioid overdoses.
 - Implement needle/syringe exchange programs to reduce the spread of HIV and Hepatitis C without increasing injection use.
- Support, encourage and promote Good Samaritan laws that protect citizens who intervene and save a life.
- Build awareness and encourage usage of West Virginia’s prescription drug monitoring program (also referred to as a controlled substance monitoring program) as a way to reduce “doctor shopping” and prevent opioid overdoses.
- Improve coordination across sectors to address the social and environmental factors that contribute to the risk for substance use disorders.

Communities

1. Encourage providers, persons at high risk, family members, and others to learn how to prevent and manage opioid overdose.
2. Ensure access to treatment for individuals who are misusing or addicted to opioids or who have other substance use disorders.
3. Ensure ready access to naloxone.
4. Encourage the public to call 911 for individuals experiencing opioid overdose.
5. Encourage prescribers to use state Prescription Drug Monitoring Programs.



A Prescription for Action: Local Leadership in Ending the Opioid Crisis

Report from National Association of Counties and the National League of Cities examines how cities and counties can strengthen collaboration with each other and state, federal, private-sector and non-profit partners to tackle the opioid crisis. The report also includes recommendations for state and federal officials, who are pivotal partners in local efforts to combat opioid misuse, diversion, overdose and death. <http://opioidaction.org/>

What Can Faith-Based Communities Do?

- Stop the stigma through education in your congregation and community. Visit www.StigmaFreeWV.org
 - Learn new ways of talking about addiction. Use “person with substance use disorder” instead of “addict,” “person in recovery” instead of “former/reformed addict/alcoholic,” and “abstinent,” instead of “clean.”
 - Sponsor training in your community, such as a Screening, Brief Intervention, Referral, and Treatment (SBIRT).

- Sponsor naloxone training. Contact your local prevention coalition or health department to find out what is already being done and how you can help.
- Join a prevention coalition in your area.
 - Provide sober community supports, such as helping someone find employment, transportation, or housing.
 - Sponsor a Students Against Destructive Decisions (SADD) chapter for youth in your community.
 - Lock and count your medications. Dispose of unused or expired medications properly.
 - Do not provide alcohol to youth and encourage teens not to use alcohol until 21 years of age.
- Sponsor Recovery Coach Training and/or become a “Recovery Angel.”
- Celebrate the WV Day of Hope in your congregation!

Source: WV Council of Churches & Community Impact Coalition Day of Hope Flyer - <https://wvcc.org/2017-day-of-hope-a-celebration-of-prevention-and-recovery/>



The Opioid Epidemic Practical Toolkit:

Helping Faith-based and Community Leaders Bring Hope and Healing to Our Communities
<https://www.hhs.gov/about/agencies/iea/partnerships/opioid-toolkit/index.html>

Participate in National Prevention Week During May

National Prevention Week is an annual health observance dedicated to increasing public awareness of, and action around, mental and/or substance use disorders. Communities and organizations across the country come together to raise awareness about the importance of substance use prevention and positive mental health. <https://www.samhsa.gov/prevention-week>

Join a Prevention Coalition in Your Region!

REGION 1:

Hancock, Brooke, Ohio, Marshall, Wetzel
 Lori Bumba
 Youth Services System, Inc.
 304-233-2045
lori.impactov@gmail.com

REGION 2:

Pendleton, Grant, Hardy, Mineral, Hampshire, Morgan, Jefferson, Berkeley
 Paige Mathias
 Potomac Highlands Guild
 304-257-1155
paigem@potomachighlandsguild.com

REGION 3:

Tyler, Pleasants, Wood, Ritchie, Jackson, Wirt, Roane, Calhoun
 Shelly Mize
 Westbrook Health Services
 304-927-5200 ext 410
smize@westbrookhealth.com

REGION 4:

Monongalia, Preston, Marion, Doddridge, Harrison, Taylor, Barbour, Tucker, Gilmer, Lewis, Upshur, Randolph, Braxton
 Elizabeth Shahan
 West Virginia Prevention Solutions
 304-423-5049
WVPSDirector@gmail.com

REGION 5:

Mason, Putnam, Kanawha, Clay, Cabell, Wayne, Mingo, Logan, Lincoln, Boone
 Kim Shoemake
 Pretera Center
 304-412-7036
Kimberly.Shoemake@pretera.org

REGION 6:

Webster, Pocahontas, Nicholas, Fayette, Greenbrier, Raleigh, Summers, Monroe, Wyoming, Mercer, McDowell
 Greg Puckett
 Community Connections
 304-913-4956
drugfree@strongcommunities.org



First Responders

5 ESSENTIAL STEPS FOR FIRST RESPONDERS:

STEP 1: EVALUATE FOR SIGNS OF OPIOID OVERDOSE

Signs of OVERDOSE, which often results in death if not treated, include:

- Unconsciousness or inability to awaken.
- Slow or shallow breathing or breathing difficulty such as choking sounds or a gurgling/snoring noise from a person who cannot be awakened.
- Fingernails or lips turning blue/purple.

If an opioid overdose is suspected, stimulate the person:

- Call the person's name.
- If this doesn't work, vigorously grind knuckles into the sternum (the breastbone in middle of chest) or rub knuckles on the person's upper lip.
- If the person responds, assess whether he or she can maintain responsiveness and breathing.
- Continue to monitor the person, including breathing and alertness, and try to keep the person awake and alert.

If the person does not respond, call 911, provide rescue breathing if the person is not breathing on their own, and administer one dose of naloxone.

STEP 2: CALL 911 FOR HELP

- Get medical attention as soon as possible. If no emergency medical services (EMS) or other trained personnel is on the scene, call 911.
- All you have to say is "Someone is unresponsive and not breathing."
- Be sure to give a specific address and/or description of your location.
- After calling 911, follow the dispatcher's instructions. If appropriate, the 911 operator will instruct you to begin CPR (technique based on rescuer's level of training).

STEP 3: ADMINISTER NALOXONE

- Administer naloxone (based on your specific product – intranasal, intramuscular, subcutaneous, or intravenous – and training)
- If the person overdosing does not respond within 2 to 3 minutes after administering a dose of naloxone, administer a second dose of naloxone.
- Naloxone should be administered to anyone who presents with signs of opioid overdose or when opioid overdose is suspected. More than one dose of naloxone may be needed to revive someone who is overdosing.
- Comfort the person being treated, as withdrawal triggered by naloxone can feel unpleasant. Some people may become agitated or confused, which may improve by providing reassurance and explaining what is happening.

STEP 4: SUPPORT THE PERSON'S BREATHING

- Ventilatory support is an important intervention and may be lifesaving on its own. Rescue breathing can be very effective in supporting respiration, and chest compressions can provide ventilatory support.
- Rescue breathing for adults involves the following steps:
 - Be sure the person's airway is clear (check that nothing inside the person's mouth or throat is blocking the airway).
 - Place one hand on the person's chin, tilt the head back, and pinch the nose closed.
 - Place your mouth over the person's mouth to make a seal and give two slow breaths.
 - Watch for the person's chest (but not the stomach) to rise.
 - Follow up with one breath every 5 seconds.
- Chest compressions for adults involve the following steps:
 - Place the person on his or her back.
 - Press hard and fast on the center of the chest.
 - Keep your arms extended.

STEP 5: MONITOR THE PERSON'S RESPONSE

- All people should be monitored for recurrence of signs and symptoms of opioid toxicity for at least 4 hours from the last dose of naloxone or discontinuation of the naloxone infusion.

- People who have overdosed on long-acting opioids should have more prolonged monitoring.
- Most people respond by returning to spontaneous breathing. The response generally occurs within 2 to 3 minutes of naloxone administration. (Continue resuscitation while waiting for the naloxone to take effect.)
- Because naloxone has a relatively short duration of effect, overdose symptoms may return. Therefore, it is essential to get the person to an emergency department or other source of medical care as quickly as possible, even if the person revives after the initial dose of naloxone and seems to feel better.

Signs of Opioid Withdrawal

The signs and symptoms of opioid withdrawal in an individual who is physically dependent on opioids may include body aches, diarrhea, tachycardia, fever, runny nose, sneezing, piloerection (gooseflesh), sweating, yawning, nausea or vomiting, nervousness, restlessness or irritability, shivering or trembling, abdominal cramps, weakness, tearing, insomnia, opioid craving, dilated pupils, and increased blood pressure. These symptoms are uncomfortable, but not life threatening. After an overdose, a person dependent on opioids should be medically monitored for safety and offered assistance to get into treatment for opioid use disorder.

If a person does not respond to naloxone, an alternative explanation for the clinical symptoms should be considered. The most likely explanation is that the person is not overdosing on an opioid but rather some other substance or may be experiencing a non-overdose medical emergency.

In all cases, support of ventilation, oxygenation, and blood pressure should be sufficient to prevent the complications of opioid overdose and should be given priority if the response to naloxone is not prompt.

Signs of an OVERDOSE (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.
- Person is vomiting or making gurgling noises.
- Person cannot be awakened from sleep or is unable to speak.
- Breathing is very slow or stopped.
- Heartbeat is very slow or stopped.

Signs of OVERMEDICATION (which may progress to overdose) include:

- Unusual sleepiness or drowsiness.
- Mental confusion, slurred speech, or intoxicated behavior.
- Slow or shallow breathing.
- Extremely small “pinpoint” pupils.
- Slow heartbeat or low blood pressure.
- Difficulty in being awakened from sleep.

Source: Substance Abuse and Mental Health Services Administration. SAMHSA Opioid Overdose Prevention Toolkit. HHS Publication No. (SMA) 18-4742. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018. <https://store.samhsa.gov/system/files/sma18-4742.pdf>



THE OPIOID EPIDEMIC PRACTICAL TOOLKIT

Helping Faith-based and Community Leaders Bring Hope and Healing to Our Communities

OVERVIEW

OPEN YOUR DOORS



- Increase the number of “life lines” in your community by hosting or connecting people to community-based recovery support programs (NA, AA, Celebrate Recovery, etc.)
- Post local meetings and SAMHSA’s National Helpline (800) 662-HELP (4357) in your newsletters, community calendars, websites, and social media channels.
- Invite individuals in recovery to share their stories with your community.

INCREASE AWARENESS



- Addiction is a treatable, chronic, medical condition. Tap local health experts to help diminish the stigma surrounding the condition, its symptoms, as well as any contributing factors.
- 62.6 percent misuse opioids for pain. Promote an understanding of pain treatment options and management. GO.USA.gov/xP7gW
- Educate your community by downloading and distributing information from the CDC’s Rx Campaign CDC.gov/RxAwareness and SAMHSA’s Opioid Resource website GO.USA.gov/xPcmv.

BUILD COMMUNITY CAPACITY



- Train community members to recognize the symptoms of an overdose and how to administer naloxone, an opioid overdose reversal drug. GO.USA.gov/xE2EB
- Organize a Mental Health First Aid® training for your community.
- Offer training and certification for youth or adult peer-recovery coaches in your community.

REBUILD AND RESTORE



- Support individuals and families in rebuilding their lives by assisting with food, transportation or housing, computer skills, or help with securing their GEDs.
- Connect with workforce development efforts and certification programs that provide life skills, on-the-job-training, and internships. Consider partnering with the local business sector to facilitate job placement efforts (e.g., *culinary arts, housekeeping, welding, etc.*).
- Start a Community “Re-Entry” Backpack Drive and support the formerly incarcerated.
- Partner with the community to help support foster families through donating clothing and necessities, as well as other wrap-around services like babysitting.



THE OPIOID EPIDEMIC PRACTICAL TOOLKIT

Helping Faith-based and Community Leaders Bring Hope and Healing to Our Communities

OVERVIEW CONTINUED

GET AHEAD OF THE PROBLEM



- Find ways to give teens the straight facts about brain development and substance use so they can make smart life choices. [Teens.DrugAbuse.gov](https://www.teensdrugabuse.gov)
- Host educational series on Adverse Childhood Experiences (ACEs) and trauma-informed approaches. [GO.USA.gov/xE4WY](https://www.go.usa.gov/xE4WY)
- Create or volunteer for support mentoring programs to help strengthen the resilience of younger generations.

CONNECT AND COLLABORATE




- Participate in local coalitions by contacting the Community Anti-Drug Coalitions of America. [CADCA.org](https://www.cadca.org)
- Help prevent access and misuse of prescription drugs in your home and community. Partner with local pharmacies near you, as well as local law enforcement, and host a “Prescription Drug Take Back Day.” [TakeBackDay.DEA.gov](https://www.takebackday.dea.gov)

FEDERAL RESOURCES



- Share the federal resources included in this toolkit. To access the online version of our Practical Toolkit with live links visit. [HHS.gov/Opioid-Practical-Toolkit](https://www.hhs.gov/Opioid-Practical-Toolkit)
- Sign up for our monthly newsletters: Partnerships@HHS.gov and follow us on Twitter® (@PartnersForGood) and Facebook® (@HHSPartnershipCenter).

 (202) 358-3595

 [HHS.Gov/Partnerships](https://www.HHS.Gov/Partnerships)

 Partnerships@HHS.Gov

 @PartnersForGood

 /HHSPartnershipCenter

 @HHSPartnershipCenter



Reducing Harms from Injection Drug Use & Opioid Use Disorder with Syringe Services Programs

What Is a Syringe Services Program (SSP)?

A community-based public health program that provides comprehensive harm reduction services such as

- Sterile needles, syringes, and other injection equipment
- Safe disposal containers for needles and syringes
- HIV and hepatitis testing and linkage to treatment
- Education about overdose prevention and safer injection practices
- Referral to substance use disorder treatment, including medication-assisted treatment
- Referral to medical, mental health, and social services
- Tools to prevent HIV, STDs, and viral hepatitis including counseling, condoms, and vaccinations

How Do SSPs Benefit Communities and Public Safety?

SSPs Increase Entry Into Substance Use Disorder Treatment:

SSPs **reduce drug use**. People who inject drugs (PWID) are 5 times as likely to enter treatment for substance use disorder and more likely to reduce or stop injecting when they use an SSP.



SSPs Reduce Needlestick Injuries:

SSPs **reduce needlestick injuries** among first responders by providing proper disposal. One in three officers may be stuck with a needle during their career. Increasing safe disposal also protects the public from needlestick injuries. SSPs do not increase local crime in the areas where they are located.



SSPs Reduce Overdose Deaths:

SSPs **reduce overdose deaths** by teaching PWID how to prevent and respond to drug overdose. They also learn how to use naloxone, a medication used to reverse overdose.



3,600 HIV Diagnoses Among PWID In 2015:

SSPs **reduce new HIV and viral hepatitis infections** by decreasing the sharing of syringes and other injection equipment. About 1 in 3 young PWID (aged 18–30) have hepatitis C.



Prevention Saves Money:

SSPs **save health care dollars** by preventing infections. The estimated lifetime cost of treating one person living with HIV is more than \$400,000. Testing linked to hepatitis C treatment can save an estimated 320,000 lives.



SSPs DON'T INCREASE DRUG USE OR CRIME.

Learn more at www.cdc.gov/hiv/risk/ssps.html

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention



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What Can You Do? Schools and Educators



What Can You Do? Schools and Educators

West Virginia's youth and young adults are impacted by substance use disorder in multiple ways. Youth may be misusing alcohol, tobacco, or other drugs, including prescription medications. They can also be experiencing trauma related to living in homes with family members with substance use disorder.

- Schools and educators play a critical role in preventing or reducing drug use among youth. In addition, they can create trauma informed schools and environments to support their students.
- Schools can help by training teachers, administrators, counselors, coaches, and nurses to look for signs that students are misusing drugs. Students athletes who may be prescribed opioid pain relievers can be particularly vulnerable. Personnel should also be aware of where students and their families can access counseling, substance use treatment, and recovery support services.
- Schools can work with prevention efforts in their region to deliver evidence-based programs that educate students about the risks of substance use disorders and alternative ways to treat or control pain.
- Schools can provide naloxone and related training to staff in order to reverse overdoses that occur on campus.

“Moreover, schools and colleges can help combat the opioid crisis and overdose epidemic by supporting primary drug prevention programs, offering counseling and mental health support to students in need, screening for substance use in student clinics and making referrals to treatment where necessary, and providing support services to students in recovery from substance use disorders.”

Source: <https://www2.ed.gov/admins/lead/safety/open-letter-substance-abuse.html>

Schools and Educators

- School leaders, teachers, and staff can create safe environments and positive cultures for students (increase bonding to schools by students).
- Schools can educate personnel and families about substance use disorders and how to prevent substance misuse and addiction.
- Many evidence-based prevention programs can be delivered in a school setting.
- Schools can help to mitigate risk factors that can make students vulnerable to engaging in dangerous behavior.
- They can also boost protective factors and increase student engagement.
- Schools can make access to counseling services and mental health treatment more accessible by students.
- Schools can offer staff training on naloxone and be prepared if an opioid overdose occurs on school grounds.
- Schools and school districts can support students in recovery and students whose family members are suffering from addiction.

Learn more: <https://www.ed.gov/opioids/>

West Virginia Department of Education



ReClaimWV

Many of West Virginia's students are experiencing trauma related to the effects of substance use disorder in their home resulting in violent and erratic behavior in the classroom. Educators are having to address students' most basic physical, mental, social-emotional, and behavioral needs before they can provide classroom instruction.

ReClaimWV, West Virginia Department of Education's (WVDE) response to the opioid epidemic through support and collaboration with local education agencies, schools, communities, and families to address the social-emotional, physical, behavioral, and mental health needs of our students.

GOAL 1: Support the needs of the whole child by coordinating services and resources offered by the WVDE and its partners.

GOAL 2: Provide Local Educational Agencies (LEAs) with training and technical assistance on evidence-based practices to support the whole child, particularly in social-emotional and behavioral health, including substance misuse prevention and intervention.

GOAL 3: Create and support peer resiliency networks that help students combat significant adversity through responsible behavior and lifelong, positive health practices. Provide students with tools to identify peers in crisis, understand crisis protocols, and address hurtful behaviors such as bullying.

GOAL 4: Provide education, professional learning, and information to students, classroom teachers, and school personnel regarding WVDE policies that address opioid and substance misuse (alcohol, tobacco, and other drugs), particularly where these policies align with the goals of educational program development and content standards.

GOAL 5: Address the violent and erratic student behaviors among our students that are increasing in frequency, duration, and intensity, especially among younger children. These behaviors are a response to the opioid epidemic, and frequently result in mental health issues.

Learn more: <https://wvde.us/reclaimwv/>

West Virginia Handle With Care



The West Virginia Handle With Care (HWC) Program promotes safe and supportive homes, schools, and communities that protect children, and help traumatized children heal and thrive. HWC promotes school-community partnerships aimed at ensuring that children who are exposed to trauma in their home, school, or community receive appropriate interventions to help them achieve academically at their highest levels despite whatever traumatic circumstances they may have endured. HWC programs support children exposed to trauma and violence through improved communication and collaboration between law enforcement, schools/child care agencies and mental health providers, and connects families, schools and communities to mental health services.

If a law enforcement officer encounters a child during a call, that child's name and three words, "HANDLE WITH CARE," are forwarded to the school/child care agency before the school bell rings the next day. The school implements individual, class, and whole school trauma-sensitive curricula so that traumatized children are "Handled With Care." If a child needs more intervention, on-site trauma-focused mental healthcare is available at the school.

To learn more about trauma-informed schools or starting the Handle With Care program in your community, visit www.HandleWithCareWV.org.

Resources



Children Impacted by Addiction: A Toolkit for Educators

Produced by National Association for Children of Addiction (NCAoA)
https://helpandhopewv.org/docs/Kit4Teachers_ALt_2018-4.pdf



Teachers: Classroom Resources on Drug Effects

Lessons, activities, and drug facts to educate teens about the effects and consequences of drug use.
<https://teens.drugabuse.gov/teachers>



Operation Prevention

Operation Prevention’s classroom resources provide educators with engaging tools that are aligned to national health and science standards and integrate seamlessly into classroom instruction. Through a series of hands-on investigations, these resources introduce students to the science behind opioids and their impact on the brain and body. <https://www.operationprevention.com/classroom>



Search SAMHSA’s Evidence-Based Practices Resource Center

<https://www.samhsa.gov/ebp-resource-center>



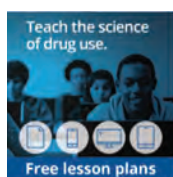
NIDA. Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide.

National Institute on Drug Abuse website.
<https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide>



National Drug & Alcohol IQ Challenge

<https://teens.drugabuse.gov/quiz/national-drug-alcohol-facts-week/take-iq-challenge>



Lesson Plan and Activity Finder

<https://teens.drugabuse.gov/teachers/lessonplans#/questions>

Other articles available for download on www.HelpandHopeWV.org/Educators:

- Readiness and Emergency Management for Schools (REMS) Technical Assistance (TA) Center: Preparing for Opioid Related Emergencies
- TOPICAL ISSUE BRIEF | Intervention IDEAs for Infants, Toddlers, Children, and Youth Impacted by Opioids
- Do High Schools Implementing SWPBIS Have Lower Rates of Illegal Drug and Alcohol Use?
- Helping Children and Youth Who Have Traumatic Experiences
- Complex Trauma: Facts For Educators
- Children’s Mental Health Matters

Prevention Lead Organizations

Want to learn about prevention resources, trainings, and curricula for your school? Contact the Prevention Lead Organization for your county:

REGION 1:

Hancock, Brooke, Ohio, Marshall, Wetzel
Lori Bumba
Youth Services System, Inc.
304-233-2045
lori.impactov@gmail.com

REGION 2:

Pendleton, Grant, Hardy, Mineral, Hampshire, Morgan, Jefferson, Berkeley
Paige Mathias
Potomac Highlands Guild
304-257-1155
paigem@potomachighlandsguild.com

REGION 3:

Tyler, Pleasants, Wood, Ritchie, Jackson, Wirt, Roane, Calhoun
Shelly Mize
Westbrook Health Services
304-927-5200 ext 410
smize@westbrookhealth.com

REGION 4:

Monongalia, Preston, Marion, Doddridge, Harrison, Taylor, Barbour, Tucker, Gilmer, Lewis, Upshur, Randolph, Braxton
Elizabeth Shahan
West Virginia Prevention Solutions
304-423-5049
WVPSDirector@gmail.com

REGION 5:

Mason, Putnam, Kanawha, Clay, Cabell, Wayne, Mingo, Logan, Lincoln, Boone
Kim Shoemake
Pretera Center
304-412-7036
Kimberly.Shoemake@pretera.org

REGION 6:

Webster, Pocahontas, Nicholas, Fayette, Greenbrier, Raleigh, Summers, Monroe, Wyoming, Mercer, McDowell
Greg Puckett
Community Connections
304-913-4956
drugfree@strongcommunities.org





Combating the Opioid Crisis: Schools, Students and Families

In October 2017, President Donald J. Trump declared the opioid crisis a national public health emergency. The U.S. Department of Education (the Department) is joining other federal agencies in combating the opioid crisis that is killing Americans at unprecedented rates and plaguing families and communities. While the causes of opioid misuse are complex and determined by multiple factors, the goals of prevention and recovery focus on reducing risk and promoting factors that increase resiliency against use. Schools play an important role in reaching these goals.

The Department is taking a two-pronged approach to addressing the opioid crisis: 1) helping to educate students, families and educators about the dangers of opioid misuse and about ways to prevent and overcome opioid addiction; and 2) supporting state and local education agencies' efforts to prevent and reduce opioid misuse.



What are opioids, how are they having an impact and what is the federal government doing?

- Opioids are natural or synthetic chemicals that reduce feelings of pain.
- Opioids are a class of drugs that include pain relievers available legally by prescription such as oxycodone, hydrocodone (Vicodin), codeine and morphine, as well as heroin and synthetic opioids such as fentanyl.
- Anyone who takes prescription opioids can become addicted to them or develop tolerance of physical dependence.
- In 2016, more Americans died due to opioid overdoses than car crashes. From cities and suburbs to rural America, opioid addiction and overdose is "the crisis next door."

Resources

- Watch this [recorded webinar](#) to learn more about how the opioid crisis affects students and families, and the policies and practices that can help address the crisis in schools.
- [Opioids.gov](#) illustrates the magnitude of the opioid crisis and actions the Trump administration is taking to address it.
- Data on youth drug use is available at the [National Institute on Drug Abuse's Opioid page](#).
- [Centers for Disease Control's \(CDC\) Opioid Overdose page](#) provides comprehensive information about opioids and their risks, as well as information about how to protect against opioid misuse, addiction and overdose.





What is the role of schools?

- School leaders, teachers and staff can create safe environments and positive cultures for students.
- They can educate students, each other and families about the dangers of drug use and about how to prevent opioid misuse and addiction.
- Many evidence-based prevention programs can be delivered in a school setting.
- Schools can help to mitigate risk factors that can make students vulnerable to engaging in dangerous behavior.
- They can also boost protective factors and increase student engagement.
- Schools can be prepared if an opioid overdose occurs on school grounds.
- Schools and school districts can support students in recovery and students whose family members are suffering from addiction.

Resources

- **Operation Prevention** educates students about the impact of opioids and encourages conversations in the home and classroom.
- **Drugs, Brains, and Behavior: The Science of Addiction** discusses why adolescence is a critical time for preventing drug addiction.
- Get a **free opioid overdose prevention tool kit**.
- Find information about **recovery high schools**, which support optimum performance and empower access to student recovery.
- The U.S. Department of Health and Human Services provides an **evidence-based practices resource center**.



What should students know and do?

- The social behavior of students affects the success of schools as learning environments.
- Risk-related behaviors are a barrier to academic gains and healthy lifestyles.
- Students should know about the dangers of opioid misuse and illicit drug use.
- They should be supported in developing decision-making skills and an understanding about ways to resist pressure to experiment with and misuse drugs.
- They should know when and where to seek help either for their own opioid use disorders or addiction issues, or for dealing with issues arising from misuse, addiction and overdose by friends or family members.

Resources

- Learn how drug use **affects the brains of teens**.
- Students can **get the facts about drugs**.
- Confidentially and anonymously **find information on treatment facilities** in the United States and U.S territories for substance misuse, addiction or mental health support.
- **Share your story** about how you overcame addiction, volunteered at a recovery center or worked as a family to help a loved one through recovery.



How can parents and guardians of students help?

- Educated and empowered parents and guardians are the first line of defense in preventing opioid misuse and illicit drug use by students.
- The Department of Education partnered with the federal Drug Enforcement Administration (DEA) to release a new version of the popular publication *Growing Up Drug Free: A Parent's Guide to Prevention*. It provides an overview of opioid misuse as a student issue and profiles of youths who have died from overdoses and those who are actively engaged in preventing drug misuse in their schools and communities. It also contains numerous resources of interest to parents, students and educators.
- Schools and school districts can support students in recovery and students whose family members are suffering from addiction.

Resources

- **Get Smart About Drugs** is a DEA resource for parents, educators and caregivers.
- Parents and educators, **learn how to talk with kids** about the impact of drug use on health.
- Find useful information about **substance abuse prevention** at youth.gov.



Does the Department have funding and other assistance available to help schools address the opioid crisis?

- The Department has a long history of promoting substance misuse prevention in schools through programs, products and targeted technical assistance.
- The Department's Office of Safe and Healthy Students administers grant programs and other technical assistance centers that can help state and local education agencies and schools address opioid misuse prevention, promote school safety and create supportive school climates.

Resources

- **The Office of Safe and Healthy Students** is committed to serving states and school communities by providing resources, direct support and technical assistance on topics that affect the well-being, health and safety of our nation's young people.

Note: The online version of this document contains hypertext links to additional information and resources. If you are reviewing hard copy, please visit www.opioids.gov for access to this additional information. This webpage contains resources that are provided for the user's convenience. The inclusion of these materials is not intended to reflect their importance, nor is it intended to endorse any views expressed, or products or services offered. These materials may contain the views and recommendations of various subject-matter experts as well as hypertext links, contact addresses and websites to information created and maintained by other public and private organizations. The opinions expressed in any of these materials do not necessarily reflect the positions or policies of the U.S. Department of Education. The U.S. Department of Education does not control or guarantee the accuracy, relevance, timeliness or completeness of any outside information included in these materials.

THE TRUTH ABOUT ACEs

WHAT ARE THEY?

ACEs *are*
ADVERSE
CHILDHOOD
EXPERIENCES

The three types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Mother treated violently



Divorce



Incarcerated Relative

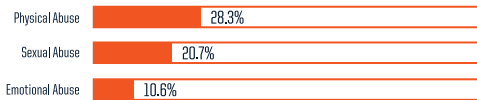


Substance Abuse

HOW PREVALENT ARE ACEs?

The ACE study* revealed the following estimates:

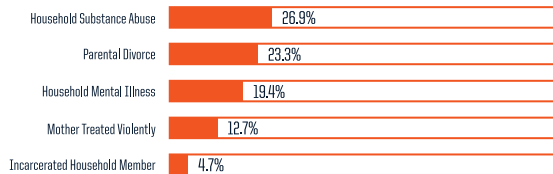
ABUSE



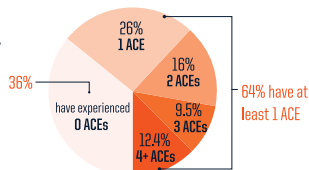
NEGLECT



HOUSEHOLD DYSFUNCTION



Of 17,000 ACE study participants:



WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes



Possible Risk Outcomes:

BEHAVIOR



PHYSICAL & MENTAL HEALTH



Get Connected: REGION 1

Resource Toolkit



Help & Hope WV

Region 1

Brooke, Hancock, Marshall, Ohio, Wetzel

PREVENTION LEAD ORGANIZATION

Agency: **Youth Services System, Inc.**
87 15th Street-Suite 235
Wheeling WV 26003
304-233-2045



Contact: **Lori Garrett-Bumba**
Youth Services System, Inc.
304-233-2045
lori.impactov@gmail.com



In the northern panhandle of West Virginia, Youth Services System, Inc. serves as the West Virginia Department of Health and Human Resources, Bureau for Behavioral Health Region 1 Substance Misuse Prevention Services Lead Organization. Youth Services System supports the efforts of the Northern Panhandle Prevention Consortium and the Partnerships for Success project as well as leads the way for the Strategic Prevention Framework for Prescription Drugs throughout the region. The Northern Panhandle Prevention Consortium unites community substance misuse prevention coalitions in the five counties of the northern panhandle to collectively strengthen local efforts. Consortium membership consists of Brooke and Hancock Advocates for Substance Abuse Prevention, the Community Impact Coalition which serves Ohio County, Marshall County Substance Abuse Prevention Coalition and the Wetzel County Coalition Against Drug Abuse. The Partnerships for Success project addresses prescription drug misuse in Hancock County and underage binge drinking in Brooke County, identified high-need counties in Region 1, by implementation of targeted comprehensive evidence-based prevention strategies in collaboration with the local coalition. In addition to collaborating with the local coalitions, Youth Services System coordinates the Region 1 Data and Planning Team where members assess local conditions, identify behavioral health resources and determine service gaps across the continuum.

BROOKE COUNTY

Coalition Coordinator

Agency: **Advocates for Substance Abuse Prevention Coalition**
1300 Potomac Avenue, Suite C
Weirton, WV 26062
304-748-7850



Contact: **Mary Ball**
mball@brookehancockfrn.org



Prescription Drug Drop Box Location(s):

Brooke County Sheriff's Department 632 Main Street Wellsburg, WV 26070 24/7	Follansbee Police Department 872 Main Street Follansbee, WV 26037 24/7
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Region 1

Brooke, Hancock, Marshall, Ohio, Wetzel

HANCOCK COUNTY

Coalition Coordinator



Agency: **Advocates for Substance Abuse Prevention Coalition**
1300 Potomac Avenue - Suite C
Weirton, WV 26062
304-748-7850



Contact: **Mary Ball**
mball@brookehancockfrn.org



Prescription Drug Drop Box Location(s):

Chester Police Department 600 Indiana Avenue Chester, WV 26034 M-F 9:00 am - 4:00 pm	Hancock County Sheriff's Department 102 North Court New Cumberland, WV 26047 M-F 8:30 am - 4:30 pm
Weirton Police Department 200 Municipal Plaza Weirton, WV 26062 M-F 9:00 am - 5:00 pm	

MARSHALL COUNTY

Coalition Coordinator



Agency: **Marshall County Substance Abuse Prevention Coalition**
513 6th Street
Moundsville, WV 26041
304-845-7840



Contact: **Charlene Rine**
Charlene.C.Rine@wv.gov



Prescription Drug Drop Box Location(s):

Cameron Police Department 44 Main Street Cameron, WV 26033 24/7	Moundsville State Police Barracks 1700 South Lafayette Avenue Moundsville, WV 26041 M-F 8:00 am - 4:00 pm
Moundsville Police Department 608 Tomlinson Avenue Moundsville, WV 26041 24/7	

Region 1

Brooke, Hancock, Marshall, Ohio, Wetzel

OHIO COUNTY

Coalition Coordinator



Agency: **Community Impact Coalition**
87 15th Street - Suite 235
Wheeling, WV 26003
304-233-2045



Contact: **Lori Garrett-Bumba**
lori.impactov@gmail.com



Prescription Drug Drop Box Location(s):

Bethlehem Police Department 123 Community Street Wheeling, WV 26003 M-F 8:00 am - 4:00 pm	Wheeling Police Department 1500 Chaplain Street, Suite 101 Wheeling WV 26003 24/7
Triadelphia Police Department 4453 National Road Triadelphia, WV 26059 M-F 8:30 am - 3:30 pm	

WETZEL COUNTY

Coalition Coordinator



Agency: **Wetzel County Coalition Against Drug Abuse**
2213 Mountaineer Hwy
New Martinsville, WV 26155
304-455-2468



Contact: **Beth Goddard**
bgoddard@wcccfwv.org



Prescription Drug Drop Box Location(s):

Hundred City Building 30 Pennsylvania Avenue Hundred, WV 26575 M-F 8:00 am - 3:00 pm	New Martinsville Police Department 193 Main Street New Martinsville, WV 26155 24/7
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For additional resources, visit <https://helpandhopewv.org/region-1.html> to download the Region 1 Substance Abuse Resource Guide.

EMERGENCY CONTACTS

For 24/7 Help & Referral Call:

1-844-HELP 4 WV

County Health Departments:

Hancock 304-564-3343*
 Brooke 304-737-3665*
 Ohio 304-234-3682*
 Marshall 304-845-7840
 Wetzel-Tyler 304-337-2001
 *Harm Reduction Services Available

Child Abuse:

WV Child Abuse Hotline 800-352-6513

Domestic Violence Emergency:

National Hotline 800-799-7233

YWCA Family Violence Prevention Hotline 800-698-1247

Prescription Drug Poisoning:

West Virginia Poison Center 800-222-1222

Problem Gamblers Help Network of WV:

Help Line 800-426-2537

Suicide Prevention:

National Suicide Prevention Lifeline 800-273-8255

Fetal Alcohol Spectrum Disorder (FASD)

Diagnosis of FASD:

Ruby Memorial Hospital (WVU) 304-598-4800

FASD Contacts:

West Virginia Advocates 304-346-0847

Treatment Services for FASD:

Children's Home of Wheeling

FASD Program 304-233-2367

*If you are expecting, call
 304-233-2045 for referrals.*

PEER SUPPORT SERVICES

Al-anon/Alateen	888-490-1970
Alcoholics Anonymous	800-333-5051
Beyond Tomorrow	304-670-8808
Celebrate Recovery	304-455-1422
Helping Heroes	304-810-4291
Narcotics Anonymous	888-251-2426
Nar-Anon	800-477-6291
Never Alone WV	304-797-1579
Prevent Suicide WV	304-233-9627
Reformers Unanimous	866-733-6768
SMART Recovery	866-951-5357
Unity Center <small>AA, NA, DRA, ACA, Nar-Anon & SMART Recovery</small>	304-232-3888
Veterans Crisis Line	800-273-8255
West Virginia C.A.N.	304-414-4455
Wheeling Vet Center	304-232-0587
Women Inspired by New Directions (WIND)	304-232-0511
Young People in Recovery	720-600-4977
Youth Recovery Coaching <small>Ages 12-24</small>	304-233-9627



Youth Services System, Inc.
 Prevention Services
 87 15th St. (Rm. 235)
 Wheeling, WV 26003
 P: (304) 2332045
 F: (304) 2310919

Supported by US Department of Health & Human Services, Substance Abuse and Mental Health Administration, Center for Substance Abuse Prevention, and the WV Department of Health and Human Resources, Bureau for Behavioral Health and Health Facilities, Youth Services System, Inc. and the Partnerships For Success.



Substance Abuse Resource Guide



Serving the Northern
 Panhandle Counties of
 West Virginia

Hancock • Brooke • Ohio • Marshall • Wetzel



PREVENTION

Brooke/Hancock County

Advocates for Substance Abuse Prevention Coalition (ASAP)
304-748-7850

Partnerships for Success (PFS)
304-233-2045

Ohio County

Community Impact Coalition
304-233-2045

Marshall County

Marshall County Substance Abuse Prevention Coalition
304-845-7840

Wetzel County

Wetzel County Coalition Against Drug Abuse

Prescription Drug Disposal

Hancock County Sheriff's Department
304-564-3311

Chester Police Department
304-387-2820

Weirton Police Department
304-797-8576

Brooke County Sheriff's Department
304-527-1430

Follansbee Police Department
304-527-1211

Wheeling Police Department
304-234-3664

Bethlehem Police Department
304-233-9527

Triadelphia Police Department
304-547-5001

Moundsville State Police Barracks
304-843-4100

Moundsville Police Department
304-845-1611

Cameron Police Department
304-686-2213

New Martinsville Police Department
304-455-9100

Hundred City Building
304-775-5131

Drug Disposal Information & Rx Take Back Days

www.dea.gov

EARLY INTERVENTION

Alcohol Use Referral

National Council on Alcoholism
Alcohol and Drug Helpline
800-622-2255

American Lung Association

304-342-6600

Local Services (by court order only)

Lee Day Report Center:
-Weirton
304-748-8043
-Wheeling
304-234-6445
-Moundsville
304-845-6951
-New Martinsville
304-398-4920

Hancock-Brooke Juvenile Drug Court

304-748-1608

Hancock-Brooke-Ohio Adult Drug Court

304-737-3669

Ohio Juvenile Drug Court

304-234-3777

Marshall-Tyler-Wetzel Adult Drug Court

304-845-6951

Tobacco Use Referral

West Virginia Tobacco Quitline
877-966-8784

Treatment Facilities Websites

Chestnut Ridge Center
<http://www.medicine.org/ruby-memorial-hospital/services/>
www.specialty-clinics/behavioral-and-mental-health/
chestnut-ridge-center/healthways, Inc.
www.healthwaysinc.com

Hillcrest Behavioral Health Services
www.ovnnc-eorh.com/other-facilities/hillcrest-behavioral-health-system.asp

Northwood Health Systems
www.northwoodhealth.com

Westbrook Health Services
www.westbrookhealth.com

Youth Services System , YSS
www.youthservicesystem.org

TREATMENT & RECOVERY

Outpatient Counseling

Crittenton Services, Inc.
Weirton
304-748-3768

Wheeling
304-242-7060

New Martinsville
304-455-3035

Family Connections
Healthways, Inc.
304-723-3423

Hillcrest Behavioral Health Services
Northwood Health Systems, Inc.*
304-723-5440
304-234-8517

Moundsville
304-845-3000

New Martinsville
304-455-3622

Weirton
304-217-3050

Wheeling
304-234-3500

Wheeling Treatment Center
Youth Services System (YSS)
304-547-9197
304-233-9627

Intensive Outpatient Treatment
Healthways, Inc.
304-723-5440

Hillcrest Behavioral Health
Miracles Happen (Healthways, Inc.)
304-234-8887
304-242-0217

Northwood Health Systems, Inc.
Youth Service Systems, Inc.
*See List Above
304-233-9627

Crisis Stabilization Unit
Northwood Health Systems, Inc.
*See List Above

Detoxification
Northwood Health Systems, Inc.
*See List Above

Reynolds Breakthru
Wheeling Treatment Center
304-421-4528
304-547-9197

New Vision- East Liverpool City Hospital
304-386-3193

Residential/Inpatient
Hillcrest Behavioral Health Systems
304-234-8887

Lazarus House (Men-Transitional Lmng)
304-232-9627
Lethal Affection
304-919-3253

Mary and Martha House (Women)
304-232-9627
Miracles Blossom (Women)
304-394-5507

Miracles Happen (Men-Long Term)
304-242-0217
Oxford House
304-559-6967

Medicated Assisted Treatment
Northwood Health Systems, Inc.
*See List Above
R.O.O.T.S.
304-460-5123
Wheeling Treatment Center
304-547-9197

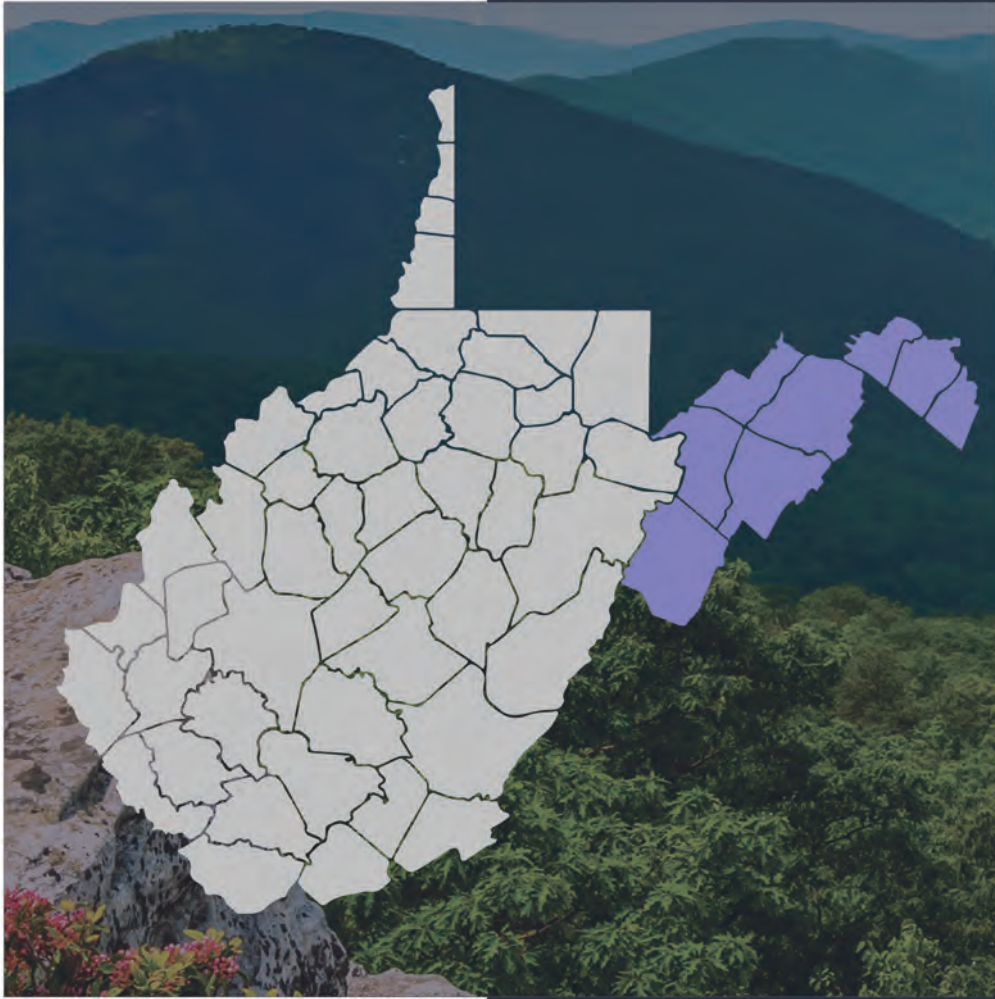
For 24/7 Help & Referral Call:

1-844-HELP 4 WV

Information provided is believed to be accurate at the time of print. Any exclusions are accidental and do not reflect disapproval. If you would like your information placed in the brochure for dissemination, please call us at 304-233-2045.

Get Connected: REGION 2

Resource Toolkit



Help & *Hope* WV



Region 2

Berkeley, Grant, Hampshire, Hardy, Jefferson, Mineral, Morgan, Pendleton

PREVENTION LEAD ORGANIZATION

Agency:



Potomac Highlands Guild, Inc.
7 Mountain View Street / P.O. BOX 1119
Petersburg, WV 26847
304-257-1155
www.thephg.org

Contact:



Paige Mathias
Potomac Highlands Guild
304-257-1155
paigem@phgmail.net

The Potomac Highlands Guild in Region 2 supports seven Substance Misuse Prevention Coalitions in Hampshire, Hardy, Grant, Pendleton, Mineral, Morgan, Jefferson, Berkeley counties under the WV SAPT Block Grant. Under the WV-PFS a more focused approach to underage drinking prevention in Jefferson County and prescription drug misuse prevention in Berkeley County is provided.

Both programs provide evidence-based curricula implementation and engage our communities through community conversations, town hall events, social marketing material, trainings and alternative activities, such as prescription drug take back days and parent support events.

BERKELEY COUNTY

Coalition Coordinator



Agency: **ONTRACK - Berkeley County**
Berkeley County Boys and Girls Club
105 W. John St.
Martinsville, WV 25410
304-530-5480 ext. 3



Primary Contact: **Alison Mee**
ontrack1@erfn.info



Prescription Drug Drop Box Location(s): Berkeley County Sheriff's Office
510 South Raleigh Street
Martinsburg, WV 25401

Other Resources: **Family Resource Network of the Panhandle, Inc.**
<http://frnotp.org/resources/>

Region 2

Berkeley, Grant, Hampshire, Hardy,
Jefferson, Mineral, Morgan, Pendleton

GRANT COUNTY

Coalition Coordinator



Agency: **ONTRACK - Grant County**
Grant County DHHR
53 Kiess Drive
Petersburg, WV 26847
304-530-5480 ext. 3



Contact: **Shirley Kuhn**
shirleyk@hardynet.com



**Prescription Drug
Drop Box Location(s):** Grant Memorial Hospital - D Wing
117 Hospital Drive
Petersburg, WV 26847

Other Resources: **Eastern Regional FRN Directory**
<https://www.erfn.info/directory/>

HAMPSHIRE COUNTY

Coalition Coordinator



Agency: **ONTRACK - Hampshire County**
Hampshire County Health Department
16189 Northwestern Pike
Augusta, WV 26704
304-530-5480 ext. 3



Primary Contact: **Shirley Kuhn**
shirleyk@hardynet.com



**Prescription Drug
Drop Box Location(s):** Capon Bridge Town Hall
1 Whitacre Loop
Capon Bridge, WV 26711
Hampshire County Health Department
16189 Northwestern Pike
Augusta, WV 26704

Hampshire County Sheriff's Office
66 North High Street
Romney, WV 26757

Other Resources: **Eastern Regional FRN Directory**
<https://www.erfn.info/directory/>

Region 2

Berkeley, Grant, Hampshire, Hardy,
Jefferson, Mineral, Morgan, Pendleton

HARDY COUNTY

Coalition Coordinator



Agency: **ONTRACK - Hardy County**
Eastern Regional Family Resource Network Office
108 South Fork Road
Moorefield, WV 26836
304-530-5480 ext. 3



Contact: **Shirley Kuhn**
shirleyk@hardynet.com



Prescription Drug Drop Box Location(s): Moorefield Town Police
206 Winchester Avenue
Moorefield, WV 26836
Wardensville Town Hall Office Building
25 Warrior Way
Wardensville, WV 26851

Other Resources: **Eastern Regional FRN Directory**
<https://www.erfrn.info/directory/>

JEFFERSON COUNTY

Coalition Coordinator



Agency: **ONTRACK - Jefferson County**
PHG-RYSC
Suite G
Kearneysville, WV 25430
304-530-5480 ext. 3



Contact: **Alison Mee**
ontrack1@erfrn.info



Prescription Drug Drop Box Location(s): Jefferson County Sheriff's Office
102 Industrial Blvd.
Kearneysville, WV 25430
Shepherdstown Police Department
104 North King Street
Shepherdstown, WV 25443
Ranson Police Department
700 N. Preston Street
Ranson, WV 25438

Other Resources: **Family Resource Network of the Panhandle, Inc.**
<http://frnotp.org/resources/>

Region 2

Berkeley, Grant, Hampshire, Hardy,
Jefferson, Mineral, Morgan, Pendleton

MINERAL COUNTY

Coalition Coordinator



Agency: **ONTRACK - Mineral County**
Wesley Chapel
128 Wesley Street
Ridgeley, WV 26753
304-530-5480 ext. 3



Contact: **Shirley Kuhn**
shirleyk@hardynet.com



Prescription Drug Drop Box Location(s):
Mineral County Sheriff's Office
150 Armstrong Street
Keyser, WV 26726

Other Resources: **Eastern Regional FRN Directory**
<https://www.erfrn.info/directory/>

MORGAN COUNTY

Coalition Coordinator



Agency: **Morgan County Partnership Coalition**
26 Chapman St.
Berkeley Springs, WV 25411
304-258-7807



Contact: **Kristin Gingery**
kgingery@morganpartnership.org



Prescription Drug Drop Box Location(s): Town of Bath Police Department
271 Wilkes St., Suite B
Berkeley Springs, WV 25411

Other Resources: **Family Resource Network of the Panhandle, Inc.**
<http://frnotp.org/resources/>



Region 2

Berkeley, Grant, Hampshire, Hardy,
Jefferson, Mineral, Morgan, Pendleton

PENDLETON COUNTY

Coalition Coordinator



Agency: **ONTRACK - Pendleton County**
Berkeley County Boys and Girls Club
105 W. John St.
Martinsville, WV 25410
304-530-5480 ext. 3



Contact: **Shirley Kuhn**
ontrack1@erfn.info



Prescription Drug
Drop Box Location(s): Pendleton County State Police
100 South Main Street
Franklin, WV 26807

Other Resources: **Eastern Regional FRN Directory**
<https://www.erfn.info/directory/>

Get Connected: REGION 3

Resource Toolkit



Help & Hope WV

Region 3

Calhoun, Jackson, Pleasants, Ritchie,
Roane, Tyler, Wirt, Wood

PREVENTION LEAD ORGANIZATION

Agency:



Westbrook Health Services, Inc.

2121 East Seventh Street
Parkersburg, WV 26101
304-485-1721

Contact:



Shelly Mize

Westbrook Health Services
304-927-5200
smize@westbrookhealth.com

Westbrook Health Services, Region 3 in West Virginia is committed to improving the quality of life for youth in Calhoun, Jackson, Pleasants, Ritchie, Roane, Tyler, Wirt, and Wood counties. Prevention Coordinator Shelly Mize works daily to educate children and adults about substance misuse prevention and advocates for healthy lifestyle choices and opportunities in their community. For over a decade, she has educated children in Region 3 by bringing community members together to uplift and guide them. Westbrook Health Services provides a vast array of services and supports designed to better the lives of those it serves. Working with individuals, schools, and other non-profit organizations, Westbrook strives daily to empower people to reach their greatest potential.

CALHOUN COUNTY

Coalition Coordinator



Agency:

Calhoun Prevention Coalition

Calhoun County Family Resource Network
WV
304-345-7177



Contact:

Tina Persinger

calhounfrn@gmail.com



Prescription Drug

Drop Box Location(s):

Calhoun County Courthouse
363 Main Street, #103
Grantsville, WV 26147
M-F 8:00 am - 4:00 pm

Other Resources:

Westbrook Health Services / 304-927-5200
Calhoun County Family Resource Network / 304-354-7177
Roane County Day Report Center / 304-519-5898

Narcotics Anonymous:

Calhoun County Library (Thurs. 5 pm)

Region 3

Calhoun, Jackson, Pleasants, Ritchie,
Roane, Tyler, Wirt, Wood

JACKSON COUNTY

Coalition Coordinator



Agency: **Jackson County Anti-Drug Coalition**
Jackson County Health Department
WV
304-372-2634



Contact: **Amy Haskins**
Amy.R.Haskins@wv.gov



Prescription Drug Drop Box Location(s):

Jackson County Sheriff's Department 100 Maple Street Ripley, WV 25271 8:30 am - 4:30 pm	Ripley Police Department 102 South Street Ripley, WV 25271 8:00 am - 4:00 pm
Ravenswood Police Department 333 Virginia Street Ravenswood, WV 26164 24/7	

Other Resources: Westbrook Health Services / 304-372-6833
Jackson County Family Resource Network / 304-593-0072
Mid-Ohio Valley Day Report Center / 304-422-8570

Alcoholics Anonymous: Jackson County Central Group - 306 North Church Street
(Sun., Mon., Wed. 7 pm; Fri. 6 pm)
Sisters in Sobriety - 122 Pinnell Street (Tues.–Thurs. 7:30 pm)

Narcotics Anonymous: Bomar Clubhouse (Tues., Thurs., Sat. 6 pm)

PLEASANTS COUNTY

Coalition Coordinator



Agency: **Pleasants County Wellness Coalition**
Pleasants County Committee on Family Issues
WV
304-684-3962



Contact: **Debbie Thompson**
debthom@suddenlink.net

Region 3

Calhoun, Jackson, Pleasants, Ritchie,
Roane, Tyler, Wirt, Wood

PLEASANTS COUNTY *(continued)*



Prescription Drug

Drop Box Location(s): Saint Mary's Police Department City Hall Building
418 2nd Street
St. Mary's, WV 26170
24/7

Other Resources: Westbrook Health Services / 304-684-2656
Pleasants County Family Resource Network / 304-684-3962
Doddridge County Day Report Center / 304-873-3005

Alcoholics

Anonymous: St. Mary's Variety Group - 310 Washington Street (Mon. 7:30 pm)
St. Mary's Beginners Group - 310 Washington Street (Wed. 7:00 pm)
St. Mary's New Hope Group - 303 Washington Street (Thurs. 8:00 pm)

RITCHIE COUNTY

Coalition Coordinator



Agency: **Ritchie County Substance Abuse Coalition**
Ritchie County Family Resource Network
WV
304-643-2022



Contact: **Pam Ward**
pamrcfrn@gmail.com



Prescription Drug Drop Box Location(s):
Ritchie County Sheriff's Department
109 East North Street
Harrisville, WV 26362
24/7

Other Resources: Westbrook Health Services / 304-643-2996
Ritchie County Family Resource Network / 304-643-4187
Doddridge County Day Report Center / 304-873-3005
Harrisville Just for Today Group (AA)
Christ our Hope Catholic Church (Tues. 8 pm)

Narcotics Anonymous:
Ritchie County Public Library (Mon. and Thurs. 7 pm)

Region 3

Calhoun, Jackson, Pleasants, Ritchie,
Roane, Tyler, Wirt, Wood

ROANE COUNTY

Coalition Coordinator



Agency: **Roane County Prevention Coalition**
Roane County Prevention Coalition
WV
304-927-5200



Contact: **Casey Hicks**
casey.i.hicks@wv.gov



Prescription Drug Drop Box Location(s): Roane County Sheriff's Department
200 Main Street
Spencer, WV 25276
8:30 am - 4:30 pm

Other Resources: Westbrook Health Services / 304-927-5200
Roane County Family Resource Network / 304-927-6070
Roane County Day Report / 304-519-5898
Spencer NA Recovery Group / 304-927-3001
New Life Addictions Recovery Group / 304-927-1421
Alcoholics Anonymous – Spencer / 304-927-3001
Eliminating Violent Environment (EVE) / 304-927-3707

Narcotics Anonymous Meetings: St. John's United Methodist Church (Mon. 12 pm / Fri. 11 am)

TYLER COUNTY

Coalition Coordinator



Agency: **Tyler County Prevention Coalition**
Tyler County FRN
WV
304-758-5046



Contact: **Katrina Byers**
tylercountyfrn1@gmail.com



Prescription Drug Drop Box Location(s): Sistersville City Building
200 Diamond Street
Sistersville, WV 26175
M-F 8:30 am - 4:30 pm

Tyler County Sheriff's Department
121 Court Street
Middlebourne, WV 26149
M-F 8:00 am - 4:00 pm

Region 3

Calhoun, Jackson, Pleasants, Ritchie,
Roane, Tyler, Wirt, Wood

TYLER COUNTY *(continued)*

Other Resources: Westbrook Health Services / 304-485-1721
Tyler County Family Resource Network / 304-758-5046
Middle Bourne Alcoholics Anonymous Group (Wednesdays 8 pm, Family Clinic)
Lee Day Report Center / 304-234-6445

Narcotics Anonymous: 130 South 4th Avenue, Paden City (Sat. 7 pm)

WIRT COUNTY

Coalition Coordinator



Agency: **Healthy Family/Healthy Children Coalition**
Wirt County Family Resource Network
WV
304-275-4833



Contact: **Kathy Mason**
wirtcountyfrn@frontier.com



**Prescription Drug
Drop Box Location(s):** Wirt County Courthouse
1 Court Street
Elizabeth, WV 26143
M-F 8:00 am - 4:00 pm

Other Resources: Wirt County Family Resource Network / 304-275-4833
Westbrook Health Services / 304-485-1721

**Alcoholics
Anonymous:** A Vision for Recovery - 58 Auction Lane (Mon. 6 pm)
There is a Solution - 804 Mulberry Street (Wed. 6 pm & 8 pm)
Mid-Ohio Valley Day Report Center / 304-422-8570

WOOD COUNTY

Coalition Coordinator



Agency: **Wood County Prevention Coalition**
P.O. Box 432
Parkersburg, WV 26102
304-485-7374

Region 3

Calhoun, Jackson, Pleasants, Ritchie,
Roane, Tyler, Wirt, Wood



Contact: Sarah Hollins
sarah.hollins@camdenclark.org



Prescription Drug Drop Box Location(s):

Parkersburg Police Department City of Parkersburg 1 Government Square Parkersburg, WV 26101 24/7	Williamstown Police Department 105 5th Street Williamstown, WV 26187 24/7
Vienna Police Department 604 29th Street Vienna, WV 26105 24/7	

Other Resources: Westbrook Health Services / 304-485-1721
Wood County Family Resource Network / 304-420-9574
Mid-Ohio Valley Day Report Center / 304-422-8570

Alcoholics Anonymous:

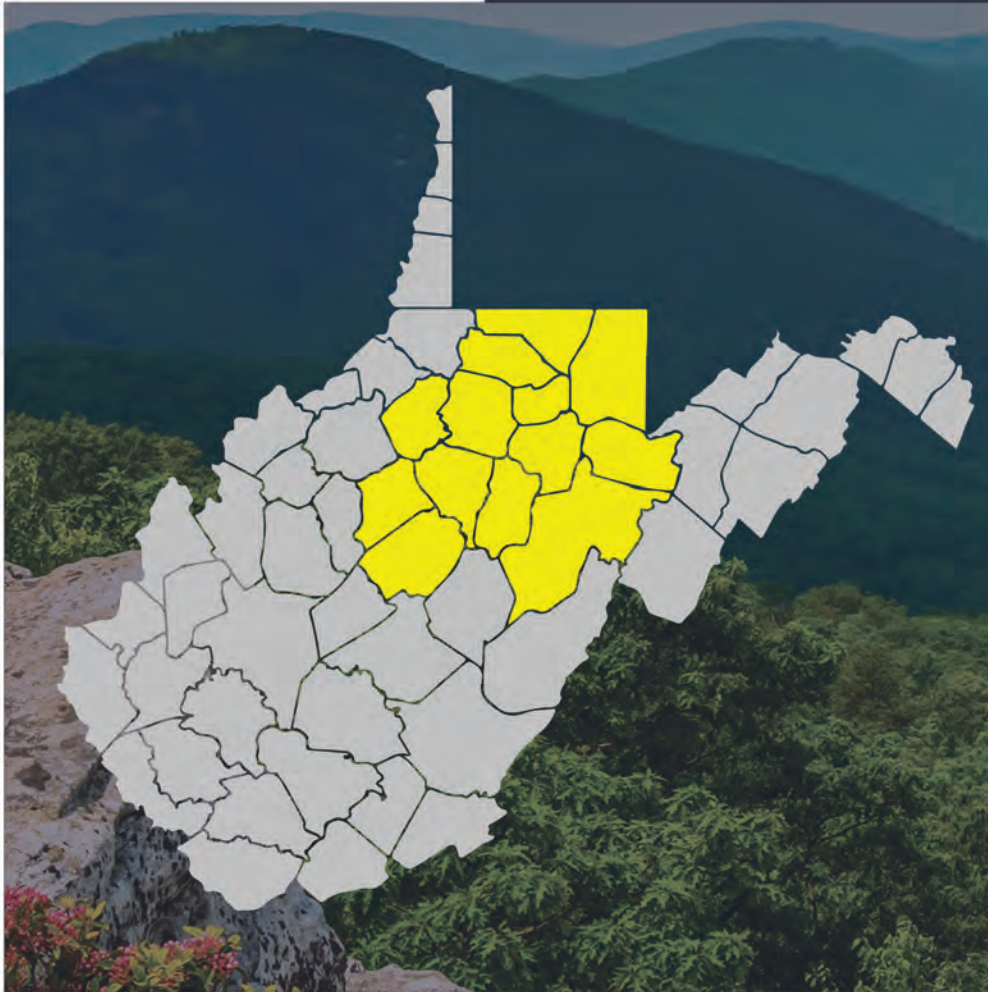
- Happy Hour Group - 1721 Latrobe Street (Fri. 8 pm)
- George Street Group - 1030 George Street (Sun. 11 am, Sat. 12 pm)
- Rule #62 Group - 3722 Southern Highway (Mon. 8 pm)
- Flying High Group - 1721 Latrobe Street (Mon. 12 pm, Thurs. 12pm)
- 4204 Group - 4204 Emerson Avenue (Mon., Wed., Sat. 6 pm)
- Williamstown Serenity Group - 409 Columbus Avenue (Mon. and Wed. 7 pm)
- South Side Study Group - Pinewood Village Beverly Street (Mon., Wed., Thurs. 7:30 pm)
- High Noon Group - 2121 7th Street (Tues. 12 pm)
- Mineral Wells Big Book Group - 1595 Elizabeth Pike (Tues. 6:30 pm)
- Out to Lunch Bunch Group - 1721 Latrobe Street (Fri. 12 pm)
- Wednesday Night Big Book Group - 1030 George Street (Wed. 8 pm)
- Keep It Simple Sisters (KISS) Group - 2121 E 7th Street (Wed. 12 pm)
- Low Bottom Group - 40th & Grand Central Street, Johns United Methodist (Fri. 6:30 pm)
- North End Study Time Group - 302 Emerson Avenue (Tues. & Thurs. 8 pm)
- Parkersburg Central Group - 430 Julianna Street (Sat. 8:30 pm)
- Sober Sisterhood - 1406 13th Street (Tues. 7 pm)
- Turning Point Group - 2500 Dudley Avenue (Tues. 7 pm)

Narcotics Anonymous:

- Mountwood Park (Sun. 7pm, Mon. 8:30 pm)
- Mid Ohio Valley Fellowship Home (Sun. 7:30 pm, Mon. and Wed. 12 pm, Fri. 8 pm, Sat. 7 pm)
- Williamstown Senior Center (Mon., Tues., Thurs. 7:30 pm, Wed. 6 am)
- First Baptist Church (Wed. 7 pm)

Get Connected: **REGION 4**

Resource Toolkit




Help & *Hope* WV




Region 4

Barbour, Braxton, Doddridge, Gilmer,
Harrison, Lewis, Marion, Monongalia,
Preston, Randolph, Taylor, Tucker, Upshur

PREVENTION LEAD ORGANIZATION


Agency: **West Virginia Prevention Solutions**
 118 North 6th Street
 Clarksburg, WV 26301
 304-423-5049


Contact: **Elizabeth Shahan**
 West Virginia Prevention Solutions
 304-629-8447
 WVPSDirector@gmail.com


Region 4 Project SUCCESS stands for Strategically Uniting Community Coalitions & Empowering Substance-Free Societies. It is a grassroots movement to empower citizens of West Virginia to combat the issue of substance misuse in their communities with awareness, education, and environmental changes.

BARBOUR COUNTY

Coalition Coordinator

 **Agency:** **Barbour County Substance Abuse Prevention Coalition**
 c/o Barbour County Family Resource Network
 P.O. Box 126
 Philippi, WV 24616
 304-457-2691

 **Contact:** **Linda Watson**
 linda@bcfrn.org

 **Prescription Drug Drop Box Location(s):**

Barbour County Sheriff's Department Court House Philippi, WV 26416 8:30 am - 4:30 pm <i>(no needles, no liquids)</i>	Belington City Hall 505 Crim Avenue Belington, WV 26250 8:00 am - 4:30 pm <i>(sealed liquids and needles accepted)</i>
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Region 4

Barbour, Braxton, Doddridge, Gilmer,
Harrison, Lewis, Marion, Monongalia,
Preston, Randolph, Taylor, Tucker, Upshur

BRAXTON COUNTY

Coalition Coordinator



Agency: **Braxton County**
c/o Harrison County FRN
118 North 6th Street
Clarksburg, WV 26301
304-629-8447



Contact: **Elizabeth Shahan**
WVPSDirector@gmail.com

DODDRIDGE COUNTY

Coalition Coordinator



Agency: **Doddridge County Prevention Partnership**
c/o Doddridge County Starting Points
1171 Suite #3 WV 18 N
West Union, WV 26456
304-873-3500



Contact: **Brian Lipscomb**
blipscombdcpp@yahoo.com



Prescription Drug Drop Box Location(s): Doddridge County Sheriff's Department
135 Court Street
West Union, WV 26456

GILMER COUNTY

Coalition Coordinator



Agency: **Gilmer County Substance Abuse Prevention Coalition**
c/o Gilmer County Family Resource Network
P.O. Box 115
Glennville, WV 26456
304-462-7545



Contact: **Jessica Greenlief**
gilmercountyfrn@gmail.com

Region 4

Barbour, Braxton, Doddridge, Gilmer,
Harrison, Lewis, Marion, Monongalia,
Preston, Randolph, Taylor, Tucker, Upshur

GILMER COUNTY (continued)



Prescription Drug

Drop Box Location(s): Gilmer County Sheriff's Department
10 Howard Street
Glenville, WV 26351
8:00 am - 4:00 pm
(no liquids, no needles)

HARRISON COUNTY

Coalition Coordinator



Agency: **Harrison County Prevention Partnership (PFS)**
c/o Harrison County FRN
118 North 6th Street
Clarksburg, WV 26301
304-423-5048



Contact: **Amber Trickett**
hcpreventioncoalition@gmail.com



Prescription Drug
Drop Box Location(s): Bridgeport Police Department
515 W. Main Street
Bridgeport, WV 26330
7:30-4:00 Monday-Friday

LEWIS COUNTY

Coalition Coordinator



Agency: **Lewis County Substance Abuse Prevention Coalition**
c/o Lewis County FRN
240 Court Avenue
Weston, WV 26554
304-269-4000



Contact: **Deanna Palmer**
hello@lewiscountyfrn.org



Prescription Drug
Drop Box Location(s): Fast & Friendly Pharmacy
4 Garton Plaza
Weston, WV 26452
M-F 9:00 am - 6:00 pm
Sat. 9:00 am - 2:00 pm
*(no controlled substances,
no liquids, no needles)*

Lewis County Sheriff's Department
110 Center Avenue
Weston, WV 26452

Region 4

Barbour, Braxton, Doddridge, Gilmer,
Harrison, Lewis, Marion, Monongalia,
Preston, Randolph, Taylor, Tucker, Upshur

MARION COUNTY

Coalition Coordinator



Agency: **Marion County**
c/o Communities of Shalom
221 Washington Street
Fairmont, WV 26554
304-366-7668



Contact: **Renee Verbanic**
reneeverbanic@gmail.com



Prescription Drug Drop Box Location(s):

Fairmont Police Department 500 Quincy Street Fairmont, WV 8:00 am - 4:00 pm	Town of White Hall 3 Timrod Drive White Hall, WV 26554 8:00 am - 4:00 pm
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MONONGALIA COUNTY

Coalition Coordinator



Agency: **Monongalia County Prevention Coalition**
118 N. 6th Street
Clarksburg, WV 26301
304-423-5049



Contact: **Jonnie Kifer**
moncountypfs@gmail.com



Prescription Drug Drop Box Location(s):

Granville Police Department 1245 Main Street Granville, WV 26534 8:00 am - 4:00 pm	Star City Police Department 370 Broadway Avenue Star City, WV 26505 8:00 am – 4:30 pm <i>No liquids, no needles</i>
Morgantown Police Department 300 Spruce Street Morgantown, WV 2650 6:00 am - 8:00 pm	Walgreens Pharmacy #9343 897 Chestnut Ridge Road Morgantown, WV 26505 M-F 8-10, Sat 9-6, Sun 10-6 <i>No needles, no liquids, no inhalants</i>
Pierpont Landing Pharmacy 7000 Mid Atlantic Drive Morgantown, WV 26508 <i>No controlled substances, accepts liquids</i>	Westover Police Department 500 DuPont Road Westover, WV 26501 M-F 8:00 am-4:30 pm

Region 4

Barbour, Braxton, Doddridge, Gilmer,
Harrison, Lewis, Marion, Monongalia,
Preston, Randolph, Taylor, Tucker, Upshur

PRESTON COUNTY

Coalition Coordinator



Agency: **Preston County Caring Council**
c/o Preston County Family Resource Network
105 West High Street
Kingwood, WV 26537
304-329-1968



Contact: **Nikki Davis**
nicole.pcfcrn@outlook.com



Prescription Drug
Drop Box Location(s): Preston County Sheriff's Department
103 West Main Street
Kingwood, WV 26537

RANDOLPH COUNTY

Coalition Coordinator



Agency: **America's Promise Coalition**
c/o Randolph County Family Resource Network
P.O. Box 689
Elkins, WV 26241
304-636-4454



Contact: **Rebecca Vance**
rvance@rcfrn.org



Prescription Drug
Drop Box Location(s): City of Elkins - City Hall
401 Davis Avenue
Elkins, WV 26241
M-F 8:00 am-4:30 pm (no needles)

Elkins Hospital Pharmacy
812 Gorman Avenue
Elkins, WV 26241
M-F 8:00 am - 6:00 pm
Sat. 9:00 am - 3:00 pm
Will not take narcotics; liquids accepted

Valley Health Care Mill Creek
Pharmacy
46 Town Center Plaza, Suite A
Mill Creek, WV 26280
M,T,TH,F 9:00 am - 5:00 pm
Wed. 9:00 am - 8:00 pm
*No controlled substances, no
needles, no peroxide, no inhalants*

Region 4

Barbour, Braxton, Doddridge, Gilmer,
Harrison, Lewis, Marion, Monongalia,
Preston, Randolph, Taylor, Tucker, Upshur

TAYLOR COUNTY

Coalition Coordinator



Agency: **Taylor County Substance Abuse Prevention Coalition**
c/o Taylor County Collaborative Family Resource Network
5 Hospital Plaza
Grafton, WV 26354
304-265-6838



Contact: **Cathy Coontz-Griffith**
tccfrn1@gmail.com



Prescription Drug
Drop Box Location(s): Taylor County Courthouse
214 West Main Street
Grafton, WV 26354

TUCKER COUNTY

Coalition Coordinator



Agency: **Tucker County Substance Abuse Prevention Coalition**
c/o Tucker County Family Resource Network
501 Chestnut Street
Parsons, WV 26287
304-478-3827



Contact: **April Miller**
tuckerfrn@hotmail.com



Prescription Drug
Drop Box Location(s): Community Care Pharmacy
149 Ivy Lane
Parsons, WV
Non-schedule IIIs only

Tucker County Sheriff's Department
Tucker County Courthouse
211 1st Street
Parsons, WV 26287
8:00 am-3:45 pm
(no needles)



Region 4

Barbour, Braxton, Doddridge, Gilmer, Harrison, Lewis, Marion, Monongalia, Preston, Randolph, Taylor, Tucker, Upshur

UPSHUR COUNTY

Coalition Coordinator



Agency: Upshur County
c/o Harrison County FRN
118 North 6th Street
Clarksburg, WV 26301
304-423-5049



Contact: Elizabeth Shahan
WVPSDirector@gmail.com

REGION 4 HARM REDUCTION PROGRAMS

Lewis County

Every Tuesday 1-3 pm
Lewis County Health Department
125 Court Avenue
Weston, WV 26452

Marion County

Free Naloxone Training Every Friday 2:00 pm
Syringe Exchange: 2nd & 4th Friday of the month 9-3 pm
Marion County Health Department
300 2nd Street
Fairmont, WV 26554

Monongalia County

Wednesdays 4 – 6:30 pm & Fridays 1-3 pm
Milan Puskar Health Right
341 Spruce Street
Morgantown, WV 26505

Preston County

Fourth Thursday of the month 1-3 pm
Valley Health Care
202 Tunnelton Street
Kingwood, WV 26537

Taylor County

Every Thursday 1-3 pm
Grafton-Taylor Health Department
718 West Main Street
Grafton, WV 26354

Upshur County

Second Thursday of the month 10 am -12 pm
Opportunity House
47 Cleveland Avenue
Buckhannon, WV 26201

Get Connected: REGION 5

Resource Toolkit



Help & Hope WV

Region 5

Boone, Cabell, Clay, Kanawha, Lincoln, Logan, Mason, Mingo, Putnam, Wayne

PREVENTION LEAD ORGANIZATION

Agency: **Prestera Center**
5600 U.S. Route 60 East
Huntington, WV 26705
304-525-7851
www.Prestera.org

Contact: **Kim Shoemake**
Prestera Center
304-412-7036
Kimberly.Shoemake@prestera.org

The Prestera Center coordinates Prevention efforts in a ten county region which encompasses Boone, Cabell, Clay, Kanawha, Lincoln, Logan, Mason, Mingo, Putnam, and Wayne counties. Each of these counties have established, strong, grassroots coalitions that are engaged in providing resources and evidenced based resources to schools, churches, and programs.

Each of the prevention coalitions also provide resources to educate and empower children, youth and young adults, and senior adults about proper storage and disposal of unwanted, unused, or expired prescription drugs.

Region 5 has established strong collaborative partnerships with schools, churches, universities, local, state and federal partners committed to establishing drug free communities throughout Region 5 and all of West Virginia.

BOONE COUNTY

Coalition Coordinator



Agency: **Boone Regional FRN**
Regional Family Resource Network, Stop Watch Coalition
1078 Main Street, Unit 202
Elkview, WV 25071
304-414-4470



Contact: **Darynann Washington**
coordinator@regionalfrn.org



Prescription Drug Drop Box Location(s): Boone County Sheriff's Department
206 Court Street, Suite 200
Madison, WV

Whitesville City Hall
39140 Coal River Road
Whitesville, WV 25209

Region 5

Boone, Cabell, Clay, Kanawha, Lincoln,
Logan, Mason, Mingo, Putnam, Wayne

CABELL COUNTY

Coalition Coordinator



Agency: **Cabell United Way of the River Cities**
Cabell County Substance Abuse Prevention Partnership
820 Madison Avenue
Huntington, WV 25704
304-523-8929



Contact: **Angie Saunders**
angie.saunders@unitedwayrivercities.org



Prescription Drug Drop Box Location(s):

Huntington Police Department 675 10th Street Huntington, WV 25701 M-F, 8:00 am - 6:00 pm	Milton Police Department 1139 Smith Street Milton, WV 25541 M-F, 8:00 am - 4:00 pm
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CLAY COUNTY

Coalition Coordinator



Agency: **Clay Co FRN**
261 Main Street
P.O. Box 148
Clay, WV 25043
304-587-4269



Contact: **Kari Osborne**
kari.b.osborne@wv.gov



Prescription Drug Drop Box Location(s): Clay County Courthouse
225 Main Street
Clay, WV 25043

Region 5

Boone, Cabell, Clay, Kanawha, Lincoln, Logan, Mason, Mingo, Putnam, Wayne

KANAWHA COUNTY

Coalition Coordinator



Agency: **Kanawha Communities that Care: United Way of Central WV**
One United Way Square
Charleston, WV 25301
304-340-3500



Contact: **Karison Frazier**
kfrazier@unitedwaycwv.org
www.kanawhactc.org



Agency: **Great Rivers Harm Reduction Coalition**
Great Rivers Regional System for Addiction Care
Marshall Family Medicine
35 Chase Drive
Hurricane, WV 25526



Contact: **Tina Ramirez**
www.marshallhealth.org



Agency: **Partnership of African American Churches (PAAC)**
1514 Kanawha Blvd. West
Charleston, WV 25387
304-768-7688



Contact: **James Patterson**
Patterson@PAAC2.org



Prescription Drug Drop Box Location(s):

Charleston Police Department
501 Virginia Street (Records Division,
Court Street side of City Hall)
Charleston, WV
7:30 am – 10:30 pm

Dunbar Police Department
1227 Leone Lane
Dunbar, WV
M-T-TH-F 8:30 am – 4:30 pm
and F 8:30 am – 6:30 pm

Fruth Pharmacy
864 Oakwood Road
Charleston, WV
9:00 am – 9:00 pm

Kanawha County Sheriff's Office
"B" Building, 5 Goshorn Street
Charleston, WV
M-F 8:00 am - 4:00 pm

Marmet Police Department
9407 McCorkle Avenue
Marmet, WV
M-F 9:00 am - 2:00 pm

Nitro Police Department
2009 20th Street
Nitro, WV
M-F 8:30 am – 4:00 pm

Region 5

Boone, Cabell, Clay, Kanawha, Lincoln,
Logan, Mason, Mingo, Putnam, Wayne

KANAWHA COUNTY *(continued)*

Saint Albans Police Department
51 Sixth Avenue
St. Albans, WV
M-F 8:00 am – 4:00 pm

South Charleston Police Department
235 Fourth Avenue
South Charleston, WV
M-F 8:00 am – 4:30 pm

LINCOLN COUNTY

Coalition Coordinator



Agency: **Lincoln - Pretera Center**
Lincoln County Prevention Coalition
800 Court Avenue, Room 204
Hamlin, WV 25523
304-638-2665



Contact: **John Smith**
lincolncountypreventionwv@gmail.com



**Prescription Drug
Drop Box Location(s):** Hamlin Town Hall
220 Main Street
Hamlin, WV 25550

LOGAN COUNTY

Coalition Coordinator



Agency: **Logan - Pretera Center**
5600 U.S. Rt. 60 East
Huntington, WV 25705
304-239-4193



Contact: **Sharon Moorhead**
morehead_sharon@yahoo.com

Region 5

Boone, Cabell, Clay, Kanawha, Lincoln,
Logan, Mason, Mingo, Putnam, Wayne

MASON COUNTY

Coalition Coordinator



Agency: **Mason County Commission**
Mason County Health Department
216 5th Street
Pt. Pleasant, WV 25550
304-675-0235



Contact: **Ronie Wheeler**
masoncntypcc@gmail.com



**Prescription Drug
Drop Box Location(s):** Mason County Courthouse
200 6th Street
Point Pleasant, WV 25550

MINGO COUNTY

Coalition Coordinator



Agency: **Mingo S.T.O.P. Coalition**
P.O. Box 1385
Gilbert, WV 25621
304-664-3986



Primary Contact: **Angela Sparks**
angie.crossroads@yahoo.com



**Prescription Drug
Drop Box Location(s):** Williamson Police Department
108 East 4th Avenue
Williamson, WV 25661
Delbarton Police Department
1 Riverside Dr.
Delbarton, WV 25670
Matewan Police Department
306 McCoy Alley
Matewan, WV 25678

Region 5

Boone, Cabell, Clay, Kanawha, Lincoln, Logan, Mason, Mingo, Putnam, Wayne

PUTNAM COUNTY

Coalition Coordinator



Agency: **Putnam Regional FRN**
Putnam Wellness Coalition
1078 Main Street, Room 202
Elkview, WV 25071



Primary Contact: **Amy Connelly**
amyputnamwellness@gmail.com



Prescription Drug Drop Box Location(s):

Hurricane Police Department 3425 Teays Valley Road Hurricane, WV M-Th 8:00 am – 5:00 pm and F 8:00 am – 4:00 pm	Town of Winfield City Hall 3232 Winfield Road Winfield, WV M-F 8:00 am – 4:00 pm and TH until 7:00 pm
Putnam Sheriff's Department 236 Courthouse Drive Winfield, WV M-F 8:00 am - 4:00 pm	

WAYNE COUNTY

Coalition Coordinator



Agency: **Wayne - Prester Center**
5600 U.S. Rt. 60 East
Huntington, WV 25705
304-525-7851



Primary Contact: **Shirley Birchfield**
waynecountypreventioncoalition@gmail.com



Prescription Drug Drop Box Location(s):

Ceredo Police Department 766 B. Street Ceredo, WV 25507	Wayne Police Department 1300 Norfolk Avenue - Cleveland Street Wayne, WV 25570
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Get Connected: REGION 6

Resource Toolkit



Help & Hope WV

Region 6

Fayette, Greenbrier, McDowell, Mercer,
Monroe, Nicholas, Pocahontas, Raleigh,
Summers, Webster, Wyoming

PREVENTION LEAD ORGANIZATION

Agency: **Community Connections**
215 South Walker Street
Princeton, WV 24740
304-913-4956

Contact: **Kathrn Kandas**
Community Connections
304-913-4956
kathrn@strongcommunities.org

Community Connections, Inc. (CCI), Region 6 in West Virginia, is dedicated to improving the lives of children and families in Fayette, Greenbrier, McDowell, Mercer, Monroe, Nicholas, Pocahontas, Raleigh, Summers, Webster, and Wyoming counties. Founded in 1990 as an outgrowth of the Governor's Cabinet on Children and Families, the agency has continued to expand its mission for the development of community-driven initiatives that promote strong, healthy lifestyles. Since its inception, CCI has reached across invisible borders and boundaries and effectively leveraged its resources to fill the gaps in services where needed. CCI has initiated creative programming including: Camp Mariposa (a national prevention and mentoring program for youth who have been impacted by substance misuse in their families); Project Renew (to educate and provide proper protocol for first responders to administer naloxone); and multi-county regional education and awareness programming, as well as the support of vibrant WV-SADD Chapters. Additionally, CCI facilitates the Partnerships for Success Program in McDowell and Wyoming Counties, which decrease underage drinking and youth substance misuse and increase positive community norms.

FAYETTE COUNTY

Coalition Coordinator



Agency: **Community Connections**
304-619-2126



Contact: **Carrie Strunk**
Carrie.Strunk@nrhawv.org



**Prescription Drug
Drop Box Location(s):**

Fayette County Courthouse
100 North Court Street
Fayetteville, WV

West Virginia State Police, Oak Hill
1853 Main Street, East
Oak Hill, WV

Oak Hill Police Department
100 Kelley Avenue
Oak Hill, WV

Region 6

Fayette, Greenbrier, McDowell, Mercer,
Monroe, Nicholas, Pocahontas, Raleigh,
Summers, Webster, Wyoming

GREENBRIER COUNTY

Coalition Coordinator



Agency: **WV School of Osteopathic Medicine**
304-661-3004



Contact: **Terri Baker**
TBaker@osteo.wvsom.edu



Prescription Drug Drop Box Location(s): Greenbrier Courthouse
200 Court Street North
Lewisburg, WV
Rupert Sheriff's Office
530 Nicholas Street
Rupert, WV

MCDOWELL COUNTY

Coalition Coordinator



Agency: **McDowell County - FACES**
304-436-5255



Contact: **Ginger Day**
gingerday35@yahoo.com



Prescription Drug Drop Box Location(s): McDowell County Sheriff's Department
90 Wyoming Street, Suite 117
Welch, WV

MERCER COUNTY

Coalition Coordinator



Agency: **Operation Compassion**
304-716-6717



Contact: **Derek Wilson**
derek@strongcommunities.org



Prescription Drug Drop Box Location(s): Mercer County Courthouse
1501 Main Street
Princeton, WV

Region 6

Fayette, Greenbrier, McDowell, Mercer,
Monroe, Nicholas, Pocahontas, Raleigh,
Summers, Webster, Wyoming

MONROE COUNTY

Coalition Coordinator



Agency: **Operation Compassion**
304-716-6717



Contact: **Derek Wilson**
derek@strongcommunities.org



**Prescription Drug
Drop Box Location(s):** Monroe County Courthouse
Main Street
Union, WV

NICHOLAS COUNTY

Coalition Coordinator



Agency: **New River Health Associates**
30 Grizzley Road
Summersville, WV 26651
304-883-3900



Contact: **Kim Major**
Kim.Major@nrhawv.org



**Prescription Drug
Drop Box Location(s):** Sheriff's Office, Summersville
700 Main Street
Summersville, WV

POCAHONTAS COUNTY

Coalition Coordinator



Agency: **Community Connections**
304-913-4956



Contact: **Dr. Pat Browning**
dr470pat@yahoo.co.nz



**Prescription Drug
Drop Box Location(s):** Pocahontas Sheriff's Department
900 Tenth Avenue
Marlinton, WV

Region 6

Fayette, Greenbrier, McDowell, Mercer,
Monroe, Nicholas, Pocahontas, Raleigh,
Summers, Webster, Wyoming

RALEIGH COUNTY

Coalition Coordinator



Agency: **FRMS - RAFT Center**
101 South Eisenhower Drive
Beckley, WV 25801
304-256-7100



Contact: **Andrea Washington**
awashington@fmrs.org



**Prescription Drug
Drop Box Location(s):** WV State Police, Beckley
105 Pinecrest Drive
Beckley, WV

SUMMERS COUNTY

Coalition Coordinator



Agency: **REACHH**
304-466-2226



Contact: **Candice Harless**
Candice.Harless@reachhfr.org



**Prescription Drug
Drop Box Location(s):** Hinton City Hall/City Police Office
322 Summers Street
Hinton, WV

WEBSTER COUNTY

Coalition Coordinator



Agency: **Webster County Family Resource Network**
P.O. Box 389
Webster Springs, WV 26288
304-847-2943



Contact: **Todd Farlow**
coordinator@wcfrc.com



**Prescription Drug
Drop Box Location(s):** Webster Springs Sheriff's Office
2 Court Square
Webster Springs, WV



Region 6

Fayette, Greenbrier, McDowell, Mercer,
Monroe, Nicholas, Pocahontas, Raleigh,
Summers, Webster, Wyoming

WYOMING COUNTY

Coalition Coordinator



Agency: Wyoming County FRN
304-673-6986



Contact: Jackie Lewis
jackielewis71@gmail.com



**Prescription Drug
Drop Box Location(s):** Town Hall, Oceana
1285 Cook Parkway
Oceana, WV