

PRESCRIPTION OPIOID AND ILLICIT DRUG AWARENESS TOOLKIT

A PREVENTION GUIDE



Fayette County





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

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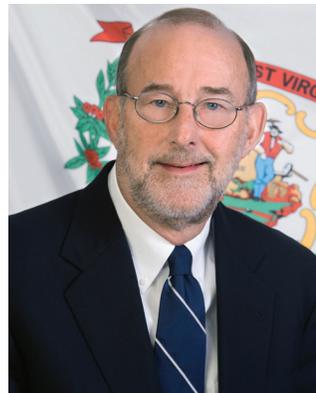
On behalf of the Fayette County Substance Abuse Task Force, it is with great excitement that we present this toolkit to the citizens of Fayette County. We give a big thank-you to the Greenbrier County CARxE Coalition for allowing the foundation to create this informational toolkit catered for our own community.

FAYETTE COUNTY SUBSTANCE ABUSE TASK FORCE

In 2017, a small group of agencies came together with the common goal of addressing issues related to the drug crisis. Initially, representatives from the Fayette County Health Department, Sheriff’s Department, Prosecuting Attorney’s Office and Adult Drug Court began meeting on a regular basis to discuss ways to decrease overdose rates and prevent the spread of disease in Fayette County. The group scheduled two special events where the documentary *Heroin(e)* was shown, followed by a panel discussion. Both events were widely attended, and it became clear that the community was engaged and eager to be part of the solution. Following those events, the Fayette County Health Department hosted a meeting to introduce the Iceland Project to key community stakeholders. Dr.

Alfgeir Kristjansson, of the WVU School of Public Health presented on how prevention programming decreased teen drinking and drug rates in Iceland and what that same programming might look like in southern West Virginia. This meeting received positive feedback and ignited stakeholders.

It was decided that there was a need to form a more formal coalition of stakeholders to work on these projects. The Fayette County Substance Abuse Task Force began holding meetings in May 2018. At the first meeting, the group decided that it was important to become a task force and continue to work collaboratively on addressing these issues in Fayette County. The group has been meeting monthly since, and several projects and programs have been started as a result.



“The drug crisis has attacked our state with a vengeance, deteriorating the foundation of what makes West Virginia strong: our communities and our families. The West Virginia Department of Health and Human Resources has carefully and consistently worked to manage this crisis, but these efforts are much bigger than one agency. Partnerships with the

legislative branch, judicial branch, federal agencies, other state agencies, local governments, community advocates, private sector partners and families across West Virginia are all vital to solving this epidemic. Together, we have implemented initiatives to arm first responders with life-saving naloxone, provided education and training to prescribers of opioids, and increased access to treatment and recovery services. This is a health crisis, an economic crisis and a social services crisis for our state. This is not a problem that can be fixed easily or quickly. However, West Virginians are resilient, and we will not be defeated. West Virginia will recover.”

– **Bill J. Crouch, Cabinet Secretary, WV DHHR**

FAYETTE COUNTY SHERIFF'S DEPARTMENT

The Fayette County Sheriff's Department, led by Sheriff Michael Fridley, outlines its mission as "serving the residents of Fayette County with honor, integrity and selfless service."

The sheriff and his deputies work in law enforcement in every corner of Fayette County, a difficult geographical area to manage. The county has few large towns and fewer actual communities as the population ages, schools consolidate and mines close.

Inspired by the many positive movements in the county to combat the numerous challenges, Sheriff Fridley and his deputies go beyond law enforcement action. Whether it's serving grilled hot dogs in a church parking lot, saving the victims of a historic flood, helping increase schools' awareness of law enforcement activity in homes, rescuing neglected pets or collaborating with drug court, the Sheriff's Department is community-focused. As the opioid emergency has gripped families, the sheriff has bolstered both law enforcement resources and support of community-based projects to help substance-use disorder victims recover.

Another goal of Sheriff Fridley and his deputies is transparency. They post social media information frequently about arrests, weather emergencies, school closings and more. They also post their monthly and yearly activity reports on all media.

The most common type of "call" for the sheriff in 2018 was domestic occurrences, at 685. There were 11,389 911 calls in 2018, up 1,190 from 2017.

Sheriff Fridley and his deputies led the county in the school system's Handle With Care program, a state wide effort in which Fayette County was one of the last to join. If a child has a law enforcement incident in his or her home, the school is notified the next day to "Handle Johnny with care." No details are given, but school personnel know to expect a change in behavior, attendance, grades, health and/or residence. The sheriff was honored at the 2018 Handle With Care Conference for his dedication to this program.

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FMRS Health Systems Inc.

Beckley 304-256-7100
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FMRS Substance Use Disorder Treatment

FMRS provides a full array of Substance Use Disorder Treatment including residential and intensive outpatient services. FMRS has the unique advantage of being able to offer medication-assisted treatment (MAT) through any level of care offered by our facility.

FMRS also offers **Turning Pointe for Families**, a residential level 3.5 treatment program for pregnant and postpartum women with co-occurring substance use and mental health disorders, their children and their families.

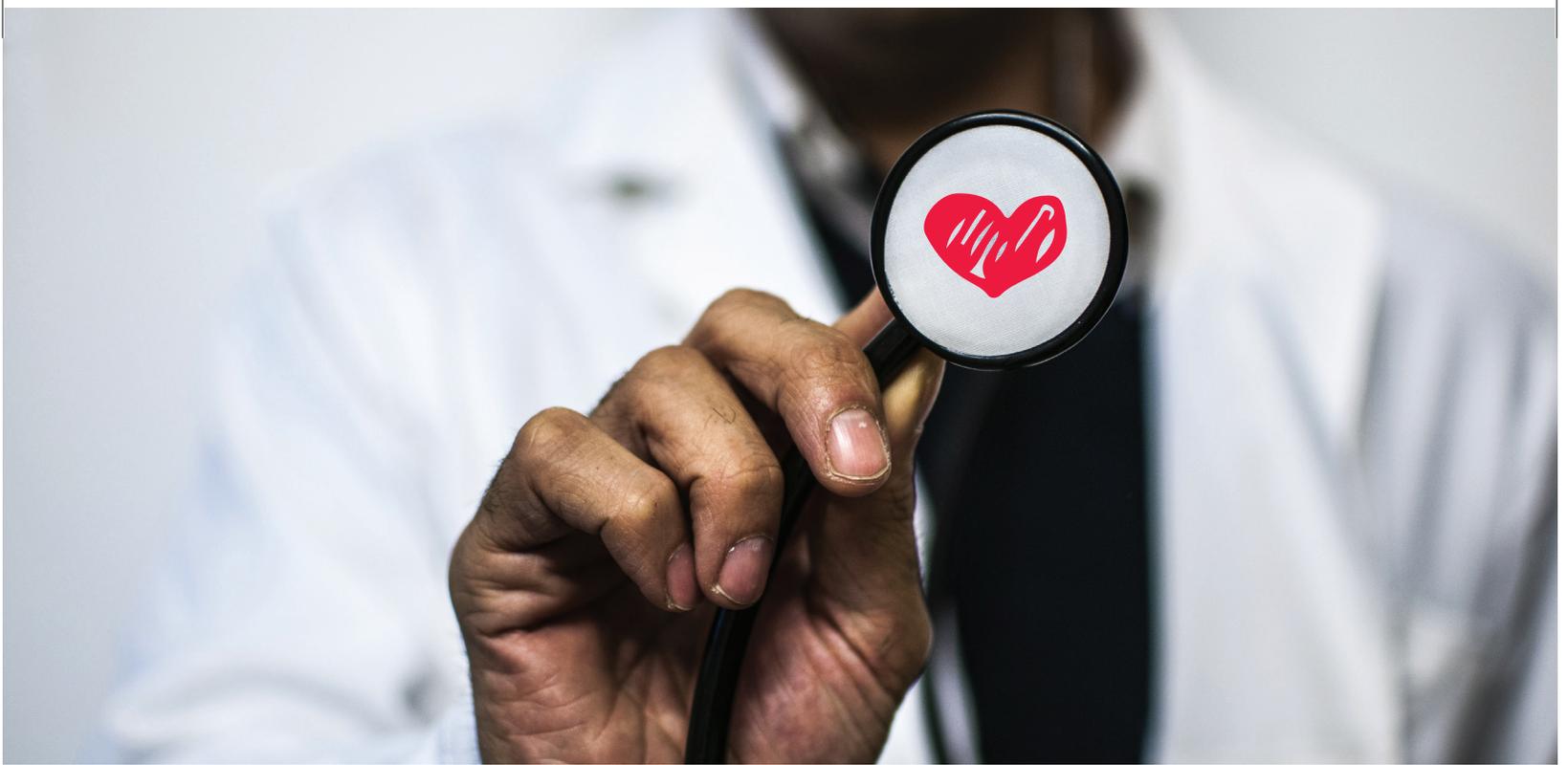
FMRS Adolescent Substance Use Disorder Treatment

Treatment options include outpatient services, individual therapy, teen SUD group and family involvement. Clinicians are trained in evidence-based treatment strategies including Teen Intervene and Seven Challenges.

FMRS Crisis Stabilization Program

The Crisis Stabilization Unit (CSU) is a voluntary program for adults that offers comprehensive services to aid in stabilization of severe psychiatric symptoms and substance use detoxification. The CSU staff work to aid in comfort and stabilization as well as assisting in discharge/aftercare planning to support long-term goals.

Recovery Is Possible



ADDICTION IS A MEDICAL CONDITION

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

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

ADDICTION IS A BRAIN DISEASE

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

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

Source: www.drugabuse.gov

WHAT'S RELAPSE?

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

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

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

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

Source: www.drugabuse.gov

IF YOU SUSPECT YOUR LOVED ONE MAY BE ABUSING

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

TIPS FOR TALKING WITH INDIVIDUALS ABOUT DRUGS AND ALCOHOL:

- 1 | Be open.
- 2 | Be nonjudgmental.
- 3 | Treat them as individuals.
- 4 | Don't make assumptions.
- 5 | Don't move too fast.

SOME SUGGESTED THINGS TO TELL YOUR LOVED ONE:

I LOVE you and I'm worried you might be using drugs or alcohol.

I am here to LISTEN to you.

I KNOW that drugs may seem like the thing to do, but doing drugs can have serious consequences.

It makes me FEEL worried and concerned about you when you do drugs.

I WILL *(fill in how you can assist)* to help you.

I WANT you to be a part of the solution.

Research shows that the earlier a person begins to use drugs, the more likely they are to progress to more serious abuse.

RESOURCE

1-844-HELP4WV

SUBSTANCE ABUSE AND BEHAVIORAL HEALTH HELPLINE

www.Help4WV.com

WHEN SOMEONE YOU LOVE IS ADDICTED

1 | EDUCATE YOURSELF ABOUT ADDICTION

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

2 | BE AWARE OF “DOCTOR SHOPPING”

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

3 | ATTEND FAMILY SUPPORT GROUPS

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

4 | SET BOUNDARIES AND LIMITS

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

5 | FOCUS CONVERSATIONS TOWARD RECOVERY, NOT BLAME

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



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

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

7 | TAKE CARE OF YOURSELF!

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

LOCAL STORIES OF OVERCOMING ADDICTION



CASSIDY'S STORY



My story isn't the typical addict story. I didn't have a traumatic childhood or a past from which I was trying to escape. My childhood was pretty much picture-perfect. I was given up for adoption at birth, and my parents adopted me when I was 8 days old. I was very wanted and very loved. I had everything you could imagine: family vacations, a nice, loving home, parents who made sure I had anything I wanted or needed. I was always a high academic achiever. I played sports, was captain of the dance team and a cheerleader from grade school through college. No one would have ever thought that

addiction would hit someone like me. I realized I had an addictive personality starting in middle school, smoking cigarettes. I loved everything about them. I smoked pot a couple of times in high school, but other than that I didn't experiment with anything else for the longest time. I started college right after high school, just like I was supposed to. I still had good grades. I partied a little here and there, but nothing major.

My senior year of college, I reconnected with an old fling from high school. We were crazy about each other. He had been living and working in Virginia for several years before we reconnected. He seemed to have it all together. When I graduated, I moved there to be with him and find a job. The first couple of years were really great. We both had good jobs and were doing well.

We traveled a lot, going to concerts and music festivals. That was our thing. We were traveling probably two or three weekends a month. We would party pretty hard at these shows, mostly doing ecstasy/Molly and cocaine. But we would come home on Sunday and go back to work Monday morning and get back to normal life. We didn't seem to have any issues leaving that kind of stuff at the shows.

At one point I had to have a wisdom tooth pulled. The dentist gave me a prescription for Vicodin. That is where my hell began. This was before the laws became more strict regarding refills. As soon as I took it, I realized that I loved the way I felt. It was like a warm fuzzy hug from the inside out. I felt like I had more energy when I took them. I wish they had made me sick like they do for some people, but

they made me feel fantastic. As soon as that bottle ran out, I immediately wanted more. My dentist gave me several refills before he finally said he couldn't give me any more.

My husband was also taking them, and they affected him the same way they did me. We were both hooked pretty quickly. He ended up connecting with a guy he worked with who had a prescription for them. He and his wife had several surgeries between the two of them, and were prescribed several hundred of them a month, which was way more than they actually needed. They were also always hard up for money. My husband offered to buy some of them from him, and after that we had a steady connection. This would go on for a few years.

It took me a long time to connect the dots — running out of pills, feeling like total crap, and feeling immediately better when I would get more. I still can't believe it took me so long to realize what was happening. I knew nothing about opiates at the time. I had heard of heroin, but knew nothing about pills. I wasn't the kind of girl who would ever do something like heroin. Well, fast forward a couple more years, and it went from Vicodin and Percocet to Oxys and whatever else was available. It spiraled out of control fast. I was miserable. I hated what my life had become. My life was consumed by making sure I had my next fix. I was still working but never had any money. So was my husband. We should have had a good life together. It wasn't supposed to be this way.

He ended up getting a job offer in Maine making a lot more money. We decided to move there, thinking we could start over where we didn't know anyone and wouldn't have access to anything. We were at the point where we desperately wanted to get away from this stuff. I remember flying there to look for a house. We crushed up a bunch of Vicodin before we went to the airport. So much yellow powder. We put them in capsules and put them in an empty vitamin bottle. We got them through airport security like that. I can remember going through security and being terrified that we were going to get caught with them and go to prison. But we didn't.

We agreed that after we moved up there we were done. No going back. I remember making that drive to move all of our stuff and popping pills the whole way. We also had some methadone that we took with us. We thought we could just taper ourselves off of those and be OK. We were sick as dogs for weeks. There was not one part of my body that didn't hurt; it hurt even down into the bones. It was a good solid month or more before I felt remotely human again, and even at that I still felt pretty horrible. We managed to stay away from stuff for a month or two before we relapsed. We were just so tired of feeling awful. One 10mg Percocet sent me into a massive downward spiral.

We would quickly realize that Oxys were plentiful there, but they were crazy expensive. It got to the point that we couldn't afford them. But heroin was cheap. Next thing you

know, the girl who would never do something like heroin was doing just that. So there I am, living in Maine, strung out on pills and heroin. I didn't know anyone there. I was horribly depressed. Then, in June 2010, I found out I was pregnant.

Imagine being strung out and finding out you're expecting a child. I was terrified. I had no idea what I was going to do.

We also found out my husband was being laid off from his job. We decided to move back to Virginia, where he could go back to his old job and we could be closer to family.

I was still actively using in my first couple of months of pregnancy. I was too scared to stop everything cold turkey, thinking the withdrawal would be too much for the baby. What kind of awful mother does that to her child? But my choices were to stop and risk losing the pregnancy, or try to use as little as possible to just not be sick, and pray that my baby would be OK. It was an awful decision to have to make, but I did what I thought was best at the time given my options.

We moved back to Virginia. A friend of ours who was in recovery connected us with his doctor. This doctor was an addiction medicine specialist, and he also happened to be an OB-GYN. He was well versed in treating pregnant addicts. He performed my first ultrasound and gave me a prescription for Subutex. I stayed on Subutex for the remainder

of my pregnancy. On March 15, 2011, my daughter was born.

She was full term, healthy and absolutely perfect. And by the grace of God, she never went through any kind of withdrawal from me being on Subutex.

After I stopped nursing her, my doctor switched me to Suboxone and even increased my dosage. He said I would need more for a while to be able to get through the first few months of life with a baby. I trusted him. After all, he had been doing this a long time. I wish I had known then what I know now. I should have made him taper me off. But I had no clue what I was doing. I just knew I was a new mom and had to take care of this baby the best way I could. My husband and I were both on Suboxone for about eight months or so. And then he lost his job. We no longer had insurance and couldn't afford the prescriptions. Even with insurance, we could barely afford them. We ended up living in a hotel because we couldn't afford the rent at our house. It was awful. We didn't know what to do, so we came back to West Virginia.

We thought we could come back here and just get into another Suboxone program. Everywhere we called had waiting lists, unless you could pay with cash. Well, we didn't have that option, so we were forced to come off Suboxone cold turkey. We were so very, very sick. There was no help available. We relapsed harder than

ever. We were stealing pills from my mother-in-law. We had just a little bit of money coming in from government assistance, and our parents would give us money. We were right back to it.

We would go over to my parents' house to visit. My dad kept a lock box in a closet. There were savings bonds in it that my parents had saved for me from the time I was born until I was 18 years old. We ended up going through all those savings bonds over the course of several months. That was supposed to be my down payment on my first house, or to be used in an emergency situation. My parents worked so hard to be able to save for me like that. Probably \$20,000 or \$30,000 worth of savings were gone, with nothing to show for it except an even bigger drug problem.

I remember being so sick around the holidays that year that I could barely make it through family dinners. I was miserable. I hated my life and felt like a horrible person for what my life had become.

I will always carry a tremendous amount of guilt for things I missed out on with my daughter because I was too sick to be present.

My husband had started a new job right before the holidays, or so I

thought. I would later learn that he never showed up for the drug test and had been leaving the house every day acting like he was going to work. We knew how to get around drug tests; we had done it before. He would end up breaking into my parents' home not long after that. Most of what he stole was jewelry left to my mom by my grandmother when she passed away — things that could never, ever be replaced. For a while I didn't know it was him. I thought he was at work that day. He had even called on his lunch break to check on me and the baby. I would later end up finding out a lot of things that I didn't realize he was doing. He kept a lot from me in the process of trying to maintain our habit. I wouldn't find out it was him who had broken into their house for a few weeks. The only way we found out it was him was that when my dad got his bank statement for their savings account, there was a check image from a check my husband had stolen and made out to himself. I couldn't believe it. We had done a lot of stupid things together over the years, but nothing quite like this. This was the beginning of the end.

I wanted out. I knew this had to stop. I remember the last time I got high was from a fentanyl patch that my husband had stolen from his mom. We ripped it open and licked all the goo out of it. I honestly don't know how I didn't die. I remember being so sick after that high, and I had been in bed for days eating handfuls of

Phenergan trying to sleep off the sickness. I was literally praying to die. I remember telling God to get me out of this one way or another. I remember waking up the next morning to my mom coming up to the bedroom. My husband had called her the night before and told her that I was sick and he had to work the next day and I needed help with the baby.

So she came and got us. I was so weak I could barely walk. My mom was worried sick. She didn't realize what I was going through; my husband had told her I had a stomach virus. She was trying to take me to the hospital. I ended up breaking down and telling her that I didn't have a virus, that I was detoxing from our relapse. She was furious. She slapped me in the face, cutting my lip on the ring she was wearing, the only ring she had left of her mother's. I just cried. I couldn't even be mad at her. I kept telling her how sorry I was. Even as mad and disappointed as she was, she still took me and her granddaughter home.

I went up to my old bedroom. I barely left that room for days. I couldn't bear to face anyone. I was so ashamed. I couldn't even stand to look at my own daughter because it reminded me of what a horrible mother I had been. My parents made it very clear that they would do anything to help me as long as I wanted to get better. But if I wanted to continue to use, they would make

sure that my daughter would be nowhere around me. My mom was a former CPS worker and supervisor and she knew what she was doing. My mom called FMRS to see about treatment options. All their beds were full. They told us to keep calling. I called them back every day for three days and finally got a bed. I went through a 10-day medicated detox and counseling. I probably should have gone through a longer program, but I didn't want to be away from my daughter that long. I went home and continued to do outpatient counseling.

I ended up divorcing my husband. We were toxic together and horribly codependent. I was scared that we would die together before we got better.

Jan. 6, 2012, was the last time I used any kind of opiate. I knew if I didn't stop then, I never would. I have now been clean for seven years. I have been working full time at the department of health and human resources for the past six years. My daughter is about to turn 8. She is absolutely amazing in every way. She is truly my life saver. She now also has a 3-year-old little brother.

I have way too much to lose to ever think about going back to that life. I am thankful to still be alive, because many of us never make it out of this.

My goal now is to play whatever role I can in helping the addiction crisis in my state. I believe that it is much worse now than it was when I was using. I am thankful to be able to be a part of the solution rather than the problem. My life certainly isn't perfect; I still struggle with depression and anxiety, which was probably made worse by my years using. I will forever carry a tremendous amount of guilt for the things I have done and the moments I missed with my daughter. But I can now wake up every day and handle whatever life throws at me without having to have a pill just to get out of bed. That, to me, is true freedom, and I am thankful for it every single day. We do recover.

Cassidy Hart

Family support specialist,
West Virginia Department of
Health and Human Resources

Recovering addict, seven years clean



ICELAND COMES TO FAYETTE COUNTY

I was talking to a high-school health class about opioids when one bright freshman looked at me and said, “My whole family does drugs. What else am I going to do?” We’ve fought the “war on drugs” and have taught “just say no” for decades, but thanks to the misuse of highly addictive opioids, we are in the midst of the most serious health crisis in our history. Kids know that drugs are bad for them, especially opioids. This cycle of isolation and substance misuse is now generations deep, and many children have witnessed the devastating effects of opioid use on close family members.

It is our mission to change the perspective when it comes to substance misuse prevention. When someone asks “What else am I going to do?” we can say, “Here are your options. Pick something.” We aim to give our children meaningful things to do and allow them to experience success and failure in a safe environment, learn social skills to last a lifetime, feel that they are a part of something important, and stock their own toolbox full of healthy coping strategies. It has been proven that if we can engage our young people in meaningful activities such as sports, music and art; we can stop this downward spiral.

In the early 1990s, Iceland’s young people had a drinking problem. It was said that you could not walk the streets of the capital city, Reykjavik, without encountering gangs of drunk, belligerent youth. Forty-three percent of their 14-to-16-year-olds were reported to have been drunk in the past 30 days. Drug and tobacco use was near 20 percent. Researchers in Iceland were studying the effects of positive things to do in a youth treatment center when they asked, “what would happen if we gave youth positive things to do



before they got into trouble?” Thus began a hugely successful, long-term study.

Teens in Iceland were offered a wide range of meaningful extracurricular activities such as sports, music and arts. The activities were led by organized and responsible adults and the kids were allowed to switch from one activity to another. In addition, the country imposed a curfew on young people and made parents sign contracts saying they would spend more time with their children. When the study ended 20 years later, drinking rates had dropped to 5 percent and smoking rates to 3 percent. One benefit of such a long study was the huge amount of data collected, which showed that as drinking and drug use lowered, kids grades and graduation rates increased.

One of the researchers working on the study, Dr. Alfgier Kristjansson, of Iceland, is an assistant professor of public health at West Virginia University. In the fall of 2017, he presented the Iceland data to concerned citizens of Fayette County. His message was clear: Get kids into constructive activities, empower them with self-chosen skills and connect them with responsible adults to keep them from choosing destructive behaviors. Fayette County will receive support from the West Virginia University team, and will use the Iceland model

to begin our own Integrated Community Engagement (ICE) initiative. Similar programs that are variations of the Iceland model are already in place in several other West Virginia counties.

We have several hurdles to conquer in order to make our own program successful. However, Fayette County is rich in recreational resources, and our manpower is getting stronger and more passionate every day. There are sports leagues in every small town. There’s music, art, robotics, drama, fishing, hunting, biking, kayaking, climbing, hiking, swimming, golf, bowling, dance and martial arts. There are youth groups galore, 4-H programs, scouts and more. These things need to be accessible to all the county’s children, and it seems we are on the verge of unifying the organizations that can make this happen.

The success of this project could go far beyond the opioid crisis. To reach our young people on such a level would have lasting benefits toward our county’s well-being. We could improve our county’s health, work ethic and our young people’s desire to contribute to the community. The opposite of addiction is connection and we need to take this opportunity and run as if our future depends on it, because it does.

CODA MOUNTAIN ACADEMY

SUMMER CAMPS, AFTER-SCHOOL PROGRAMS AND MORE

Coda Mountain Academy is making a difference in a county riddled with poverty, food insecurity and an overwhelming drug crisis. After-school hours are a peak time for experimentation with drugs, alcohol, tobacco and sex. The National Youth Violence Prevention Resource Center found that children who spend no time in after-school activities are 49 percent more likely to have used drugs and 37 percent more likely to become a teen parent.

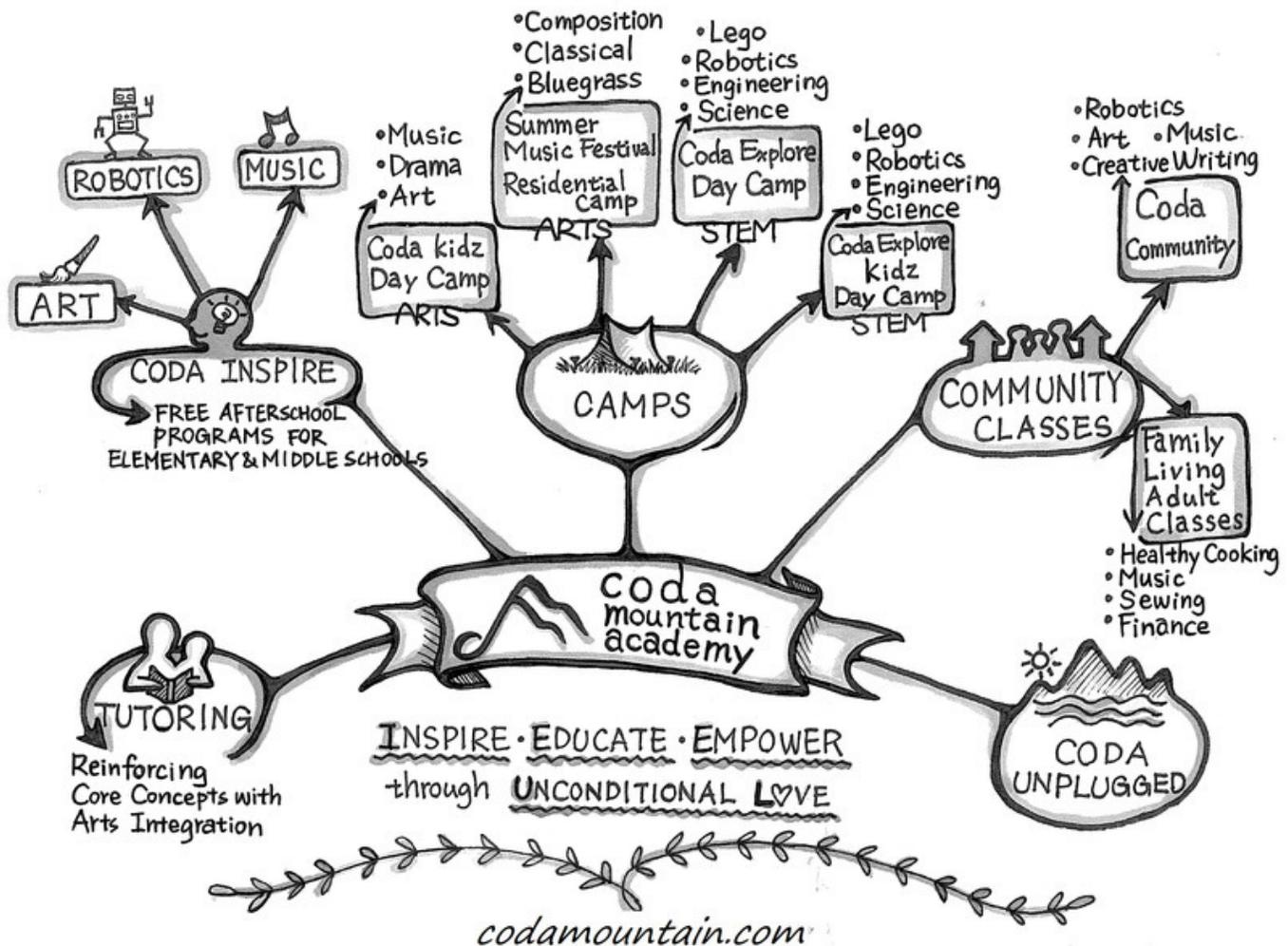
Youth ENGAGED in meaningful after-school and summer programs are much LESS LIKELY to use DRUGS

Coda provides after-school programs and summer camps to more than 500 Fayette County young people and their families yearly. The activities, including LEGO ROBOTICS, ART and MUSIC are free or heavily funded by scholarships and often include a meal and transportation.

AFTER SCHOOL AND COMMUNITY PROGRAMS
Lego Robotics, Art, Music, Sewing, Cooking and more.

DAY CAMPS
Music, Art, Drama, Lego Robotics/STEM camps

codamountain.com



FROM RESPITE TO RESCUE

Not only has Birth to Three taught me so much about NAS, I have also learned of behaviors and symptoms to be aware of as the child gets older.



It was the summer of 2015 when we began taking the Parent Resources for Information, Development, and Education (PRIDE) classes. At that time, our intention was to go through the class with some friends and provide respite for them and other families in our church. During the training, my husband and I felt led to open our home for more than just respite and to become an approved foster home. This was a major decision, as we have three biological children who were ages 2, 5 and 7 at that time, but we knew there was a high demand for foster homes and we had to do something.

After completing the PRIDE class, we had to put our home on hold for a few months. The first call came in March. A newborn boy was being discharged from the hospital and needed a home. He was born exposed to opiates and went through a two-week withdrawal in the NICU. This was both exciting and scary. I had brought three babies home from the

hospital, but this was different. I did not know what to expect or what to do with a baby with neonatal abstinence syndrome (NAS).

Our worker with Children's Home Society told me about the West Virginia Birth to Three program and put in a referral for us. Services began quickly. We have received nursing, developmental and physical therapy and a service coordinator. I have gained so much knowledge in understanding the effects of NAS and how to care for these children. I feel it is important to understand how different drugs affect the development and function of the various systems in our body and to know why these children need special care. Not only has Birth to Three taught me so much about NAS, I have also learned of behaviors and symptoms to be aware of as the child gets older.

Some challenges the children in our care experience are sleepless, inconsolable nights, tremors, high

muscle tone: tense and drawn-up, excessive reflux, difficulty feeding, continuous respiratory illnesses during the early days of their life to nonverbal, easily frustrated behaviors, core weakness with balanced and coordination challenges as they approached third birthdays. Birth to Three has been there to help us through all of these issues by sharing techniques, massages, and tricks to see that these precious babies thrive physically, mentally and socially to the best of their ability.

Since our first placement in March 2016, we have had the privilege of loving and caring for two other newborns with NAS. We have adopted one and were given legal guardianship of the other. We look forward to having them in our lives forever. While it is difficult and challenging, it is rewarding to see these innocent, helpless babies thrive and grow. I know if I need help or have questions, I can call on our Birth to Three therapists for support.

Amanda Bowers



BIRTH TO THREE

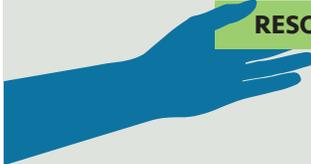
How do I make a referral?

To refer a child to the West Virginia Birth to Three (WVBTT) system in state, complete the WVBTT Referral Form and forward to the office that services the child's location, or you may call 866-321-4728.

If you are calling from outside of West Virginia, please contact the county the child lives in or will be living in.

What is WV Birth to Three?

WV Birth to Three is a statewide system of services and supports for children under age 3 who have a delay in their development, or may be at risk of having a delay, and their family. The Department of Health and Human Resources, through the Bureau for Public Health and the Office of Maternal, Child and Family Health, WV Birth to Three, as the lead agency for Part C of the Individuals with Disabilities Education Act (IDEA), assures that family centered, community based services are available to all eligible children and families.



RESOURCE

West Virginia Birth to Three
866-321-4728

Who is eligible?

To be eligible for WV Birth to Three services, an infant or toddler under the age of 3 can either have a delay in one or more areas of their development, or be at risk of possibly having delays in the future.

A child may have delays in one or more of the following areas:

- Cognitive - thinking and learning
- Physical - moving, seeing and hearing
- Social/emotional - feeling, coping, getting along with others
- Adaptive - doing things for him/herself
- Communication - understanding and communicating with others
- A child may have risk factors such as:

A condition which is typically associated with a developmental delay such as Down Syndrome

A combination of biological and other risk factors. Some of these factors may include family stressors.

COMMONLY ABUSED STREET DRUGS



PERCOCET 5 MG



PERCODAN 4.5 MG



OXYCONTIN 20 MG



OXYCONTIN 80 MG



OXYCONTIN 160 MG

PAIN MEDICATIONS

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

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

SEDATIVES

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

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

STIMULANTS

Abused medications to treat ADHD/ADD include:

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

RESOURCE

Please visit these sites for detailed information about prescription medications:

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

COMMONLY ABUSED STREET DRUGS

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



Heroin and meth
are the two most widely used illicit
drugs of abuse in Fayette County.

STEPS WE CAN TAKE TO PREVENT PRESCRIPTION DRUG ABUSE

What's in your medicine cabinet?
On your nightstand?
On the kitchen counter?
In your purse?

Naturally, you keep prescription medicines and cold and cough remedies handy for you to take when needed. They are also handy for everyone else to take without you knowing it.

1 | LOCK YOUR MEDS



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

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

2 | TAKE INVENTORY



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

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

3 | EDUCATE YOURSELF AND YOUR CHILD



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

ONCE IS NOT ENOUGH!

4 | SET CLEAR RULES AND MONITOR BEHAVIOR



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

5 | PASS IT ON



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



The U.S. makes up only 4.6% of the world's population but consumes 80% of its opioids and 99% of the world's hydrocodone, the opioid that is in Vicodin.

Source: ABC News and the National Drug Court Institute Fact Sheet Volume XI, No.2.



In West Virginia there were 909 overdose deaths as of April 16, 2018.



QUICK RESPONSE TEAM

One more method of reaching out to those caught in the opioid crisis

Quick Response Team (QRT) is a collaborative program that joins Emergency Medical Services (EMS) providers and behavioral specialists in responding within 24 to 72 hours after an overdose to offer training and assistance in getting into rehabilitation programs.

When EMS crews respond to an acute overdose situation, the administration of naloxone (a narcotic reversal medication) and additional on-scene emergency care can restore breathing and consciousness to the patient. While the EMS personnel may have saved the patient's life, the underlying issues of opioid use disorder remain. EMS may be called back to the same individual at a later date with a secondary overdose situation.

Individuals with substance use disorder may find it difficult to access the programs that lead to long-term recovery. The goal of QRT is to interact with the individual, in their home, at a possible "moment of willingness" where the impact of the recent EMS response has resonated with them and hopefully they are ready to begin the process of recovery. Studies reveal that an appropriate time for these interactions is 24 to 72 hours after the initial EMS contact.

During QRT visits, the behavioral health specialist discusses various opioid treatment options and works to get accepting individuals directly into a recovery program. EMS provides naloxone and CPR information to the client and/or their family and friends.

QRT interactions have been shown to have a positive impact on the opioid crisis.

RESOURCE

Contact the Fayette County Health Department to learn more about the local QRT:

(304) 574-1617



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

HEALTH CONSEQUENCES

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



RESOURCE

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

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

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

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



STERILE NEEDLES/EQUIPMENT TO PREVENT HEPATITIS C AND HIV

The use of unclean needles and injection equipment is dangerous. Sharing needles, syringes and other injection equipment is a direct route of HIV and/or Hepatitis C transmission. HIV stands for human immunodeficiency virus. If untreated, the virus can lead to acquired immunodeficiency syndrome (AIDS). Unlike some other viruses, the human body can't get rid of HIV completely, even with treatment, once you get HIV, you have it for life. Hepatitis C is a serious liver disease caused by a virus that can range in severity from a mild illness lasting a few weeks to a serious, lifelong illness. The risk for getting HIV or Hepatitis C is high if a person uses injection equipment that someone with HIV or Hepatitis C has used. This high risk is because the drug materials may have blood in them, and blood can carry HIV and/or Hepatitis C. Bleaching, boiling, burning or using common cleaning fluids, alcohol or peroxide will not kill the Hepatitis C virus. The Hepatitis C virus is difficult to kill. So although cleaning equipment may reduce the amount of virus, it does not eliminate it.

Sources: CDC 2016 (<https://www.cdc.gov/hiv/pdf/risk/cdc-hiv-idu-fact-sheet.pdf>) and CDC 2015 (<https://www.cdc.gov/hepatitis/HCV/PDFs/FactSheet-PWID.pdf>)

EFFECTS DURING PREGNANCY

Neonatal Abstinence Syndrome (NAS), or newborn withdrawal, is a group of signs and symptoms that a baby can have when a mother takes certain medications or other drugs during her pregnancy. These substances may include methadone, Subutex/Suboxone, heroin and other prescription medications such as Oxycontin and Vicodin. Babies exposed to these drugs any time in pregnancy have an 80 percent chance of developing withdrawal symptoms.

SYMPTOMS OF WITHDRAWAL INCLUDE:

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



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

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

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

RESOURCE

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

Molly McMillion, special projects consultant

<http://www.wvperinatal.org/about-us/our-people>

Behaviors

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



DRUG-EXPOSED CHILDREN: WHAT CAREGIVERS AND EDUCATORS SHOULD KNOW

What is a drug-exposed child?

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



EMOTIONAL

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



COGNITIVE

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



BEHAVIORAL

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

Remember, not every behavior indicates a specific concern.



NEONATAL ABSTINENCE SYNDROME CAREGIVER SUPPORT GROUP MEETING

First Monday of each month at 6 p.m.
Crab Orchard Baptist Church



Please check our Facebook page and
website for updates and topics:

www.facebook.com/ToTheMoonWV

www.2themoonandback.org

Questions? Email
Cindy@2themoonandback.org

*To the Moon and Back is a 501(c)3
dedicated to supporting children
born substance exposed and
their caregivers.*

*Our mission is to provide these
children and their caregivers
the tools and support they
need to thrive.*

HELPING A DRUG-ENDANGERED CHILD

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

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



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



HOW TO PROPERLY DISPOSE OF YOUR UNUSED MEDICINES

Unused or expired prescription medications are a public safety issue, leading to potential accidental poisoning, misuse and overdose. Proper disposal of unused drugs saves lives and protects the environment.

Drug Disposal Guidelines

If no disposal instructions are given on the prescription drug labeling and no prescription drug take-back program is available in your area, then follow these simple steps to throw the drugs in the household trash:

1. Remove the medicine from its original container and mix it with an undesirable substance, such as used coffee grounds or kitty litter.
2. Place the mixture in a sealable bag, empty bag, or other container to prevent medicine from leaking or breaking out of a garbage bag.

Visit the Drug Enforcement Administration's (DEA) website (www.deatakeback.com) or call (800) 882-9539 for more information and to find an authorized collection in your community. The site also provides valuable information about DEA's National Take-Back Initiative.

Resources

For more information on preventing prescription drug misuse, go to the following websites:

- www.dea.gov
- www.getsmartaboutdrugs.com
- www.justthinktwice.com
- www.campusdrugprevention.gov

For more information on the safe disposal of pharmaceuticals, go to the following websites:

Environmental Protection Agency

- How to Dispose of Medicines Properly
go.usa.gov/xNwXc

Food and Drug Administration

- Disposal of Unused Medicines: What You Should Know
go.usa.gov/xNw9z
- How to Dispose of Unused Medicines
go.usa.gov/xNw9S



Additional Tips

- Scratch out all identifying information on the prescription drug to make it unreadable. This will help to protect your identity and the privacy of your personal health information.
- You must not share your prescription drugs – they were prescribed to you.

Can I Flush Medicine Down the Sink or Toilet?

If the abovementioned disposal options are not readily available, one option is to flush the medicines down the sink or toilet as soon as they are no longer needed. Some communities may prohibit this practice out of concern over the trace levels of drug residues found in rivers, lakes and community drinking water supplies.

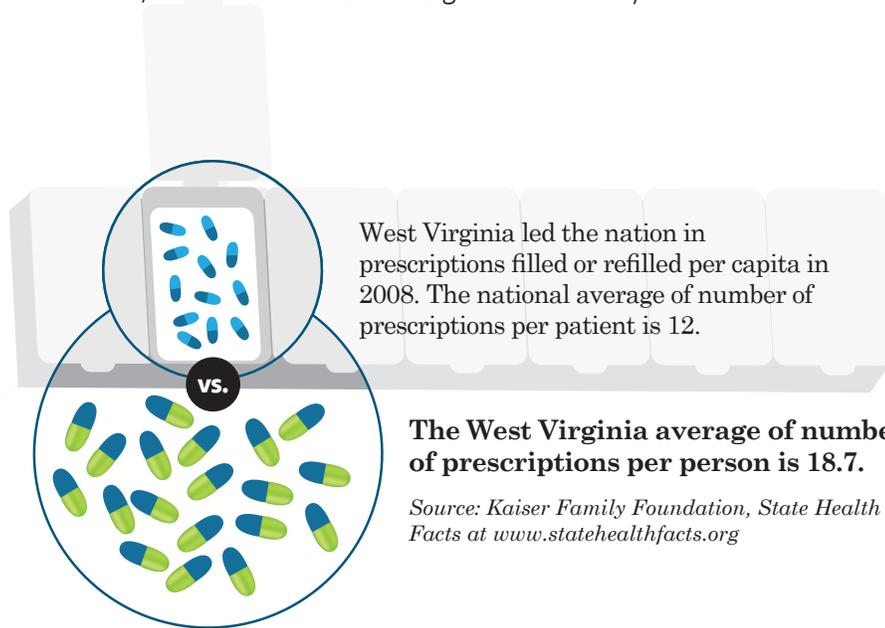
Do not flush medicines down the sink or toilet unless the prescription drug labeling or patient information that accompanied the medicine specifically instructs you to do so. Please also ensure you are compliant with your community's laws and regulations prior to taking such action.

Sources: Environmental Protection Agency, *How to Dispose of Medicines Properly*, 2011; Food and Drug Administration, *Disposal of Unused Medicines: What You Should Know*, 2017.

ACCESS TO MEDICATION AND MEDICATION MANAGEMENT

What are your kids being prescribed?

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



MEDICATION DISPOSAL INFORMATION

Disposal of old and unused medications in Fayette County:

FAYETTE COUNTY SHERIFF'S
DEPARTMENT

8 a.m. - 4 p.m. • Monday - Friday

100 Church St.
Fayetteville, WV 25840

CVS PHARMACY - Fayetteville

9 a.m. - 9 p.m. • Monday - Friday
10 a.m. - 9 p.m. • Saturday - Sunday

72 Whitewater Ave.
Fayetteville, WV 25840

CVS PHARMACY - Montgomery

9 a.m. - 9 p.m. • Monday - Friday
10 a.m. - 9 p.m. • Saturday - Sunday

300 4th Ave.
Montgomery, WV 25136

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



BE PROACTIVE WHEN IT COMES TO YOUR CHILD'S MEDICATION

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

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

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

1-844-HELP4WV
SUBSTANCE ABUSE AND BEHAVIORAL HEALTH HELPLINE

www.Help4WV.com

The Help4WV hotline received **304 calls from Fayette County residents** since 2015.

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

FACTORS THAT CAN INCREASE THE CHANCE OF ADDICTION

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

Source: NIH and NIDA

3 | BIOLOGICAL FACTORS

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

4 | METHOD OF ADMINISTRATION

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

5 | EARLY USE

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

1 | HOME AND FAMILY

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

2 | PEERS AND SCHOOL

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

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

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

RESOURCE

archives.drugabuse.gov/NIDA_Notes/NN05index.html



Know that you will have this discussion many times.
Talking to your child
about drugs and alcohol
is not a one-time event.

WHY WOULD MY CHILD USE DRUGS?

People begin taking drugs for a variety of reasons.

TO FEEL GOOD

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

TO FEEL BETTER

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

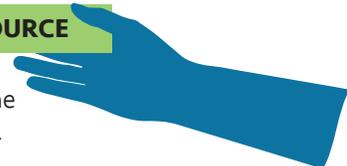
CURIOSITY AND “BECAUSE OTHERS ARE DOING IT”

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

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

RESOURCE

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



SIGNS TO LOOK FOR

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

DILATED PUPILS



CONSTRICTED PUPILS



FRESH TRACK MARKS

TRACK MARKS MORE THAN 10 DAYS OLD

PHYSICAL

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

COGNITIVE

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

BEHAVIORAL

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

THE OVERLAP BETWEEN OPIOID ADDICTION AND BEHAVIOR

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

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

LIFESTYLE CHANGES THAT CAN BE RELATED TO OPIOID ADDICTION

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



THINGS TO KNOW

OPIOID/HEROIN PARAPHERNALIA CAN BE:

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

“ SLANG

HEROIN:

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

USING HEROIN:

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

OXYCONTIN, PERCOCET, VICODIN AND OTHER PAINKILLERS:

Big Boys
Cotton
Kicker
Morph
Tuss
Vike
Watson-387

USING PRESCRIPTION DRUGS AND ABUSE:

Pharming
Pharm Parties
Recipe (mixing with alcohol)
Trail Mix

USING HEROIN + OTHER DRUGS:

Heroin + Alprazolam (Xanax): Bars

Heroin + Cocaine:

Belushi
Boy-Girl
He-She
Dynamite
Goofball
H&C
Primo
Snowball

Heroin + Cold Medicine:

Cheese

Heroin + Crack:

Chocolate Rock
Dragon Rock
Moonrock

Heroin + Ecstasy:

Chocolate Chip Cookies
H Bomb

Heroin + LSD:

Beast
LBJ

Heroin + Marijuana (THC):

Atom Bomb
Canade
Woola
Wookie
Woo-Woo



RESOURCE

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





I WANT TO BE A FOSTER PARENT. WHERE DO I START?



Mission
WEST VIRGINIA

You've thought about becoming a foster or adoptive parent and you are ready to start the process. But what should you do first? Mission West Virginia is here to help you get started with the process and to provide help along the way. Below are steps that will help you get started.

1. Contact Cheryl Salamacha of Mission West Virginia at (304) 562-0723 or fosteradopt@missionwv.org. We will mail or email you an information guide and a list of agencies that serve the county you live in. Our guide includes frequently asked questions, the steps to certification, general requirements and more. We are also available to speak with you on the phone. We are happy to answer your questions and help you get started on this journey.

RESOURCE

www.missionwv.org

2. Read your information guide. This will answer many of your questions about the homestudy and certification process. After reading the guide, you'll know enough about that process to feel confident when you call an agency that serves your county. This is your next step.
3. Call a few agencies in order to make an informed decision. Along with your information guide, we will send you a list of agencies by county. On page 10 of the guide you'll find a list of questions we suggest you ask. After choosing your agency, you will be sent an application and a worker will get you signed up to begin the required training. Now you are on your way.

We will stay in touch throughout the certification process to provide assistance, and you can call or email us if you have questions or need assistance. We look forward to hearing from you and helping you as you open your home and life to kids in foster care.

IF YOU SUSPECT AN OVERDOSE

Dos and don'ts in responding to opioid overdose

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

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

- 1 | All you have to say is: "Someone is not breathing."
- 2 | Be sure to give a clear address and/or description of your location.

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

DO administer naloxone.

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

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

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

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

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

RESOURCE

www.samhsa.gov



Contact the Fayette County Health Department for a schedule of naloxone classes.
304-574-1617
<https://fayettehealth.wv.gov>

Jan-Care Ambulance Service gave **181 doses of naloxone** in 2017 in Fayette County.

Source: Jan-Care

HAVE NALOXONE ON HAND

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

SIGNS OF AN OVERDOSE,

which is a life-threatening emergency, include:

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

SIGNS OF OVERMEDICATION,

which may progress to overdose, include:

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

Fayette County
Health Department

Harm Reduction & Recovery Program

Every Wednesday
1 p.m. - 3 p.m.



Public Health
Prevent. Promote. Protect.

Fayette County Health Department is now open every **Wednesday from 1 p.m. - 3 p.m.** for its Harm Reduction and Recovery Program. Many services are being offered, including STD testing, needle exchange and supplies, immunizations, wound assessment and treatment and naloxone training.

If you would like to volunteer, call (304) 574-1617

STD TESTING

NEEDLE EXCHANGE

IMMUNIZATIONS

WOUND ASSESSMENT &
TREATMENT

NALOXONE TRAINING

**FAYETTE COUNTY
HEALTH DEPARTMENT**

202 Church St.
Fayetteville, WV 25840

fayettehealth.wv.gov

(304) 574-1617

Fayette County Harm Reduction

Fayette County Health Department

Harm reduction is a comprehensive offering of health strategies to help a community support both prevention and treatment efforts for substance use disorder, reducing the overall harm to the individual and to the community associated with drug use. Specifically, we provide safe disposal for used syringes, testing for bloodborne viral infections related to injection drug use, sterile syringes to decrease the likelihood of sharing syringes to reduce the associated spread of infectious disease, free access to naloxone (an opiate reversal agent) to help reduce opiate-related deaths due to overdose, and wound assessment. We also help coordinate care with local resources, including but not limited to housing, family planning, primary care, recovery and treatment, and general education for participants and families. We meet patients “where they are,” with the goal of promoting health while reducing stigma related to substance use disorder.

As a local health department, our goal is to focus on the reduction of disease burden and the promotion of wellness to improve the health of our community. We feel that the opiate epidemic is a priority secondary to the morbidity and mortality related to substance use disorder, with Fayette County currently ranking 27th in the United States for risk of an outbreak of infectious disease. Public health benefits to harm reduction are removing potentially infectious needle litter from the community, providing sterile equipment and syringes to reduce disease spread, administration of family planning and condom distribution, and links to critical services in the community that improve overall health. In areas where there are harm-reduction programs, studies find lower incidence of needle sharing and lower HIV risk behaviors.

Syringe access saves lives and is also cost-effective. The lifetime cost of a new HIV infection is roughly \$385,200, and for hepatitis C (HCV) the cost is \$88,000-\$182,000. The average syringe cost is \$.97, and the cost to prevent one HIV or one HCV infection is between \$4,000-\$12,000. (Centers for Disease Control and Prevention, “Syringe Exchange Programs,” 2005 http://www.cdc.gov/IDU/facts/AED_IDU-SYR.pdf)

The Fayette County Health Department Harm Reduction Programs is every Wednesday from 1 - 3 p.m. Please contact Cliff Massey, harm reduction coordinator and recovery coach, for questions regarding the program at 304-574-1617.

TREATMENT OPTIONS



WITHDRAWAL MANAGEMENT IS THE FIRST STEP TOWARD RECOVERY

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

INPATIENT

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



RESIDENTIAL TREATMENT

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

PARTIAL HOSPITALIZATION AND DAY TREATMENT

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

INTENSIVE OUTPATIENT

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

OUTPATIENT COUNSELING/THERAPY

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

TRANSITIONAL LIVING OR HALFWAY HOUSES

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

SUPPORT GROUPS

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

MEDICATION-ASSISTED TREATMENT

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



MEDICATIONS USED IN MEDICATION-ASSISTED TREATMENT

NALTREXONE (VIVITROL)

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

BUPRENORPHINE (SUBOXONE)

- Medication-assisted treatment of opioid dependence can also use buprenorphine combined with naloxone (best known by the brand name Suboxone) as part of a complete treatment plan including counseling, 12-step support groups and other psychosocial support therapy. Buprenorphine combined with naloxone

is typically administered via either a sublingual strip or pill and taken orally.

- As with all forms of medication-assisted treatment, dosage varies between patients. The goal of the medication is to manage the withdrawal symptoms and cravings for heroin and other opioids while fostering recovery from the brain disease of addiction.

BUPRENORPHINE (BUPRENEX)

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

METHADONE

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

ANTIDOTE MEDICATION

NALOXONE (NARCAN)

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

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

RESOURCE

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

RESOURCES

ALCOHOLICS ANONYMOUS (AA)

Toll free: (304) 252-9444
www.aa.org

Call to find a local meeting.

BECKLEY COMPREHENSIVE TREATMENT CENTER

175 Philpot Lane
Beaver, WV 25813
(855) 969-9300
www.westvirginiactc.com/location/beckley
The Beckley Comprehensive Treatment Center provides medically supervised methadone maintenance and Suboxone (buprenorphine) detox treatment to individuals who are attempting to overcome an addiction to or dependence upon heroin or other opioids.

BRIAN'S SAFEHOUSE AND SPARROW'S NEST

368 Dearing Drive
Mount Hope, WV 25880

BRIAN'S SAFEHOUSE

(304) 763-7655
www.brianssafefhouse.org

SPARROW'S NEST

(681) 207-7258
www.sparrowsnest.info

Brian's Safehouse and the Sparrow's Nest are places where men and women who are fighting addiction can experience the life-restoring powers of God in an environment free from the temptations of drugs and alcohol. They are a 12-month inpatient program with a closed campus. They teach residents emotional, spiritual and practical life skills. Individualized treatment plans address underlying issues and focus on the resident's strengths and potential. They strive to enable residents to re-enter society as responsible, contributing citizens.

CHARLESTON TREATMENT CENTER

2157 Greenbrier St.
Charleston, WV 25311
www.westvirginiactc.com

Provides medication-assisted treatment and abstinence-based therapy.

CONTACT RAPE CRISIS CENTER

WOMEN'S RESOURCE CENTER (BECKLEY)

24-hour hotline: (304) 255-2559
24-hour hotline: 888-825-7836

FAYETTE COUNTY HEALTH DEPARTMENT

202 Church St.
Fayetteville, WV 25840
(304) 574-1617
www.fayettehealth.wv.gov

The Fayette County Health Department offers a range of services, including STD testing, needle exchange and supplies, immunizations, wound assessment and treatment, naloxone training and more. Volunteers are also needed to assist with harm-reduction programming. Peer recovery services are also available.

FMRS HEALTH SYSTEMS INC.

S. Eisenhower Drive
Beckley, WV 25801
(304) 256-7100

FMRS has offices in Raleigh, Fayette, Summers and Monroe counties. FMRS is a comprehensive, not-for-profit behavioral health center providing an array of services for individuals with mental health problems, substance use disorders or a combination of both. FMRS provides effective, evidence-based services in a variety of settings, including outpatient, residential and community-based programs.

FMRS CRISIS STABILIZATION PROGRAM

(304) 256-7100

The crisis stabilization unit is a voluntary program that offers a team of committed staff and comprehensive services to aid in stabilization of severe psychiatric symptoms and substance-use detoxification. The average length of stay at the CSU is 5-7 days. Using a collaborative approach, the CSU staff works to aid in comfort and stabilization as well as assisting in discharge/aftercare planning to support long-term goals.

FMRS SUBSTANCE USE DISORDER TREATMENT

(304) 256-7100

FMRS has a continuum of care dedicated to those with substance use disorders ranging from high-intensity residential (ASAM Level of Care 3.5) to outpatient SUD treatment (ASAM Level of Care 1). FMRS has the advantage of being able

to offer medication-assisted treatment through any level of care offered by the facility.

FMRS TURNING POINTE FOR FAMILIES

(304) 252-6783

Turning Pointe for Families is a minimum 90-day residential, Level 3.5 treatment program for pregnant and postpartum women with co-occurring substance use and mental health disorders, their children and their families. Day care is provided in-house for mothers while they attend therapy sessions. Extensive case management is provided to ensure residents receive an array of medical, educational, socioeconomic and vocational services.

MEDICATION-ASSISTED TREATMENT PROGRAMS

CABIN CREEK HEALTH SYSTEMS

(304) 205-7535

NEW RIVER HEALTH ASSOCIATION

(304) 465-2255

FMRS HEALTH SYSTEMS

(304) 574-2100

NEW RIVER HEALTH

(304) 469-2905
www.newriverhealthwv.org

New River Health is a local health care provider with multiple, convenient locations throughout Fayette and Raleigh counties. Services include primary care, women's health, pediatric health care, dental services and more. Services are available on an income-based sliding scale for those without access to health insurance.

NARCOTICS ANONYMOUS (NA)

Toll free: 888-328-2518

SOUTHERN WV FELLOWSHIP HOME

201 Woodlawn Ave.
Beckley, WV 25801

ASCENSION EPISCOPAL CHURCH

507 Temple St.
Hinton, WV 25951

OCEANA LIBRARY

101 Cook Parkway
Oceana, WV 24870

NATIONAL INSTITUTE ON DRUG ABUSE

www.drugabuse.gov

The institute provides various drug fact sheets and resources.

NATIONAL SUICIDE PREVENTION HOTLINE

Toll free: 800-273-TALK (8255)
Text HELP to 741741

RECOVERY POINT HUNTINGTON

2425 9th Ave.
Huntington, WV 25703
(304) 523-4673
www.recoverypointwv.org

Recovery Point Huntington is a long-term, residential recovery program based on the social model of recovery. They offer drop-in recovery coaching services and transitional recovery residences through HER Place at Recovery Point programs. Recovery Point WV programs follow the 12-step model of Alcoholics Anonymous to help clients find lasting recovery. They also offer board-recognized peer recovery credential training at no cost to those with a desire to become certified. Locations include Huntington, Bluefield and Charleston.

RECOVERY POINT CHARLESTON

501 Stockton St.
Charleston, WV 25387
(304) 523-4673

This is a 92-bed program providing long-term residential recovery services for women.

SENECA HEALTH SERVICES

1305 Webster Road
Summersville, WV 26651
(304) 872-6503
Greenbrier County: (304) 497-0500
Nicholas County: (304) 872-2659
Pocahontas County: (304) 799-6865
Webster County: (304) 847-5425
www.shsinc.org/adult-substance-abuse

Seneca Health Services helps adults struggling with substance use disorders get their lives back on track. Their qualified professionals provide assessment, counseling and referral services for adults and their family members. They have resources to address the substance use and co-occurring disorders. They offer detoxification services through Crosswinds Center, a short-term residential treatment program.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

findtreatment.samhsa.gov
SAMHSA is an organization whose goal is to reduce the impact of substance abuse and

mental illness on America's communities. By using the link, one can find a treatment facility anywhere in the U.S.

UNION MISSION-SOUTH PARK

700 South Park Road
Charleston, WV 25387
(304) 925-0366

Union Mission is a long-term, 12-to-15-month, faith-based addiction recovery program where men and women learn to live a life of complete victory over addiction through a combined approach of biblical counseling, teaching, work therapy and education.

WARM HANDS FROM WARM HEARTS

319 Main St. East
Oak Hill, WV 25901
(304) 222-0629
www.warmhandswarmheartswv.org

A faith-based nonprofit organization offering weekly group meetings aimed at people overcoming addiction and outreach ministry that serves to provide gloves, coats, hats and socks to needy children and the homeless. Also houses a food pantry and baby pantry and provides various other community services.

WEST VIRGINIA PEER RECOVERY RESOURCES GUIDE

crch.wvsom.edu/WVPeerRecovery
Lists admission criteria for various state substance abuse programs.

WIN WEST VIRGINIA

P.O. Box 31
Beaver, WV 25813
(304) WIN-5131
https://www.winwv.org

WIN (Women and Infant Narcotic) Rehabilitation Program West Virginia Foundation Inc. delivers judgment-free, comprehensive medical care to women overcoming substance use disorder and their babies with hope and compassion. Through an expert, multidisciplinary team, WIN gives mothers and their children the bright future they deserve. If you are a woman who has substance use disorder, if you are pregnant, or if you know someone with SUD or a child from birth to age 3 with neonatal abstinence syndrome, contact WIN West Virginia Foundation to learn how they can help.

WORKFORCE WEST VIRGINIA – BECKLEY

300 New River Drive
Beckley, WV 25802
(304) 256-6796

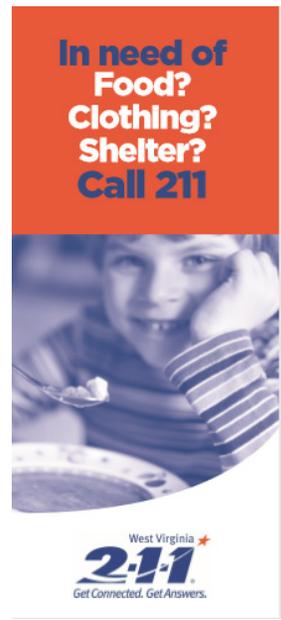
WorkForce West Virginia is a one-stop center for workforce resources, including job opportunities, unemployment compensation, training, tax incentives and labor market information. All their services are available at 13 comprehensive career centers throughout the state. In addition, WorkForce West Virginia has the largest online database of job seekers and job openings in the state.

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES COMPREHENSIVE HEALTH CENTERS DIRECTORY

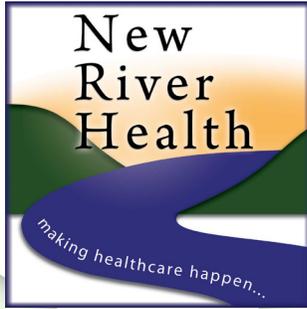
crch.wvsom.edu/WVDHHRDirectory
This directory lists behavioral health centers and their contact information.

WEST VIRGINIA PRESCRIPTION DRUG ABUSE QUILINE

866-987-8488



1-844-HELP4WV
ONE Call. ONE Text. ONE Click. INSTANT HELP.
Get connected with substance abuse treatment and behavioral health services near you.



For more information or to refer someone, call

304-465-2255

P.O. BOX 337
SCARBRO, WV 25917

NEW RIVER HEALTH: MEDICATION-ASSISTED TREATMENT (MAT)

QUALIFICATIONS FOR MAT

Patients who are on opiates, illegal drugs or have an alcohol use disorder and want to stop using, THC included. MAT is NOT FOR PAIN MANAGEMENT.

COMMITMENT REQUIRED OF PATIENTS OF THE MAT PROGRAM

- Attend weekly group meetings that last approximately two hours.
- Attend four hours of 12-step meetings a week.
- Attend a behavioral health session once a month for an hour session.
- Report for random urinary drug screens and strip counts.

These requirements increase if the patient does not follow program protocol.

DIFFERENT TREATMENT PHASES

As participants successfully progress through the program, they will graduate through different phases, with the ultimate goal for the patient to regain whole health and well-being. If a patient experiences a relapse, they will experience a higher level of care to assist in achieving long-term recovery.

Fayette County

PARTNERS:

Active SWV
Adolescent Health Initiative
Aetna
Brian's Safehouse and Sparrow's Nest
Coda Mountain Academy
Community Connections
Homeland Security-Emergency Services
Drug Enforcement Agency
Fayette Connected
Fayette County Board of Education
Fayette County Commission
Fayette County Drug Court
Fayette County Family Resource Network
Fayette County Health Department

Fayette County Probation Office
Fayette County Prosecuting Attorney
Fayette County Public Defender's Office
Fayette County Resource Coordinator's Office
Fayette County Sheriff's Department
Fayette Institute of Technology
FMRS Health Services
Help and Hope WV
Jan-Care
Maternal Infant Health Outreach Workers
Montgomery General Hospital
New River Health Association
Oak Hill Church of the Nazarene
Plateau Medical Center

Rainelle Medical Center
Safe Haven Campaign
Solid Rock Church
The Senate of West Virginia
United Way of Southern West Virginia
West Virginia Birth to Three
West Virginia Department of Health and Human Resources - Fayette County
West Virginia Poison Center
West Virginia School of Osteopathic Medicine
WOAY
Women's Resource Center
WorkForce West Virginia

Additional support provided by:

